

Item 23-1333: Health Department Q3 Report

Board of Health

Wed, Nov 08, 2023 7:00AM

Cathy Spears (Board Chair) 01:20

Let's go on to 23-1333 the Q3 report. Dr. Siebers. And—

Cathy Spears (Board Chair) 01:21

I have it on. Oh, Director. I'm sorry. I did one. Never mind. It'll take me a minute to get used to all this.

Health Officer Charles Sepers 01:37

Sure. We're good. a lot's changed, I think in the last few months.

Cathy Spears (Board Chair) 01:42

Beautiful up here.

Health Officer Charles Sepers 01:44

Yeah, it's, it looks—it looks great. Yeah, so just diving in. You'll notice I just want to point out Megan's efforts in revitalizing the format of the Q3 document here. So, I just wanted to point that out here. So just as we look at the highlights from the various sections, a sort of trend that we've seen throughout the year, STD rates overall have dropped in that in that quarter in comparison to the previous year; however, we are seeing an increase in—a pretty dramatic rise in STDs in the 18 and under group. So that's, that's one thing to note from the communicable disease piece.

Health Officer Charles Sepers 02:44

If we look at lead elevations from 2023 Q3 to 2022, we see that's almost double. Keep in mind that the federal standards of what is an elevated case has changed. So that level was at, at a 5 and now it's a 3.5. So, because of that we've caught a few more cases on that. So, it's going to take another two quarters or so to get back to baseline to be able to compare apples to apples on that piece.

Health Officer Charles Sepers 03:28

On our access and linkage to care, we see a larger increase in terms of tests but not any increase in terms of clients are, which means that we're really catching them after symptoms have kind of gone through. And that's with a community partner, that piece.

Health Officer Charles Sepers 03:54

One point of note, an opportunity for outreach and sort of provider education, if we look at home visits for Q3 in 2023 versus 2022, we see about 1/3 of those visits. That is a referral-based process. So those referrals just are not happening at this time, and so that's something that we're going to go into and develop some QI around to help understand what that looks like. But that's the point of looking at these data. We begin to identify what those opportunities are.

Health Officer Charles Sepers 04:42

So, moving on to the environmental health piece, if we look at the pre inspections—so that's those inspections that are for new construction, new businesses, that kind of thing and the inspection item, we see a, you know,

still that climb of dramatic licensure activity. And that's still the story of having the staff to be able to perform that in 2023 that was not available in 2022.

Health Officer Charles Sepers 04:42

So, Weights and Measures, not much to call out there. Very similar in terms of the amount of activity going on. And that's a—that's a cyclical process. So that'll look pretty similar. We did pick up Greenville in in 2023. And really towards the end of Q3 is when we began that activity. So, we do expect there to be a little bit more due to the new Weights and Measures contract that had come online.

Health Officer Charles Sepers 05:59

And then for our emergency preparedness section, just want to call out two things. Cassidy Walsh had had organized two trainings. one was Stop the Bleed, and that sort of coordinated around installing Stop the Bleed kits. So, think of a tourniquet kit on site. And so, we've ordered a number of those kits to coincide with the AED system throughout all city buildings. And she organized a number of trainings for city staff to help train around that.

Health Officer Charles Sepers 06:50

And then she also organized a Back-to-Basics tabletop exercise where we examined what it would look like if we were to experience a significant event. And so, I see Mayor Woodford is smiling, and that is that is due to—the subject matter was actually Cookie Monster, as a disarming kind of subject matter because no one is a is an expert in Cookie Monster, right? When we talk about train accidents and those kinds of things, people's brains begin to shut off because they're like, "Well, I don't necessarily deal with that." So, choosing something novel, I think, was a good strategy and was something that was brought in from national colleagues. So, one of the products of, you know, attending, you know, national conferences and networking and all of that, just learning from each other nationally, is kind of what, what that is.

Health Officer Charles Sepers 08:04

So, what we don't have data for, I'll also provide some updates around. Last month this body had discussed some interest in bringing in some mental health programming. So, I've met with Beth Clay. And on the heels of some survey work here in the last nine months or so, and some other strategic initiatives that have taken place in the mental health space, Director Clay and I have met to decide on exactly what would be a good pace and timing and programming for bringing that here to the Board of Health. So, it will probably look something like a bit of an overview of the backbone organization and the collective impact structure of NEW Mental Health and some of the things that are ongoing there, highlighting specific gaps that that we see, and then bringing in different providers, different nonprofits that are working on in in specific areas.

Health Officer Charles Sepers 09:24

We know that this is coinciding with the city ARPA funding as well as we begin to talk about mental health in in this room. You know, we'll—I know Kara Homan, Director Homan, is working through and developing the process for the ARPA funding that has been slated for the mental health violence prevention, work. So, this will, this will be helpful community conversation as we as we begin to look at that. So wanted to provide that update.

Health Officer Charles Sepers 10:09

And then we are also nearing the end of some planning work in it was what we're calling the Tri County Community Health Assessment Community Health Improvement Plan coalition. And so that is the five health districts and our four hospitals plus Partnership, to come together to really create a an application process that will select a vendor that will guide us through a regional CHA/CHIP. And so, we're really excited about this work. It's coming along. We're looking to have that that RFP done by the end of the year. So, we've met with several

experts to help guide what that'll look like. So, it's, it's just been really exciting working with various stakeholders to have input from the from the ground up in terms of what that process might look like. So that's coming to fruition. So really excited about that work. And then I would also say that we're, we're pretty advanced into our Appleton Community Health Assessment process, as well. So, we're in the process of forming that steering committee now. We've got we've got a good timeline in place and really looking for the end of Q1 to be wrapping up those primary data collection points.

Cathy Spears (Board Chair) 11:57

Okay, any comments or questions? Deb Werth? Oh, I'm sorry. Thank you.

Deborah Werth (Board of Health) 12:05

Under Communicable Disease Control, I noticed an increase in the latent TB. Do you want to speak to that?

Health Officer Charles Sepers 12:12

Yeah. I—yeah, I can speak to—yeah, thanks for calling that out. Yeah, so in general, the number of latent TB in a given year does not change very much. And if we're looking at year to date, we're still in line with what we saw last year, it's just that given the cyclical nature of when folks might, you know, arrive and come into the system, it's heavy in Q3, but it's not heavy over the year. So, at any given point in time, we can have 15 latent TBs, but that's also really kind of locked by the various TB drugs that that that are difficult to get at this point. If we were able to have drugs to treat all of the latent TB, it would actually be much higher, and that's one of the things that we're seeing now is that drug availability opens up a little bit. So, you're probably seeing a little bit more in this in this Q3 section as those drugs come online. But still about the same as we look at the year to date, very similar that way. Great question. Thanks.

Cathy Spears (Board Chair) 12:54

Any other comments or questions? I just have a couple. Dealing with the lead elevations, have we discovered is there sources or have we identified like one specific source or is it intake of water or...?

Health Officer Charles Sepers 14:00

No, nearly all of the lead exposure sources are in the home, right? So, we know the legacy home cut off is 1978. Though—so typically, what we find is some environmental exposure so whether it be lead paint or lead in the soil or something like that. So, these are blood elevations. So, this is—there's different opportunities for screening cap—you know, the, the various capillary screening opportunities, and so that's what we're finding there. But in in the case of where we have very elevated levels, so like two 15s or a 20, one 20, that will actually trigger the Appleton Health Department to go out and do a full site assessment. So, what we'll do is there's—well, there's a number of different processes. But basically, what we'll do is identify the source of that lead, either through swabbing or there's some x ray technology's involved with some of that as well. But yeah, those are those cut offs. But this is the venous—those, yeah, those venous levels. And that's what we'll—that's what we use to capture that that elevated but not critical level.

Cathy Spears (Board Chair) 15:40

I was just curious, you know. I want to let everyone know that the water is safe, basically. So, you know that it is sources—I remember, one was microwaving food for a baby on a plate that was old, and the lead from the plate came on to the food. I remember that being one of our nurse's evaluations and discovery. So.

Health Officer Charles Sepers 16:02

Yeah, it's very interesting. One of the things I would expand on in that, so we volunteered to participate in a early childhood site lead study. And so, we were one of just a handful of communities in the state. But what we

had done was—and we had a very high uptake of that. So, of 27 childcare centers, I believe we had 19 that actually participated in that program. So, we tested all water sources in those early childhood centers, and we did not have a single childcare center with elevated lead at the at the water faucet site, right? And so that gives a pretty good understanding of not only the, you know, building's, you know, faucets and any possible lead exposures there, but we're not seeing like lead laterals or anything like that. So, in fact, our contact at the state for that program was very interested in the in the data, because in comparison to like Madison, or something like that, those data were very positive in comparison to what we're we were seeing in other communities in so much in that we didn't have any. So that was, that was very curious. And it was, you know, in talking with Chris Shaw and others, those lead lateral—that lead lateral work that's been taking place over the years have really kind of—that's the root cause of some of that.

Health Officer Charles Sepers 17:05

Great. You also mentioned that Stop the Bleed training went on. And I'm just wondering, you've talked about city hall there, but are they—are we doing any type of system within the Police, the Fire, water crews that have those types of kits too with the training?

Health Officer Charles Sepers 18:21

Yeah, and I probably misspoke. So, the Stop the Bleed kits have been installed city wide. So not just in City Hall, I think we've identified something like 13—13 AED sites would have been, you know [indecipherable], PD, Fire.

Cathy Spears (Board Chair) 18:42

Okay. Excellent.

Mayor Jake Woodford 18:43

There's also been internal training opportunities already for all employees. And we'll continue to make those available.

Cathy Spears (Board Chair) 18:52

Excellent. Good news. Any other comments or questions?