



August 2018 | A quarterly newsletter from Public Health Madison & Dane County

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Monitoring Our Beaches

For staff in our environmental health lab, summer means spending many hours monitoring ever-changing beach conditions.

Memorial Day to Labor Day, our lab staff regularly visit 20 area beaches, conducting visual inspections and taking water samples to test for E.coli bacteria and cyanobacteria (blue-green algae). If a blue-green algae bloom is present or test results show high bacteria levels, we close the beach and post a sign. Once a beach is closed, we return each week day until follow-up samples meet acceptable bacteria and cyanobacteria levels.



So far this year, the number of beach closures is almost double what we saw last year. Blue-green algae blooms, toxic to people and pets, have been the main reason we have closed beaches this year. Hot days with calm winds, combined with run-off that contains nutrients like phosphorus and nitrates make the perfect environment for blue-green algae to grow. Thankfully, blooms can dissipate when weather changes.

A number of factors can influence water quality, including recent weather conditions like

wind or rain, time of day, waterfowl and wildlife at the beach, number of users, as well as physical conditions of the beach. It is possible for conditions to vary significantly throughout the day and day-to-day, so before swimming, it is important to take an overall look at water conditions. Testing results may not always reflect real-time water quality.

To find out more about which beaches we monitor, current beach conditions and monitoring practices, visit our [Beaches, Lakes and Pools web page](#), and [Monitoring Beach Health fact sheet](#).

Violence Prevention Work Moving Forward

In 2017, in response to increasing violence in our community, Public Health Madison & Dane County started working with community partners on a [public health-based approach to preventing violence](#). This approach focuses on using data to identify issues, bringing partners together, and addressing the systemic “root causes” of violence, like racism, low wages, and childhood trauma.

A [recent series on violence in the Wisconsin State Journal](#) highlighted the work that we have been a part of to find community solutions to violence. Over the past year, we have moved steadily forward with community partners to build a foundation for the public health approach. Two public health staff positions are now dedicated to violence prevention and will lead our efforts; Randy Molina, (pictured left) was hired this summer as the Violence Prevention Coordinator. Jerrett Jones, (right) is our Data Analyst who has been working on violence prevention efforts since 2017, leading the collection and review of local data to provide insight into violence trends in our community. Randy and Jerrett were featured in a [Wisconsin State Journal article](#) this month about public health and violence prevention.



The current focus of their work is building relationships, convening partners in a Violence Prevention Coalition, and supporting the work of the Community Safety Intervention Team, a multi-agency group that meets weekly to share updates on incidents and develop a coordinated response to lessen the possibility of further violence.

“It is exciting to dig in and lay the groundwork for collaboration,” says Molina. “This is a long-term commitment that requires a community-wide coordinated effort, including the voices of those affected by violence. As the work evolves, our goal is to address the root causes of all violence and prevent it from happening.”

PHMDC Launches Campaign to Educate About JUUL

JUUL is a new electronic cigarette (e-cigarette) product growing in popularity with middle and high school students. It has a discreet design, comes in appealing flavors, is highly addictive, and looks like a USB flash drive.

“JUUL has become very popular, very fast. In

fact, kids today use e-cigarette products at a higher rate than cigarettes or other tobacco products,” says Nina Gregerson, Health Education Coordinator for PHMDC. “Kids are using JUUL and many parents and educators don’t even know it exists.”



PHMDC staff became aware of the popularity of JUUL use among teens earlier this year while holding focus groups at an area middle and high school. The students told us that they have easy access to these products, are actively using them in class, and see JUUL-ing and vaping as separate actions. In response, we have launched a campaign to educate parents and educators about JUUL, and are actively advocating for local schools to update their tobacco policies to include electronic cigarettes, smoking, and delivery devices.

The campaign includes an educational video to explain the concerns with JUUL. It was shared with all Dane County schools in early June of this year. In addition, PHMDC staff surveyed Dane County schools (public and private) to identify how e-cigarettes and JUUL are affecting students. Twenty school officials from around the county responded to the survey. Over half of the respondents report confiscating at least one e-cigarette or JUUL in the past month and all respondents requested e-cig/JUUL specific resources, school curriculum, and/or specific technical assistance from PHMDC staff.

When school is back in session this fall, we will follow-up by resending the video, providing educational flyers for staff, and responding to requests for technical assistance. As part of our evaluation, the survey will be sent to schools again in late October, and once more at the end of the upcoming school year, with an additional question asking whether their school is considering changing their tobacco policy to include e-cigarette products.



Assessing and Improving the Health of Our Community

We are excited to announce that this fall we are launching a comprehensive community-driven initiative to improve the health of Dane County residents. In collaboration with community partners, we will be conducting a Community

Health Assessment (CHA), which will result in a Community Health Improvement Plan (CHIP) to identify and address public health issues in our community.

The CHA is a process through which the community identifies key health needs, issues, and assets through comprehensive community engagement and the collection and analysis of health data. Information from the assessment will then be used to develop the CHIP. The CHIP is a long-term, systematic effort that addresses how PHMDC and community partners can work together on what the community decides are the most important health and social issues and build on the community assets identified in the process. A CHIP is critical for developing policies and defining actions to target efforts that promote health. By working on the same issues together, we can maximize impact.



Essential elements of the assessment are community engagement and collaborative participation. With this in mind, we are using the Mobilizing Action through Planning and Partnerships (MAPP) framework, a tool that helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

One of the first steps of the MAPP framework is to form a Steering Committee to guide the CHA process. The Steering Committee will be comprised of 10-20 representatives from groups, organizations, and agencies that represent individuals that have historically been most impacted by health and racial inequities.

The CHA will be completed in the spring of 2019, followed by the CHIP implementation. Understanding our community's assets, health status and the challenges our residents face will help PHMDC and its community partners prioritize and coordinate efforts, direct resources to best fit community needs, and provide more effective public health services to the community we serve.

Immigration Policy and WIC Enrollment

Over the past few years, we have added Policy Analysts to our staff who have the important role of tracking legislation and policies and determining impacts locally. Nick Heckman, is one of our Policy Analysts who works on food policy. One of the issues he has been following is the decrease in participation in the federal Women, Infant, and Children (WIC) nutrition program. Even though WIC is a successful program that has proven that it improves the health of women, infants and children, and achieves healthcare savings, participation has been falling since the end of the Great Recession in 2012-13. In Wisconsin, there has been a 15% reduction in participation and locally a 21% decrease between 2013 and 2017. Despite the dropping WIC participation numbers, food banks, pantries, and other emergency food providers are reporting high needs and food insecurity.



A number of reasons are being explored to explain the decrease in participation including an improving economy and barriers to participation such as transportation, stigma of government assistance programs, lack of knowledge about eligibility, and ease of enrollment. In addition, even though WIC does not record citizenship information and undocumented women and children are eligible to participate, national immigration actions and rhetoric has resulted in families withdrawing from the program out of fear.

Unfortunately, more families in need of help might be impacted further. There is now discussion about adding non-cash assistance programs like WIC to the “public charge” policies. Individuals determined to be public charges can be denied lawful permanent residence or entry into the United States. While nothing has changed at this point, it is a cause for concern for immigrant families participating in WIC.

As the situation evolves:

- We are researching and learning how to better reach families, track nutrition policies, and pilot innovations from other states that could be replicated here.
- We are staying informed on the “public charge” issues and sharing information with WIC staff so they can effectively and appropriately communicate with clients. While we cannot advise about whether or not families should continue to participate, we can provide resources to learn more and find immigration legal aid.

Despite the reductions in enrollees, the healthy foods, health information and referrals to health care that we provide to approximately 5,000 families each year through WIC in Dane County, play a crucial role in supporting lifetime health for women, infants and children.

News of Note



Back to School Immunizations

This time of year and into the Fall, our Immunization staff are busy making sure children are up-to-date on their immunizations for the school



Temporary Staff Relocation

During a remodel of Public Health offices at the City County Building, (CCB) staff in the Operations and Policy, Planning and Evaluation

year.

We work with our health care partners and school districts to encourage parents to contact their health care provider and check the Wisconsin Immunization Registry to find out what immunizations are needed and to schedule an appointment before school starts.

PHMDC offers immunizations for children who do not have insurance or who are on Medical Assistance or BadgerCare.

Immunization is the best way to protect our children and communities from disease.

Divisions will be temporarily relocated. Beginning September 17, they will be moving to the Village on Park, 2300 S Park Street.

Our Laboratory Staff will remain at the CCB in their same location, and we will have a receptionist there to provide walk-in services.

It is planned that the remodel will be completed and staff will move back to the CCB by mid-June 2019.



Healthy people. Healthy places.

