

Darby DeGross

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## Spring 2020 Preceptorship: La Crosse County Health Department

### **Agency Overview**

The La Crosse County Health Department (LCHD) is located in the city of La Crosse. It serves over 118,000 residents within 2 cities, 4 villages, and 12 towns. It is also a Nationally Accredited local health department. Their mission is to “protect, promote, and improve the health of all people to enhance the quality of life”. Their vision is “Healthy People in a Healthful Community”. They have a longer vision statement as well, “The La Crosse County Health Department will employ well- educated and committed staff that collaborates to provide and advocate for effective and innovative initiatives assuring everyone lives in healthy and sustainable environments with access to tools to improve their own lives”. The LCHD is divided up into several departments including Administration & Fiscal Services, Environmental Health, Health Education, Laboratory, Nutrition, Public Health Nursing, and Vector Control.

### **Involvement and Activities**

Most of my involvement at the LCHD was within the Alliance to HEAL (A2H) working with Al Bliss. He is the health educator leading the coalition. A2H is made up of community organizations and members that are working together as a response to the opioid crisis in La Crosse County. It is comprised of 9 work groups that focus on different areas of concern. Some examples are Adolescent and Community Outreach, Sober Living, MAT within Jail, and the Narcan and Needles group. I spent my time attending many of the work group meetings, as well

as the cross-linkage groups that focused on education and outreach. My work attending meetings mostly involved me taking notes and learning about the organizations in the community. I was able to meet many important people through these meetings and gained a lot of insight in the substance prevention and support world.

My big project of the semester was updating the Community Resource Guide. This guide hadn't been updated since 2017 and many organizations had changed and there were plenty of new ones not included yet. The process of updating this guide took me a couple of weeks to complete. I spent time researching and contacting organizations to update information, as well as cross checking with other guides to include new area resources. CHES Area of Responsibility VI: Serve as a Health Education/Promotion Resource Person was very prominent here. I demonstrated sub-competencies 6.1.2 Identify valid information resources, 6.1.3. Evaluate resource materials for accuracy, relevance, and timeliness and 6.1.5 Convey health-related information to consumer, while completing this project. I updated the resource guide a second time at the end of the semester due to Great Rivers 2-1-1 asking to collaborate with me on the guide. They gave me even more resources from their lists to include and new formatting guidelines to increase readability. The final product of the resource guide has over 30 new or changed community resources that have been cross-checked and validated by several different professionals now.

Another project I completed was creating a tri-fold board with the A2H's work groups and successes displayed and our community resources available. This board contained a lot of information regarding statistics in the La Crosse area for substance use, overdoses, and hospitalizations. We displayed this board at Mayo Clinic Health System's Love Your Community

event. There were many other community organizations attending, and we presented to the attendees about what the A2H coalition is and what they are working on in the community. We also displayed this board at Viterbo's VOICE Summit, where attendees could view it during breaks.

I was able to gain more grant writing experience during my time at the LCHD. We chose to write a grant for Wisconsin Department of Health Services Overdose Data to Action (OD2A) grant. This was a unique opportunity for me as I got to witness the entire process occur. I was a part of the researching and deciding of the project, writing the grant, writing letters of support, and the final reviewing and submitting. Surprisingly to me, I was very helpful in this process and got to write several paragraphs in the grant myself. I found a strength in myself during this process of technical writing. I demonstrated CHES Area of Responsibility V: Administer and Manage Health Education/Promotion with this project. Sub-competency 5.1.3 Identify internal and/or external funding sources and 5.1.11 Write Grant Proposals were also completed as I assisted in choosing the grant and also helped write the proposal itself. I recently found out we were not chosen to be funded for this grant. This was disappointing, but I am happy I got the experience and also discovered a strength of mine during the process.

Aside from working with the A2H, I was able to attend the Overdose Fatality Review (OFR) team meetings. This is separate from the A2H but worked in drug overdoses as well. The team looked at overdose death cases in La Crosse County every month and review the individual's whole lifespan including education, family life, health history, criminal background, etc.. They gathered as much information about their life and pulled out key themes of the cases. After reviewing enough cases, the team would come together to create recommendations to make

to County or the State level to make systems change. I mostly just attended and listened, but towards the end I was one of the few people who attended many A2H meeting and OFR meetings so I could help draw connections and assist linking the groups together. This experience demonstrated my work in CHES Area of Responsibility I: Assess Needs, Resources, and Capacity for Health Education/Promotion, specifically 1.2 Assess existing information and data related to health and 1.4 Analyze relationships among behavioral, environmental, and other factors that influence health. I really enjoyed attending the OFR teams and felt that they were doing important work for the community behind the scenes to create change.

A separate project I got to work on was with advocacy and tobacco. I got involved in this work when I was asked to attend the Logan High School FACT Breakfast. This breakfast was held to educate the city council members about the harms of e-cigarette use and second-hand vaping. I had previously worked on some school projects regarding vaping in youth, so I was interested in listening to the high schooler's thoughts and opinions as well. They were asking the council members to vote to add vaping to the Clean Air Act that is in the city of La Crosse that would prohibit e-cigarette use in workplaces. From this event, Kylie Hanrahan and I did our own small advocacy project on campus. We worked with Kelsey Shuda and met with District 8 Councilman Justice Weaver regarding this act and asked for his support. This was separate from my role as a health education intern and more under my role as a student at UWL where Justice Weaver's district is. We had a lot of fun creating this project and meeting with him went well. That project falls under Area of Responsibility VII: Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession. We also completed competency 7.2 Engage in advocacy for health and health education/promotion during this project.

Along with my work in substance use and health policy/advocacy, I did some work under Safe Routes to School (SRTS). I fell into this role because a different intern dropped out and they were looking for some extra help. I worked mostly with Becky Lakowske, but I got to help a few others in the program as well. SRTS works with area elementary schools in promoting walking and biking to and from school. They coordinate walking school buses, bike trains, and many mini challenges that the students get to participate in. My role consisted mostly of data entry from their surveys and finding handouts to use in their programming. I would have been able to participate in the programs with the kids at the end of the semester, but schools getting closed due to COVID-19 disrupted that plan. I would have enjoyed leading a walking school bus for a route as the kids get excited to walk to school, and that's something that I never experienced as a child living so far from my schools.

### **Engagement with Diverse Populations**

Some diverse populations I worked with during my preceptorship were doctors/nurses, police officers, members of the fire department, City Officials, Peer Recovery Coaches, health educators, teachers and children (elementary age). Most of the populations I worked with had a commitment to the Alliance to HEAL. Many different members of the community participated in the meetings and events. I got to listen the Peer Recovery Coaches stories at the VOICE Summit and hear about their struggles with addiction and overcoming them. I am including teachers and children in this section because if my preceptorship wasn't cut short, I would have gotten to engage with them. I was planning on running a walking school bus route, attending a bike train, and assisting at the end of school year event which were all scheduled in April and

beyond. I am disappointed have to miss that part of this experience, and I hope those after me get to participate!

## **Recommendations**

I have some very minor internal agency operations recommendations based off my experience at the LCHD. My first recommendation would be a more formal tour/introduction of the health department. The layout of the physical health department is a maze, and both Kylie and I got easily lost just navigating to the break room. A basic tour of where the bathrooms are, the breakrooms, and the exits would be beneficial right away. My other internal recommendation is regarding work equipment. The interns either had a desktop computer or a laptop station set up before arriving. Working with the Alliance to HEAL means all the meetings are off site, but I was set up with a desktop. A bit more coordination so the interns whose projects required them to leave the office had laptops and the others who stay have desktops would have made my experience a little simpler.

For external agency operations recommendations, I'm not sure if it's doable but having more paid members of the A2H instead of 99% volunteers and only 2 or 3 paid leaders. I think this could help alleviate the stress on AI having to coordinate and run every single work group and enable a few others to take a little control of a small section would help get projects moving faster. I heard many good ideas in the meetings I attended but if everyone is looking to one person to plan, implement and run every single activity within every group, not many can be accomplished at the same time. The Alliance is a large organization and I think some work groups can be doing a lot more in the community with a little more guidance and support!

## **Conclusion**

It was never in the plan to have to work from home for the entirety of the second half of my preceptorship, but I feel what I got to experience in the first half was worth it. I was offered so many opportunities and was able to meet many different professionals working in our field in a matter of months. Al Bliss and Becky Lakowske made my experience there amazing, and I could never thank them enough for guiding me and answering every question I had. My short time at the LCHD working with the A2H has led me to look for career opportunities working in illicit drugs and substance use prevention. My goal for coming to this health department was to narrow down my interests while gaining valuable experience, and I accomplished that while being at the LCHD.