

Wisconsin Public Health Council

2010 Report to Governor Walker

The Public Health Council, created in mid-2004 by the Legislature, advises the Governor, the Legislature, Wisconsin citizens and the Department of Health Services (DHS) on the state health plan, including implementing *Healthiest Wisconsin 2020*, and on the coordination of responses to public health emergencies. The Council strives to serve as a respected, objective, and balanced source of public health information for the Governor, the Legislature, and the DHS.

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. In 2010, the Council met six times. Meeting agendas are posted in accordance with the state Open Meetings Law. Each agenda includes an open forum at the beginning of each meeting for public input, and reports from each of the committees. The Council maintains a web site where agendas and minutes are posted; Council meetings are recorded as webcasts, which can be accessed from the Web site at: <http://publichealthcouncil.dhs.wi.gov/webcast/>.

2010 Council Action

- **Approved four policy recommendations in response to the Legislative Audit Bureau report on Medical Education, Research and Public Health Grants.** These policy recommendations include: 1) expand the percentage of funds that are devoted to population health improvement; 2) expand and strengthen communication and outreach to communities about the funds; 3) implement the concept of sustainability grants; and 4) balance program grant-making staff's technical assistance between the demands for increased accountability and the opportunity to expedite real action. The full memo is available in Appendix A. (In addition to Cathy Frey's declaration of a conflict of interest, the following Council members recused themselves from further discussion or action in regard to this matter in January, 2011: Bevan Baker, John Meurer, Julie Willems Van Dijk.)
- **Approved a resolution to remedy the legal shortcomings in the interface between current state law and federal HIPAA law.** The resolution advises the Wisconsin Legislature to adopt state law, or an amendment to an existing state law, to allow disclosure of personal health information to the registered users of the Database in a disaster. Such state legislative changes would have the effect of remedying any conflict with the federal Health Insurance Portability and Accountability Act of 1996. The resolution is available in Appendix B.

- **Counseled the leadership of the current state health plan, *Healthiest Wisconsin 2020*, on the plan's priorities and its implementation strategies.** The plan, released to the public in mid-2010, includes 23 focus areas and two overarching focus areas. Among the actions taken by the Council were to undertake wide-ranging discussion of what the Council must do to promote the 2020 State Health Plan. In follow up to the Strategic Initiatives the Council passed at its June, 2010 meeting, the first step was to work on Initiative I -- promoting the State Health Plan. Dr. Gary Gilmore agreed to chair an Ad Hoc Committee on Marketing and Messaging. He was joined by Council members Amy Bremel and Bridget Clementi. Staff also presented a set of slides that present key messages about the State Health Plan.
- **Approved a Council resolution dealing with extended partner therapy.** The Council advised that Wisconsin should permit extended partner therapy for treating partners of individuals with chlamydia, gonorrhea, and trichomoniasis infections as proposed in 2009 Assembly Bill 653 and 2009 Senate Bill 460 though explicitly allowing medical providers including physicians, physician assistants, and certified nurse prescribers to dispense medication or prescribe extended partner therapy and pharmacists to dispense medication for extended partner therapy for chlamydia, gonorrhea and trichomoniasis. The resolution is available in Appendix C.
- **Approved a resolution to increase HIV testing by:** eliminating the requirement for written informed consent for HIV testing; instituting a consent process that requires patients to be notified that they will be tested for HIV unless they decline; and upholding patient rights to self-determination and privacy by assuring that the patient's acceptance of testing is voluntary and providing an opportunity for the patient to ask questions and decline testing. The resolution is in Appendix C1.
- **Elected new officers at the Council's Annual Meeting in February under new biennial terms as specified in the Rules of Order.** Dr. Julie Willems Van Dijk was elected Chair; Dr. Gary Gilmore was elected Chair-Elect; and Dr. Mary Jo Baisch was elected Secretary.
- **Approved a State Health Plan Committee report evaluating progress on the 2010 health priority "Existing, Emerging and Re-emerging Communicable Diseases."** The Council heard and approved a report on the topic, which was among the last 2010 health priorities to be evaluated. For the recommendations on this priority, see Appendix D. This report has been Web-published and is available at:
<http://publichealthcouncil.dhs.wi.gov/schedule/commdiseasesreport.pdf>
- **Approved a second State Health Plan Committee report evaluating progress on the 2010 health priority "Environmental and Occupational Health Hazards."** The report, which was among the last 2010 health priorities to be evaluated by the Council's State Health Plan Committee. For the recommendations on this priority, see Appendix E. This report has been Web-published and is available at:
<http://publichealthcouncil.dhs.wi.gov/schedule/envirocc20100409.pdf>

- **Reviewed Council membership status in light of the change in state Governors.** Since Public Health Council members are appointed to staggered terms "prescribed by law," their terms do not end with the election of a new Governor, according to state law.
- **Rated the six 2010 Council meetings with an overall average score of 3.88 on a 4-point scale, with 4 being the highest possible evaluation.** Respondents are asked to respond to the question: "Overall, would you rate this meeting as productive?"
- **Reviewed the statewide H1N1 influenza epidemic in February and April.** The reports by state Division of Public Health staff included information on both disease surveillance and vaccination.

The Council had two standing policy committees in 2010: the Emergency Preparedness Committee and the State Health Plan Committee. The Executive Committee of the Council is composed of elected officers and its Committee chairs. All formal committees are subject to the state public records and Open Meetings laws.

State Health Plan Committee

The Committee's mission is to propose public health policy recommendations and strategies to achieve the Council's responsibility to monitor progress of the legislatively mandated state health plan. The current 10-year state health plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*, is mandated in Wisconsin Statutes, Chapter 250.07. The primary stewardship responsibilities of the State Health Plan Committee are: (1) monitor, evaluate and communicate progress toward achieving the state health plan; (2) champion achievement of the state health plan; and (3) promote broad-based ownership for achieving *Healthiest Wisconsin 2020*.

The Committee held three meetings during 2010. Using established processes, the Committee evaluated progress on two health priorities set forth in *Healthiest Wisconsin 2010* that included (1) existing, emerging and re-emerging communicable diseases, and (2) environmental and occupational health hazards. The Committee has designed an effective evaluation model to measure progress and propose policy recommendations on *Healthiest Wisconsin 2010* to the Public Health Council. The Committee prepared and formally presented its findings and recommendations to the Council. These reports and recommendations are posted on the Council's website at <http://publichealthcouncil.dhs.wi.gov/>

The State Health Plan Committee, over the course of its tenure, was extremely active in carrying out its charge and reviewed 15 of 16 public health priorities identified in *Healthiest Wisconsin 2010*. The only priority not reviewed was "intentional and unintentional injuries and violence." In June 2010 the Council determined that this Committee would not meet further until after release of the 2020 state health plan.

Emergency Preparedness Committee

The mission of the Committee on Emergency Preparedness, which was restructured in 2009, is to provide guidance and oversight to the planning and implementation of the public health, hospital and pre-hospital emergency preparedness programs. The restructured Committee promotes coordination and integration around preparedness issues, being charged through agreement between the Division of Public Health and the federal Department of Health and Human Services to oversee the state's pandemic influenza planning. The Committee also communicates effectively around these issues. The body serves the Council as a preparedness resource. It will also develop recommendations as needed. The Committee met three times in 2010.

The Committee's work in 2010 focused on two main issues:

Resolution on Patient Tracking: The Committee presented to the full Council for consideration a resolution requesting legislative change to adapt Wisconsin privacy laws to meet the needs of emergency responders in being able to enter disaster victims' identities in a database for the purpose of family reunification. The Council approved the resolution on December 10, 2011, and it will be presented to the Governor, the Legislature and others in 2011.

H1N1 Influenza: The Committee discussed the initial influenza reports from public health departments, hospitals and other healthcare facilities regarding recommendations for enhancing the response to future pandemics. The After Action Reports identified major strengths of the state, local health departments and provider response. Corrective Actions will be fully reported in January, 2011, and fall into the areas of recommendations for Immunization Practices, Communications and Infection Control.

Briefings and Deliberations:

Briefings and council deliberations in 2010 included the following topics. (All meetings included updates on the statutorily mandated *Healthiest Wisconsin 2020* state health plan agenda for the coming decade.)

- Council Priorities for 2010 (February/April, 2010)
- Annual Meetings Elections Process (February, 2010)
- Extended Partner Therapy Resolution (February, 2010)
- Changes to Requirements for Written HIV Consent (February, 2010)
- State Health Plan Committee Health Priority Report: Environmental/Occupational Health (April, 2010)
- BadgerCare Plus Core Plan for Childless Adults (April, 2010)
- Medicaid "CACHET" Planning Exercise (April, 2010)
- National Health Systems Reform Enactment: Implications for Public Health (April, 2010)
- Proposed Strategic Initiatives for *Healthiest Wisconsin 2020* (June, 2010)
- State Health Plan Committee Health Priority Report: Communicable Disease (June, 2010)
- NALBOH Annual Meeting (August, 2010)
- Health Systems Reform Provisions in Wisconsin (August, 2010)

- Legislative Audit Bureau Reports on Blue Cross/Blue Shield Asset Conversion (August-December, 2010)
- Patient Tracking Database/HIPAA Legislative Resolution Issue (October, 2010)
- Communicating with the Governor Elect on Public Health Priorities (December, 2010)

Highlights of Council action from previous years is contained in Appendix E.

2010 Meeting Membership of the Public Health Council

Mary Jo Baisch
 Bevan Baker
 John Bartkowski
 Amy Bremel
 Bridget Clementi
 Catherine Frey
 Susan Garcia Franz
 Gary Gilmore

Terri Kramolis
 Corazon Loteyro
 John Meurer
 Deborah Miller
 Douglas Nelson
 A. Charles Post
 Ayaz Samadani
 James Sanders

Lynn Sheets
 Mark Villalpando
 Thai Vue
 Julie Willems Van Dijk

2010 New Appointments to the Public Health Council

Gretchen Sampson
 Faye Dodge

Recorded by Kevin Wymore
 Wisconsin Division of Public Health
 Office of Policy and Practice Alignment
 Approved by Council on April 8, 2011

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WISCONSIN PUBLIC HEALTH COUNCIL

*Assure safe and healthy people by monitoring progress on the state health plan,
Healthiest Wisconsin 2020, and on the readiness for public health emergencies.*

TO: Dr. Patrick Remington & Ms. Eileen Smith, University of Wisconsin
School of Medicine and Public Health
Dr. Cheryl Maurana, Medical College of Wisconsin

FROM: The Wisconsin Public Health Council*

RE: Recommendations in response to the Legislative Audit Bureau report on
the Medical Education, Research, and Public Health Grants

DATE: December 10, 2010

Thank you for the opportunity to converse with you about the recent Legislative Audit Bureau's report on the Medical Education, Research, and Public Health funds during our Public Health Council meeting on October 8, 2010. In response to our conversation, members of the Public Health Council forward the following recommendations for your thoughtful consideration and encourage you to share them with respective partnership fund advisory councils.

I. Expand the percentage of funds that are devoted to population health improvement.

In reference to the 35 percent community-based/65 percent medical education and research allocation, we strongly recommend that a majority portion of funds should be distributed to population health improvement, with funding going directly to community-based programs. We are highly sensitive to the fragile public health fiscal system, and while we agree that the Partnership funds cannot replace the lack of appropriate governmental funding, we do encourage you to consider the very important role these funds can play in enhancing community-based policies and programs. While we understand that leading causes of death and disability are appropriate topics to address, we encourage more population-oriented and community-based research and less basic science or individual clinical research. We agree with comments made by Wisconsin United Health Foundation Board Member, Joseph Lean that funds should focus more wholly on population health research and services.

One specific area we would encourage you to explore is to establish specific goals and objectives to address under-served populations and identify solutions to decrease health disparities in our state. We encourage you to designate specific funding for this purpose.

II. Expand and strengthen your communication and outreach to communities about the availability of funds, the process for accessing the funds, and the level of support available from partnership staff and academic partners.

We clearly heard that you have a commitment to technical assistance and outreach around the state. We greatly appreciate this perspective and believe it is essential. We strongly recommend that you work directly with local public health agencies and

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community-based organizations (especially ethnic organizations) on a regular basis, as our perspective is that many of these entities are not aware of available technical assistance and continue to struggle with identification of an academic partner. Therefore, we further recommend that the requirement for an academic partner be removed, and that grant proposals be judged on their merits, including strong evaluation metrics.

We applaud efforts to expand workshops that focus on assisting potential applicants to develop viable proposals. We also encourage you to share successes from current projects and to make sure partners are aware of future community plans, such as the decision by both programs to move to a planning or development grant as a prerequisite for applying for implementation funds.

III. Implement the concept of sustainability grants.

We are very encouraged by the comments that both programs are considering some type of sustainability grant. It has been the experience of many Council members who have been part of Partnership grant-funded community-based projects that the very nature of community-based programs and research requires adequate time for planning and implementation. Many times, the funding period ends just as a program is hitting its full stride. Additional time provided by sustainability grants would provide the opportunity to demonstrate program success, thus improving the probability of identifying sustainable funding.

IV. Balance your program staff’s technical assistance between the demands for increased accountability and the opportunity to expedite real action.

We appreciate that this audit has created an environment of greater accountability for the Partnership programs and their grantees. While we support this commitment to accountability, we encourage you to exercise it in a way that supports grantees in achieving real results without overburdening them with onerous reporting requirements. Likewise, we encourage the enhanced technical assistance resources that you have identified be directed to supporting grantees in ways to be more effective, rather than primarily focusing on monitoring of objectives.

Thank you for your thoughtful consideration of these recommendations. As you take action in response to the audit with your appropriate leadership and boards, we look forward to feedback on these specific recommendations and ongoing communication between your programs and the Council on a regular basis.

*Catherine Frey declared a conflict of interest and did not participate in the discussion or vote on this document

- C: Legislative Joint Audit Committee
- Governor Doyle
- Governor Elect Walker
- Secretary Timberlake
- Insurance Commissioner Sean Dilweg
- WUHF Board
- WPHA
- WALHDAB
- WPHCA
- Partnership Fund Community Grantees (2008-2010)

WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2020, and on the readiness for public health emergencies.

PUBLIC HEALTH COUNCIL RESOLUTION December 10, 2010

In the interests of meeting the goals of *Healthiest Wisconsin 2020*, the state health plan, for addressing communicable disease and disaster preparedness, the Wisconsin Public Health Council submits the following resolution to the Governor of Wisconsin and the Wisconsin Legislature:

Whereas, the Hospital Emergency Preparedness Program of the Wisconsin Division of Public Health (“DPH”) has the responsibility for providing resources to health care facilities and their emergency response partners for the management of disasters; and

Whereas, national and state-wide incidents have demonstrated the importance of being able to assist individuals in locating family members following a disaster; and

Whereas, the DPH has established a patient tracking database (“Database”) for the purpose of finding and tracking patients during a “multiple victim incident,” defined by DPH as any incident that involves the transport by emergency medical services of five or more patients to one or more hospitals; and

Whereas, the Database operates through *WI Trac*, a separate web-based, password-protected site at which registered users (e.g., hospitals, fire departments, EMS agencies, law enforcement, public health entities) can search for individuals by name or by physical description in order to assist family members in locating an individual involved in an incident; and

Whereas, the Database allows emergency personnel, hospitals and other registered users to locate patients using certain patient identifiers, including: identification number randomly assigned by emergency personnel (not medical record or Social Security numbers), name, date of birth, sex, address, height, weight, triage color, hospital location, and time of admission, discharge or transfer; and

Whereas, access by all registered users of this Database, if implemented in the current form would result in a technical violation of the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and applicable state law; and

Whereas, use of this Database and the restrictions that must be imposed on access is cumbersome because the relevant provisions of HIPAA and state law have differing standards that allow for the sharing of personal health information (PHI) to different users in different circumstances; and

Whereas, as currently contemplated, the information included in the patient tracking system would be subject to the Wisconsin's Open Records laws, which is inconsistent with the idea of maintaining the privacy and security of PHI under HIPAA and state law; and

Whereas, the best way to address this issue and ensure compliance with applicable law is to adopt a state law, or an amendment to an existing state law, to allow disclosure of personal health information to the users of the Database in a disaster; and

Whereas, DPH has collaborated with the Wisconsin Hospital Association to identify the changes that are suggested to be made to state law, or an amendment to an existing state law, to allow disclosure of personal health information to the users of the patient tracking system in a disaster;

Now, be it resolved that the Governor and Wisconsin Legislature should adopt state law, or an amendment to an existing state law, to allow disclosure of personal health information to the registered users of the Database in a disaster. Such state legislative changes would have the effect of remedying any conflict with the federal HIPAA law.

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WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2010, and on the readiness for public health emergencies.

RESOLUTION: FEBRUARY 12, 2010

In the interests of meeting the goals of Healthiest Wisconsin 2010, the state health plan, for reducing sexually transmitted diseases acquired through high-risk sexual behaviors, the Public Health Council submits this resolution to the Governor and to the Legislature:

Whereas, there are more sexually transmitted diseases (STDs) reported than all other reportable communicable diseases combined in Wisconsin; and

Whereas, over 30,000 cases of STDs were reported in Wisconsin in 2008. These are the reported numbers. CDC estimates that approximately half of new Chlamydia and gonorrhea infections occurring each year remain undiagnosed and unreported; and

Whereas, approximately 47% of Chlamydia cases and 67% of gonorrhea cases in 2008 were from Milwaukee County; and

Whereas, Milwaukee ranked 2nd highest for rates of both chlamydia and gonorrhea in 2006 & 2007 of the 50 largest metropolitan areas in the U.S. which include Chicago, Minneapolis, and Detroit; and

Whereas, adolescents are disproportionately impacted by STDs. In Milwaukee, among adolescents 15-19 years of age, 1 in 18 were reported with a Chlamydia infection and 1 in 50 with gonorrhea in 2008 alone; and

Whereas, STDs disproportionately impact communities of color and the rate of reported STDs among black adolescents 15-19 years of age is eighteen times that of whites in Wisconsin; and

Whereas, chlamydia infections and gonorrhea are often asymptomatic, and undiagnosed and untreated STDs cause at least 24,000 women in the U.S. each year to become infertile; and

Whereas, effectively treating a patient with an STD requires treatment of the patient's current sex partners to prevent re-infection; and

Whereas, expedited partner therapy (EPT) is a treatment option for partners of a patient diagnosed with STDs without a medical evaluation of the partner, and allows the patient to deliver oral medication or prescriptions to his or her sexual partner; and

Whereas, a study conducted in King County, Washington, found EPT was more effective in preventing re-infection of gonorrhea (by 73%) and chlamydia (by 15%) when compared to standard partner management methods; and

Whereas, the Public Health Council recognizes that EPT is a safe and effective option for STD care among individuals with chlamydia, gonorrhea and trichomoniasis infections who are unlikely or unable to otherwise receive treatment such as those who are uninsured, unavailable to seek treatment during clinic hours, or too embarrassed to seek treatment;

Secretary Timberlake, Page 2
February 17, 2010

Now, be it resolved that Wisconsin should permit EPT for treating partners of individuals with chlamydia, gonorrhea, and trichomoniasis infections as proposed in 2009 Assembly Bill 653 and 2009 Senate Bill 460 though explicitly allowing medical providers including physicians, physician assistants, and certified nurse prescribers to dispense medication or prescribe EPT and pharmacists to dispense medication for EPT for chlamydia, gonorrhea and trichomoniasis.

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WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2010, and on the readiness for public health emergencies.

RESOLUTION: February 12, 2010

In the interests of meeting the goals of *Healthiest Wisconsin 2010*, the state health plan, for reducing HIV infections that result from high-risk sexual behaviors, the Wisconsin Public Health Council submits the following resolution to the Legislature and the Governor of Wisconsin:

Whereas, HIV infection and AIDS remains a serious health threat to the people of Wisconsin; and

Whereas, approximately 11,000 cases of HIV have been reported to the Wisconsin Division of Public Health since the beginning of the HIV epidemic; and

Whereas, approximately 7,000 persons reported are presumed to be currently alive, and another 1,850 individuals in Wisconsin are estimated to be infected with the disease but do not know it; and

Whereas, HIV infection disproportionately impacts minority populations in Wisconsin, with over half of all HIV cases reported annually diagnosed among racial and ethnic minorities; and

Whereas, 35-40% of individuals do not get diagnosed until they are within 1 year of an AIDS diagnosis, and may have been living with HIV for 8-10 years prior to diagnosis;

Whereas, transmission from individuals who are unaware of their infection accounts for 54-70% of new HIV infections; and

Whereas, early HIV testing and treatment are critical to breaking the chain of HIV transmission; and

Whereas, prevention strategies that maximize voluntary HIV screening have proven to be highly effective in controlling the spread of HIV; and

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Whereas, the Centers for Disease Control and Prevention has recommended streamlining the HIV testing process to encourage routine HIV testing and to increase HIV diagnosis, treatment and prevention.

Whereas, the elimination of written informed consent for HIV testing will make testing for the disease similar to other health conditions and will reduce barriers to testing;

Now, be it resolved that Wisconsin should increase HIV testing by adopting AB 659, which will result in:

1. Eliminating the requirement for written informed consent for HIV testing.
2. Instituting a consent process that requires patients to be notified that they will be tested for HIV unless they decline.
3. Upholding patient rights to self-determination and privacy by assuring that the patient's acceptance of testing is voluntary, providing an opportunity for the patient to ask questions and decline testing, and penalizing inappropriate release of test results and discrimination against those who are HIV-infected.

**State Health Plan Committee Report Recommendations on
Environmental/Occupational Health
And Communicable Disease Priorities**

Recommendations for Healthiest Wisconsin 2020: Here are the 23 recommendations contained in the Environmental/Occupational Health report's executive summary:

Objective 1:

1. In support of CDC recommendations, include *Listeria monocytogenes* among microbial pathogens tracked by Healthiest Wisconsin.
2. Consider the use of an electronic data tracking system (such as HealthSpace) within local health departments so that reporting of food safety violations is standardized.
3. Consider making the *Norwalk*-like virus, communicable disease a reportable condition to coincide with the anticipated CDC decision to make non-food borne incidence of *Norwalk*-like viruses nationally reportable.
4. Monitor the use of hormones within the agricultural setting.
5. Consistent with the recommendations made by the American Medical Association and the American Nurses' Association, adopt a policy to ban the use of non-therapeutic antibiotics in animals. Legislation such as this should include infection prevention measures such as overcrowding prevention and isolation procedures for ill animals.
6. Continue to promote awareness of arsenic, radium, nitrates, mercury, and PCB's in our waters and how these toxic agents pose risks to human populations.
7. Support legislation to restrict the use of Bisphenol A (BPA) in all food related materials such as cans and plastics.
8. Support the collection of pharmaceutical and agricultural wastes through initiatives such as the Clean Sweep Program.

Objective 2:

1. Support the collaboration between the Wisconsin Asthma Coalition and other public and private organizations who work toward the prevention and treatment of asthma.
2. Develop and implement legislation to standardize radon testing and mitigation. (See Objective 4, point 3.)
3. Due to the restriction of asbestos and the current indeterminate cause of background mesothelioma cases; tracking incidence of mesothelioma should not be a priority in Healthiest Wisconsin 2020.
4. Healthiest Wisconsin 2020 should focus on the type of pneumoconiosis which is a risk for Wisconsin residents, silicosis.

Objective 3:

1. Support legislation which offers tax-based incentives for companies to reduce injury and death as well as to promote the overall health of employees.
2. Develop objectives related to reduction in workplace fatalities, particularly within the industries of farms and construction.
3. According to the recommendation made by the American Medical Association, increase the number occupational health professionals from 63 to 100 per 100,000 residents.

Objective 4:

1. Support the childhood lead poisoning prevention recommendations made by the Public Health Council in 2007;
 - a. Lower the public health investigation and intervention level to 10 mcg/dL from the current 20 mcg/dL or persistent levels of 15/mcg/dL, and fund the additional public health work load by budgeting an additional \$1 million for the program.
 - b. Enact legislation creating an annual fund of \$10 million for lead hazard control measures. In addition, we support the creation of a window replacement loan fund and a housing trust fund with a dedicated proportion of funds for lead hazard control as measures that would rehabilitate old housing. This would allow us to dramatically accelerate our efforts to prevent lead poisoning.
 - c. Enact legislation to allow local governments to establish fees/taxes specifically for the establishment of housing trust funds at the local level. These new fees/taxes must be exempt from any levy caps imposed by the state.
 - d. Require partners to develop and coordinate housing action plans that make lead hazard control a priority. Encourage lenders to make loans more attractive to property owners to correct lead paint hazards. Targeted loan programs should focus on housing built before 1950, which is where lead hazards are greatest.
2. Enact legislation that would require paint on property built before 1978 be tested for lead and be in an intact condition before property is rented or sold.
3. In order to increase the percentage of at risk children tested for elevated blood levels, support a pay-for-performance incentive for physicians and include blood lead testing recommendations on immunization schedules.
4. The State of Wisconsin must pass a resolution supporting radon risk reduction activities to emphasize the importance of this environmental health concern.
 - a. The State of Wisconsin should require the seller to disclose knowledge of radon hazards to the buyer prior to the real estate sale.
 - b. The State of Wisconsin should require that all radon testing be reportable to the state so that continuous hazard assessment and reduction occur.

- c. Licensed real estate professionals must be educated about radon issues and provide buyers with general information or specific radon test results.
 - d. Radon resistant new-construction standards, currently active in Madison, should be adopted statewide.
5. Funding of local public health departments should be increased and allocated according to need as determined by the county health rankings provided by the Population Health institutes (2008).
 6. Support passage of the Wisconsin State Assembly Bill 607 requiring carbon monoxide detectors in buildings containing one or more dwelling units.
 7. Promote targeted tobacco interventions consistent with the *Burden of Tobacco* (2006.)

Objective 5:

1. Improve the statewide capacity to track statewide measurements of environmental health concerns.

Report on Existing, Emerging and Re-emerging Communicable Diseases:

Here are the recommendations adopted by the Council in connection with the Communicable Disease report:

Recommendations for *Healthiest Wisconsin 2020*: 1) Mandated communicable disease reporters, both public and private, who fail to timely report should be educated on a case-by-case basis; 2) A new objective, reflecting 2010 Objective 2a, should mirror the vaccine and age parameters used in the National Immunization Survey: By 2020, at least 90 percent of state residents aged 19 to 35 months will be fully immunized; 3) Incidence rates for salmonellosis, shigellosis, and campylobacteriosis have not decreased over the past decade; these objectives should be retained; and 4) Wisconsin should support continued effort of antibiotic/antimicrobial control at the national level.

Previous Years' Public Health Council Actions

2009 Council Action:

Here are highlights of Public Health Council actions for the previous calendar years. The Council:

- Participated in the All-Wisconsin Alcohol Risk Education (AWARE) Coalition, originated by UW Health, to undertake legislative policy change on drunken driving issues in the state.
- Approved a resolution in 2009 to raise the state's beer tax, which was presented to a legislative hearing on the issue in October.
- Provided a letter of support for public health provisions in national health systems reform legislation to members of the Wisconsin delegation in Congress.
- Elected Julie Willems Van Dijk as chair of the Public Health Council for 2009.
- Provided oversight to development of the next state health plan, *Healthiest Wisconsin 2020*.
- Discussed and approved changes to the Rules of Order regarding Council elections procedures.
- Approved evaluative reports from its State Health Plan Committee on two health priorities from the 2010 *Healthiest Wisconsin State Health Plan*.

2008 Council Action:

- Helped advise the *Healthiest Wisconsin 2020* (State Health Plan) planning process. State law requires that the Division of Public Health compile a statewide agenda every 10 years. The Division undertook a planning process for the 2020 plan, which covers the period from 2010 to 2020.
- Presented the Ad Hoc Public Health Finance Committee's report on public health financing to DHS Secretary Kevin Hayden.
- Continued to address the financing issue later in 2008, in a discussion with DHS Deputy Secretary Mark Thomas.
- Supported a motion regarding increased financing for high-risk sexual behavior interventions in Wisconsin.
- Joined the All-Wisconsin Alcohol Risk Education (AWARE) coalition, a group seeking policy change in the Legislature to combat drunken driving and other alcohol-related problems.
- Developed and presented to the Council on "Exactly What Is Public Health?" in August 2008, with varied perspectives from smaller and urban health departments, as well as the state health department. The PowerPoint presentation is at:
<http://publichealthcouncil.dhs.wi.gov/schedule/whatispublichealth200808.ppt>

2007 Council Action:

- Endorsed a multi-part resolution to support certain legislative public health issues in the 2007-09 state biennial budget, including: 1) Medicaid-related fiscal issues; 2) Tobacco control initiatives; and 3) Maintaining Women, Infants and Children (WIC) nutrition program within the Department;
- Endorsed a resolution to support provision of funding for statewide emergency preparedness activities;
- Requested that the Division of Public Health provide follow-up action proposed by the State Health Plan Committee. The follow-up dealt with specific policy recommendations related to the alcohol and other substance use and addiction health priority; and
- Endorsed a multi-part resolution to address childhood lead poisoning prevention in the state.

2006 Council Action:

- Endorsed a voluntary national accreditation program for state and local public health departments, proposed by the Exploring Accreditation Steering Committee.
- Developed an influenza vaccine priority access policy statement. 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. The Legislature has since enacted a rule to allow 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.
- Approved Rules of Order to govern the Council's organization and activities.

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 changing the name of the UW Medical School to the School of Medicine and Public Health.