Rural Health Development Council Meeting Notes

Thursday, December 13, 2012
10:00 a.m. – 2:00 p.m.
Chippewa Valley Technical College
Chippewa Falls, WI

Present:
Mark Aumann, Rep. Ron Kind’s Office
LisaBruhn, Marshfield Clinic-Chippewa Falls
Blane Christman, Chippewa Valley Technical College
Byron Crouse, UW School of Medicine and Public Health
Lynn Dassow, WI Office of Rural Health
John Eich, WI Office of Rural Health
Theresa Evanson, WI Department of Natural Resources
Darsi Foss, WI Department of Natural Resources
Stan Gruszynski, USDA Rural Development
Kevin Jacobson, WI Office of Rural Health
Gina Keenan, WI Department of Natural Resources
Sue Lane, Bridges2Healthcare
Tom Larson, Wisconsin State Assembly
Henry Nehls-Lowe, WI Department of Health Services
Jim O’Keefe, Mile Bluff Medical Center
Leslie Patterson, Medical College of Wisconsin
Crispen Pierce, UW Eau Claire
Jerilyn Sahr, Chippewa County Economic Development Corporation
Brenda Scheurer, Chippewa Valley Technical College
Mick Skwarok, WI Department of Natural Resources
Jim Smart, Bloomer Telephone Company
Todd Stewart, Marshfield Clinic
Jackie Szehner, Community Care of Central Wisconsin
Gail Towers-McKaskill, WI Economic Development Corporation
Charlie Walker, Chippewa County Economic Development Corporation
Thomas Walsh, WI Department of Workforce Development

The Council meeting was preceded by an optional tour of Chippewa Sand Transport, a firm that transports sand used in fracking from mine to trains.

John Eich convened the meeting at 10:10 and introduced the day’s topic—rural economic development and environmental health—by noting that although some of the discussion today focuses on Chippewa Falls, the Council looks at broader issues of development and health. The discussion today will look at the impacts in rural and how to resolve possible conflict between development and health.

Professor Crispin Pierce began his presentation with an overview of fracking, or hydraulic fracturing, a method of removing oil and gas by fracturing the surrounding rock. Pierce’s primary
discussion was on the health impacts of sand mining, a necessary component of fracking. His focus is on airborne particulate matter resulting from mining. Wisconsin has the type of sand that's desirable for fracking. However, the small grains miners don’t want are the potential problem. This is silica and it has sharp edges that can damage lungs. He estimates that 8 to 18 people could die in Wisconsin each year from silicosis. This is due to silica exposure, which is classified as a carcinogen in crystalline form. It’s important to monitor this because it can’t be seen. There was a question on whether there’s a danger from silica sand in the soil; some areas have a lot of sand. Pierce replied that the primary issues are duration of exposure and particle size. And the method of sand mining can cause a problem, like using explosives, which fractures the particles. Wisconsin has had a generally higher death rate from job related silicosis than most states because WI sand has more small particulates. Also the state doesn't have silica exposure regulations like several other states. Exposure can be reduced by wetting the mined sand and using enclosed dumping or transfer sites and bottom dumping trucks. Byron Crouse noted that there is any number of public health problems such as smoking, and maybe this isn't a top priority compared to these problems. Todd Stewart noted that it is important to do the research and get the information out on the issue. Education will be important to deal with this issue.

Darsi Foss, Terry Evanson, and Henry Nehls-Lowe talked with the Council about rural brownfields. Brownfields are commercial or industrial property that is abandoned or underutilized and that is perceived to be or is actually contaminated, which impedes use of the property. These sites are different from Superfund sites, which tend to be larger and where there is no party responsible for cleanup. Brownfields are a special problem in rural areas because communities don't have the staff or expertise to identify and renovate a site. Communities should contact the local Department of Natural Resources office if they suspect or know of a site. There is funding to assist communities with assessments and clean up. The DNR would convene their staff, Department of Health Services, WI Economic Development Corporation and local agencies to determine the severity of the problem. The goal is to restore use. If a government has title to the property, they have no liability. The perception issue is important. A site may not be contaminated but if there's a perception of contamination, lending and redevelopment can be hard. Gail Towers-McKaskill said WEDC has HUD funded grants for redevelopment. It’s not just about clean up but repurposing the property for use.

Gina Keenan presented on vapor intrusion; chemicals that have been released into soil that escape into the air, for example, dry cleaning chemicals. It can take decades for the chemicals to dissipate. The goal is to find the source and address it. The vapors are actually a secondary part of the problem. The spill or its source is the problem. One doesn't have to come into contact with the spill or the soil to be affected by the intrusion. This can impact property values and the ability to sell it, in addition to potential health problems. Long term monitoring within homes and buildings is usually the response.

Dr. Todd Stewart talked on the Marshfield clinic, specifically about their wellness and prevention efforts. He addressed changing demographics, such as an aging population, and the impact this will have on workforce. He suggested that there will be changes in deployment of providers. There will be more care coordination and skilled nursing facility staff and less hospital based staff.

Sue Lane and Brenda Scheurer reported on a health care workforce program, Bridges2Healthcare. The program focuses on providing dislocated workers with training for jobs in the healthcare industry, such a medical assistance and nursing assistants.
On Council business, members agreed that the next meeting would focus on the Council. There will be a review of the Health Professions Loan Assistance Program, a discussion of the Council’s role and purpose, what each member’s role is, who isn't here that should be. They agreed that an hour would be set aside at the end of future meetings for Council business and review of actionable items. John Eich said he would send out a survey for future meeting topics.

The meeting ended at 2:00.

2013 meeting dates:
March 14
June 13
Sept 12
Nov 14 or Dec 12