



Meeting called to order at 605p

Attendance:

C. Holtz

E. Conlin

M. Roberts

B. Rowland

B. Simerly

C. Farrington

C. Simenz

E. Siegrist

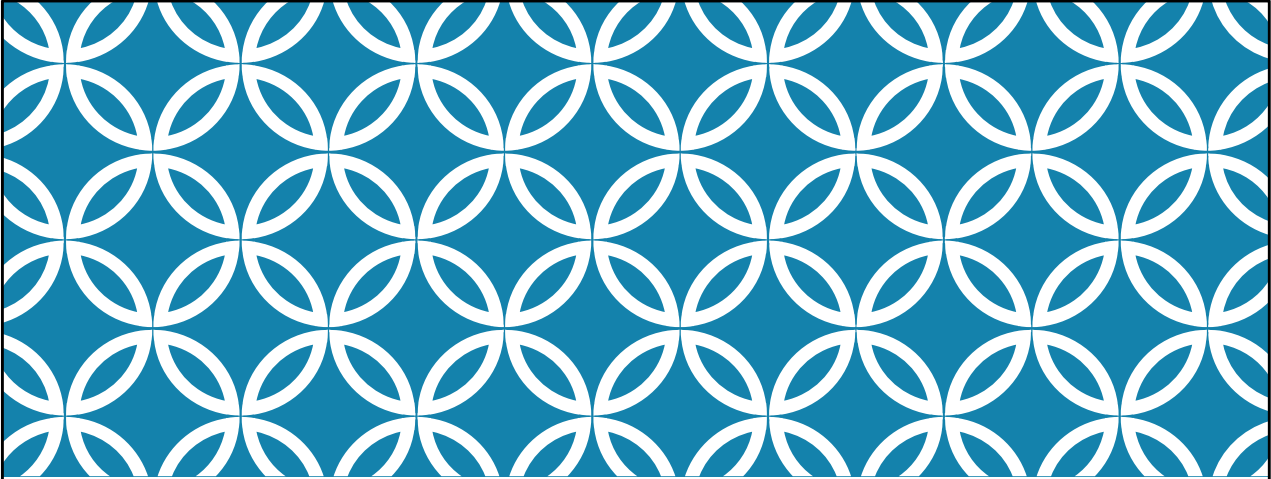


## AGENDA

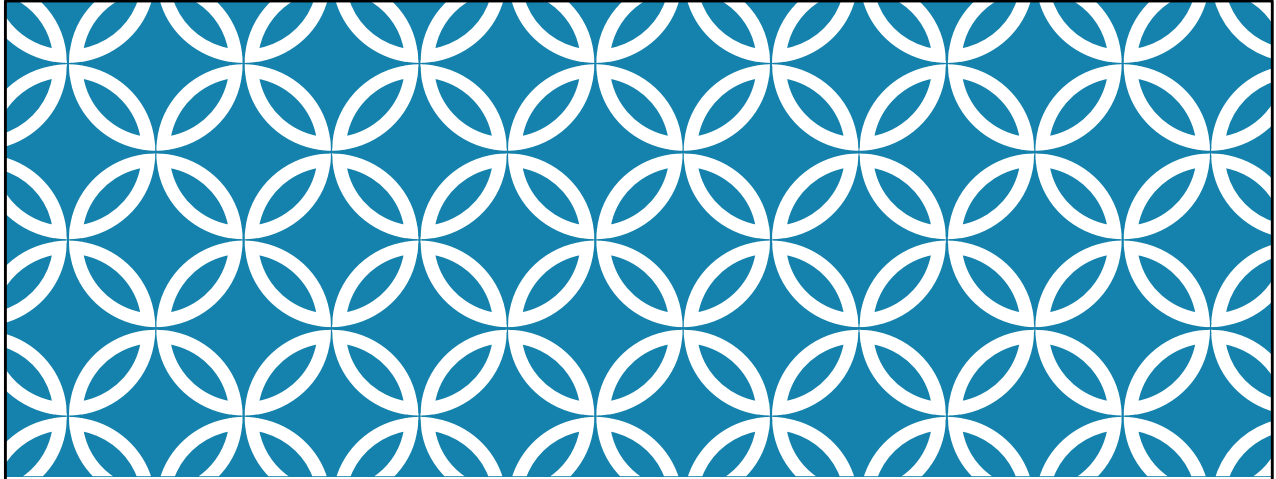
- Meeting called to order, roll call
- Approval of the May 2024 Minutes
- Health Department Administrative Updates
  - Community Health Improvement Plan
  - Preparedness Updates
  - Communicable Disease Updates
  - Community Case Manager Updates
  - NSHD/NSFR Updates
  - Other items

M Roberts motion to open meeting  
C Farrington second  
All in favor

C Simzenz motion to approve May minutes  
C Holtz second  
All in favor



**HEALTH DEPARTMENT UPDATES** |



**CHIP UPDATES** |

## INSIGHTS FROM HEALTH PRIORITY ANALYSES

1. Examined 2022 CHA and 2024 Community Conversations
2. Used AI to help analyze the data, including hidden insights or missing information
3. AI especially helpful for identifying fourth priority area (labeled as Community Perspectives)

A photograph of a piece of light-colored paper with handwritten text in blue ink. The text reads "Thank you public health workers!! :)" and is written in a casual, cursive style.

Updated 8/15/2024

Based on the 2022 CHA, we identified Mental Health and Social Isolation, Healthy Living (Chronic Disease, Communicable Disease and Healthy Aging) and Environmental Health as top health priorities. However, there was not a clear fourth priority. During the Community Conversations, we heard from residents that community engagement and public health were emerging concerns they had – many did not know what services we had to offer, or how to find information, or felt we needed to diversify our communication strategy or because we do not have an office directly in their community that we were “not for them”.

I tried to make ChatGPT and Perplexity modeling and training as unbiased as possible and tried to remove as many limitations/barriers as possible, to identify hidden insights and health priorities we might be, as humans, overlooking. It was a bit challenging as AI lacks context and nuance, and I could only spend so much time modeling, but AI helped identify the fourth health priority, formerly labeled Community Perspectives.

AI analysis of information collected from the CHA and focus groups, was closely aligned with human analysis. There maybe some suggestions AI identified that we, due to a comprehensive understanding of our scope of work and capacity, may not be able to incorporate into the 2025-2029 CHIP. However, with this information we may be able to

incorporate it into the bigger picture/strategic plan.

## INSIGHTS FROM HEALTH PRIORITY ANALYSES

- Emerging health priorities:
- Mental Health and Social Isolation
- Healthy Living (Chronic Disease, Communicable Disease & Healthy Aging)
- Environmental Health
- Community Engagement and Public Health Communication!



Updated 8/15/2024

Emerging health priorities are:

1. Mental Health and Social Isolation
2. Healthy Living (Chronic Disease, Communicable Disease and Healthy Aging)
3. Environmental Health
4. Community Engagement and Public Health Communication!

Talking with other departments about this fourth priority has been insightful, as the concept hits many as a “doh! Why didn’t I think of that? It makes sense!”... so many look at both of these as a part of education or program planning, implementation and evaluation, which they are, but they are also stand-alone health priorities. Community Engagement and Public Health Communication, as an upstream intervention, when done right, can help reduce health disparities, increase health equity and health literacy.

Talk about potential grant idea?

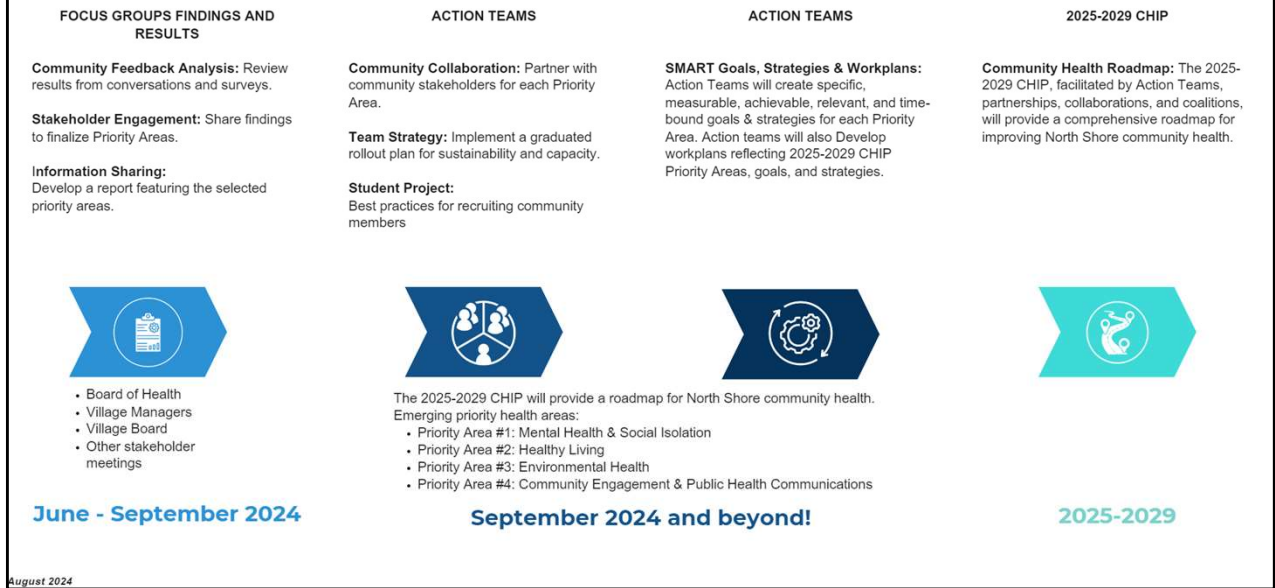
Updated 8/15/2024

BR talked about the That's Gross campaign by UW Madison

CS talked about the AHW seed grant that he is working on with NSHD.



# 2024 NORTH SHORE CHIP PROCESS: COMMUNITY CONVERSATIONS

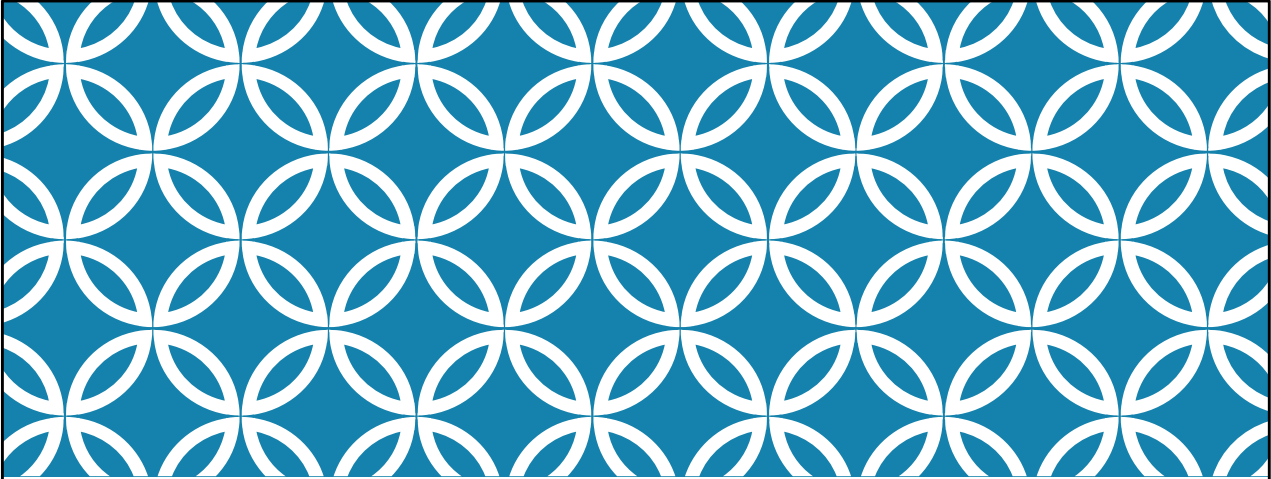


Updated 8/15/2024

This is a living document, always evolving and changing, but provides a good visualization and current snapshot of where we are in the process.

## Next Steps:

- Drafted a comprehensive report of findings (30 pages-ish) that needs to be distilled into a more management report (plain language, accessible and equitable to all, encouraging autonomy).
- Meet with the rest of the department CHIP team and discussing findings and determine objectives and SMARITE goals.
- Create community focused report of finding.
- Create community focused 2025-2029 CHIP.
- Start coordinating Action Teams - MCW student field placement will examine and benchmark best practices for community recruitment



**PHEP UPDATES** |

## PUBLIC HEALTH EMERGENCY PREPAREDNESS: RNC

### What went well

- Communication
- Staffing
- Planning logistics

### AAR takeaways

- Emphasized communication as major strength across the board
- Consider backup plans for electronics if they go down
- Continue to work and train together as a region, regardless of specialty (PH, EM, hospitals, etc.)

### EOC shifts were without incident

- Why are we updating these?
  - In the event of an emergency, whether it be bioterrorism or naturally occurring, our plans need to be up-to-date, especially for the RNC
- What is a POD (Point of Dispensing)
  - It is a designated location for dispensing emergency medical countermeasures (i.e. emergency medications)
  - Open PODs are used to dispense medications to the general public
  - Closed PODs are used for entities, such as businesses or departments that have large amounts of staff
    - Not only are staff given medications, they are also able to take enough to give to their family in their household
    - These are especially beneficial because they reduce the number of people going to Open PODs so that the public has more opportunity
  - CS—do we have a non-networked backups? Could we function? BR followed up with Bayside Communications
  - ED—ascension system failure was because someone got too far into the system (a vulnerability of sharepoint) Ascension did not lose the data but it was horrendous.
  - During RNC AAH had equipment failure, how do you use starlink or other

things that connect to satellites etc. Ultimate attack would knock out critical infrastructure and then MCI.

- BS—thinks it's backed up at the BPD

## PUBLIC HEALTH EMERGENCY PREPAREDNESS: SHELTERING

**Recent events needing shelters but lack of planning with Red Cross**

**Plans for more written agreements**

MOUs

Red Cross Survey Information

**Met with:**

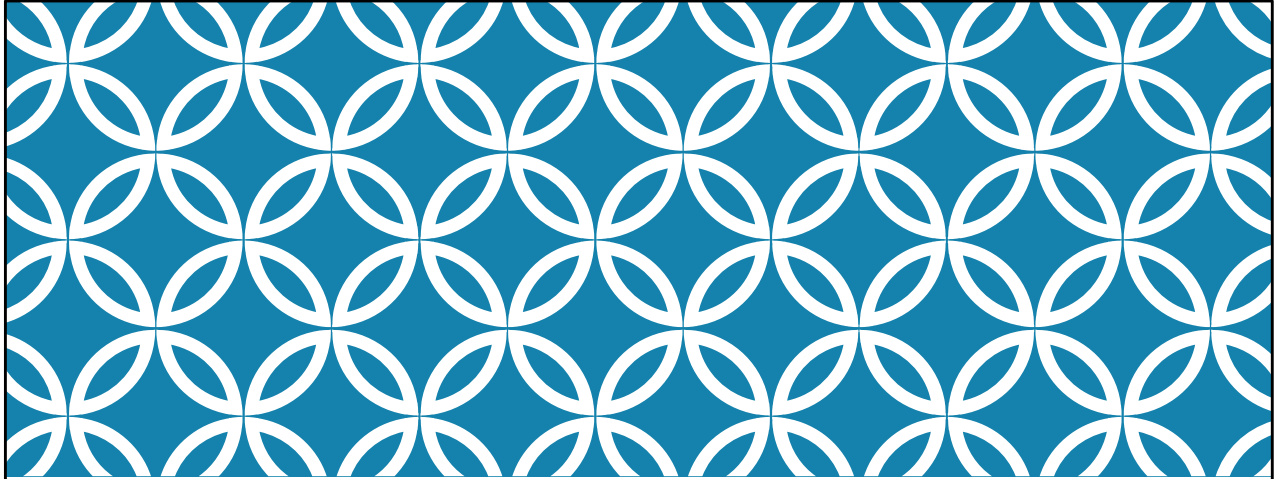
JCC

Brown Deer Middle and High School

Nicolet High School

Next: USM, Parkway, and Atwater

Milwaukee Jewish Day S—CS suggests checking them out too.  
EC suggested we ask Hotel system—private clubs—MCC? WI club?



## CD UPDATES

## PUSH FOR IMMUNIZATIONS

- Strategic push to get 100% of our kids under 24 months, up-to-date with recommended vaccines
- Developed a monthly analysis and outreach schedule and divided work among PHNs to connect with parents of children overdue for vaccines
- PHNs make two phone attempts to reach families - if unable to reach, a personalized letter is sent
- Regular evaluation of immunization rates is conducted to determine efficacy of this intervention and to identify any trends

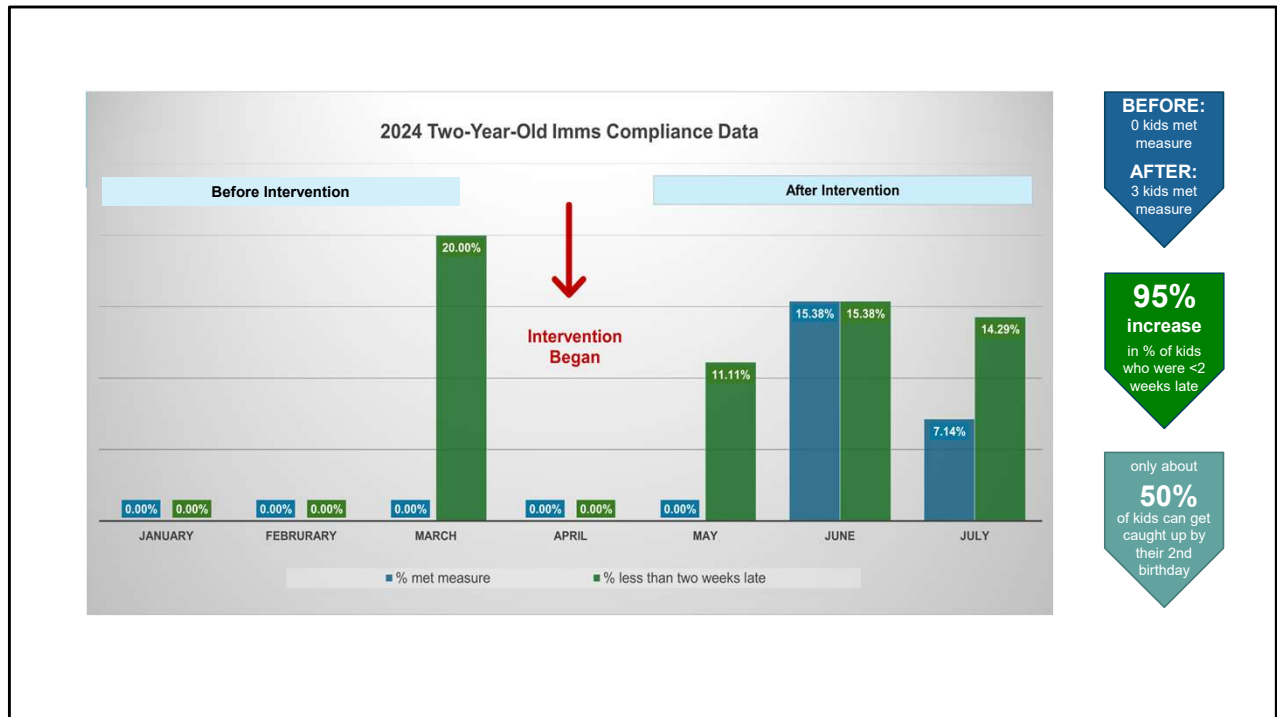


DHS 24-Month Benchmark	Birth	2 months	4 months	6 months	12 months	15 months	18 months	24 months
Hepatitis B (HepB)	✓	✓		✓				
Rotavirus (RV)		✓	✓	✓				
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓		✓		
H Influenzae type B (Hib)		✓	✓			✓		
Pneumococcal (PCV)		✓	✓	✓	✓			
Inactivated Poliovirus (IPV)		✓	✓	✓				
<b>Infectious</b>								
Measles, Mumps, Rubella (MMR)					✓			
Varicella (VAR)					✓			

### DHS 24-Month Benchmark includes:

- 3 doses – Hep B
- 4 doses – DTaP
- 3 doses – Hib
- 4 doses – Pneumococcal
- 3 doses – Polio
- 1 dose – MMR
- 1 dose - Varicella

**Archive Notes:** K. Peterka asked what kind of barriers are there for providing vaccines. Ashley explained that some options for getting vaccines don't work for all families. Question: was negative feedback for giving options for obtaining vaccines. Ashley: negative experience with a WFB family. Question: asked if there was a index case for pertussis. Becky said they think they did because child did many activities. Statement that most providers will provide a nurse visit. Walmart provides TDAP. Project for app development and real time information. Pharmacies cant vaccinate under 24 mos. Question: is the city using a VFC to obtain free vaccines? Becky said yes. RSV will be offered by state for VFC.



Jan – 18 kids; 0 met measure; 0 were <2 weeks late  
 Feb – 9 kids; 0 met measure; 0 were <2 weeks late  
 Mar – 15 kids; 0 met measure; 3 were <2 weeks late  
 Apr – 12 kids, 0 met measure; 0 were <2 weeks late  
 May – 9 kids; 0 met measure; 1 was <2 weeks late  
 Jun – 13 kids; 2 met measure; 2 were <2 weeks late  
 July – 14 kids; 1 met measure; 2 were <2 weeks late

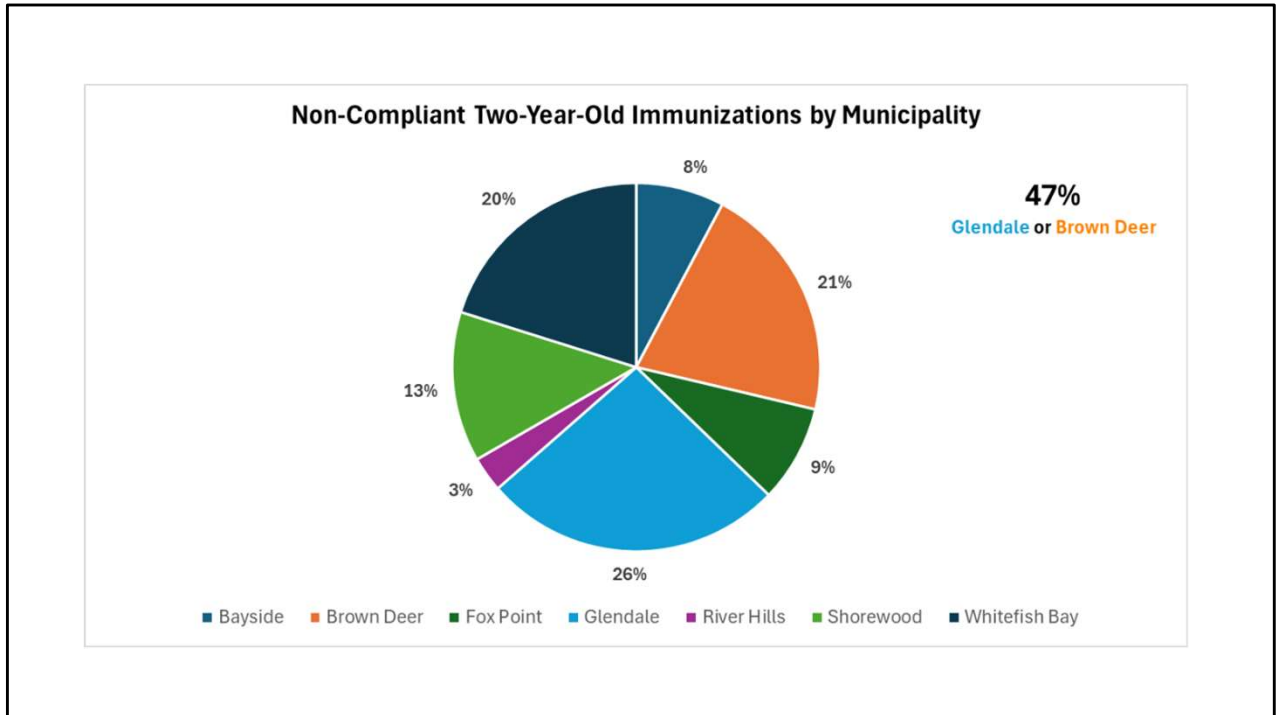
95% Increase = the % increase from 7.14% (% of kids <2 weeks late BEFORE intervention [3 kids/42 total kids]) to 13.89% (% of kids <2 weeks late AFTER intervention [5 kids/36 total kids])

Only 50% (50.38% to be exact) of kids can get caught up by their 2nd bday when we call them – this is determined by Heather each month by running a WIR benchmark report for all the kids who will be 2 years old in our jurisdiction (currently, we're running this report two months ahead of time to give parents time to make a vaccine appointment); about half the kids are missing only a few imms so they can easily get caught up by their bday with 1 visit to their PCP or to us; the other half of kids are too far behind that they cannot get caught up by their bday and will need time and multiple appointments to get caught up. We only call the ones who are able to get caught up and everyone else gets a letter.



To get shots—they will always have a nurse

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Bayside = 10 kids (8%)  
 Brown Deer = 27 kids (21%)  
 Fox Point = 11 kids (9%)  
 Glendale = 34 kids (26%)  
 River Hills = 4 kids (3%)  
 Shorewood = 17 kids (13%)  
 Whitefish Bay = 26 kids (20%)  
 Total = 129 kids

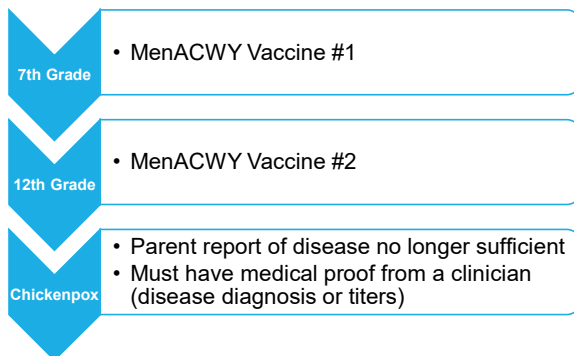
EC—parents requesting specific brands? BR responded 1 relocated parent recently requested this. They were on an alternative vaccine schedule.

How many families are anti-vax? (CS)

Religion—stem cell use may also be against some religions and therefore decrease vaccine uptake.

# NEW IMMUNIZATION REQUIREMENTS

2024-2025 SCHOOL YEAR



MenACWY = Meningococcal Conjugate vaccine containing 4 serotypes: A, C, W and Y

There are 3 different kinds of meningococcal vaccines: MenACWY, MenB and MenABCWY. The new requirement does not include the meningococcal B serotype which is typically only given to those who are higher risk (I don't know much about why someone would be specifically at risk for this except if they are immune compromised somehow). Dr. Jay told me that the reason MenABCWY isn't given the gold standard as one might think because it contains the most serotype protection – he said that it's because this particular vaccine was only approved for use last year and it takes time for provider buy-in and for buy-in from the general public.

As of May 2024, 36 states require the MenACWY (meningococcal ACWY) vaccine for school enrollment. Wisconsin will be the 37th state with the requirement beginning this fall.

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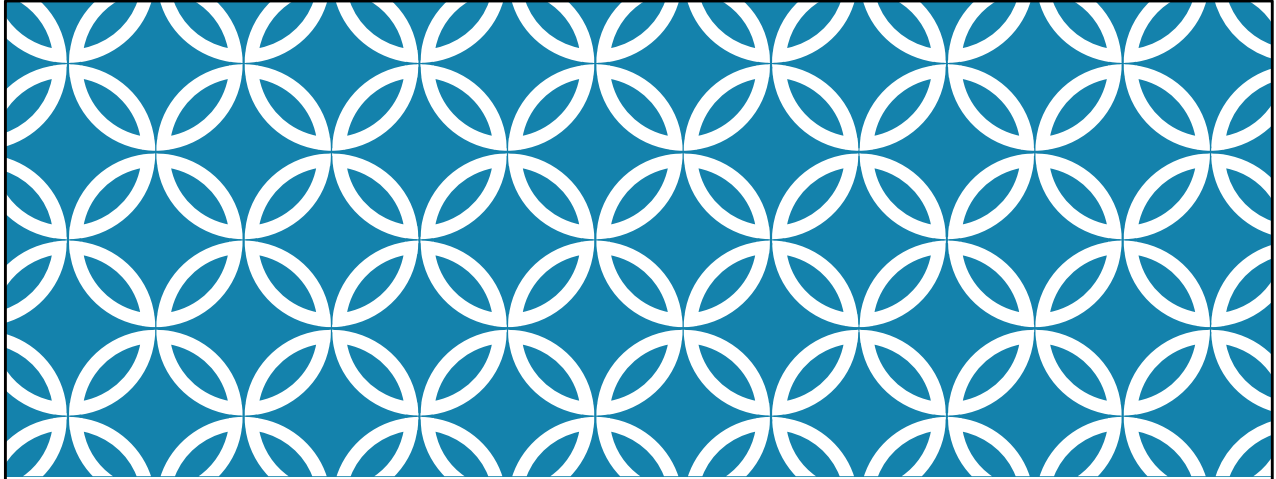
Can we disseminate more info—Chelsea did not know that 12th graders needed.  
12th graders can go to pharmacy—nurse triage

MILWAUKEE  
COUNTY CD  
JULY 2024

Disease	Jan-Jul 2024	Jan-Jul 2023	Jan	Feb	Mar	Apr	May	Jun	Jul
ARBOVIRAL ILLNESS, OTHER**	4	0	0	2	0	2	0	0	0
ARBOVIRAL ILLNESS, WEST NILE*	0	0	0	0	0	0	0	0	0
BABESIOSIS*	69	118	11	9	7	7	2	20	13
BLASTOMYCOSIS	9	69	4	2	1	0	0	2	0
BLUE-GREEN ALGAE AND CYANOTOXIN POISONING	0	0	0	0	0	0	0	0	0
CAMPYLOBACTERIOSIS	62	84	12	5	8	9	6	13	9
CHLAMYDIA	553	590	86	83	75	81	70	72	86
COVID-19 Associated Hospitalizations**	304	-	97	67	40	21	23	19	37
COVID-19 Pediatric Mortality**	0	-	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS*	22	17	0	4	4	1	5	5	3
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	20	20	1	4	0	0	3	6	6
EHRlichiosis/ANAPLASMOSIS*	3	5	0	0	0	0	0	2	1
%GC Resistant to Cefixime††	0	0	0	0	0	0	0	0	0
%GC Resistant to Ceftriaxone	0	0	0	0	0	0	0	0	0
%GC Resistant to Ciprofloxacin	24.7	31.7	27.6	29.4	13.3	25.8	17.6	26.7	26.2
GIARDIASIS*	25	21	4	3	6	1	2	4	5
GONORRHEA	238	216	125	347	308	348	281	301	387
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE*	14	14	2	2	2	1	0	4	3
HEPATITIS A	1	4	0	1	0	0	0	0	0
HEPATITIS B, ACUTE	2	1	0	0	0	0	0	1	1
HEPATITIS B, CHRONIC	48	9	8	7	10	8	3	5	7
HEPATITIS C, ACUTE	2	8	1	0	0	0	0	1	0
HEPATITIS C, CONFIRMED CHRONIC	93	137	11	14	12	8	12	19	17
HISTOPLASMOSIS	1	15	0	0	0	0	0	1	0
HIV, NEW DIAGNOSES	63	58	15	7	5	7	15	10	4
INFLUENZA-ASSOCIATED HOSPITALIZATION*	484	83	145	152	115	54	14	1	2
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	0	0	0	0	0	0	0
KAWASAKI DISEASE*	5	6	1	0	0	3	0	1	0
LEGIONELLOSIS	14	23	0	0	0	0	1	8	5
LISTERIOSIS	3	6	0	1	0	1	1	0	0
LYME DISEASE*+	57	108	8	8	7	6	1	15	12
MALARIA	3	4	0	1	0	1	1	0	0

Everyone interested in getting Milwaukee County CD report.

Disease	Jan-Jul 2024	Jan-Jul 2023	Jan	Feb	Mar	Apr	May	Jun	Jul
MEASLES	0	0	0	0	0	0	0	0	0
MENINGITIS, BACTERIAL OTHER	1	9	0	0	0	0	1	0	0
MENINGOCOCCAL DISEASE (N. meningitidis)*	0	0	0	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	0	0
ORTHOPOXVIRUS, MPOX*	2	5	1	0	0	0	0	0	1
PERTUSSIS (WHOOPING COUGH)*	24	1	1	1	0	9	0	6	7
ROCKY MOUNTAIN SPOTTED FEVER*	0	0	0	0	0	0	0	0	0
RSV Associated Hospitalizations^^*	178	-	87	57	24	7	2	1	0
RSV Pediatric Mortality^^	1	-	1	0	0	0	0	0	0
RUBELLA	0	0	0	0	0	0	0	0	0
SALMONELLOSIS*	61	55	8	7	10	5	7	11	13
SHIGELLOSIS*	11	17	3	2	4	0	1	0	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	52	66	5	3	8	13	7	7	9
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	45	46	7	5	4	3	7	9	10
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE*	56	51	12	6	11	8	12	4	3
SYPHILIS, PRIMARY AND SECONDARY*	102	207	17	15	17	18	14	13	8
TUBERCULOSIS	9	6	0	1	1	1	3	0	3
VARICELLA (CHICKENPOX)*	17	22	5	1	2	3	0	3	3
VIBRIOSIS, NON-CHOLERA*	6	3	2	0	1	1	1	0	1
YERSINIOSIS	3	11	0	1	0	1	1	0	0



## COMMUNITY CASE MANAGEMENT

## **JANUARY 2024 (Q1)**

Jan 5: MOU for Community Case Manager Services signed between NSFR and NSHD

Jan 17: Position posted (Becky OOTO Jan 11- Jan 16)

Jan 22-Jan 26: Phone Screens by Becky

Jan 29-Jan 31 In-person Interviews conducted

- Becky, Chief Whitaker, & Brad on panel

## **FEBRUARY 2024**

- Feb 5-16: References and background checked, negotiations and accepted offer by LaTasha Howze
  - March 5<sup>th</sup> start date part time



## **MARCH 2024**

**March 5: CM onboarded part time and remotely completing all new staff trainings and certifications**

## **APRIL 2024 (Q2)**

- April 1: First full day in office
- Began working on SOPs
  - Referrals, data analysis and management, documentation
  - Outreach and training
  - Relationship building
  - Managed 8 referrals, trained 1 group of EMS providers, 8 home visits, visited 3 community sites, and followed up on 223 falls with a letter, phone call, or case consult
- Shadowed program staff to gain knowledge and understand of NSHD operations

Clients: multiple falls, high volume callers, medically complex. Outreach at community sites targets fall prevention and what to try before calling 911.

## MAY 2024

Automated around 90% of the referral process

- Using trigger words in NSFR charting

Managed 6 new referrals, trained 32 EMS providers, conducted 17 home visits, visited 9 community agencies, and followed up with 200 individuals with multiple falls

Continued refining data automation and tracking, documentation standards, forms, process, and procedures

Weekly case staffing with Becky

Shadowed other SE Wisconsin CMs (Tosa, Oak Creek, Greenfield)

Attended the DHS Opiates, Stimulants, and Trauma conference and several fall-prevention related trainings

## **JUNE 2024**

**Joined 5 coalitions (fall prevention, social isolation, dementia, overdose, elder services)**

**Continued to refine/streamline documentation process**

- **Contacts versus encounters**

**CPR classroom training**

**Managed an additional 5 clients, trained 15 EMS providers, conducted 22 home visits, reached out to 234 folks who had falls, visited 5 community agencies**

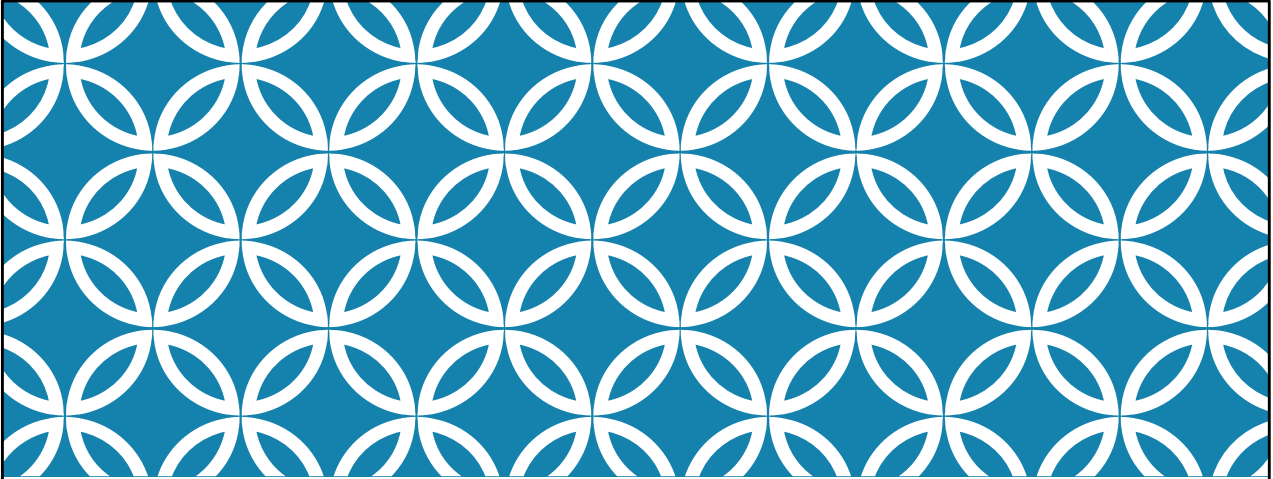
## REFLECTIONS

### Wins

- LaTasha is a force and a great fit with the teams at NSHD and NSFR—not easily rattled
- Other regional CMs have no pre-identified performance measures
- Using data to find clients
- Applied for 2025 CDBG funding and was able to speak to the program, instead of just an idea

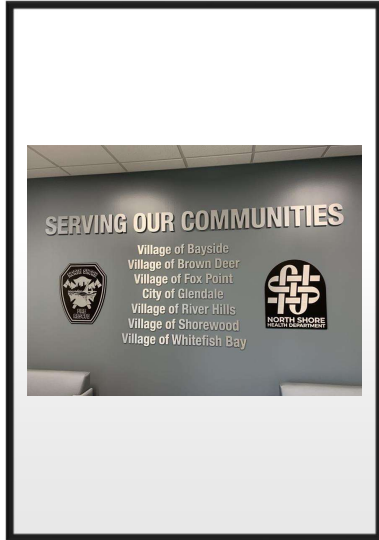
### Challenges

- Figuring out how to best initially engage the populations—some people are defensive
- Streamlining the documentation process and identifying the standards without an electronic health record
- Identifying the best format to report outcomes data in Q3/Q4
- Being in move limbo



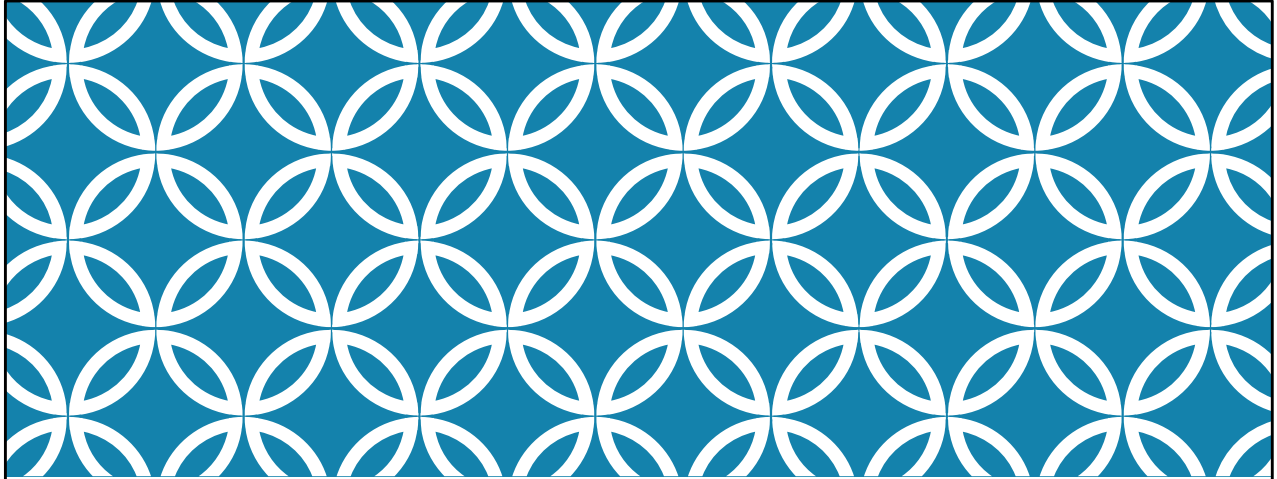
**BUILDING UPDATES** |











## OTHER UPDATES

# OVERDOSE DATA TO ACTION

## Implementation of Recommendations

- Public Health Vending Machine
  - Doses of Naloxone: 462 doses
  - MDBio Fentanyl & Xylazine Packets: 338 Packets
- Naloxone As First Aid
  - Naloxone is for everyone. Take one for you!  
Give one away!
  - Keep it in a first aid kit or AED.
- Community Education and Trainings



Information updated 8/13/2024

The messages naloxone is for everyone, carry naloxone save a life, think of naloxone as first aid, have been landing really well and make it easier to have conversations with those who might think they don't need it for themselves.

## NARCAN + FENTANYL DIRECT

- NARCAN DIRECT:
  - Trained: 230 individuals
  - Distributed Doses: 308 doses
- FENTANYL DIRECT:
  - Trained: ~80 individuals
  - Distributed: 340 strips
- Received a refill grant (\$25K) for the vending machine to be used for Narcan!



Information updated 8/13/2024

At National Night Out and MyBlue Night, we provided on the spot naloxone training to 30 people and distributed over 25 boxes (50+ doses) to the community. Feedback was receptive from the community and productive conversations were had.

Update on businesses:

Completed: Johnson Controls, Health Connections, Rogers Behavioral Health Staff, Brown Deer lifeguards,

Possible: Sprecher Brewery, Nicolet School District, North Shore Library

Photo is from a recent Health Connections, Inc staff training.

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## ENVIRONMENTAL HEALTH



- Leslie Wroblewski passed the Registered Environmental Health Specialist Exam
- License Renewals are complete – 49 paid late
- Food facility provided food within the perimeter for the RNC
- 23 Animal Bites – 1 bat positive for rabies

Questions?

Motion to ADJOURN

Moved by--CS

2nd—EC

All in favor. Meeting closed at 7:18pm