



Meeting called to order at 6pm

Attendance:

C. Holtz

E. Conlin

C. Okunseri

M. Roberts

Jay Balachandran

B. Rowland

B. Simerly

T. Bohacheff

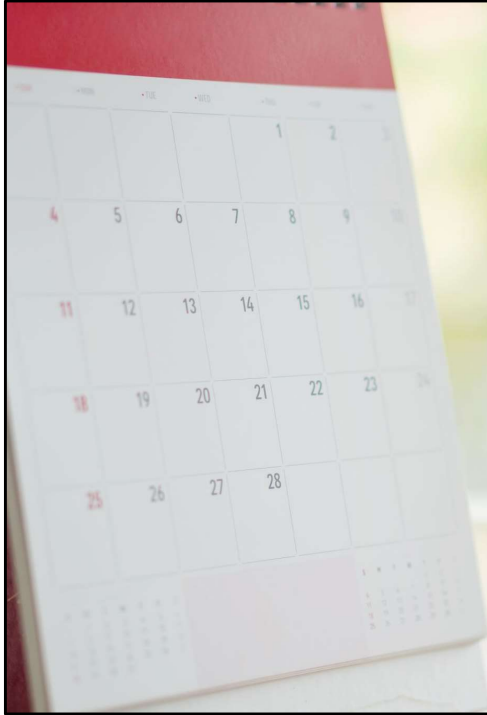
C. Farrington

Millie Bush

Ashley Kay

K. Peterka

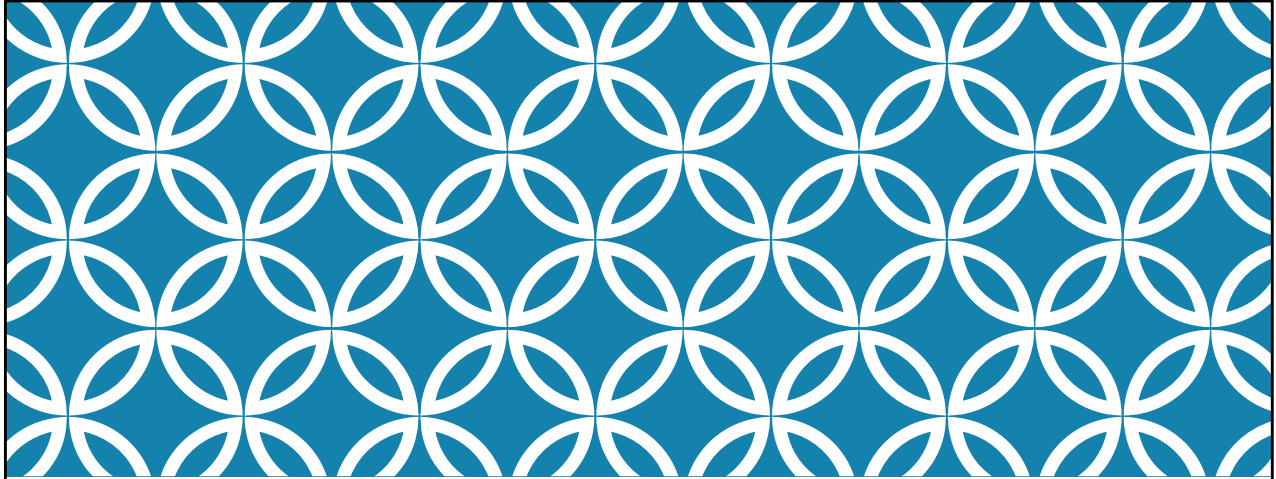
C. Simmons



AGENDA

- Approval of the February 2024 Minutes
- Presentation by Millie Bush, MPH
- Health Department Administrative Updates
 - Community Health Improvement Plan
 - Preparedness Updates
 - Communicable Disease Updates
 - Grant Objective Updates
 - EH Consortium Updates
- NSHD/NSFR Updates
- Other items

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



MILLIE BUSH, MPH |

PROJECT ONE: FALL PREVENTION

Completed literature review

Outlined current evidence-based best practices

- Fall risk assessment
- Fall prevention program development

Gathered data:

- Vital Statistics
- WISHIN
- First Watch

Analyzed data

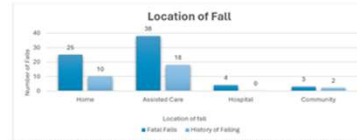


Figure 5. Location of Falls. When considering the location of where the fall occurred, assisted care facilities experienced the highest number of falls followed by private homes, hospitals, and throughout the community over the three-year period.

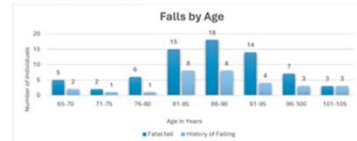


Figure 6. Falls by Age. The average age of individuals who experienced fall-related fatalities was 87 years, where the mode was 90 years of age.

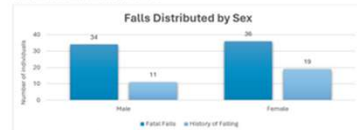
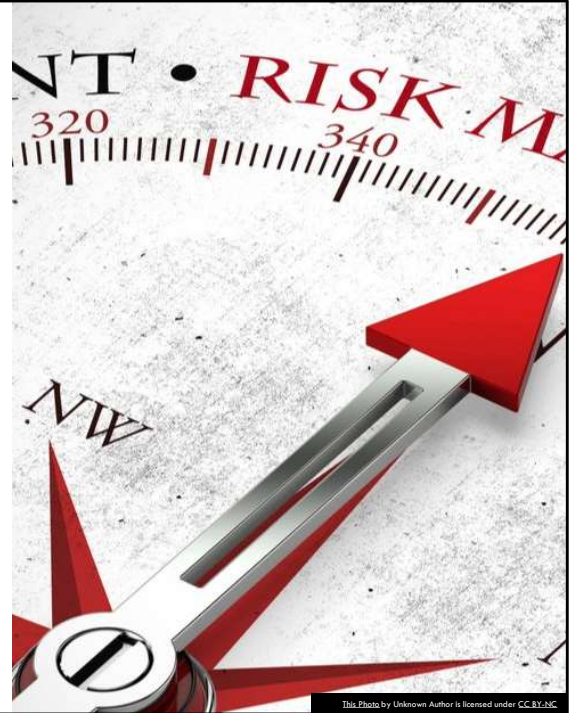


Figure 7. Falls by Sex. For the purposes of this report, sex is referring to the biological markers present at birth, as additional information was unavailable.

CATEGORIES FOR FALL RISK ASSESSMENT AND PREVENTION

- Medication Management
- Concerns About Falling
- Cardiovascular Health
- Vision and Hearing Loss
- Cognitive Impairment
- Urinary Tract Complications
- Pain Assessment and Management
- Environmental Factors
- Depression
- Vitamin D Deficiency
- Gait and Balance



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PROJECT ONE: DELIVERABLES

North Shore Fall-Related Fatality Profile

Current Best Practices for Fall Prevention Intervention Report

- Impacts of falls, personal and financial
- Risk factors for falling
- Evidence-based guidelines for Fall assessment and prevention
- Guidelines for exercise-based interventions
- Health theories for program development
- Program participation barriers and facilitators
- Public health messaging
- Recommendations

PROJECT TWO: DEVELOP AN OPIOID EDUCATION AND NALOXONE DISTRIBUTION PROGRAM AND EVALUATION PLAN

Completed a literature review

Outlined evidence-based practices

Analyzed data from First Watch call logs to determine overdose hotspots

Developed:

- Community needs assessment
- Program description
- Budget for a two-year program
- Evaluation Plan
- Outreach letter for community partners

EVIDENCE-BASED OVERDOSE PREVENTION

Opioid Education

- Describe opioids and fentanyl
- Give current statistics
- Recognizing the signs of an overdose
- Response steps
- Describe local laws
- Use stigma reducing language
- Narcan/naloxone as first-aid
- Address common misconceptions

Naloxone Distribution

- Take-home kits:
 - Two 4mg doses of nasal naloxone
 - One pair disposable nitrile gloves
 - Card with QR code to contact NSHD

EVIDENCE-BASED OVERDOSE PREVENTION: COMMUNITY TRAINING PROGRAMS

Combine opioid education and naloxone distribution (OEND) concepts into one program.

Communities that offer OEND programs:

- Reduce overdose rates from 27-46%
- Increase self-efficacy and capacity in the community to respond to emergency situations.

(National Institutes of Health, 2021)



What is an opioid?



Signs of overdose



Response steps



Local laws and procedures

PROJECT TWO: DELIVERABLES

North Shore CARES OEND Program Plan

- North Shore Demographics
- Opioid Epidemic
 - Fentanyl distribution, economic burden, risk factors, misconceptions
- North Shore CARES Program Description
 - Stakeholders, needs assessment results
- Goals and Objectives
- Intervention description
 - OEND concepts, underlying theories, program components, scope, obstacles
- Budget



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PROJECT TWO: DELIVERABLES

North Shore CARES OEND Evaluation Plan

- Adapted from the Centers for Disease Control and Prevention Evaluation Profile for Naloxone Distribution Programs
 - Centers for Disease Control and Prevention, 2021
- Event counts form
- ONED training pretest/posttest questionnaire
 - Resko et al., 2023

Updated slide deck for OEND presentations

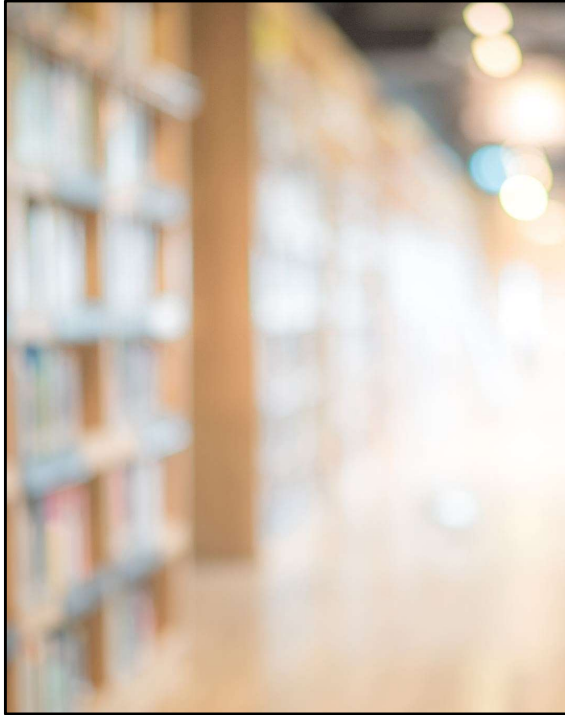
Examples of outreach materials for community partners

ADDITIONAL ACTIVITIES

Co-facilitated a Community
Conversations table talk.

Completed a grant application for
OEND programming.

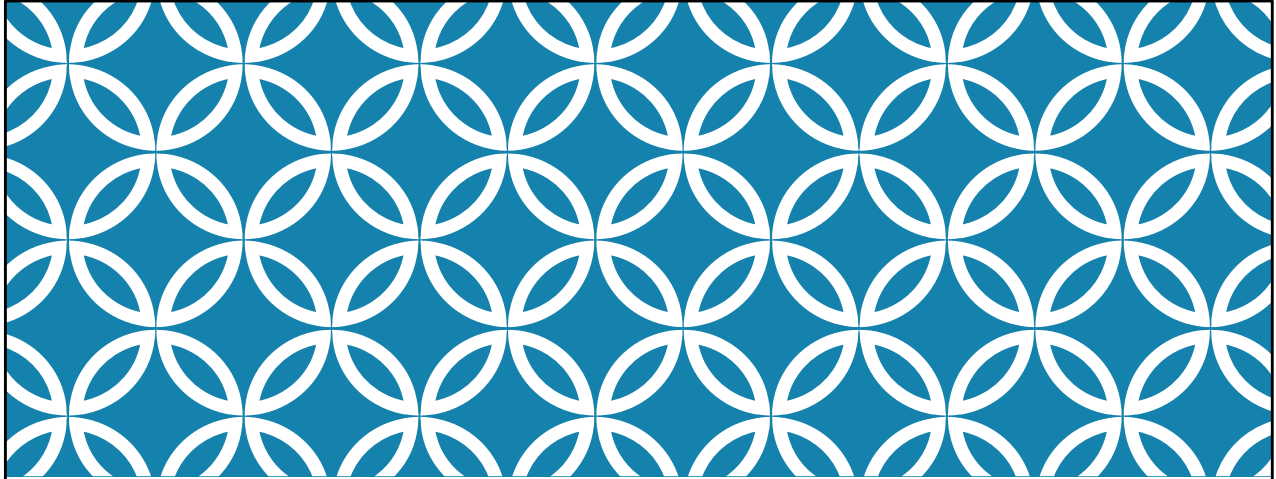




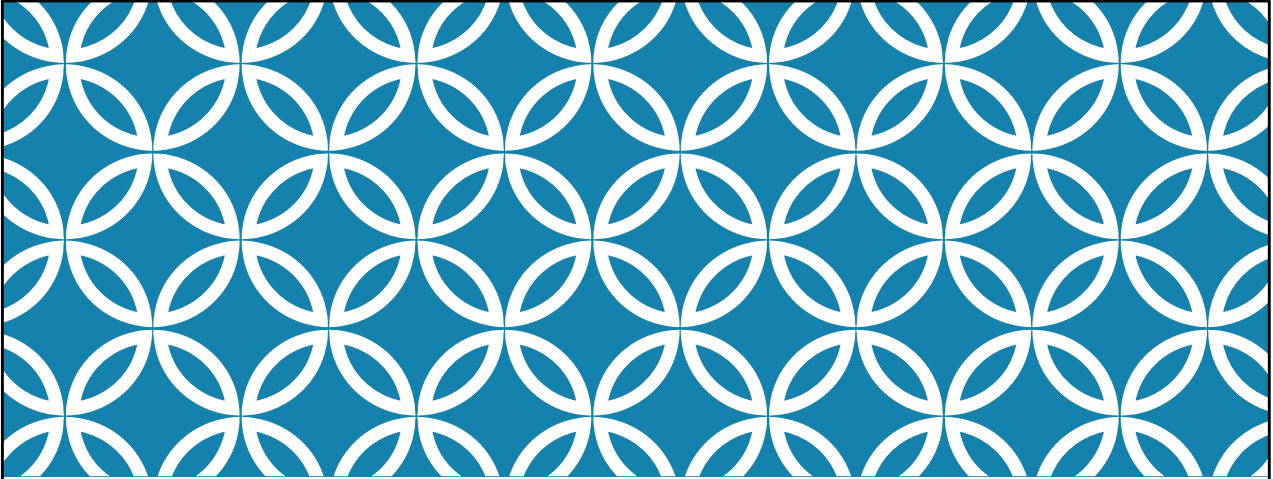
ACKNOWLEDGEMENTS

Purdue University Faculty and Staff
North Shore Health Department
Tanya Bohacheff, MPH

Thank you for your time!



HEALTH DEPARTMENT UPDATES



CHIP UPDATES

2024 NORTH SHORE CHIP PROCESS: COMMUNITY CONVERSATIONS

FOCUS GROUPS

Community Engagement: Identify potential 2025-2029 CHIP Priority Areas through community conversations and surveys.



Format for North Shore Community Conversations:

- In-person focus groups - April
- Online Survey - May

April and May 2024

FOCUS GROUPS FINDINGS AND RESULTS

Community Feedback Analysis: Review results from conversations and surveys.

Stakeholder Engagement: Share findings to finalize Priority Areas.

Information Sharing: Develop a report featuring the selected priority areas.



- Board of Health
- Village Managers
- Village Board
- Other stakeholder meetings

June and July 2024

ACTION TEAMS

Community Collaboration: Partner with community stakeholders for each Priority Area.

Team Strategy: Implement a graduated rollout plan for sustainability and capacity.



The 2025-2029 CHIP will provide a roadmap for North Shore community health.

- Priority Area #1
- Priority Area #2
- Priority Area #3
- Priority Area #4

August 2024 and beyond!

ACTION TEAMS

SMART Goals, Strategies & Workplans: Action Teams will create specific, measurable, achievable, relevant, and time-bound goals & strategies for each Priority Area. Action teams will also Develop workplans reflecting 2025-2029 CHIP Priority Areas, goals, and strategies.



2025-2029 CHIP

Community Health Roadmap: The 2025-2029 CHIP, facilitated by Action Teams, partnerships, collaborations, and coalitions, will provide a comprehensive roadmap for improving North Shore community health.



2025-2029

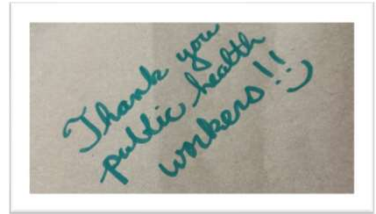
May 2024

Slides presented as noted.

Becky highlights Tanya because this only happens every 4 years and not part of anyone's job.

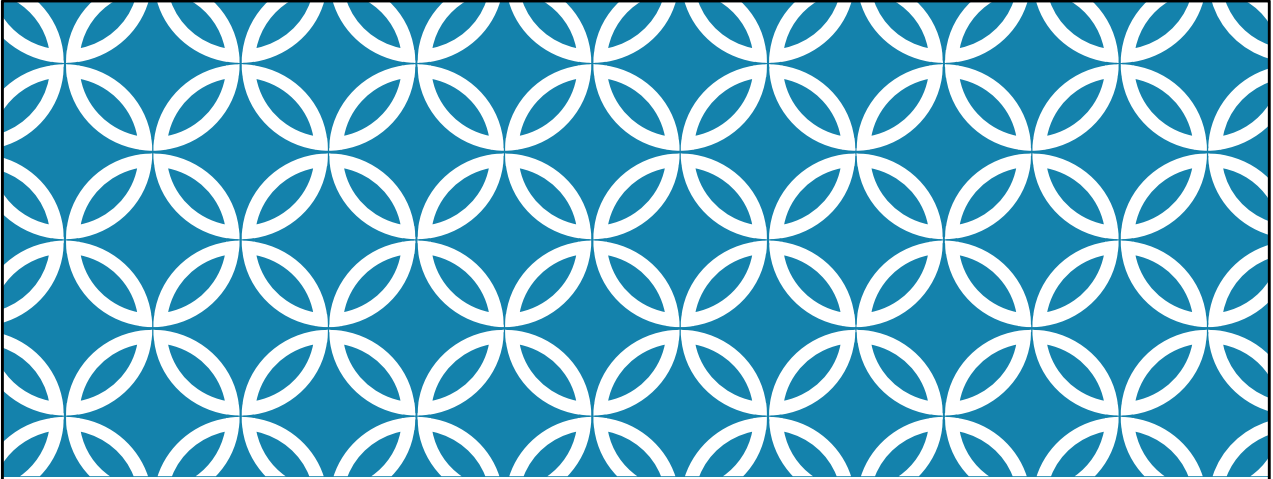
INSIGHTS FROM 2024 COMMUNITY CONVERSATIONS

1. Mental health and social isolation remains the top concern in the community.
2. Ongoing community education on public health, health department roles and capacities.
3. People request multiple communication methods.
4. Get out and in front of the community.
5. Adaptability, mobility and meeting people where they are.



Tanya stated the number one thing learned was people don't know what the health dept. does. People prefer hard mail as well as email.





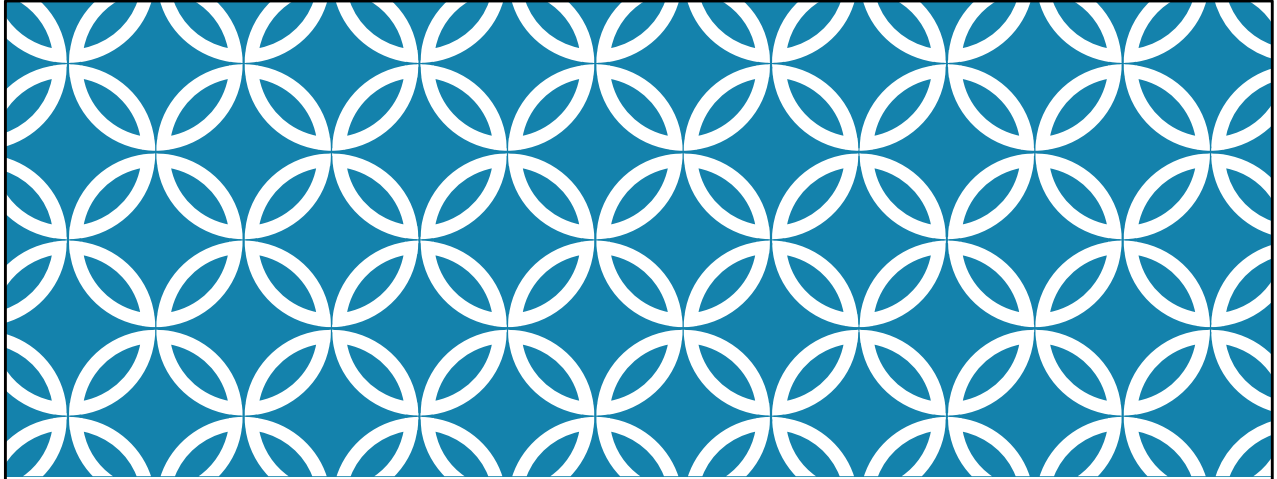
PHEP UPDATES |

PUBLIC HEALTH EMERGENCY PREPAREDNESS

- Updated and conducted site visits to all NS Open and Closed PODs (Point of Dispensing) ahead of RNC
 - NSFR for 1st responders (Closed)
 - Village of Brown Deer and Village of Shorewood (Closed)
 - City of Glendale (Open)
 - USM (Open)
 - Rogers Behavioral Health Hospital (Closed)
- Continued trainings leading up to the RNC, as well as participation in 5 different workgroups
- Medical standing order updated by WI DHS
- PHERP updates placed on hold until after RNC, then will resume monthly meetings to continue updating
- Becky assigned 2 shifts in the EOC at the City of MKE



- 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
 - Notes: Becky stated she will meet with Dr. Jay regarding the medical order just received today.



CD UPDATES

PUSH FOR IMMUNIZATIONS

Strategic push to get 100% of our kids under 24 months vaccinated

Developed a monthly analysis and outreach schedule and divided work among nurses to connect with parents of children coming due for vaccines

Nurses conduct phone calls, documentation and if they do not reach a parent, a personalized letter is sent

Follow up evaluation in 2 months to identify if we can see a positive trend



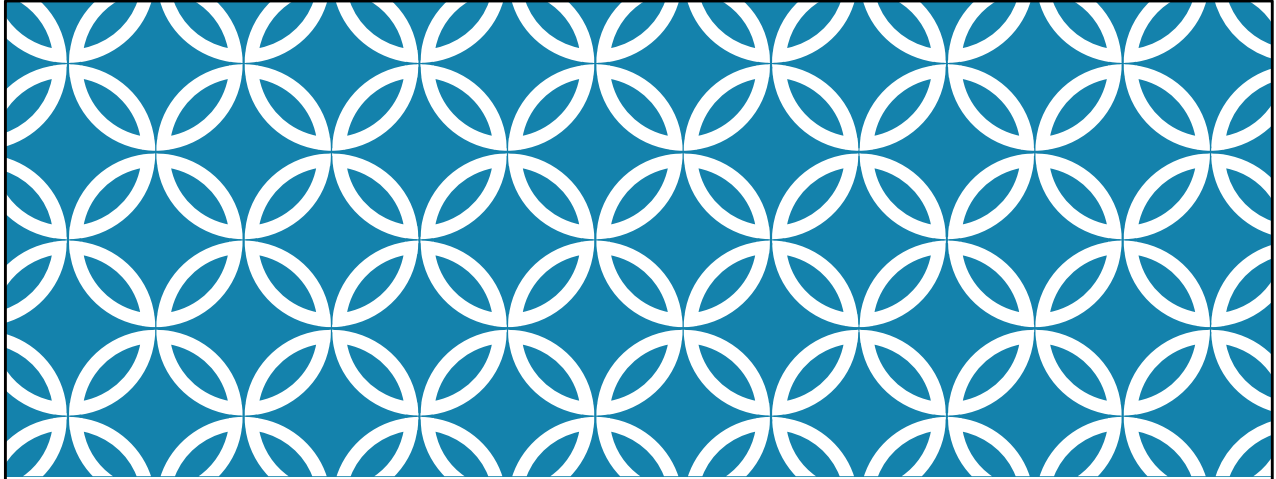
C. Peterka asked what kind of barriers are there for providing vaccines. Ashley explained that some options for getting vaccines don't work for all families. Question: was negative feedback for giving options for obtaining vaccines. Ashley: negative experience with a WFB family. Question: asked if there 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.

MILWAUKEE COUNTY CD

Disease	Jan-Apr 2024	Jan-Apr 2023	Jan	Feb	Mar	Apr
ARBOVIRAL ILLNESS, OTHER^^	2	0	0	2	0	0
ARBOVIRAL ILLNESS, WEST NILE*	0	0	0	0	0	0
BABESIOSIS*	31	22	11	6	7	7
BLASTOMYCOSIS	3	47	2	0	1	0
BLUE-GREEN ALGAE AND CYANOTOXIN POISONING	0	0	0	0	0	0
CAMPYLOBACTERIOSIS	43	33	15	6	11	11
CHLAMYDIA	3394	3367	913	878	778	825
COVID-19 Associated Hospitalizations^^^	250	-	107	74	41	28
COVID-19 Pediatric Mortality^^	0	-	0	0	0	0
CRYPTOSPORIDIOSIS*	10	9	1	4	4	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	7	16	1	4	1	1
EHRlichiosis/ANAPLASMOSIS*	0	0	0	0	0	0
%GC Resistant to Cefixime††	0	0	0	0	0	0
%GC Resistant to Ceftriaxone	0	0	0	0	0	0
%GC Resistant to Ciprofloxacin	25.7	30.6	27.6	29.4	13.3	25.8
GIARDIASIS*	13	7	4	3	5	1
GONORRHEA	1455	1342	439	362	323	331
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE*	6	8	2	2	2	0
HEPATITIS A	1	1	0	1	0	0
HEPATITIS B, ACUTE	0	0	0	0	0	0
HEPATITIS B, CHRONIC	38	5	8	7	9	14
HEPATITIS C, ACUTE	1	2	1	0	0	0
HEPATITIS C, CONFIRMED CHRONIC	49	80	13	14	12	10
HISTOPLASMOSIS	0	8	0	0	0	0
HIV, NEW DIAGNOSES	28	33	15	8	4	6

Everyone interested in getting Milwaukee County CD report.

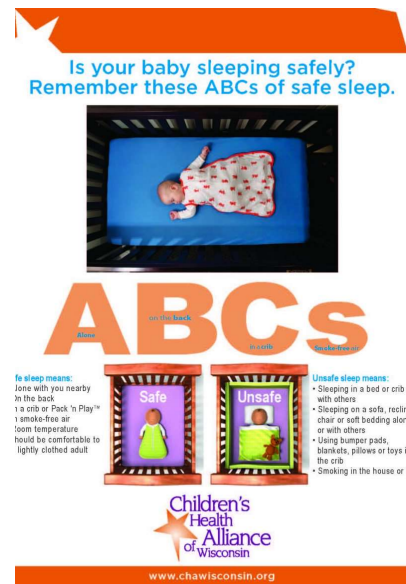
Disease	Jan-Apr 2024	Jan-Apr 2023	Jan	Feb	Mar	Apr
INFLUENZA-ASSOCIATED HOSPITALIZATION*	527	75	176	162	134	55
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	0	0	0	0	0	0
KAWASAKI DISEASE*	3	2	1	0	0	2
LEGIONELLOSIS	0	9	0	0	0	0
LISTERIOSIS	2	4	0	1	0	1
LYME DISEASE*+	25	18	8	5	7	5
MALARIA	0	3	0	0	0	0
MEASLES	0	0	0	0	0	0
MENINGITIS, BACTERIAL OTHER	0	6	0	0	0	0
MENINGOCOCCAL DISEASE (N. meningitidis)*	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0
ORTHOPOXVIRUS, MPOX*	1	1	1	0	0	0
PERTUSSIS (WHOOPING COUGH)*	10	0	1	2	0	7
ROCKY MOUNTAIN SPOTTED FEVER*	0	0	0	0	0	0
RSV Associated Hospitalizations***	210	-	113	63	27	7
RSV Pediatric Mortality^^	1	-	1	0	0	0
RUBELLA	0	0	0	0	0	0
SALMONELLOSIS*	34	26	7	10	13	4
SHIGELLOSIS*	11	9	3	3	4	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	32	39	8	3	8	13
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	23	20	9	5	5	4
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE*	41	28	13	6	11	11
SYPHILIS, PRIMARY AND SECONDARY*	62	127	18	15	17	12
TUBERCULOSIS	3	4	0	1	1	1
VARICELLA (CHICKENPOX)*	18	10	8	1	3	6
VIBRIOSIS, NON-CHOLERA*	4	1	2	0	1	1
YERSINIOSIS	3	8	0	1	1	1



GRANT OBJECTIVE UPDATES

MATERNAL CHILD HEALTH

- Bri and Ashley initiated a partnership with Children's Health Alliance and their "Sleep Baby Safe" initiative
 - Resources and supplies provided (sleep sacks and Pack 'n Play) for community education
- Updating Home Visiting program and additional outreach
 - Additional education and resources at each visit, including those on PPD
 - Measurable outcomes



Ashley reports. Becky reports no safe sleep deaths. Simmons will partner regarding sleep safe.

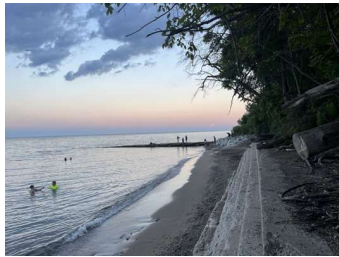
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Updated

Brianna Ross, 2024-05-16T19:51:00.712

LEAD

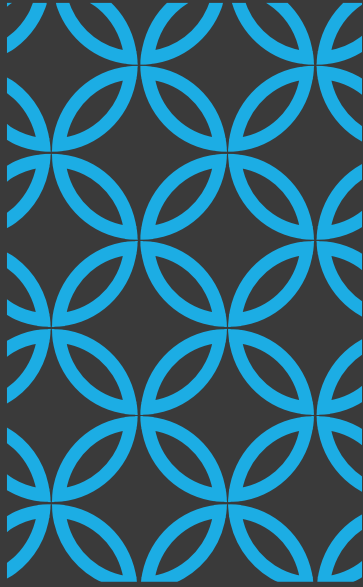
- Becky completed 40-hour lead training for risk assessment
- Certification testing 5/31
- Required by funding and statute



BEACH TESTING

- Additional beach added this year
 - Big Bay in Whitefish Bay
 - Klode
 - Atwater
 - Doctors
- Testing 2x a week Memorial Day through Labor Day
- Small grant, but a fun project for folks
- Since I have been here, we have tripled our funding

Simmons agrees Big Bay is more of a swimming beach.



PREVENTION

Gearing up for summer events! Some things on the horizon:

Healthy Living: farmer's markets, empowering older adults: medication and health education (community health series)

Bike Rodeos: bike lights, reflectors, helmets and helmet fittings

Open Water: teaching, and incentives for participating in sessions

Harm Reduction: Safer sex practices, Narcan and Fentanyl Direct trainings

MCH: Safe sleep education, incentives for education

Fall Prevention: home visits and outreach

Cant buy Narcan, get Narcan from state. What is open water? Subcontract for safe kids. Open water awareness. Other points of communication for Brown Deer outside the website. Hard mail

CASE MANAGEMENT

On April 1, we welcomed LaTasha Howze, who brings a wealth of experience to the North Shore

- IRIS
- Milwaukee County
- CPS
- Disability Services for children and adults
- Elder Services
- Parole and Probation



WHAT WE HAVE BEEN UP TO



- Uncovering and automating processes
- Building rapport with colleagues and partners
- Evaluating data quality
- Establishing benchmarks
- Conducting outreach and home visits
- Attending training (OST Summit last week)

Becky reports. Using opt out model. People need to call us and tell us not to come to house, otherwise we make a visit.

THE OVERALL OBJECTIVE:

My (Case Manager) role is to assist North Shore residents in navigating community resources, serving as a bridge between Milwaukee County and North Shore.

Our (NSHD and NSFR) goal is to prevent North Shore constituents from falling through the cracks.

Latasha trained 15 sets of NSFD staff.

TRAINING FOR NSFR THIS WEEK

- Introduction
- What are the Community Case Manager's objectives?
- Why do we have a Community Case Manager?
- What Case Management is NOT
- When should you make a referral?
- Understanding those we service

Latasha presented to all 3 NSFR shifts! (5 times a day x 3 days) to capture all fire personnel and teach them about her role

Explained what we do not do in case management. Double check contact information before sending to NSHD. Are all the referrals coming from NSFD and police? Yes and no. Referrals come from fire, becky gets referrals from police and disseminates. Using date to create case work. Did you get back from Latasha how sessions went. They loved her and they went fantastic. Did she get a chance to collaborate with ADORC. Yes. Becky requests feedback because this is new.

OVERDOSE DATA TO ACTION

Implementation of Recommendations

- **Public Health Vending Machine**
 - Doses of Naloxone: 240 doses
 - MDBio Fentanyl & Xylazine Packets: 246 Packets
- **Naloxone As First Aid**
 - Naloxone is for everyone.
 - Live saving. Save people's lives.
 - Free health supplies.
 - Keep it in a first aid kit or AED.
- **Community Education and Trainings**



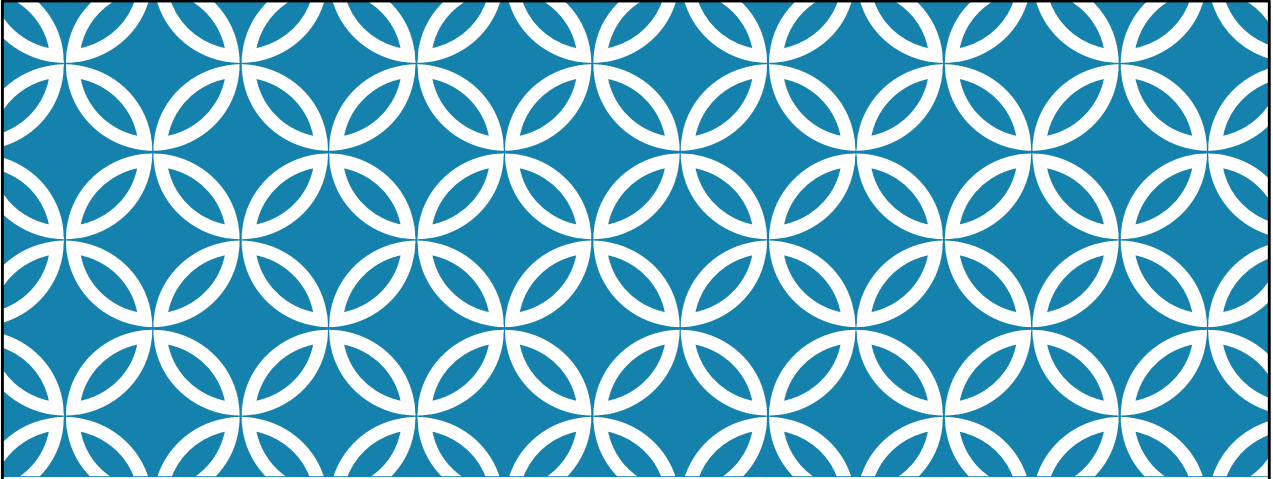
Tanya reports. Becky talks about OFR and what it does. Tanya reports businesses looking for training.

NARCAN + FENTANYL DIRECT

- NARCAN DIRECT:
 - Trained: 102 individuals
 - Distributed Doses: 174 doses
- FENTANYL DIRECT:
 - Trained: 60+ individuals
 - Distributed: 340 strips

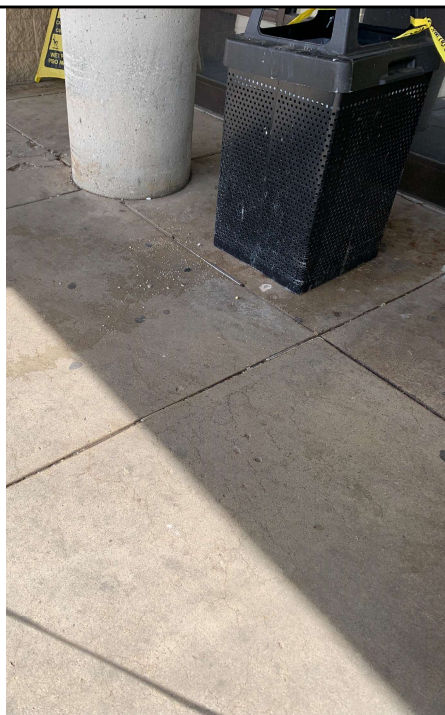
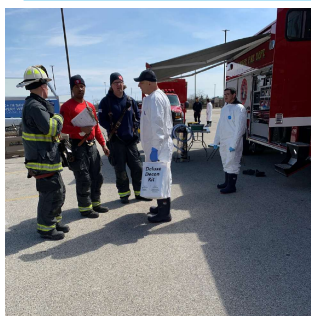


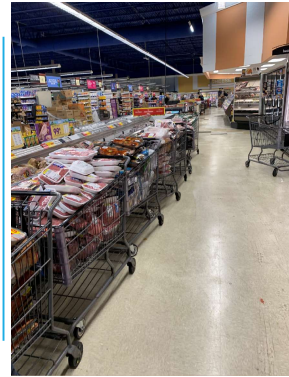
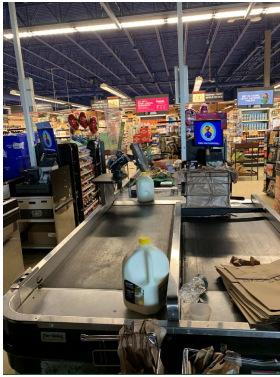
Tanya reports.



OTHER UPDATES |

MERCURY SPILL AND RESPONSE





EASTER SUNDAY

ENVIRONMENTAL HEALTH CONSORTIUM UPDATES



**NORTH SHORE
ENVIRONMENTAL HEALTH CONSORTIUM**
A Licensing and Inspection Program of the North Shore Health Department
Serving the Wisconsin communities of Bayside, Brown Deer, Fox Point, Glendale, Shorewood, River Hills and Whitefish Bay

ORDINANCE #	OLD	NEW
Ch. 22-24 Definitions.	"Inspection Fee" means a fee charged for inspection services required or a fee charged for inspecting a mobile food establishment or temporary food establishment that has a valid license from another jurisdiction of the Department.	"Inspection Fee" means a fee charged for inspection services required or a fee charged for inspecting mobile retail food establishments or transient retail food establishments that have a valid license from another jurisdiction or the Department.
Ch. 22-24 Definitions.	"Reinspection" means a mandatory inspection to ensure that priority, critical or recurring violations have been corrected including: b. Six or more priority (critical) violations observed and noted.	"Reinspection" means a mandatory inspection to ensure that priority, critical or recurring violations have been corrected including: b. Six or more priority (critical) violations observed and noted, whether violations were corrected or not, to verify active managerial control.
Ch. 22-27 Licensing (A)	Updated to reflect exemptions which have been added to state statutes. This change outlines when licenses are required or to be exempt. The change also allows for a pre-licensing inspection fee not to be charged under certain conditions. (A)No person may operate or provide the services, food or other products that requires a license under this article without first having obtained a current and valid license.	Updated to reflect exemptions which have been added to state statutes. This change outlines when licenses are required or to be exempt. The change also allows for a pre-licensing inspection fee not to be charged under certain conditions. No person may operate or provide the services, food or other products that requires a license under this article without first having obtained a current and valid license. This paragraph does not apply to food vendors which qualify for exemption under ATCP 75.063-75.065.

ENVIRONMENTAL HEALTH CONSORTIUM UPDATES

ORDINANCE #	OLD	NEW
Ch. 22-27 Licensing (B)	(B) No permit shall be granted to any person under this article without a preinspection by the Department of the premises for which the permit shall be granted.	(B) Except for Transient Retail Food Establishments, no permit shall be granted to any person under this article without a preinspection by the Department or the premises for which the permit shall be granted. a. A pre-licensing inspection shall not be conducted or a pre-inspection fee charged for an immediate family transfer, when at least one individual who had an ownership in a newly formed business entity, a mobile retail food establishment license transfers from an agent issued license to a state issued license.
Ch. 22-27 Licensing (D) (E)	(D) A food vendor may be exempt from licensing if the vendor has obtained a valid Mobile Retail License from the Department of Agriculture, Trade and Consumer Protection and is able to provide a copy of the license to the North Shore Health Department. (E) A food vendor may be exempt from licensing if the vendor has obtained a valid Processing Plant License for non potentially hazardous, pre-packaged food which pertains specifically to the items that wish to be sold and is able to provide a copy of the license to the North Shore Health Department.	Remove paragraphs (D) and (E).
Ch. 22-47 Expiration Dates	d. Tourist Rooming House: December 31	d. Tourist Rooming House: June 30

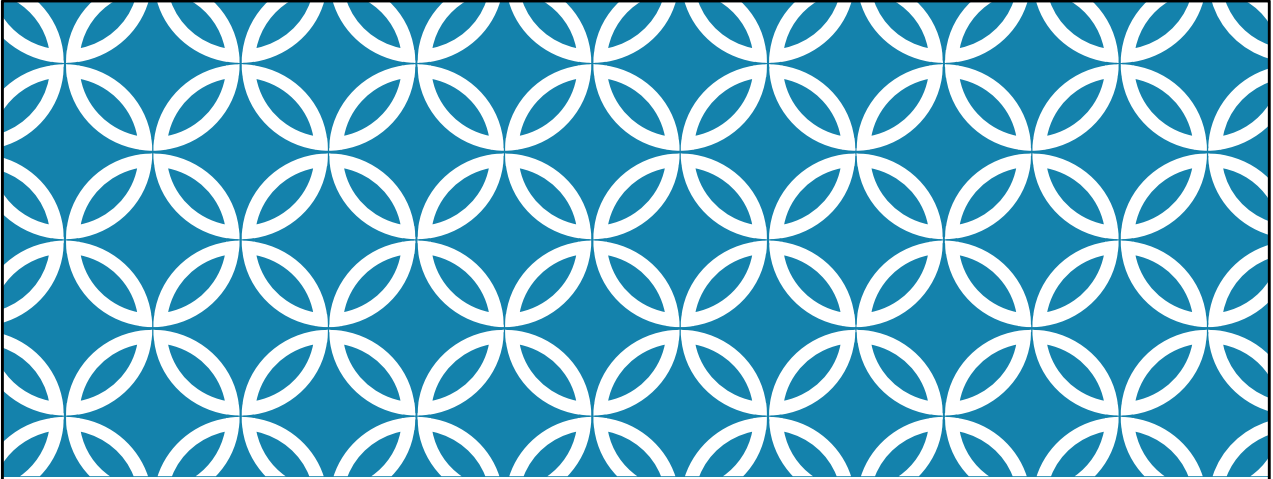
What is a TRH?

WALHDAB & RETREAT

Congrats and sincere appreciation for Marisa for stepping up and serving as the WALHDAB co-president elect.

Voting next week at WPHA (3 of us attending)





BUILDING UPDATES |



IT'S HAPPENING!

- Fire alarm passed, 1 final test before occupancy
- Ceiling passed inspection and tiles were dropped
- Working on final punch list
- Furniture in the NSHD is in
- Substantial completion is 5/31, landscaping will be completed in June
- Today the parking lot was graded for asphalt, curbs poured
- Packing and planning our move!



What is the address of the new building? Is the SW village hall comfortable with this move? Yes, went to all 7 boards. Nice article regarding this. Becky motion to start. Becky motion to end. C. Okansari 2nd. Simmons 2nds to adjourn.