

Meeting called to order at 6pm Attendance:

- C. Holtz
- K. Peterka
- C. Simenz
- E. Conlin
- C. Okunseri
- M. Roberts
- Jay Balachandran
- G. Lewis
- B. Rowland
- B. Simerly
- B. Ross
- T. Bohacheff
- C. Farrington



M Roberts motion to approve minutes, no edits or omissions C Simenz 2nd



Link to <u>Report</u>

Pie chart of what we do

#### Suggestions from the BOH on Annual Report

#### Overall:

- Overall scheme
  - Organize based on CHA?
  - Pie chart, here's what we do the most to the least
- Add in a summary page at the beginning with a pie chart divvying up how much time goes into what areas as a preface to the report
- More bullet points, less paragraph writing and reduce words overall
- Reducing info at the top of pages (in grey)
- Placing quotes multiple places throughout the doc to tell more of a story
- Reduce number of educational pieces with a ton of writing
- Add in an appendix for things like the checklist for investigations for EH
- Closely tying into kids vs seniors, making sure that is apparent throughout our report
- Add in section on oral health??
- Mention of new building? Consolidation of 2 locations at the beginning of report

#### Small issues

- Bullet points for birth data
  - Prioritize points
  - Edit points for birth data
- Font for STI % in call out box is too difficult to read
- Larger font for home visits
- DNR & DHS (more collaborations to call out if not already in there)
- \*\*\*Calling out statutory requirements (at the beginning)\*\*\*
- Adding in info on case manager role and why we hired someone, i.e. to respond to repeat falls
- Communications: Healthy highlights 47 vs 27 in call out boxes
- Move PH 3.0 info at the front of it to frame how we work
- Keep headers for community partners
- Motion for a draft approval in minutes
  - M. Roberts motion to approve
  - C. Okunseri second
  - Aye universal—send a final draft

## **Context for our Medical Advisory Discussion**

- In Summer/Fall 2023, all Brown Deer Dept heads were instructed to review and submit all contracts to the Village Clerk
- All contracts must be reviewed/revisited or sent out to RFP every 7 years.

## Summary of the Medical Advisor Role in a local health department

- Provide competent medical advice and consultation to the Director of Public Health and the public Health Staff on a timely basis.
- Review, approve, or recommend revision to standing orders and policies of the department as deemed appropriate.
- Conduct in-service training for public health nurses and review techniques and procedures used in health programs.
- Administer immunizations for prevention of disease, as necessary.
- Consult with public health nurses regarding specific problems which require medical advice.
- Participate in establishing new programs and evaluating the effectiveness of existing programs.
- Review and assess public health literature, as necessary.
- · Represent the department on committees or at functions where medical decisions are required.
- · Provide medical advice on public health matters to the Board of Health and the Village Board, as necessary.
- Provide proof of and maintain active medical licensure and malpractice liability insurance coverage while engaged in the
  performance of services described above.

Participate in establishing new programs and evaluating the effectiveness of existing programs.

BRowland notes that she thinks this is the job of the health officer

Provide proof of and maintain active medical licensure malpractice liability insurance coverage while engaged in the performance of services described above. If the position is health voluntarily, the state's insurance supersedes.



Agrees with the role description based on his experience Mentioned over the years that he worked on Imms Infectious disease outbreaks Lead testing, EH, food safety and esp food poisoning, ETOH and SUD

More recently, staff has kept him out the picture. Reports he had little to contribute because staff were so self sufficient.

Described the personal journey of his practice—took over for the previous doc that was in the role. His practice is more Integrative health and the integration of all aspects of the problem and understand the impact of, cause, and treatment of disease.

"Pushing patients In the way the need to go—physical, mental, emotional, and integrating all the therapies in one and that's just like public health." Holistic work.

Having said that, he would like to continue the medical advisor, and be involved in the things that NSHD does and get together on a timely and recurrent basis. Suggests the possibility of co-medical direction.

"Basically, they (NSHD) have done a fabulous job here, with a hands on approach and there has been very little that has leaked out and made news." Tremendous job.





Slides presented by Dr. Balachandran as listed.

#### Roots

- From Platteville, WI
- UW-Madison for college and med school
- Residency/ fellowship training- Northwestern, Harvard, U Chicago
- Pulmonary, Critical Care, and Sleep Medicine-trained
- Moved to Whitefish Bay in 2016
- Work for Madison Medical Affiliates, independent multispecialty group

JB presented his slides. Affiliated with Ascension health sx

## Community Work

- Have always been driven to improve the social determinants of my patients' health
- Care about clean air, vaccinations, health inequities
- Co-authored COVID care guidelines for my health system
- Co-authored COVID return-to-school policies for my school district
- Wisconsin Asthma Coalition- Advisory Board
- Wisconsin Lung Association- Leadership Board
- Common Ground member
- Wisconsin Policy Forum Social Services committee member

Lung disease specialists and connection to his patients is through PH.

#### Next Phase for My Goals

- Public service: Whitefish Bay Village Board member
- Grassroots work: MKE Fresh Air Collective- founding member
- Public health/policy: North Shore Health Department
- My personal goals
  - Move the needle on clean indoor and outdoor air quality in zip codes with greatest health inequities
  - Move the needle on policies to improve bike and pedestrian safety
  - Push vaccination, vaccination, vaccination!

Co-founded the MKE Fresh Air Collective with Langston Verden

## NSHD Involvement and Goals

- Mentorship of RNs and health care staff
  - Have sig experience providing education and mentorship to health care staff
  - <sup>o</sup> ICU, respiratory therapy medical directorship
- Public Health 3.0
  - Community engagement
    - Education
    - Public-private partnerships
    - Legislative action
  - Social determinants of health particular interest in housing
  - Health equity



C Okunseri—you've been doing this since 1993 – are you still interested?

G Lewis—he would defer to JB and could he handle the medical office of duties or does he need mentorship

C Okunseri—repeated his question to Dr. Lewis.

K Peterka--thinks we should go the clearest cut way forward, and not have a co-director situation

C Okunseri—notes that all providers have medical malpractice insurance and the state indemnification is not relevant

C Holtz—asked but who pays for my malpractice insurance? Because if it's paid by Ascension, would they cover the NSHD work? –is there pro bono coverage?

C Okunseri—notes the difficulty of having this conversation with the candidates in the room, noting that there are 2 well qualified people for the role and that's a struggle. C Farrington—asked a question in the chat—provide an example of how you are or will be an active advisor in the role?

J Balachandran is always on-call for his patients. All the time. Policy to be available for healthcare staff who need advice. I love getting out in the community and doing educational events and sessions—see a way to augment the role and be forward facing to the community—interface with municipalities or health events, but to be honest—I bring a

lot of enthusiasm and energy—there's so much opportunity for synergy between my work and the work of the department. The experience and efforts for the last 6 yrs. in MKE demonstrates this—reports he does not sit idly.

G Lewis—responds "I may consider stepping down gracefully with his enthusiasm and his vigor for the new post." I would like to gracefully step down and give a blessing. I think 2 Medical advisors would muddy the waters and almost double the work. I have loved this and it's been a real journey for me. My interests are a little separate than what the NSHD is doing. Happy to answer more Qs. Always open to providing ongoing mentorship.

This is an important matter that requires our careful deliberation to ensure we make decisions that best serve our interests and uphold our commitment to quality healthcare provision. Members are encouraged to share their insights and perspectives to guide our decision-making process effectively. May I have a motion to proceed with this agenda item? B Rowland seeks a motion to open the floor for discussion and possible consideration regarding the dissolution, non-renewal, of the medical advisor contract for Dr. Gary Lewis, effective Feb 15, 2024

Motion to appoint Jay Balachandran for Medical Advisor Services at NSHD at the rate of \$0 annually for a 2 year term, effective Feb 16 2024. C Simenz motion C Holtz second All in favor--No nays No abstentions.



Slides presented as noted.

#### Slide 14

TB0 I updated with the most recent process slide Tanya Bohacheff, 2024-02-15T14:36:06.242

# Public Health Emergency Preparedness (PHEP)

- Updates to POD (Point of Dispensing) plans ahead of RNC
  - $\circ$  Open PODs
  - $\circ$  Closed PODs



- 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)
  - o 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

#### TB0 **Substance Use Prevention and Harm Reduction** • 4 lives saved naloxone deployments at a local hotel/motel Naloxone and harm reduction as lifesaving first aid • ٠ Community Training and Distribution Numbers: 2023: 213 boxes/426 doses, 193 packets of Fentanyl/ Xylazine test strips, 100 people trained • 2024: 61 boxes/122 doses, 244 packets of Fentanyl/Xylazine test strips, 60 people trained • Whitefish Bay School District (Jan 2024) (47 people) Fresh Start Counseling (this week!) (estimated 30 people) • Upcoming possibilities include Johnson Controls, Clarios, **Rogers Behavioral Health**

Slide presented as noted

Slide 16

TB0 I updated this slide with my info Tanya Bohacheff, 2024-02-15T17:23:26.157





## **Student & Intern Updates**

Millie – Purdue MPH Practicum Student

• Assisting with fall prevention and substance use prevention and harm reduction

TB0

- Jennifer UWM MPH Student Intern
  - Assisting with MCH and epi
- UWM Spring 2024 Clinical Group
- Becky and Tanya continue to guest lecture on a variety of topics
- Tanya conducted mock interviews for BPH and MPH students and is speaking with nursing students about CHA/CHIP

Slide presented as noted

Slide 18

TB0 I updated slide with my info Tanya Bohacheff, 2024-02-15T14:34:01.189



Slide presented as noted





https://www.jsonline.com/story/communities/north/2024/01/26/combined-12-millionnorth-shore-fire-and-health-department-building-to-open-launch-partnership-ingl/72327242007/



Slide presented as noted

BOH members report they are thrilled with the work happening at NSHD and provided positive feedback and compliments.

C Okunseri motion to adjourn at 7:24pm

C Simenz notes the "Herculian Efforts" of the small NSHD team and reports he's "always amazed about how much you all get done."

K Peterka second, meeting adjourned.