Item 23-1516: Trustee Development - Public Health Overview
Library Board
Tues, Jan 16, 2024 4:30PM

Margaret Mann (Library Board Member) 15:54
Okay, so we'll move to the president's report item 23-1516. And we have Chuck here to give us an overview of the public health.

Assistant Director Tasha Saecker (Library) 15:54
Thank you, Tina.

Assistant Director Tasha Saecker (Library) 16:07
And what number are you, Chuck? District nine. There you go.

Health Officer Charles Sepers 16:14
Thank you so much. My name is Dr. Chuck Sepers. I am the Health Officer and director for the City of Appleton Health Department. And I'm going to—this is a bit of a challenge for me because I could talk about local governmental public health for literally hours. So, I thought what might be most helpful. So, what I've included as handouts, rather than a formal presentation, just a couple of primers, if you will, towards what I consider to be some of the more helpful documents as we think about what modern public health is.

Health Officer Charles Sepers 16:55
In the state of Wisconsin, public health is very statutorily mandated in specific ways. City of Appleton is a class three local health department. There's a class one, class two, class three. That is just to mean that there are a number of different requirements that are needed at each class. Appleton is of that class three type. So, there are more requirements other than just those basic functions.

Health Officer Charles Sepers 17:29
As part of the DHS 140 statute, we are required to implement what is called as the fundamental—sorry, the foundational public health services framework. So that first sort of fact sheet that you have contains the structural elements of the foundational public health services and kind of what that looks like.

Health Officer Charles Sepers 17:55
And before I go further into that, I'll just say that at a very broad level people have—you know, I would say folks fall into several camps. They correctly know what public health is. They think they know what public health is. And then folks have a correct, sort of—I can't talk today—correct sort of understanding of what of what public health is. And so especially when we're doing our sort of intern interviews and those student experiences, a lot of times folks will—if they're pre-med or something like that—and they'll say, "Well, I really care about health care. So, it makes sense for me to do health care with the City of Appleton." Well, we don't do health care. Health care is the mitigation of disease.

Health Officer Charles Sepers 18:49
Public Health, quite simply put, is, it's answering that question, "What if people didn't get sick?" Right? And so that is far ranging from you know, if we look at our structural framework, managing a communicable disease scenario. Obviously, our most recent example is COVID-19. Some folks may have heard of that in this room. All the way to, you know, ensuring access for members of the population—for the for the population as a whole to

be to be able to access health care. And so, with that, we have chronic disease and injury prevention. I mentioned communicable disease.

Health Officer Charles Sepers 19:36
The Environmental Public Health piece; within the city of Appleton that's a very large program. We have something over 700 licenses, most of those are of the restaurant type. That includes food trucks, food licenses, food retail. So, think of your you're, you know, sort of sort of grocery stores as well as restaurants. But also includes chickens, bees, that sort of thing as well. Tattoos, all of those sort of things.

Health Officer Charles Sepers 20:17
The Maternal and Child Health focus is a level three focus, outlined by the by the framework. And then as I had talked about loosely, access to health care or linkage to health care, and we do that in a number of different ways locally. We have vendor partnerships with, say, local clinics to provide STI testing and support, but that also includes working with community partners for incoming refugees to ensure that they're navigating through our health care system as is mandated by the State of Wisconsin. So those are the sort of the, the, the outward facing or the community specific focuses.

Health Officer Charles Sepers 21:15
And then there's, there's other things, and I won't go through each one of them. But you can see that they're outlined there. So, equity, which is a happens to live as a small box within this framework. One framework I did not provide is the 10 essential public health services, which was recently revamped in 2020, and really, that—it extends beyond these services and more into, really, lines of effort that are internal and external. So, ensuring a diverse public health workforce—right?—ensuring the collection of timely data to understand the needs and the concerns of residents. That kind of thing.

Health Officer Charles Sepers 22:07
The old, the old model of the 10 essential public health services had research at the at the center of this of this this 10 Pie wheel. Now equity is, is at the center of that. And that's just to highlight that, you know, as we consider when we make the biggest efforts related to moving the needle on population health, the greatest opportunity is focusing on the underserved populations. And so, whether it's mental health, or if it is diabetes, or anything in between, focusing on—or at least ensuring access to all of the services and supports by all residents is sort of the focus of public health.

Health Officer Charles Sepers 23:02
So that's—in a nutshell, that's what we do. And then I'll give a, maybe to help clarify what public health is a little bit more—modern public health is, I would say, for the first time coming into its own. What I provided was a white paper from 2016 that is entitled "Public Health 3.0", and Public Health 3.0 is the sort of envisioning of what a modern public health infrastructure might look like.

Health Officer Charles Sepers 23:35
Previously—so in iterations of public health 1.0, in iterations of public 2.0, having clinical services, you know, STI testing and treatment, which is something that we that we do focus on. But these clinical services were sort of the staple of what public health is, the sort of free clinics. The federal—the federally qualified health centers were born out of public health, you know, about 20 years ago.

Health Officer Charles Sepers 24:10
The idea of public health 3.0 is the movement away from the provision of services and serving as a convener of community partners that are better equipped to provide the sort of clinic services. Oftentimes we consider

public health as the provider of last resort, and unfortunately (or fortunately, depending on how we look at it) COVID-19 provided an opportunity for public health to be the provider of last resort, and that's why Public Health served as the provider of mass vaccination clinics with when the COVID-19 vaccine had come online, that kind of thing. We—our governmental infrastructure allows us to provision that sort of care, but that's not what we do.

Health Officer Charles Sepers 25:07
So, what do we do? We have—so part of the, you know, assessment and surveillance function. We're—we are getting ready to initiate our community health assessment. And in my biased opinion, (I did this as a fee for service in a in a previous life) but the community health assessment process is largely one of the more important aspects of what a local health department can do. Because through that process, we ask individuals, "What is it that they care about?" We look at other streams of evidence—not only that primary evidence, but secondary evidence. What are the clinical, you know, indicators at the population level? Those that—what are what are prevalence of diabetes? What are our mental health, you know, provider ratios, our healthcare ratios, those sorts of things? And then asking people what it is that that they care about? What is important? How well do we, as a community, address those issues?

Health Officer Charles Sepers 26:19
We help prioritize topics and focus areas on things that we that we might raise up and, using our community stakeholders and partners, develop a sort of strategic plan for addressing the issues that have been identified by residents for things that they care about. There's also qualitative elements of that, focus groups and other things, but those are the sort of processes that we create data and local evidence to identify those things that that we that we—that folks care about and how we might, you know, focus funding for what we might, you know, develop this strategic plan around to enable community stakeholders to help address specifically through interventions and policy work.

Health Officer Charles Sepers 27:25
But moving away from those clinical service more into that that community health strategist role is really the function of what Public, the modern Public Health or Public Health 3.0 is. And we're just now getting to that with COVID firmly on the back side of public health. Now it's a sort of health care issue, as we look at it. So, I'll leave it there for questions or to dive in.

Margaret Mann (Library Board Member) 28:01
Any questions? Discussion?

Unknown Library Board Member 28:09
I would have a question. I don't know if I'm audible, though.

Margaret Mann (Library Board Member) 28:11
Go ahead. I think—was that Bee? Yeah.

Unknown Library Board Member 28:16
Yeah, if you can hear me. I'm curious about the—thinking about the strategist role in the policy, the materials referenced, the social determinants of health, and our and our city processes for things like, you know, approving new housing developments where we know social determinant of health is access to affordable housing. Is, is your department now becoming maybe more integrated in in city decisions where there is a social determinant of health aspect, whether it's like the housing example or Valley Transit things along those lines?

Health Officer Charles Sepers 28:49
Yeah, that's a that's a great question. And I'm struggling to remember the year, but the city of Appleton had had adopted a Health In All Policy ordinance, and so by ordinance, we are actually required to consider all of those things as a as a city, when we consider whether it's, you know, building or if it's sidewalk construction, all those things are integrated into that that health and all policy framework.

Unknown Library Board Member 29:35
Yes, as a follow up, I've only recently learned from a regulatory and a, like a certification perspective for healthcare systems, for inpatient visits the recording of whether a patient has, you know—their level of health care literacy is becoming I guess required maybe to say in the future. Social determinant of health that patients will be screened for which, in this case, gives us an interesting, like, direct link from services the library can provide with respect to health care literacy resources to one of the social determinants that would be relevant to our policy developments. And that's not really a question for you, just something I, you know, thought was neat and wanted to share with the rest of the board.

Margaret Mann (Library Board Member) 30:27
Lisa, did you have a question? Or comment?

Lisa Nett (Library Board Member) 30:30
Yeah, I was curious how—first of all, to say thank you for coming and giving your presentation, but—and second to follow up with how are—is the public health or Appleton's City Public Health Department already collaborating with the library? And what would you hope for in the coming year or years?

Health Officer Charles Sepers 30:57
Yeah, that's a great question. You know, in term—in in terms of current collaborations, I think there's a lot of opportunities. Right? You know, as the information line for the city, I know that during COVID, which was prior to my time here at the city—I've been here for about two years. So, the bulk of this work was prior to my time, but as I understand it, the city information line which, of course goes through the library was, was pretty integral in terms of pushing out information, or at least getting folks routed to the proper phone number, if you will, to make sure that people were able to contact us and that kind of thing, ensuring that information as it changed rather rapidly was current and up to date. So, city services as they, as they changed, as things had unfolded, that was one opportunity.

Health Officer Charles Sepers 32:05
I think that as Bee had said, health literacy is a is a really important aspect of people's health, in terms of, you know, being able to provide advocacy for themselves or their family members. That's a natural fit. I think that there's going to be a lot of opportunities.

Health Officer Charles Sepers 32:29
Moving forward, one of the new initiatives that we've just taken on, so the coordinate—excuse me, the Coordinated Entry Specialist position, which is the sort of HUD compliance component of the sort of unhoused folks being entered into the housing system which is the system that's used in a national context, but certainly local partners are viewing this list and ensuring those that are on the list are able to move to that next phase of housing, so if they're if they're eligible for longer term housing based on whatever criteria, that there's a single database in which folks are being, you know, collected and housed within this this system. That was recently in Community and Economic Development.

Health Officer Charles Sepers 33:29
So, with a refocus on social determinants of health as a function of that position of housing, we have recently restructured that position to where we did two things in in a simultaneous fashion. We created a new community health section within Public Health, and then we moved the Coordinated Entry Specialist under the Community Health section.

Health Officer Charles Sepers 34:01
We have also recently identified new funding to allow for the creation of a Community Health Net—or a Community Resource Navigator that will also live within that section as well. This is more of a boots on the ground sort of person that will be making direct client contact. Not that the—not that the Coordinated Entry Specialist does not make that sort of direct client contact, but that's not the main focus of that role. The Community Resource Navigator will be. And part—as we're fleshing out exactly what the workflow will be for that position, one of the things that we naturally see working with Valley Transit working with the library is going where people are, and so unhoused people will likely gravitate to our City Center areas once the library comes back online. We know that Valley Transit is looking for a sort of Valley Transit transit center remodel as well. So those will be some opportunities for—not for someone to sit in PD, let's say, and, you know, make phone calls, but to be where people are. So that's a major collaboration that we, that we're thinking through at this time, that we think will be a be a good fit for the two.

Margaret Mann (Library Board Member) 35:42
Any other questions or comments? Thank you.