The Public Health Council, created in mid-2004 by the Legislature, advises the Governor, the Legislature, Wisconsin citizens and the Department of Health and Family Services (DHFS) on progress in implementing the state health plan, *Healthiest Wisconsin 2010*, and on the coordination of responses to public health emergencies. The council strives to serve as a respected, objective, and balanced source of information for the Governor, the Legislature, and the DHFS.

**Council Organization**

Public Health Council membership is through appointment by the Governor. The council includes three committees: the Executive Committee, consisting of elected officers and committee chairs; the State Health Plan Committee; and the Emergency Preparedness Committee. The council meets six times a year. Meeting agendas include an open forum at the beginning of each meeting for public input, reports from each of the committees, and a standing agenda item for reports on public health research of interest to the council. The council maintains a Web site where agendas and minutes are posted; most of the council meetings are Web cast and can be accessed from the Web site. The Web site is: [http://publichealthcouncil.dhfs.wi.gov/webcast/](http://publichealthcouncil.dhfs.wi.gov/webcast/)

**2006 Council Action:**

- **Endorsed a voluntary national accreditation program for state and local public health departments**, proposed by the Exploring Accreditation Steering Committee (Attachment A). DHFS subsequently applied for a National Performance Standard grant to expand the HFS 140 statutory review process for voluntary accreditation. The grant proposal was not funded.

- **Developed an influenza vaccine priority access policy statement.** Each local and tribal health department, in collaboration with its health care providers (hospitals, clinics, etc.) should set an annual threshold for the vaccination of target populations. (Attachment B). A working group was convened to conduct a table-top exercise to determine stakeholders and timetables necessary, if vaccine delays or shortages were to occur during the 2006-07 influenza season. During the table-top exercise, data needs and communication methodologies were discussed to help agencies assess needs throughout the influenza season. Those methodologies would be implemented if a local health department were to request our intervention due to vaccine delays or shortages during the influenza season. **Note:** These emergency methods were not invoked during the 2006-07 influenza season.

- **Endorsed Clearinghouse Rule 05-033**, which allows dental hygienists to be certified as Medicaid providers and allows hygienists to bill the Medicaid program for preventive dental health services provided to eligible patients; and wrote a supporting letter to the Joint Committee on Review and Administrative Rules (Attachment C). On June 14, 2006, the CR 05-033 was adopted and the rule took effect, allowing dental hygienists to become certified Medicaid providers. The Legislature's Joint Committee for Review of Administrative Rules voted 5-4 to pass the rule.
2005 Council Action:

- Established a governance structure, working vision, mission, and strategies to direct the Council’s operations;
- Assigned prioritized agenda items to the subcommittees to work on, research and report with their recommendations to the full council;
- Drafted and approved a resolution on tobacco use and legislation that would advance Wisconsin as a smoke-free state;
- Drafted and approved a resolution to encourage the Governor and the Department to preserve the Department’s ability to deliver comprehensive Family Planning funding to the best qualified providers;
- Approved a resolution to encourage the Governor and the Department to preserve the Family Foundations Home Visiting Program; and
- Approved a motion to the Board of Regents about the changing the name of the UW Medical School to the School of Medicine and Public Health.

Briefings and Deliberations:

Briefings and council deliberations in 2006 included the following topics:

- Health Literacy  (December, 2006)
- State Trauma Advisory Council (STAC) (October, 2006)
- Division of Public Health Priority Action Report- 2006  (October, 2006)
- Stem Cell research  (August, 2006)
- Nutrition and Physical Activity State Plan  (June, 2006)
- e-Health Care Quality and Patient Safety Board  (June, 2006)
- Pandemic Influenza planning issues  (April, 2006)
- Eliminating Racial and Ethnic Disparities in Birth Outcomes  (April, 2006)
- BadgerCare Plus (April, 2006)
- Family Planning Waiver (FPW) Program proposed legislation. (February, 2006)
- Medicare Part D (February, 2006)
- Wisconsin Public Health Institute  (February, 2006)

Council Membership

Rafael Acevedo  
Sandy Anderson  
Bevan Baker  
John Bartkowski  
Jayne Bielecki  
Christopher Fischer  
Catherine Frey  
Gary Gilmore (Vice Chair)  
Stephen Kirkhorn  
Terri Kramolis  
Charles LaRoque  
Loren Leshan  
Corazon Loteyro  
June Munro  
Douglas Nelson  
Richard Perry  

Ayaz Samadani (Chair) 
Thai Vue  
JoAnn Weidmann (Secretary) 
Julie Willems Van Dijk  
Jeanan Yasiri  
Vacant  
Vacant
Recorded by Kim González and Kevin Wymore
Bureau of Health Information and Policy

Catherine Frey, Secretary

Date
September 8, 2006

Kaye Bender, RN, PhD, FAAN
Chair
Exploring Accreditation Steering Committee

Dear Dr. Bender:

The Wisconsin Public Health Council endorses the proposed model for a voluntary national accreditation program for state and local public health departments developed by the Exploring Accreditation Steering Committee.

While the proposed model already is quite comprehensive, the Wisconsin Public Health Council offers the following recommendations for your consideration:

1) Strongly recommend adding a 12th domain for accountability: “Monitor global health issues as appropriate.” This addition will provide a key context related to public health factors in general along with the eight content areas described in the Institute of Medicine report entitled, Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century.

2) Recommend the eighth domain be re-titled “Promote a competent public health workforce” (the operational verb is currently “maintain,” and we need to go beyond a sense of maintenance). “Promote” will foster a focus on professional preparation (the public health pipeline), credentialing (e.g., certification), and professional development.

3) Recommend strong agency support for the discipline-specific certification of public health professionals.

4) Recommend adding “and increasing health literacy” to the title of domain three.

5) Recommend adding a 13th domain addressing accountability that requires accredited state and local health departments to be held accountable for the 13 domains.

If you wish, I would be happy to discuss or elaborate further on the health literacy and global health recommendations.

We appreciate the opportunity to provide feedback on your proposed model for a voluntary national accreditation program for state and local public health departments. We look forward to receiving a copy the revised model, and we wish you continued support as you advance this important form of credentialing.

Sincerely,

Ayaz Samadani, MD, Chair
Wisconsin Public Health Council
Influenza Vaccine Recommendation
To the Public Health Council
From the
Public Health Council Committee
On Emergency Preparedness

June 14, 2006

Background:

The following recommendations, from the Public Health Council Committee on Emergency Preparedness, were presented to the Public Health Council at its meeting on February 10, 2006.

1. There needs to be a policy regarding distribution of vaccines so that organizations that care for priority groups and vulnerable populations have both priority access and receive sufficient supplies.

2. This policy is especially important in emergency situations.

3. Federal and state support is needed to accomplish this policy.

4. The Committee is very concerned that another year and flu season has passed without a resolution to this important issue.

Recommendation:

The Public Health Council referred this recommendation back to the Committee with the request that the Committee provide more specific direction regarding this matter. At its meeting on March 14, 2006, the Committee reached consensus regarding the following recommendations and presents to the Public Health Council the following Policy Statement for further consideration:

It is the policy of the State of Wisconsin to ensure that target populations have priority access to vaccines.

Each local and tribal health department, in collaboration with its health care providers (hospitals, clinics, etc.), is requested to set an
annual threshold, which is to be reached by November 15th, for the vaccination of target populations.

Thresholds that are not met by November 15th are to be reported to the Wisconsin Division of Public Health, Bureau of Communicable Disease, Immunization Program.

The Governor is then to request that meetings be held between public and private sector holders of vaccines for the purpose of a voluntary redistribution of vaccines that can then be made available to providers that serve the target population not at threshold levels.

These meetings are to be facilitated by the Wisconsin Division of Public Health, Bureau of Communicable Disease, Immunization Program.

In preparation for these meetings, should they occur, the Wisconsin Division of Public Health, Bureau of Communicable Disease, Immunization Program shall facilitate a table-top exercise, prior to the Fall 2006 Influenza Season (repeatable as necessary), to determine the public and private sector participants that need to be involved in these meetings, once they are called for by the Governor, and also to determine the methodologies for the redistribution of the vaccine.
June 14, 2006

Joint Committee on Review and Administrative Rules
State Capitol

Dear Joint Committee on Review and Administrative Rules:

Members attending the June 9, 2006 Wisconsin Public Health Council meeting were in support of Clearinghouse Rule 05-033, which would allow hygienists to be certified Medicaid providers and bill the Medicaid program for preventive dental health services provided to eligible patients.

Dental hygienists currently volunteer to help poor children get the dental care they need, but cannot get reimbursed from Medicaid for their services because they are not certified Medicaid providers. This rule change would allow dental hygienists to get reimbursed for services they are already providing in schools, local public health departments and schools for the education of dentists and dental hygienists.

In addition, this provision would provide greater access to preventive dental care, which many children and their families on Medicaid are not receiving. Nearly 70% of Medicaid eligible children have not received a dental service in the past year. When preventive dental care is not obtained, individuals may not seek treatment until their situation is dire and may resort to hospital emergency rooms for care. This puts a fiscal strain on an already financially troubled Medicaid program.

Children should be able to eat, smile, be well rested and ready to learn and be free from pain and infection. Medicaid eligible children are no exception.

The Council urges you to support this Clearinghouse rule 05-033, as it provides access to preventive care for Medicaid recipients.

Sincerely,

Ayaz Samadani, MD
Chair, Public Health Council