



CITY OF WAUWATOSA HEALTH DEPARTMENT
7725 WEST NORTH AVENUE
WAUWATOSA, WI 53213
Telephone: (414) 479-8936
Fax: (414) 471-8483
<http://www.wauwatosa.net>



City of Wauwatosa Board of Health Meeting Minutes Tuesday, November 19, 2013

Present: Nancy Kreuser, Leslie Martin, Chris Shaw, Lori Nielsen, John Dunn, Cheryl Davies, Bobby Pantuso, James Beix, Lisa Simonds, Claire Schuenke (guest)

1. Call to Order- The meeting was called to order at 8:00 AM by Chairperson Leslie Martin.
 2. Approval of agenda: Motion to approve the agenda with the addition of Consolidated contracts (grants)
 - Motion: Chris Shaw
 - Second: John Dunn
 - Motion carried unanimously.
 3. Motion to approve the 9/17/13 Minutes <http://www.wauwatosa.net/index.aspx?NID=199>
 - Motion: Chris Shaw
 - Second: John Dunn
 - Motion carried unanimously.
 4. Comments from the public – none
 5. Comments from Board of Health – none.
 6. New Business: Division Reports from Public Health Services
- Administration:** Nancy Kreuser, City of Wauwatosa Health Officer

Accreditation Update:

- PHAB Statement of Intent submitted 9/17/2013 and accepted by PHAB. Process has begun.
- Grants: Accreditation Support Initiative– We applied for a NACCHO accreditation support grant; we are asking for \$32,712. Notification of award is December 9th. We also applied for the DHS Public Health Improvement grant in the amount of \$10,000 to be awarded sometime in December. Grants will be used to help pay accreditation fees and additional hours for part time staff.
- Consolidated grants: contracts are being reviewed by legal and signed. \$29,087, a decrease from last year.
- Claire Schuenke, Medical College of WI MPH student reporting on project related to PHAB Domain 12: Maintain Capacity to engage the public health governing entity – Claire looked at our existing Board of Health documentation and files. Claire identified a gap related to 12.3.2 –Tracking actions by the Board and Actions Taken (See attached findings document). Chris Shaw mentioned that we have some signed policies in place since the time of the analysis. We are currently reviewing best practices and meeting more regularly to address this need. Leslie Martin questioned whether we have a template or an outline of how our information will be organized. Nancy responded that our PHAB coordinator went to West Allis and examined evidence, lessons learned, and best practices. There is a template on the PHAB website.

- City of Wauwatosa Community Health Improvement Plan (CHIP) draft for approval. Lori Nielsen reviewed a draft copy of the CHIP. Approved by Chris Shaw, seconded by Leslie Martin. The CHIP should be completed by the end of the year.
- 2014 Budget update: Full Council budget adoption scheduled for tonight 11/19. The proposed health budget is \$1,432,522. We did not use the 2% operations allowance..
- Rotation of BOH Chair, Vice Chair, Secretary positions - John Dunn agreed to Chair the Board of Health; Chris Shaw agreed to co-chair. Lisa Simonds takes minutes. Secretary position will be shared by Cheryl Davies and Leslie Martin. The Board thanked Leslie for his Chairing of the Board for the past several years.
- The Board of Health voted to defer this item to the January 14, 2014 meeting to allow more time for goal setting and discussion. Motion: Chris Shaw; Second: Leslie Martin Motion carried unanimously. The 2010 Strategic Plan will be sent out with the January agenda and minutes.

Public Health Nursing Division: Lori Nielsen, Nursing Supervisor

Communicable Disease (CD) Update: Lori Nielsen, Nursing Supervisor

SENTINEL EVENTS

Below is detailed information regarding each sentinel event:

Healthcare facilities tuberculosis exposure #5075: On April 1, the WHD was notified of a healthcare provider (index case) working in Wauwatosa with active tuberculosis (TB). Trace-back investigation determined that the index case was infectious beginning on December 28. Four Wauwatosa health institutions plus a health-related subcontractor were exposed. WHD identified 669 staff, patients, and family members who were exposed to the index case. The first round of testing was completed in May. The second round of testing began the last week of June. To date, 645 out of the 669 individuals (96.4%) completed follow-up testing, thus closing those investigations. Twenty-four cases remain open due to the individual no longer working/attending the facility, complex medical situation, or have expired. No facility staff member, patient, or patient family member became infected; no additional case of active TB was identified. Six medical staff were positive for latent tuberculosis infection (LTBI) and are receiving prophylactic treatment; two or three cases were directly linked to this exposure. This extensive exposure prompted one organization to modify their employment policy and procedure regarding TB status. Board of health discussion ensued. The provider is changing its policy related to medical treatment. An MD will see staff for counseling. Travel to endemic countries is an issue since no retesting is done. The TB infected definition will change. Chris and Leslie asked about testing methods.

Tuberculosis case #5077: On July 5, the WHD was notified of a positive tuberculosis sputum culture in an almost 99 year-old foreign born male. The individual was hospitalized in May for respiratory distress when the cultures were obtained; initial smear tests were negative. On July 15th, the WHD issued orders to place the individual in isolation; the orders were lifted on August 5 when the individual completed the necessary treatment to be considered non-infectious. The initial Daily Observed Therapy (DOT) continued until September 15; the second phase of treatment includes bi-weekly observed therapy until the end of January.

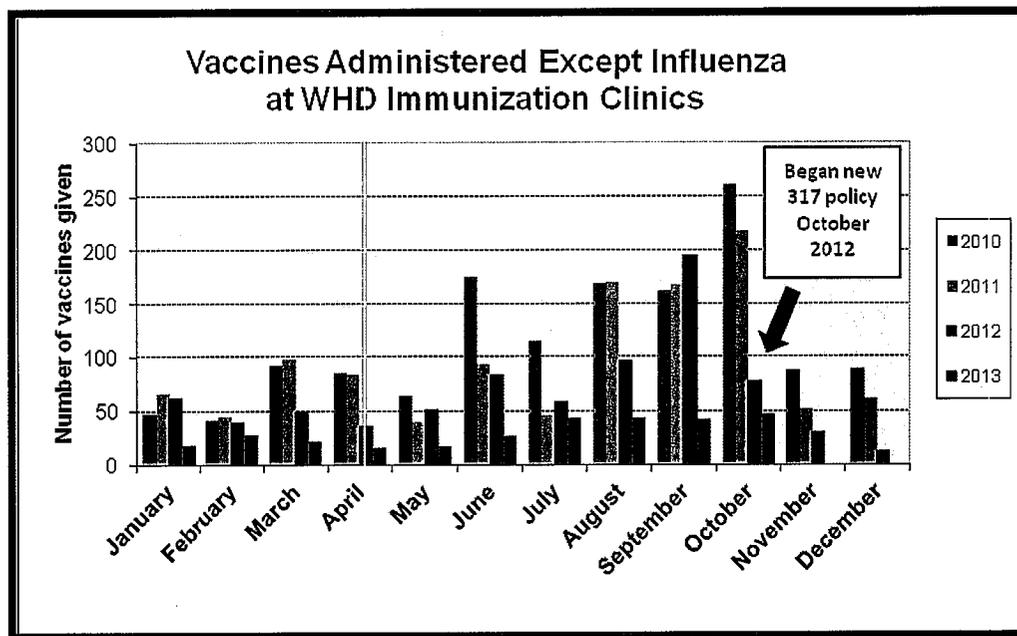
Pertussis outbreak case #5079: On October 17, the WHD was notified of a student in the Wauwatosa School District (WSD) with Pertussis. The case was investigated and contacts were notified. On October 29, the WHD linked at least 4 cases of Pertussis within a single school, therefore it was determined that an outbreak existed. Additional contacts were identified. All school notices were disseminated on October 21 and November 15. To date, 10 cases are linked to the school. The investigation continues. Discussion ensued. Chris asked if they were vaccinated; all were up to date. John said there is some discussion of revaccinating within 3 years versus 5.

Immunizations

Flu Vaccine / Clinics: We conducted 3 mass clinics and 8 employee/retiree flu clinics. We continue to provide flu vaccine to homebound individuals and their caregivers. We reached out to the day care providers, adult living facilities, and private schools to provide flu vaccine to staff.

School Immunization Compliance rates: The Student Immunization Law requires that all children in schools and day cares must be up to date with immunizations. In turn, schools must identify which students are still behind on their immunizations by the 40th school day and forward the information to the district attorney's office for compliance. In addition, schools must report the number of students who are up-to-date, behind, in process, or have waivers for immunizations to the local health department by November of each school year. The WHD collects, reviews, and analyzes these reports and forwards the information to the state immunization program in accordance with the law. The report was forwarded to the state on November 8. Additional analysis of waivers is pending.

Impact of 317 policy change: Due to the changes in federal funding, the WHD has not provided immunizations to children who are fully insured since October 1, 2012. The Centers for Disease Control and Prevention (CDC) define fully insured as "anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay". This definition includes situations when immunization costs are denied for payment because the plan's deductible was not met. The "high deductible" population accounted for most of the individuals seeking immunizations through the WHD clinics. Since implementing the 317 policy change in October 2012, the WHD experienced a 55.7% decrease in non-flu immunization clinic activity. See graph below. WHD will monitor the effect of 317 policy changes on Wauwatosa immunization rates and waivers, if any.



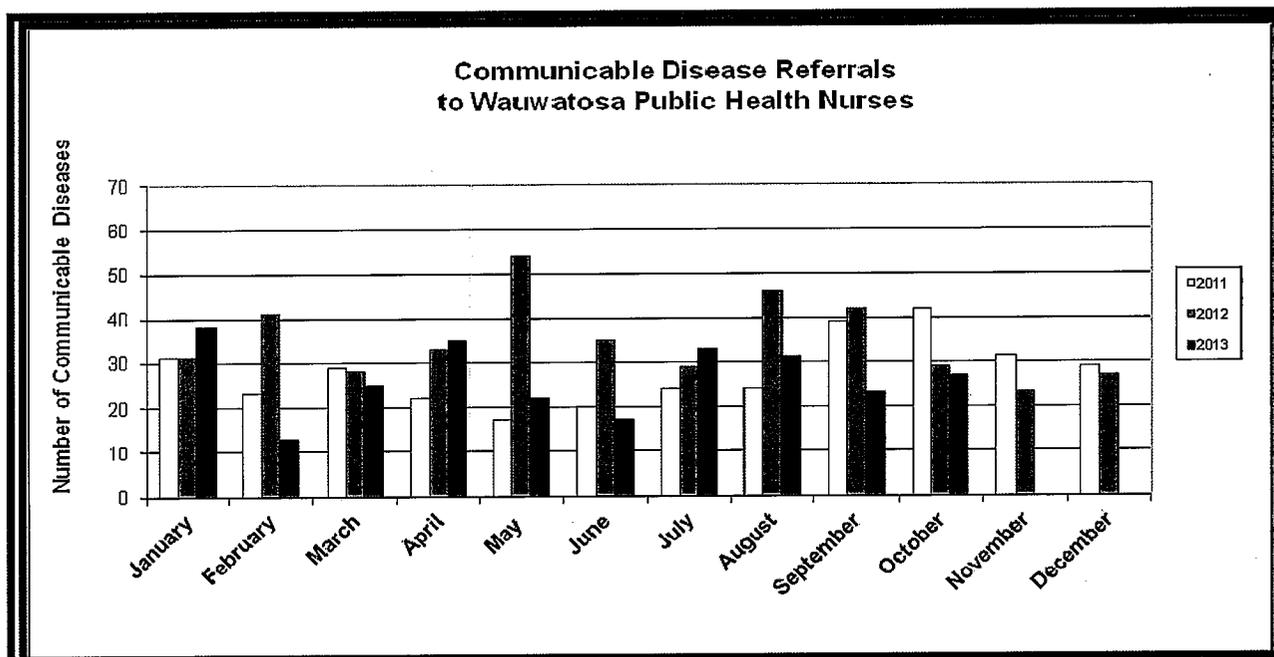
OTHER

CD Presentations: WHD conducted a communicable disease presentation to approximately 60 staff, residents, and residents' family members of an adult living facility on October 2. WHD worked closely with this adult living facility to update their CD policies and procedures during the past two years. In the past year, the facility had a noticeable improvement in the number and length of outbreaks. The presentation will be offered to other adult living facilities and day care providers.

Pertussis statewide outbreak: The number of statewide-pertussis cases has declined for the year. However, Wauwatosa experienced an increased number of cases in the last 6 weeks.

Sexually Transmitted Diseases (STDs): STDs continue to account for the majority of reported communicable diseases during 2013.

Trends: See graph below for trends.



Healthiest Wauwatosa 2013 Programs and Initiatives Highlights:

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process:

- CHIP: Review draft copy for content changes and comments.
- QIC: Quality Improvement Committees (QICs) developed and modified the work plans; the QICs continue drafting and updating several departmental policies and procedures. Policies in development include:
 - Lead poisoned children
 - Enteric investigations in organizations
 - Respiratory investigations in organizations
 - Immunization vaccine storage and clinics
 - Human health hazards
 - Adult health clinics
 - WIC
 - Home safety visits
 - Information & Referral inquiries
 - Referrals
 - Charting, forms and documentation
- Wauwatosa Breastfeeding Survey: WHD conducted a retrospective survey on the breastfeeding practices of Wauwatosa mothers of two-year-olds. It is similar to the breastfeeding survey conducted in 2010. The data will be reviewed and analyzed; the results will be disseminated at the next meeting.

- Partnership with Wisconsin Lutheran College: Each fall, the WHD provides technical assistance on a chosen topic to the health marketing class at Wisconsin Lutheran College. This year, Courtney Day, PHN, is providing the technical assistance on the use and misuse of emergency rooms.

Alcohol, Tobacco, and Other Substances:

- As the interim Tosa United facilitator, WHD coordinated the Medication Collection Day which was held simultaneously with the Crime Stoppers' Shred It event on Saturday, September 28. Volunteers collected unused medications to fill six 40 pound boxes.
- Tobacco Compliance Checks: A second round of tobacco compliance checks was conducted on November 2. WHD secures grant monies to help pay for the police (WPD) overtime. Results of the compliance checks are pending.

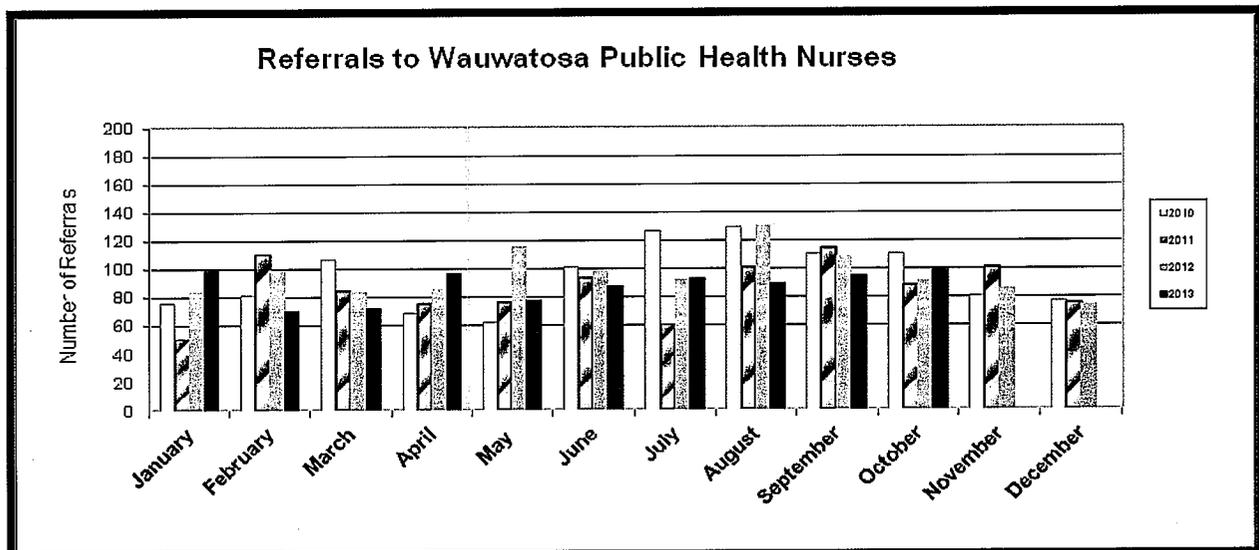
Injury & Violence Prevention:

- Home Safety Visits: PHNs continued offering and conducting home safety visits.
- Conducted outreach on injuries from furniture tipping.

Personnel: Staff continued orienting the Public Health Specialist and the Public Health Nurses.

Public Health Database: The Program Tracker database continues to be in development. Much time was spent identifying and defining what is a referral / complaint for future tracking.

Access to Care: See graph below for trends.



Discussion also ensued regarding the CHIP presentation. John Dunn mentioned the accessibility of alcohol and focusing on the educating youth/ policy development. Bobby mentioned the need for establishments to improve training for employees that serve alcohol (related to 'over-serving'). Lori mentioned that festivals need to regulate, and the community needs to do a better job modeling and educating. There is a dominant culture of drinking in Wisconsin.

Cheryl asked what residents can do/expect regarding our CHIP. Also, how will the information be communicated to the public? Per Lori, the CHIP report has been contracted and will be done by the end of December. It will be posted on the web and possibly published on the TosaNow free marketing feature called "Your Story". We will also have some forums in the community. Cheryl reported that West Allis Health Department has a technology-based system that is used by a subset of the community. Flyers are effective. How do you engage the community? The board suggested the Neighborhood Association Council's paper newsletter, library bulletin board, postcard directing people to the electronic newsletter,

Friends of Health Department marketing. Volunteerism interest—variety of ages and stages interested in community service.

Environmental Health/Preparedness Division: James Beix, Public Health Manager

State Agent Inspection Program

Licensing – WHD staff is working with Comptrollers and the database contractor to implement improvements to the EH datasytem. Improvements that are being implemented include improved reporting, data validation programs and auto-generation of license renewals. The department secured a 2013 internal grant.

Agent on-site assessment – WHD will be assessed by representatives from the Wisconsin Department of Agriculture, Trade and Consumer Protection. This assessment occurs every three years. State staff will review WHD's policies, procedures, fee schedule, municipal codes and 10% of inspection records. State staff will be on site for two days in early December.

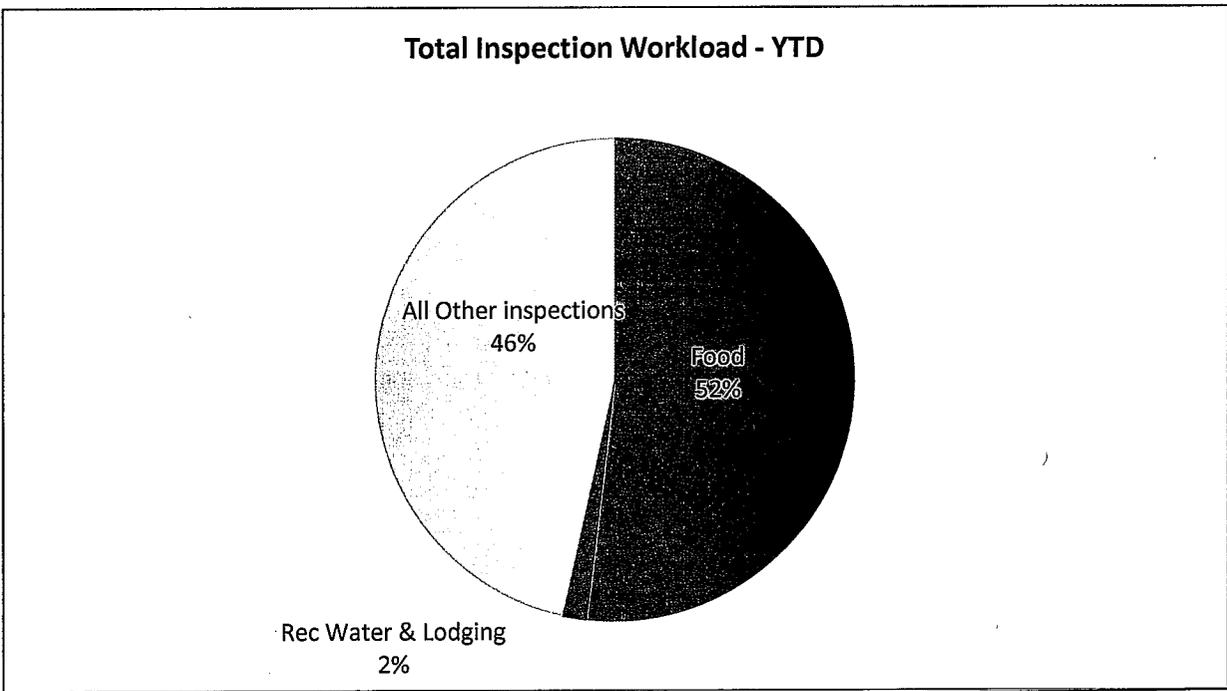
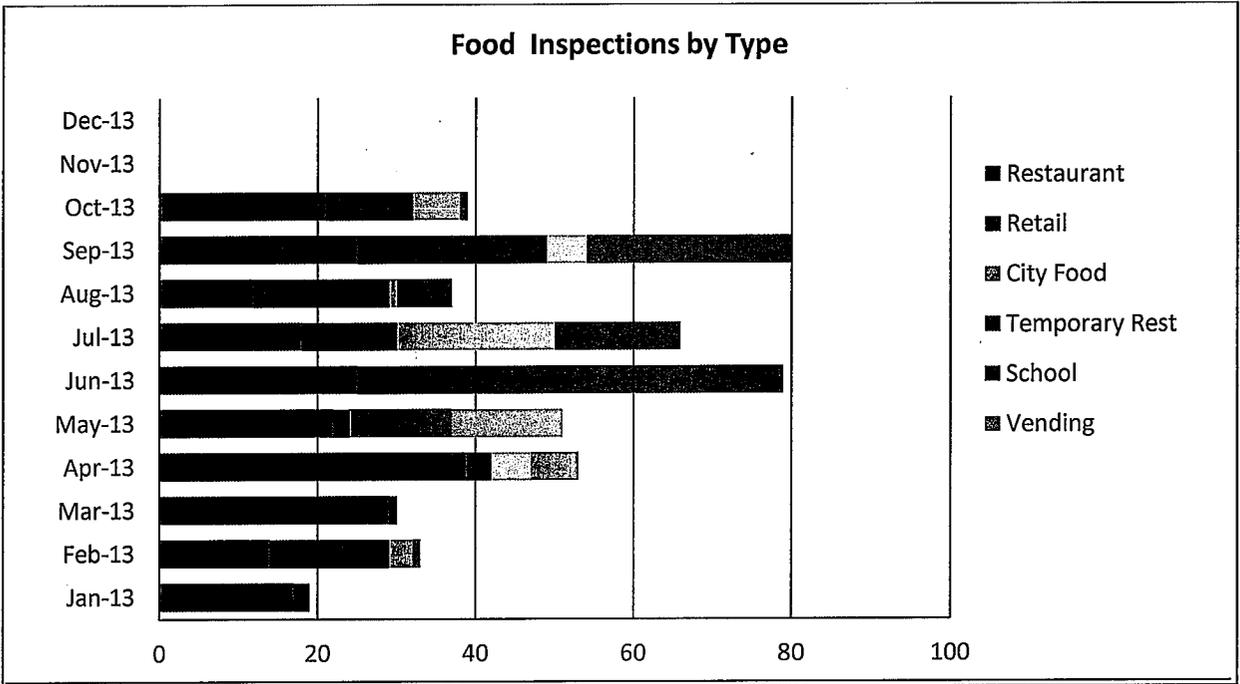
Open records request – An open records request was filed with WHD to provide a copy of all our inspection database tables. Currently our database does not have the functionality to support this request which was forwarded to the Legal department. Discussion ensued.

State Food Safety and Recreational Licensing data sharing meeting – I will be participating on a panel of State and Local partners to discuss data sharing needs of both Agent and Non-Agent Local Health Departments. The goal of these meetings will be to determine the needs and modes of data sharing between the State food safety and recreational licensing program and local health departments throughout the state.

Inspections –Staff continues to work through our pending inspection log. Inspections are on schedule to be completed by the end of the licensing year

Temporary events for the City of Wauwatosa are ceasing due to the winter

- Hartung Park Farmer's Market operated an additional two weeks (until mid-October due to the unseasonably warm weather

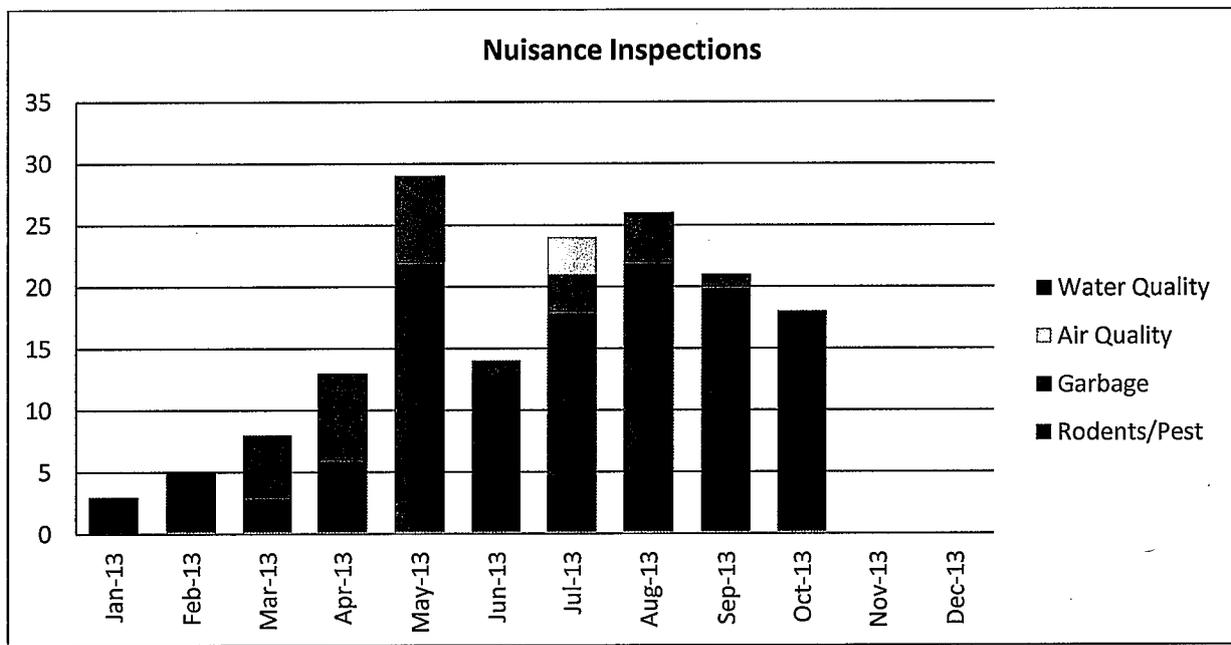


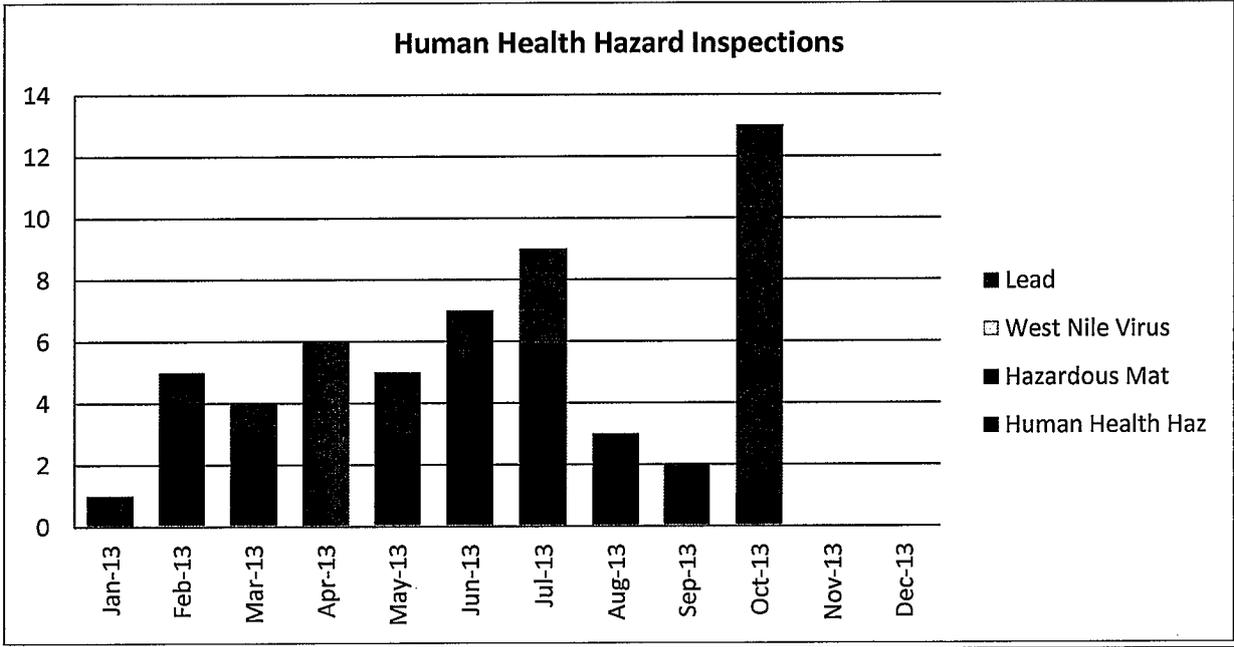
Nuisances/Human Health Hazards

Nuisance complaints for the season are beginning to decrease as the weather cools and nuisance species begin winter hibernation. WHD staff will monitor and respond to resident complaints and requests for assistance.

Orders have been written to abate an above ground pool which is unmaintained. The pool is filled with stagnant water and has become a breeding ground for mosquitoes and is a drowning hazard as it is unmonitored and unsecured. The pool will be drained and made incapable of retaining water by a contractor on Tuesday November 19th. The legal department has verified that this is an acceptable resolution and WHD is on firm legal ground.

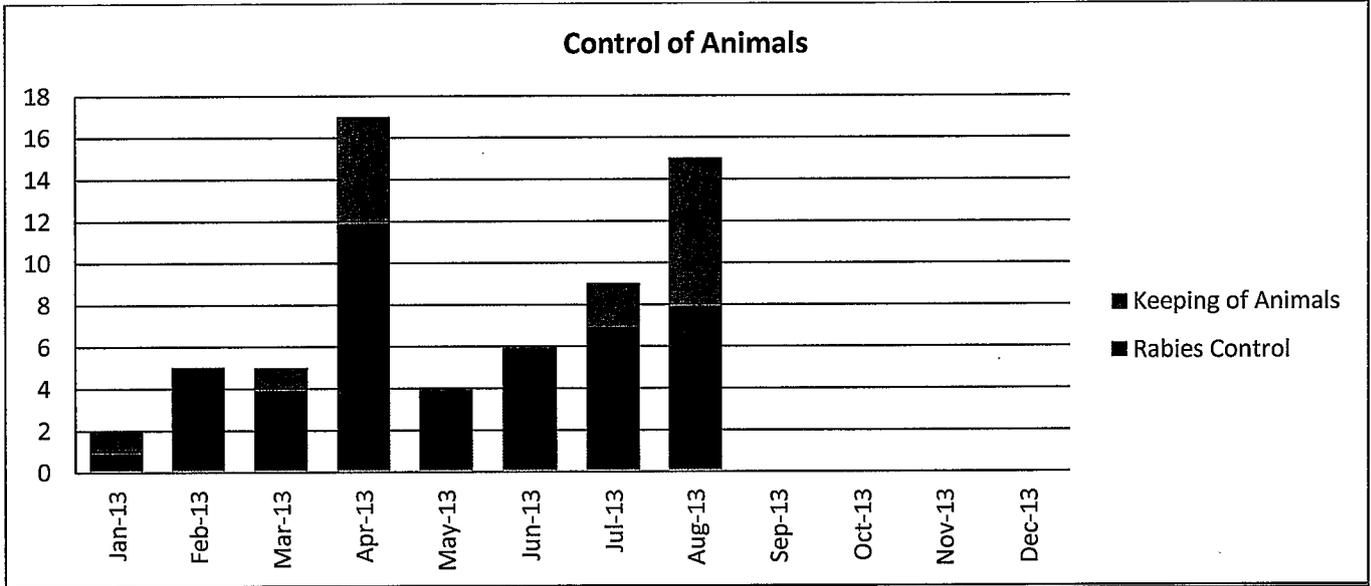
There has been activity on our one open human health hazard case. The property has seen some renovations and improvements and in nearing completion of the orders. WHD staff will conduct one more inspection in the spring and if the conditions remain the same or improve the case will be closed.





Rabies/Animal Control Program

- There have been 34 animal bites reported to WHD this calendar year. Four bats, 7 cats and 23 dog bites have been reported.
- Currently no rabies exposures are under quarantine or being considered for dangerous or vicious declarations.



Preparedness

Public Health Preparedness Grant

The 2013/14 grant year began July 1, 2013. The objectives this year will focus on Community Preparedness, Responder Health and Safety and Fatality Management.

- Free vaccine for children will be provided at 3 WHD mass clinics in October and November as an incentive for families while testing our clinic communication modes, data gathering and surge capacity. WHD staff had 30 days from the last clinic to develop an after action report and implementation plan.
- State preparedness groups are meeting in the fall to develop material to close identified gaps in local plans. The products should be ready for local health departments by February 2014.

Cities Readiness initiative

The 2013/14 grant year is a continuation year with similar funding levels and objectives.

- WHD staff is revising the Health Department section of the City Emergency Activation Plan in order to incorporate the Milwaukee County news Emergency Support Functions model. This will enhance our plans and become a template for other City departments.
- The CRI Tabletop Exercise will be held May 7th 2014, the next exercise design team meeting will be held December 6th at the Wisconsin Athletic club on Watertown Plank Road.

Tosa Area Preparedness Partners (TAPP)

The TAPP is a consortium of public and private Wauwatosa entities that meet to discuss emergency preparedness and collaboration opportunities. The private sector arm of the TAPP has representatives from hospitals, schools, long term care facilities and private industry members. The public sector arm has numerous City and Milwaukee County departments. The TAPP next meeting was held September 24th at GE Healthcare and will focus on workplace violence. Dr. Kreuser attended this meeting as the WHD representative.

Briggs and Stratton Closed Point of Dispensing Memorandum of Understanding (MOU)

Progress is being made towards formalizing an agreement between Briggs and Stratton and WHD to provide prophylaxis, training and resources in the event of an activation of the Strategic National Stockpile. This agreement would allow B&S medical staff to screen and dispense medicine in the event of a bioterrorism attack. A draft of the MOU was sent to B&S on September 13th for review and comment. The MOU is currently being reviewed by the legal departments of Briggs and Stratton and the company that provides them with medical services. A copy of the MOU is included with the previous Board of Health meeting minutes.

7. Advocacy/ Opportunities

Leslie Martin suggested starting a "Friends of the Wauwatosa Health Department" group. Discussion ensued. Leslie Martin met with Judi Parmeter, Senior Commission Chairperson, and discussed volunteerism. Barriers to volunteering would include transportation to the volunteer event. John Dunn commented that we would attract high school students interested in public health, as well as retired health care workers in the community. We would need to have background checks and confidentiality in place. For the health department, it may be project based. Nancy is in discussions with the Mayor regarding volunteerism opportunities throughout the community. Chris offered that one of the Board of Health goals may be communication in the community.

8. Old Business

- None.

9. Announcements

- Nancy thanked Dr. Martin for many years as Board of Health Chairperson.
- **Next meeting:** January 14, 2013 8-9:15 AM, WHD Conference Room

10. Motion to adjourn 9:20 AM

- Motion: Cheryl Davies
- Second: Chris Shaw
- Motion Carried unanimously

Recorder: lms

12.1.1A

1. Authority to conduct PH activities

The WHD must provide a copy of the body of law that sets forth its mandated public health operation, programs and services or a listing of mandated public health services and the reference to the legal citation.

1. Statute 250 Health, Administration, and Supervision
2. Statute 251 Local Health Officers
3. Statute 252 Communicable Diseases
4. Statute 253 Maternal and Child Health
5. Statute 254 Environmental Health
6. Statute 255 Chronic Disease and Injuries
7. Wauwatosa Municipal Code Chapter 2.36 Local Board of Health, Health Department and Health Officer
8. Wauwatosa MC Title 8 Health and Sanitation
9. DHS 140 Required Services of Local Health Departments

Proof of operations, programs, and services that are mandated to the department

2. Description of operations that reflect authorities

WHD must provide a written description that shows how the health department implements the mandated responsibility through a process, program, or intervention.

1. 2012 WHD Annual report
2. 2011 WHD CHA
3. July 2013 meeting minutes where Lori discusses sentinel events or Jim's updates on health/preparedness (really any meeting minutes where Lori or Jim give updates would work).

12.1.1A

Maintain current operational definitions and/or statements of the public health governing entity's roles and responsibilities

1. Authority of the board
2. Description of board

WHD must provide written description of the board's authority. Documentation can be body of law.

WHD must provide written description of the board.

1. WI statute 251.03 - 251.04
2. Wauwatosa MC Chapter 2.36 Local Board of Health, Health Department and Health Officer

1. Wauwatosa MC Chapter 2.36 Local Board of Health, Health Department, and Health Officer

12.2.1A

Communicate with governing entity regarding the responsibilities of the WHD

Two examples of communications provided to the board regarding responsibilities of WHD

WHD must provide two examples of communication to the board about the health department's official responsibilities. Documentation should demonstrate the process of informing the board about the responsibilities of the WHD. Could be reports, testimonies, speeches, presenters, or emails.

1. June 21st 2011 minutes that discuss the Review of the Board of Health Roles, Responsibilities, and opportunities.
2. July 16th 2013 minutes - Nancy discusses with the board domain 12 and their roles and responsibilities.
3. Packet of information regarding board responsibilities that Nancy distributes to new board members.

12.2.2A

One example of a communication with the board about their operational definitions and/or statements of WHD board and responsibilities

WHD must provide one example of sharing with the board operational definitions and/or statements of board role and responsibilities. Documentation could be meeting minutes, memos, emails, briefing papers, or other correspondence.

1. June 21st 2011 minutes that discuss the Review of the Board of Health Roles, Responsibilities, and opportunities.
2. Nancy's meeting with Dr. Martin about budget information.
3. Emails from Nancy to Dr. Martin about the budget on Sept. 17th and Aug, 17th 2013.

<p>12.3.1A</p> <p>Provide governing entity with info about important PH issues facing the department and/or recent actions of the WHD</p>	<p>Two examples of communications with the board regarding important PH issues and/or recent actions of WHD</p>	<p>Information exchange between the WHD and board. Communication exchanges can include discussions or dialogue with board regarding PH issues. These could be demonstrated through reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified PH hazards, CHA findings, community dashboard, outbreak and response efforts, annual statistical reports, or other correspondence.</p> <ol style="list-style-type: none"> 1. July 2013 meeting minutes where Lori gives a communicable disease update or Jim's environmental health/preparedness update (really any meeting minutes where Lori or Jim give updates would work). 2. Sept. 17th and Aug. 23rd memo from Dr. Martin 3. Meeting on Aug. 27th regarding the budget.
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12.3.2A

Track actions by the board

Review issues discussed, actions taken, and policies set by the board at least annually.

WHD must provide documentation that it reviews the boards discussions of issues, actions taken, and policies set. Reviews of the board's discussions, actions, and policies must take place at least annually. Review should include an assessment of public health successes, patterns of issues, and/or topic or issue areas where increased communication is desirable. Documentation could be meeting minutes, reports, dashboards, presentations, memos, or other record of discussion.

Could not find information.

12.3.3A

Communicate with board about assessing and improving the performance of the WHD

Two examples of communication with the board concerning assessment of WHD. - meeting minutes

Two examples of communication with the board concerning improvement of WHD

WHD must provide two examples of communication with the board on its plans and process for improving WHD performance. WHD should select its documentation for this measure based on the model of governance in place. Examples of improvement efforts could include program reviews, accreditation efforts, quality improvement practices, and other performance improvement activities. Documentation could be meeting minutes, reports, presentations, memos, or other discussion reports.

WHD must provide two examples of communication with the board on its performance improvement as a result of performance improvement processes and/or activities. The WHD should select its documentation for this measure based on the model of governance in place for the WHD. Documentation could include annual reports, department dashboards, program reviews, meeting minutes, reports, presentations, memos, and other records discussed.

1. July 16th minutes Nancy discusses accreditation updates. May 21st also discusses accreditation readiness. Nearly all the minutes over the past three years discuss accreditation.

2. May 21st or Feb 19th or Nov 20th minutes discuss Healthiest Wauwatosa 2012 programs and initiatives highlights.

3. Possibly use May 21st minutes where Lori discusses alcohol strategies 2013.

4. Jim's program updates in May 21st minutes

5. February 18th 2011 minutes Nancy discusses Performance Management System Policy Document.

1. Possibly the Feb 21st minutes. Discussion on CHA and CHIP process. Specifically, the WHD revised quality improvement committees and processes.

2. Possibly any minutes where Lori discusses the CHIP process.