

## Policy Initiatives 2008

With the merger process coming to formal closure, we have the opportunity to refocus on important issues in public health. In addition to the many programs and activities addressed in the just passed 2008 joint budget, the PHMDC Department seeks PHMDC Board approval and support of the following four new policy initiatives. Board approval is sought for these policy initiatives based on their size, scope and importance. The policy proposals in their current states have evolved over periods of months and are the collaborative effort of many community partners and PHMDC staff. All are expected to be funded by current departmental resources, partner contributions, fees and grants. Thus, none of the proposals rely on increased tax-based funding.

We look forward to discussing these initiatives at the December 20 board meeting and send them out now to give board members time to consider them carefully, to contact me or department staff to discuss them, to request more information and to consider other policy ideas for staff to develop in the future to bring back to the board for discussion.

1. Infant Mortality Research Collaborative.
  - a. The dramatic decrease in black infant mortality in Dane County justifies a broad collaborative research effort to understand the root causes of this very hopeful trend, with the expectation that results would be shared and used to reinforce and/or establish systems that protect newborns. To date the collaboration involves PHMDC and DHFS and is expected to include the Milwaukee Health Department/Center for Urban Research, UW School of Medicine and Population Health, Meriter and St. Mary's Hospitals and others. Research methods will include quantitative analysis of existing data compiled from the Wisconsin Birth Registry, by contractual agreement with the DHFS, and collection and analysis of new quantitative and qualitative data through interviews, surveys, focus groups of birth mothers, community members and organizations, and experts in the field. Grant funding would be sought to fund a project leader managing a team of self-funded graduate students. See Appendix A.
2. Promoting South Madison Commons
  - a. The growth and development of the current Harambee/Villager Mall complex into the "South Madison Commons," a much larger and more varied nexus for health, education and community service, would serve a large portion of the city of Madison and surrounding Dane County and would likely have a significant and measurable impact on public health. It has been requested of PHMDC to act as facilitator and honest broker in the process of communication and negotiation among the various partner agencies, local corporate entities and city and county government. Playing such a role would occupy a portion of the time of the director and select PHMDC staff. See Appendix B and C.

### 3. Drinking Water Education and Testing

- a. According to the UW School of Medicine and Public Health "Wisconsin County Health Rankings 2007," the percentage of Dane County's 90,000 individuals who rely on private wells for drinking water that are exposed to unsafe levels of nitrate is greater than any other county in the state, save one. It is to be expected that many wells are also contaminated with other chemicals and microbes. Yet, fewer than five percent of wells are tested even annually. Education on drinking water hazards and reasonable approaches to remediation is lacking. A working group involving PHMDC, Dane County Lakes and Watershed Commission, Dane County UW Extension, Dane County Towns Association and the town of Vienna is in formation and aims to construct a multi-year strategy to promote and support water quality education and testing. Outreach and testing would be funded by fees and emergency preparedness funds. See Appendix D.

### 4. Food Safety On-Line Access

- a. In recent years in response to public demand, there has been a nationwide effort among health departments of all sizes to provide food establishment inspection reports online so they are readily available to the public. Earlier this year the Milwaukee Health Department did make this transition. We have discussed our desire to make this happen in Madison for sometime. As a result of the merger, all food inspections are now done using a uniform electronic inspection system that will make it possible to post all Madison and Dane County food establishment inspections online. A recent media report done by one of the local television stations was critical of the current lack of online inspection reports in Dane County. Anecdotal information about communities that have implemented this policy indicates that some reportable diseases in the community decrease following implementation. If this is so, it may be attributed to an increased awareness on the part of the food establishment owner of this new public transparency. To accomplish the on-line access, there will need to be an overhaul of the Public Health Madison and Dane County Web page and some new programming by City IT. Funds for this project could come from the City of Madison Licensed Establishment Revenue Fund that currently has available funds.

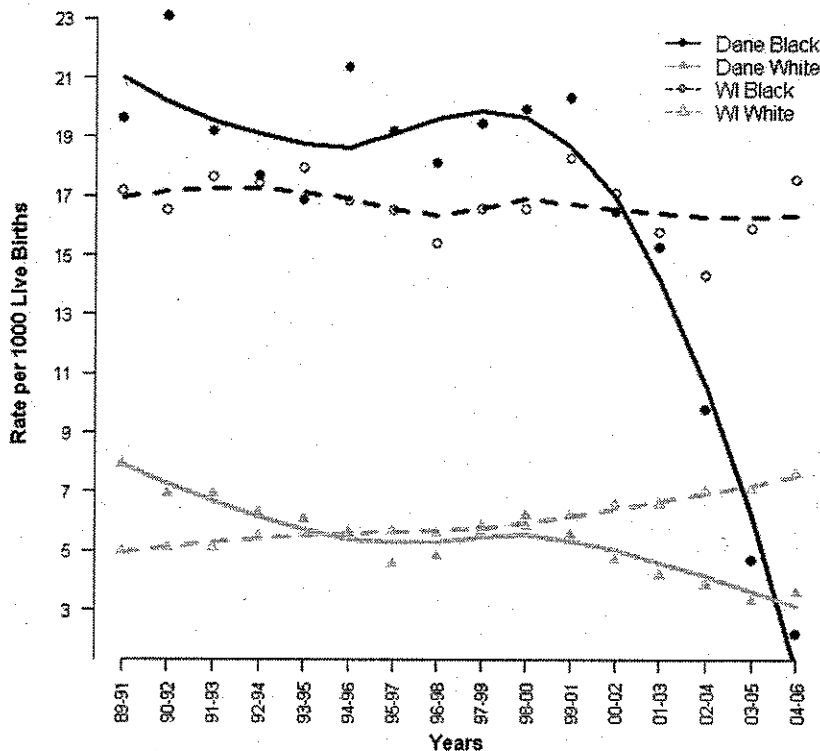


## Investigation into Apparent Decline in Black Infant Mortality in Dane County

### Background

In the spring of 2007, PHMDC conducted a preliminary community health status assessment, "Health at a Glance" ([www.publichealthmdc.com](http://www.publichealthmdc.com)) as a precursor to a more comprehensive community health assessment scheduled to take place in 2008. In this process, we learned that, consistent with the Wisconsin statewide pattern, Dane County has reported fairly stable and significant disparities in infant mortality between white and African American babies for many years, until approximately the year 2000. Since then and through 2006, there appears to be a dramatic downward trend in black infant mortality. We are not aware that similar trends have been reported from anywhere else in Wisconsin or in the United States. It is extremely important and urgent that this trend be verified as "real" and, if real, that its determinants be understood.

**Dane County and Wisconsin  
Infant Mortality From 1989 To 2006**



### Objective

Objectives of this investigation are to achieve a deeper understanding of infant mortality disparities at a local level, in particular the factors driving the changes of the last few years, to improve local surveillance, guide public health, clinical and social interventions, and to contribute to state and national efforts to reduce this concerning, persistent trend. By extension, PHMDC seeks to increase collaboration with community partners and the medical provider community through effective and respectful processes of data collection, analysis, dissemination, and program planning and intervention.

Death and birth counts are for 3-year periods- Dane County 1989-2006

Years	White			Black			All			Black/White Disparity ratio
	Deaths	Rate per 1000 births	Births	Deaths	Rate per 1000 births	Births	Deaths	Rate per 1000 births	Births	
04-06	49	3.61	13592	-	-	1382	67	3.69	18154	0.60
03-05	45	3.32	13551	6	4.68	1283	69	3.88	17775	1.41
02-04	52	3.89	13379	12	9.80	1224	80	4.63	17281	2.52
01-03	55	4.19	13114	18	15.25	1180	87	5.18	16806	3.64
00-02	62	4.73	13100	19	16.48	1153	91	5.47	16636	3.48
99-01	72	5.55	12979	22	20.31	1083	99	6.09	16264	3.66
98-00	80	6.20	12910	21	19.94	1053	109	6.87	15869	3.22
97-99	74	5.84	12676	20	19.46	1028	106	6.89	15387	3.33
96-98	61	4.80	12703	18	18.13	993	91	6.02	15125	3.77
95-97	58	4.56	12730	18	19.21	937	85	5.66	15023	4.22
94-96	71	5.58	12726	19	21.35	890	97	6.53	14848	3.83
93-95	79	6.08	12992	15	16.87	889	104	6.91	15052	2.77
92-94	84	6.33	13266	16	17.68	905	109	7.15	15238	2.79
91-93	95	6.94	13698	17	19.17	887	119	7.62	15614	2.76
90-92	97	6.93	13997	19	23.09	823	121	7.69	15739	3.33
89-91	112	7.95	14083	14	19.61	714	132	8.43	15666	2.47

**Key Research Questions**

- Compare what is known about statewide trends with Dane County. Are risks the same? Concentrated differently? Are there other risks?
- Understand apparent decline in infant mortality among African Americans as "real" or not. What events or trends can be ascertained from this decline? Is black infant mortality decreasing in Dane County?
- What are the trends in black and white infant mortality, other groups?
- What are the risk factors and protective factors for adverse birth outcomes and what are their attributable value(s)?
- What qualitative data and methods will be most relevant to achieve greater understanding of contextual factors and "life history" of mothers?
- How can this information be used for public health as well as other community partners, health systems, and medical providers?
- What might be the most useful "surveillance" approach for birth outcomes? (e.g. PRAMS)

**Methodologies and Analyses - Quantitative**

- Compare live birth data between black and white in Dane County, and comparing black live births in Dane County with other Wisconsin counties and the US
- Infant mortality rates segmented by time and as organized in National Vital Statistics Report (May 2007)
- Infant deaths separated into neonatal and post-neonatal by cause
- Correlation of infant deaths, other adverse outcomes with other medical risk factors (e.g. infections, mother's health status)
- Describing the distribution of risk factors and adverse birth outcomes by relevant demographic and geographic strata
- Applying multivariable analytical methods (e.g. Poisson regression) to assess the different contributing factors to those outcomes while simultaneously evaluating interaction and confounding factors
- Trend analysis over time periods and factors of interest
- Using bivariate analysis to measure risk ratio and attributable fraction population for different risk factors
- Survival analysis of birth cohorts to determine whether and when (weeks or months) death occurs while accounting for demographic, risk and causal factors - generally and by race
- PPOR analysis

**Methodologies and Analyses – Qualitative  
To be Determined**

**Data Request to DHFS (1989-2006)- to be submitted October 15, 2007**

- Birth files
- Infant death files
- Fetal death files
- Matched birth-death files
- Variables of Interest

*\* PHMDC currently uses WISH for many of its current analyses, and seeks to understand and access the data "behind" WISH for deeper analyses and ongoing work*

**Key Stakeholders and Partners**

- **DHFS:** ongoing communication and collaboration to align with state priorities and research
- **Health Systems:** understand and benefit from analyses of risk factors, protective factors, and
- **Researchers and Public Health Experts:** **Researchers and Public Health Experts:** Patricia McManus (Marquette University), Stephanie Robert (UW-Madison), CUPH, Kathy Blair (Milwaukee Health Department), WI Assoc of Perinatal Care; others TBD

**Summary of Activities July 2007-October 2007**

Activity	Outcome
PHMDC team met to discuss research plan and data needs	Summary of research questions and methods (See below)
PHMDC met with John Kiesow at DHFS to understand process and requirements for data requests	Finalizing Proposal to DHFS
PHMDC spoke with Ann Conway (Wisconsin Association for Perinatal Care) regarding possible access to PeriData	Currently unavailable to local health departments, but suggested directly approaching St Mary's and Meriter
PHMDC met with Kathy Blair in Milwaukee to learn about what they have been doing from a data analysis perspective as well as FIMR	They will share their "shell" for data, invited us to FIMR
PHMDC met with Dane County Coroner	Expressed interest in sharing data, CDR information, and ongoing participation
PHMDC attends Child Death Review Training Oct 5	

**Workplan 2007-2009**

Activity	Timeline					
	Q4 2007	Q1 2008	Q2 2008	Q3 2008	Q4 2008	2009
Submit Data Proposal to DHFS (Kiesow et al)						
Engage St Mary's and Meriter, and UW Population Health						
Data Inventory and Warehousing						
Review of literature and comparable community survey						
Quantitative Data Analyses						
Compilation of Preliminary Findings						
Quarterly Update with DHFS						
Dissemination of Findings to Community Partners and Stakeholders						
Establish Dane County FIMR						
Determine prospective study/surveillance for PHMDC						
Develop Phase II of Research-Qualitative						
Deploy Qualitative Methodologies						
Compile and Disseminate Findings						

### **Anticipated Funding and Resource Requirements**

At this time PHMDC is anticipating additional resources to be invested into this research, particularly to purchase data from DHFS, and in the long-term to support a more community-based, resource intensive qualitative study.

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Thomas Schlenker, MD, MPH  
Director of Public Health  
Madison and Dane County



DANE COUNTY DIVISION OF PUBLIC HEALTH

MADISON DEPARTMENT OF PUBLIC HEALTH

## Community To Be Served

Rich in history, the area of Dane County around the Villager Mall is a culturally diverse community that is populated by concentrated numbers of immigrants, language-isolated homes, and people of widely varied races, ethnicities and educational status. Economically challenged, up to 26.9% of families live at or below the poverty level, compared to Madison's overall poverty rate of 5.8%. The median annual household income of this neighborhood is \$26,173, markedly less than the City of Madison's median income of \$59,840. (US Census 2000).

The Southside neighborhoods cross city-county lines, lying principally in three municipalities - the City of Madison, the Town of Madison, and Fitchburg. These census tracts represent 6-8% of the total county population, but contain 32% of all African Americans, 35% of all Mexicans, 12% of all Native Americans, and 43.5% of all Hmong residents. Data from UW School of Human Ecology (2005) indicate that in the last five years, the number of white residents in the area is decreasing, as the Asian and Latino populations of Census tract 14 have increased 475% and 504% respectively.

The majority of our diverse and socioeconomically disadvantaged families live along the southern part of Madison and in adjacent areas of the county, and to the northeast. The Town of Madison, an area intertwined with the southern portion of the City of Madison, has a population, which is nearly 45% racial, and ethnic minority groups, chiefly African American, Mexican, and Hmong. These three ethnic groups are poorer and less well educated than the county or the greater Madison region residents as a whole. Lack of health insurance coverage is estimated for Dane County as a whole at approximately 10%. The Southside area is home to the greatest concentration of recent immigrants in Dane County, with between 5% and 20% of all residents having lived in another country within the last five years.

### Other significant demographic information:

- Approximately 33% of the households are headed by women with children <18 years old
- 10-15% of the neighborhoods are isolated by language (i.e., are non-English speaking)
- The area has some of the youngest population groups in Dane County
- This is an area of higher residential transience (example - Brams addition across the street from Villager Mall) than the County as a whole (2000 Census)
- 10% of Dane County residents lack health insurance, but uninsured rates are estimated to be significantly higher for black, Hispanic, or Latino persons (Minority Health Report, Wisconsin Department of Health and Family Services, 2004).

Many residents depend on the local community health center, Head Start, and multiple health and social service organizations housed within the Villager Mall for community and individual support and services. While it is home to some disenfranchised citizens, the neighborhood also has many active and engaged residents, and houses the Campus Community Partnership venture, connecting academic resources to South Madison. This diversity and also a strong sense of community have been identified as valued assets by the citizens of this neighborhood in a recent human ecology survey conducted by UW-Madison.

## Public Health Problems Needing Attention In South Madison

**Socioeconomic status** is a reliable indicator of health status, and it is postulated that the greater the gap in SES between the rich and the poor in a given population, the poorer the health outcomes for its population overall. (Mellor, et al. 2001) This is of particular relevance in viewing South Madison neighborhoods within the context of greater Madison. The median annual household income in South Madison is \$26,173, whereas the median household income for greater Madison is significantly higher, at \$59,840 annually (US Census, 2000).

**Children of poverty** and those uninsured or of minority status typically have poorer experiences accessing comprehensive and coordinated primary health care, mental health services, social services, educational venues, such as HeadStart, high school completion programs, ESL classes, community education offerings, and affordable and culturally-appropriate nutrition resources (Newacheck et al., 2002 & 2003.) Evidence from research suggests that ensuring access to high quality primary care could mitigate some of the negative health impacts of income inequality at the local level. (Shi, Macinko, et al., 2005). These findings are of particular importance to public health as we consider the location and function of healthcare providers within the Villager Mall redevelopment, as well as the larger content and design of the development itself.

**Chronic diseases**, especially asthma, diabetes, cancer, and heart disease, are the leading causes of illness, hospitalizations and premature deaths in Dane County (Chronic Disease Health Status Report, Public Health-Madison and Dane County, 2005). Based on national health disparity data, it can be assumed that racially and ethnically diverse communities such as South Madison bear disproportionate risk and burden of chronic disease (Chartbook on trends in the health of Americans. Hyattsville (MD.): National Center for Health Statistics, 2005). Underlying causes of chronic diseases include genetics, socioeconomic disparities (including employment, income, housing and access to comprehensive and coordinated health care), exposure to environmental hazards (such as environmental tobacco smoke), overweight and obesity, poor nutrition, and inadequate physical activity.

**Sexually transmitted infections** are a significant problem in the area around the Villager. In 2005, the incidence of sexually transmitted infections (chlamydia, gonorrhea, herpes, syphilis) was 1342/100,000 for South Madison area, 775/100,000 population for the City of Madison, and 555/100,000 population for all of Dane County, including Madison. The proposed plan would allow PH-MDC to expand STI prevention services and better assure access to treatment by improving linkages among the community, public health, and primary health care providers.



**Relatively poorer birth outcomes for African Americans** can be assumed to affect the South Madison area. The areas of South Madison most adjacent to South Park Street have traditionally been a cultural home and a source of strength for our black community. The birth outcomes for African American babies in Wisconsin continues to be an area of concern for us in public health with our African American infants dying at a rate that is over four times the rate of mortality for white babies. Alarming, this rate ranked our state as lowest, reflecting the poorest infant mortality rate among forty reporting states and the District of Columbia. The infant mortality rates for Hispanic and Laotian/Hmong babies are also higher than that of white babies, and it is a priority that we address these disparities. Access to this very young and highly diverse area of our community lends us a valuable opportunity to reach an identified at-risk segment of our population.

**Poor access to resources for good nutrition and adequate physical activity**, including the lack of good lighting and safe places to walk and bike, safe, alternative transportation options, coupled with easy access to high-interest loans, liquor, cigarettes, soda and candy, in the form of cash, liquor and convenience stores in low income neighborhoods is a set of problems affecting the Villager Mall area. (Moore et al, 2006; Morland et al., 2002; & Zenk et al., 2005). A health and community center could have a positive impact on the area, especially if community space, fitness equipment and “walkable” environment were part of the plan.

**Fragmented resources due to jurisdictional lines** is an issue in this area, as the community lies within three municipalities. This “patchwork” of services and policies contributes to the isolation residents experience, and adds barriers to connecting with needed resources.

***According to the Dane County Behavior Risk Factor Surveillance Survey (BRFSS) data and Family Health Survey (FHS) in 1996-2000:***

Countywide findings from this survey are relevant to South Madison neighborhoods in particular, where minority residents live in greater numbers. A coordinated approach to health and community services provides an opportunity to work more closely with communities of color to address these persistent disparities.

- Compared to Asian (7%) and white populations (9%), a larger proportion of African Americans, American Indian, and Hispanic/ Latinos rated their health fair or poor (about 16% each)
- Asthma prevalence was reported as: White, non-Hispanic, 8.2%, Black, non-Hispanic, 16.2%, Hispanic 5.3%, Other, 10.4%. Among smokers, the prevalence rate was 10.5%. The prevalence increased as household income decreased; 5.4 % for those earning > 50,000, 8.7 for 25,000-49,999, and 12.1 for those earning < 25,000. Obese people had a prevalence of 10.3, compared to those overweight at 8.1, and those of normal weight or below, 7.7%
- Racial/ethnic minority populations have a disproportionate burden of asthma and children are hospitalized at a greater rate than adults and women at a higher rate than men. The age adjusted mortality rate for whites in 1996-2000 was 1.6 per 100,000. For African Americans, the rate was 7.2 per 100,000. During 1996 -2000, Wisconsin African

Americans had an asthma hospitalization rate over 6 times higher whites. The Hispanics/Latinos rate was 1.6 times.

- 50% of Dane County residents are sedentary. Wisconsin African Americans reported the highest rate of inactivity at 65%, followed by Hispanic Latino (55%) and whites (53%).  
African Americans also led in the prevalence of overweight/obesity at 65%, followed by Hispanic/Latino (59%), whites (56%), American Indians (55%), and Asians (35%).

***Information from the PH-Madison Dane County WIC Program reveals the following:***

- Approximately 50% of PH-MDC WIC participants reside in the South Madison area. Of the 6300 WIC participants served each month, 3200 are from the South Madison area.
- 34% of households served are headed by someone with less than a high school education
- 13% of households served have no insurance
- 7.5% of all babies on Dane County WIC were low birth weight, (under 5.5 lb), which is above the national goal 2010 target of 5%, as well as the rate of 6.2% for Dane County including Madison, and 6.5% for the city of Madison.
- 9.7% of children, 15.6% of pregnant women 15.6%; 12.6% of postpartum women, 12.6%; of breastfeeding women 12.6% have low blood hemoglobin, an indicator of inadequate nutrition or other health problems
- According to a 2003 survey, 49% of Dane County WIC families experienced food insecurity
- The Latino population in Dane County continues to grow. Dane County WIC experienced a 220% increase in Latino program participants in the last 5 years. Interpreter use has increased tremendously in the south Madison clinics. Language barriers make it difficult to access available services.
- Lack of physical activity is a problem for WIC families. In many households, parents are working opposite shifts to provide childcare. Parents come home and sleep, leaving little attention to children and many times using TV as babysitter while they sleep.
- Very few children appear to be in certified day care centers.
- Limited exercise and outdoor time is a problem. WIC families report not always feeling safe to take their children outdoors, and they note traffic, gangs, and shootings as concerns.
- Many WIC families have little or no support systems, having arrived recently in the US without family members. A recent example was a child with very low iron whose diet was mostly of milk via bottle. Mom noted she didn't have anyone to guide her in how to feed her child; didn't know what other foods she should be giving the child.
- There is limited availability of low cost nutritious foods
- One grocery store is in the area, but it is a distance to walk for families with young children, while there are several fast food chains within close proximity.

## Proposed Services and Staff at Villager Mall to Address the Health Concerns

**Services:** PH – MDC could more effectively offer our wide range of public health services and help people access health care and other resources by locating our operations in a south side collaborative health and community facility. PH – Madison and Dane County applied for a five-year grant from the Centers for Disease Control's called STEPS To A Healthier US in June 2004. The grant priorities included a chronic disease prevention and reduction focus related to asthma, diabetes, overweight and obesity, inadequate physical activity, and tobacco use. A community collaboration model was developed and included strategies for community engagement; data and systems building; and, policy making. Partners included the Madison Metropolitan School District, healthcare providers, faith community, community coalitions, workplaces, senior centers, colleges, businesses, grocery stores, restaurants, shopping malls, electronic and print media. Interventions incorporated best practices related to nutrition, physical activity, tobacco cessation and prevention, coalition building, community assets building, health promotion, communications, policymaking, and evaluation. Community-based interventions were focused initially on Madison and the municipalities and unincorporated portions of Dane county contiguous with Madison, which consisted of approximately 75% of the population of Dane County at that time. In addition, there was a plan for focused activities in the southern part of the metropolitan area, especially census tracts 6, 14.01, 14.02, 14.03, 15.02 and 15.01. This is the region referred to as South Madison in the grant proposal. It encompasses three municipalities – City of Madison, Town of Madison and Fitchburg. The overall plan was to expand activities countywide over the five years of the grant. Although the grant proposal was not chosen for funding, it laid the groundwork for future work of public health and community partners in the South Madison area and countywide.

In response to the noted concerns, PHMDC would provide the following services:

- Communicable disease prevention and control, including services to prevent TB, HIV, and other sexually transmitted infections.
- Chronic disease prevention, expanding Fit City Madison/ Dane CAN activities to promote physical activity, good nutrition and tobacco prevention.
- Injury prevention and physical activity promotion services such as car seat safety checks at WIC, pedestrian safety, Walk Your Child To School campaigns, and the promotion of safe and enjoyable walking and biking routes to the new Goodman Pool.
- Community-based oral health programming for children such as application of topical fluoride and provision of oral fluoride supplements
- WIC services that are easily accessed by city and county residents regardless of address
- Well child screenings for the uninsured
- Immunizations for children and adults
- Education and support for pregnant women and families with infants
- Tobacco prevention and cessation services

- Linkage with health services for un- and underinsured women needing breast and cervical cancer screening and diagnosis
- Emergency preparedness initiatives that engage the community in planning for diverse populations

**Staff:** Currently PH-MDC has office space both at Harambee and SMO-B for approximately 17 staff and clinic space at Harambee. The current space does not meet the demand for WIC and other services. To improve access to services for community residents and to achieve efficiencies related to co-location of staff and services in an area with some of the greatest needs for services, it is desirable to expand space for staff, clinics and other services, and meetings. Recommendations include:

- Provide office and clinic space for all WIC staff and needed equipment and supplies.
- Expand clinic space for services such as immunizations; HIV testing and STI prevention services, Well Child Clinics; TB medication distribution, and breastfeeding services
- Expand space to allow provision of oral health services such topical fluoride applications and placement of dental sealants
- Provide office space for 40 public health staff, including PHNs, outreach staff, interpreters and supervisors
- House the WIC Intake Area, with the option for additional public health intake functions. Intake services are a primary route to public health services and community resources.
- Assure multipurpose meeting space for community and staff that could the need for groups of community residents, staff and others to meet in numbers of 100-200, as well as private space for small groups (5-20) to hold meetings, classes and support groups.
- Assure storage space for program supplies and space for staff not stationed at the South facility to store personal belongings while working in the community.

**Estimated Space Needs-**PH-MDC proposes approximately **14,000 square feet** of space in the health and community center to accommodate proposed services and staff. **Please see Appendix A.**

To reap collateral benefits for the community, PH-MDC proposes that the new facility contain community space that includes fitness equipment and exercise opportunities, and an urban design that facilitates walking, bicycling, and removes barriers for those with mobility limitations. Design proposals and costs for community space are not included in this proposal, and would need to be considered in collaborative planning with partners in the facility.

**Cost of Planning and Design:** Approximately **\$24,000** in the form of a 2007 capital budget request. Architect Jim Whitney provided an estimate of \$48,000 for design and planning by the City of Madison and Dane County. The figure includes planning with partner organizations, time for meetings, and consultation services. It is proposed that the planning cost of \$48,000 would be split between the City of Madison and Dane County.

## **Community Building and Health Promotion: Investing Now for the Future**

**In the near term**, besides the benefits of assuring delivery of public health services more effectively and in greater coordination with key partners, additional benefits can be realized with a commitment now to future partnerships in a health and community center.

**Effective partnerships for service delivery and planning:** Public health endeavors are most effective in partnership with other organizations that are committed to a vision for healthy people and healthy communities. (The Future of the Public's Health in the 21<sup>st</sup> Century, Institute of Medicine, November 2002). Beginning with the planning process for the redevelopment of the Villager Mall and continuing with community assessment, health and social policy development, service delivery, epidemiology, and evaluation, public health is dedicated to designing and sustaining an environment that promotes the physical, mental social and environmental health of the community. Public health staff and programs located in a new health and community center with partners in primary care and other services will be more effective in connecting South Madison residents to needed services and opportunities. Locating public health at Harambee also facilitates easy access to Dane County Human Services Department and other organizations that provide wrap-around services to Public Health consumers. In addition to the services we can provide in South Madison, an important role of public health in the Villager Mall redevelopment is to bring to the planning table an understanding of the impact of the built environment on health outcomes for the community.

**Building and supporting community assets:** The health and community center concept that has created the current renewed energy and commitment among partners such as Wingra Clinic and Planned Parenthood is a critical opportunity for public health. With an investment in the future of this collaborative effort, we are poised to improve access to a wide array of culturally competent programs and services that meet the needs of South Madison community residents. Examples include promoting physical safety and social connectedness; providing opportunities to choose a healthy lifestyle, strengthening community assets; and enhancing the community's social capital. Social capital is an important concept when addressing a community that already faces multiple disadvantages. Social capital refers to the social networks and interactions among citizens that promote trust and reciprocity. Those with a sense of belonging and a strong investment in their community are more likely to volunteer, know their neighbors, and participate in civic affairs. Linked to good health, social capital may prevent crime, foster mental health and social support, provide a safety net for our most vulnerable citizens, and ensure the proper functioning of democracy. (Putnam, 2000, and Leyden, 2003).

## APPENDIX A

### SPACE RECOMMENDATIONS FOR PUBLIC HEALTH AT HARAMBEE

#### Future space recommendation

PH-MDC proposes to use **14, 408 square feet** for the operations discussed in this proposal. Please refer to the **attached spreadsheet** for details.

#### NEW HARAMBEE SPACE NEEDS FOR PUBLIC HEALTH

	NEW
<b>Up to 40 Offices &amp; Storage Space - possibly all WIC staff; some PHNs; other staff</b> 820sq ft currently X 4 increase <hr/> <div style="display: flex; justify-content: space-between;"> <span>3,280 NEW</span> <span>TOTAL</span> </div>	3,280sq ft
<b>STORAGE (locked; walk-in)</b> <hr/> 1,040 sq ft new	1,040sq ft
<b>EXAM ROOMS (10 x 12)</b> 120sq ft currently (not including halls) 6 exam rooms <hr/> 720currently X <u>2.335 approx.</u> increase 1,680 NEW <b>14 new exam rooms for such things as immunizations; HIV/STI services; Well Child Clinics; BF support; and other PH services</b>	1,680sq ft
<div style="display: flex; justify-content: space-between;"> <span>1,680 NEW</span> <span>TOTAL</span> </div>	1,680sq ft
<b>ANTHRO (12 x 14)</b> 168sq ft currently x2 increase <hr/> <div style="display: flex; justify-content: space-between;"> <span>336 NEW</span> <span>TOTAL</span> </div>	336sq ft
<b>WIC INTAKE</b> 288sq ft currently X2 increase <hr/> <div style="display: flex; justify-content: space-between;"> <span>576 NEW</span> <span>TOTAL</span> </div>	576sq ft
<b>PH INTAKE and/or OTHER USE</b>	

576NEW	TOTAL	576sq ft
<b>WAITING AREA (includes 2nd ed area)</b>		
1792seating sq ft		
2402nd Ed sq ft		
2032		
X1.5increase		
3048		
240Two 10 X 12 video viewing rooms		
3288	TOTAL	3,288sq ft
<b>Multipurpose Meeting Room (which can accommodate at least 200 people and has a divider system to arrange up to 4 separate meeting rooms)</b>		
768sq ft currently (24x32)		
x 4increase		
3,072NEW	TOTAL	3,072sq ft
<b>SMALL Meeting rooms (aka 300 a and b)</b>		
280(14 x 20)		
2		
560	TOTAL	560sq ft
<b>GRAND TOTAL (Does not include hallways, breakroom, bathrooms, locker room or a resource room.)</b>		<b>14,408sq ft</b>

### Current Space Utilization by PH-MDC at SMHFC-Harambee

**PH-MDC currently uses 5,872 square feet and will pay \$167,262.71 for rent in 2006.**

- MDPH currently uses 4,100 square feet, but pays for 5,547 sq. ft. (which includes one of the two small conference rooms). Its share of the rent in 2006 will be \$145,125.
- DCPH currently uses 325 square feet and will pay \$22,137.71 for rent in 2006.)
- Monthly rent includes not only the rent payable to CDA, but also insurance, management fees, security, a payment of \$17,500 in lieu of taxes, exterior lighting, utilities, water and sewer, and janitorial/maintenance services.

## Appendix B

### A PUBLIC HEALTH VISION FOR A REDEVELOPING HARAMBEE

- **A Strong Presence in the Community for Public Health** is part of the vision for the new, merged city-county agency. Truly partnering with the citizens and service providers in the Harambee area is necessary to find new approaches to reducing health disparities that exist in Dane County's communities of color. Presence in an evolving, diverse area of the county that is faced with many challenges and opportunities is critical to the success of the new agency to improve health for the county as a whole.
- **The Harambee Re-development should facilitate Access:** Access should be facilitated to primary healthcare, mental health services, social services, educational venues such as Head Start, High School completion programming, ESL classes and community education offerings and also to affordable and culturally appropriate nutrition. It has been documented that poor neighborhoods have abundant access to alcohol, high-interest loans, liquor, and cigarettes/soda/candy, in the form of cash, liquor and convenience stores (Moore et al, 2006; Morland et al., 2002; & Zenk et al., 2005). Retail options that go in to the Villager Mall redevelopment should provide healthy choices, while unhealthy options are discouraged. The property should adhere to a smoke-free policy, and tobacco or alcohol sales and marketing should not be allowed. Access to adequate nutrition might be provided via the Dane County Farmer's Market and also through a year-round market, such as "Yue Wah", an international grocery, which is already established and well utilized within the neighborhood. This culturally relevant market also provides an important "sense of place" for the community, offering convenient access to food as well as a public space, which is unique and relevant to the neighborhood and its citizens. Incorporating garden space into the area allotted for Head Start provides children with physical activity opportunities as well as a greater understanding of the complexities of their environment, the cultivation of fruits and vegetables, and exposes them to new and healthy food options. Nurses who practice in this neighborhood feel strongly that Planned Parenthood, The Neighborhood Law Project, Campus Community Partnerships and The Workers' Rights Center should stay within the complex, and also suggest that Family Enhancement Services be encouraged to come back to the neighborhood. Space to conduct Car Seat Safety Checks could be incorporated into the design of surface parking. Importantly, Economic Support specialists from the Dane County Job Center are sorely needed in the community, and this may also prove to be cost effective in decreasing the need to offer cab rides so that South Madison residents can access the Eastside Job Center location. Finally, increased access to the greater metropolitan area should be considered in collaboration with Madison Metro, which has a major transfer point in operation just two blocks from the Villager Mall. Currently, the public transportation to and from this neighborhood is cumbersome and quite limited with the exception of commuter hours.



- **The development should encourage physical activity.** This might be accomplished through a mixed-use design, in which multiple resources and frequent use venues are co-located within an easy walking distance. (1/4 mile) Walking and biking paths should be easily accessible, attractive to the pedestrian, and clearly defined by trees, buildings or greenspace. Crosswalks should be clear, and pedestrian/ bicyclist safety must be considered in the design. The intersection of Park Street and Badger Road is notoriously dangerous and this concern must be addressed. Additionally, enhancing walkability to other frequent destinations within the neighborhood should be considered. Efforts should be made to calm traffic by keeping side streets narrow, and parking for cars should be planned with safety and efficacy in mind. Bicycle racks should be visible and convenient. The Safe Communities Coalition, MDPH, and the Boys and Girls Clubs have been involved in walking audits of their neighborhoods that identify pedestrian safety issues, and may be valuable collaborators. Furthermore, through a mixed-use design with housing located within the development, adequate lighting, activities held so that people are often visible throughout the day, and the promotion of a strong social network, members of the neighborhood will feel safe to walk. The visibility of increased foot traffic will further the social norm of walking within the community. In the interior design of the buildings, stairways should be visible, easily accessed and safe in an effort to encourage their use. Additionally, the YMCA has expressed an interest in offering programming or support to this community, and the possibilities of this offer—a fitness center, wellness programming for children, adolescents, adults and families, or even cardiac rehab and chronic disease management in collaboration with the health center—should be explored.
- **The development should take this opportunity to facilitate the use of alternate transportation.** The Southside transfer point for Madison Metro is located two blocks South of the Villager Mall. At this point, however, safety at this stop is a prominent concern and must be addressed through collaboration with law enforcement and Madison Metro. Transit-oriented developments are those that promote mutually beneficial relationships between retailers, business, housing and public transit. In the transformation to become social hubs and concrete destinations, developments that partner with public transit benefit from increased foot traffic while simultaneously contributing to ridership and the utilization of public transportation. As this develops, the transit system itself can organize and streamline its routes, decreasing costs while enjoying increased revenues and providing better service to the community. A good design will consider the transportation needs of all, and will make biking, walking, transit, and private auto use viable.
- **Consideration should be made to the environmental impact of the redevelopment.** Energy efficient design and the use of sustainable, non-toxic building materials are the ideal. Increasing foot traffic and the use of public transit also reduces pollution and traffic congestion, impacting the environment positively. Finally, consideration should be made to the creation of rain gardens or alternate environmentally friendly means of controlling run-off from impervious surfaces. While parking should be adequate, the amount of flat-surface parking might be re-

considered to allow for the development of green space, which contributes to aesthetics, walkability, play areas, and social capital.

- **The development should be designed to foster a strong sense of social capital within the community.** The Villager Mall redevelopment has the potential to be a central destination within the South Madison community. As such, it could be a hub of activity where citizens frequently see one another and faces may become familiar and trustworthy with time. The creation of social gathering spots will enhance this connectedness, building a strong, resilient, and healthier community. Some of these spots should be formal, designated public meeting places, while others will offer opportunities for chance meetings and an enhanced sense of place unique to the community. Cafes with open seating, a barbershop, pockets of greenspace, attractive walkways, and a commons area within Harambee all provide possibilities to enhance community and promote a strong social network. The library design should ideally include room for community education, neighborhood meetings, and a children's story time. Head Start staff should be encouraged to walk with children to the library and to include area for outdoor play in their design, fostering a sense of place for both the children and others in the neighborhood. The collaborative venture between UW-Madison, Edgewood and MATC has expressed an interest in making information learned about South Madison available to the public. This effort should be supported and facilitated through the library or Harambee by setting up a centralized resource area unique to the neighborhood. The large meeting room within Harambee is currently in high demand, used frequently and appropriately by a number of groups and agencies. Groups also occasionally request use of the Harambee kitchen, primarily used by Head Start in its current location. Consideration should be made to the creation of a centralized community room within the new complex with adequate and secure storage that could accommodate Family Enhancement services, a Family Resource Center, professional meetings, after school or summer recreation programming, or even community meals. Including a community kitchen may be of benefit to both citizens and agencies promoting good nutrition. All of these suggestions may foster strong social capital, and this should be evaluated carefully before the design is finalized.

DFM Wingra/Access CHC Joint Venture Steering Committee

Dear Friends and Colleagues

In the expectation the UW Wingra and Access CHC will soon complete their discussions and formally agree and announce their decision to form a joint venture to provide a broad array of collaborative, primary and outpatient health care services at a common site located at the Villager Mall, I would like to offer the assistance of Public Health Madison and Dane County.

Specifically, in light of the fact that both UW Wingra and Access CHC are well established, well known, highly utilized and much loved institutions that serve the surrounding community and that the proposed joint venture will have a substantial impact on the community, both in terms of increasing access and providing greater variety and quality of services, it is essential that the community be informed of the great things to come, have a chance to process the proposed changes and buy into and support this new entity in their midst. As part of the mechanism for achieving community "buy in" I would offer the resources of the PHMDC to work with you and under your direction. Pam McGranahan and others who put together the South Madison Community Health Assessment in 2006 and who maintain relationships with many community stake holders could be very helpful to the "buy in" process.

When the time comes, please contact me so we can talk about how best to assist you. You are all to be congratulated for the wonderful work you have achieved so far.

Sincerely,

Thomas Schlenker, MD, MPH  
Director of Public Health

CC: Janet Piraino  
Topf Wells  
Pam McGranahan  
Muriel Nagle



# Drinking Water Education Program For Dane County Draft Proposal

## **Program Purpose:**

Provide a multiyear program for owners of private wells to have their water tested at a state certified laboratory and to receive information about their well water quality and local groundwater to assist in improving public health. This program will also provide baseline information on groundwater quality in Dane County.

## **Program Background:**

Human health and welfare, environmental quality, economic and industrial development, and agriculture all depend on abundant and clean water supplies. In Dane County, Wisconsin, groundwater supplies 100% of drinking water needs and the majority of commercial and industrial water uses. Surface water, shallow groundwater, and deep groundwater are intimately connected in Dane County. In the rural parts of the county, nearly everyone relies on a private well as the source for their domestic water. There are over 22,000 private wells in the county providing more than 90,000 people their drinking water. Public water supplies must meet water quality standards enforced by the United States Environmental Protection Agency (USEPA) through the Wisconsin Department of Natural Resources (WDNR). However, private wells are not routinely monitored by any public agency. The private homeowner must develop his or her own program of well maintenance and water quality testing.

Groundwater in Dane County is generally of good quality and uniform in composition. However it has been affected by certain land use activities. The most common and widespread groundwater quality concern is the level of nitrate-nitrogen in shallow wells. Twenty-five to 35% of the private wells in Dane County have nitrate-nitrogen levels above the 10mg/l level established as a drinking water standard for infants. Bacterial pollution of shallow domestic wells is also a common problem, but usually is caused by improper well construction and very localized sources of contamination. Groundwater monitoring has detected common agricultural pesticides, such as atrazine, in about 45% of rural wells in the county. Because of this, the Wisconsin Department of Agriculture, Trade and Consumer Protection has enacted rules to limit and, in many areas of Dane County, prohibit the use of this herbicide. Pesticide contamination is an area of increasing concern and additional attention is being given to monitoring groundwater for various pesticides as well as their breakdown products (metabolites).

For this program, a team consisting of representatives from county, state and local organizations will work together to plan and implement a drinking water well testing and educational program for Dane County. The program will offer reduced cost for water quality testing at a state certified lab. The program will offer 18 different water quality tests including nitrate nitrogen, coliform bacteria, the triazine test for pesticides like atrazine and a metals package that includes copper, lead, iron, zinc and five other metals.

This program will be conducted in phases with clusters of 4 towns being offered the program at a time and two clusters of 4 towns implemented each year over a course of 5 years. The only exception being during the initial year of the program, in 2007, the first half of the year will be used to organize the entire program and the first four towns will be offered the program the last half of this first year.

Every private well owner participating in the program will receive direct mail publicity on the program. Interested participants will come to a central location to pick up well water sampling bottles and receive instructions regarding how to take the well water sample. This is tentatively scheduled for the afternoons and early evenings for two days about 6 weeks after the mailing. Two weeks after the water bottle pick up, all the households will collect their well water samples and bring them in to a central location that afternoon and early evening. The sample bottles will be taken to a state certified lab that same day of the day after for testing.

After complete analysis of the samples, (approximately two months after the collection date) a two-hour educational program will be held in the local area where households can pick up their individual results and the participants and other interested community members can receive information about how groundwater moves, how

groundwater can be contaminated and what the testing results showed in general for the area for each parameter. Participants will learn how to interpret their well test results for each test that was done. Participants will also learn what to do if they find they have contaminants in their water.

The local well testing information will be summarized and then shared at a meeting with local Town officials including planning commission members for the area so that they can learn more about their local groundwater including its quality. It is hoped that this valuable information will be used to then to plan for the future protection of our water resources.

### **Benefits/Outputs of the Program**

- Establish data base of the tested wells that can be incorporated into the County's GIS information systems. This data base will include the results of the 18 different testing parameters along with information regarding the well location and construction data. Unique well numbers will not be given to these tested wells.
- Maps will be generated for this data set.
- Individual well owners will receive information regarding their well test and interpretive information, regarding what the tests mean and steps to take if there is contamination in their well.
- All town chairs/clerks and planning commissions in the watershed will receive publicity information on the program and will receive the final well testing information and interpretation for their specific town.
- A private well water testing educational program has not been held for Dane County. By the project providing some funding to reduce the cost of the water testing, this should serve as a substantial initiative for many households that may not have had their private well water tested in recent years.
- Conducting a testing and educational program for the entire county will better enable county and other local water resource managers to know the extent of water quality problems in the county.

### **Program Logistics**

- Form a planning team and begin planning program January –May 2007
- Develop publicity for the program summer 2007
- Mail publicity for program late summer 2007
- Water bottle pickup for first 4 Towns in fall 2007 (during this time participants will be surveyed and given instructions of how to take water samples)
- Water samples taken and returned to central collection point 2 weeks after bottle pickup in fall 2007
- Water sample driven to state certified lab same day as (or day after) samples are collected
- 18 water test parameters analyzed for in two months following collection date
- Educational program planned winter of 2007
- Educational program implemented winter of 2007
- Educational materials and results mailed to those not able to attend educational meeting during the following month after the educational program.
- Results compiled for each town and mailed to towns winter 2007
- Program Evaluation winter 2007
- General Results of Program publicized as the Program progresses at its milestone events.
- The steps are repeated so that approximately 8 towns can be completed each year for a total of 5 years.

### **Probable Workshop Sponsors**

- Dane County Public Health Department
- Dane County UW-Extension (coordinator for program)

- Wisconsin Department of Natural Resources
- Dane County Land Conservation Department
- Wisconsin Geological and Natural History Survey, UW-Extension
- Center for Watershed Science and Education, UW-Stevens Point
- Dane County Lakes and Watershed Commission
- Dane County Towns Association

**Budget**

Printing of 21,000 4-page informational flyers	\$?
Postage to mail 21,000 flyers	\$?
Additional educational pieces for water testing (ie instructions)	\$?
Well testing cost savings per household (would like to provide a \$10-15 cost savings per household for the entire testing package) X # of households	\$?
Results sent to town clerk/chair and participants not able to attend educational program (printing and postage)	\$?
<b>Total</b>	<b>\$</b>

**Program Costs Covered by:**

- Dane County Public Health pays for the printing and mailing costs
- Dane County UW-Extension coordinates the program and provides the educational programming and professional services of the Center for Watershed Science and Education and the Wisconsin Geological and Natural History Survey (also part of UW-Extension) in cooperation with other Dane County departments.
- Residents pay for testing themselves, but hoping for a reduced fee through partner (i.e. towns, watershed groups, and perhaps county funding).

**Program Coordination:**

The program will be coordinated out of the Dane County UW-Extension office with Mindy Habecker, Dane County Community Development/Natural Resource Educator as the contact person. She can be reached at (608)224-3718, fax (608)224-3727 1 Fen Oak Court, Madison, WI 53718-8812. E-mail is: [habecker@co.dane.wi.us](mailto:habecker@co.dane.wi.us)

**Talking Points:**

- The results of this program will provide improved public health by identifying any hazards that currently exist in the groundwater.
- An ongoing program will provide an early warning system for any future water quality problems that might arise by establishing a baseline against which changes in water quality can be measured.
- This is a classic Wisconsin Idea program in that it involves the residents, their state University system and their local government.