

Public Health Council

Friday, December 4, 2015
Wisconsin Department of Health Services
1 West Wilson Street, Room 630, Madison, WI 53703
Madison, WI 53703
9:00a.m. – 2:30p.m.

Council Members Present:

Dr. Andy Anderson; Mr. Terry Brandenburg; Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel; Dr. Ann Hoffmann; Mr. William Keeton; Mr. Eric Krawczyk; Mr. Bob Leischow; Dr. Alan Schwartzstein; Ms. Joan Theurer; Mr. Mark Villalpando; Mr. Thai Vue; Mr. Michael Wallace; Dr. Darlene Weis

Council Members Excused:

Dr. Sandra Mahkorn; Dr. James Sanders

Council Members Absent:

Ms. Bridget Clementi

Division of Public Health (DPH) Staff:

María M. Flores	Program & Policy Analyst, Minority Health Program
Jon Hoelter	DHS Legislative Advisor
Mimi Johnson	Policy Section Chief and State Health Plan Officer, Office of Policy and Practice Alignment
Ashley Kraybill	UW Population Health Fellow, Office of Policy and Practice Alignment
Tasha Jenkins	Director, Office of Policy and Practice Alignment (OPPA)
Karen McKeown	Division Administrator and State Health Officer

Acronym Guide and Links:

CLAS	<u>Culturally & Linguistically Appropriate Services in Health & Health Care</u> (Minority Health Program)
DHS	<u>Wisconsin Department of Health Services</u>
DPH	<u>Wisconsin Division of Public Health</u>
FQHC	Federally Qualified Health Center
HW2020	<u>Healthiest Wisconsin 2020 / State Health Plan</u>
LPHD	<u>Local Public Health Department</u>
MHLC	<u>Wisconsin Minority Health Leadership Council</u>

NACCHO	<u>National Association of County and City Health Officials</u>
PHAB	<u>Public Health Accreditation Board</u>
PHC	<u>Public Health Council</u>
SIM	<u>State Innovation Models Initiative</u> <u>Wisconsin SIM Site</u>
WALHDAB	<u>Wisconsin Association of Local Health Departments and Boards</u>
WI-HA	Wisconsin Health Assessment
WI-HIP	Wisconsin Health Improvement Plan
WI-HIPP	<u>Wisconsin Health Improvement Planning Process</u>
WPHA	<u>Wisconsin Public Health Association</u>

A comprehensive guide can be found under "Public Health Acronyms & Abbreviations" at: <https://share.health.wisconsin.gov/ph/OPPA/Policy/Council/SitePages/Home.aspx>

Welcome and Open Forum

(agenda items were moved to allow for the Council Updates to occur first)

COUNCIL UPDATES

Division of Public Health

Karen McKeown, Administrator and State Health Officer

Karen McKeown spoke about WI-HIPP (Wisconsin Health Improvement Planning Process).

- Formerly called Mid-Course Review. Healthiest Wisconsin is not going away; this is a different phase.
- Two part process: a quick health assessment of the state, and identifying the top 3-5 health priorities to work on for the next five years. This does not mean that the current focus areas are not important, or that staff will cease work on them. These would be identified by the end of February or early March 2016, and finish an implementation plan by the end of June 2016.
- Building on work that has been done by state and local partners.
- There is a data group for this effort that will quickly look at priorities for ranking this effort. A system needs to be set up to see where data are continually being monitored, not only for the state health plan, but also in the Division.

Bill Keeton stated that one of the issues raised in the WI-HIPP Steering Committee was how does the state better utilize data collection? .

- Karen McKeown stated that the UW Population Health Institute pulled together data and priorities selected by local health departments and hospitals. They will look at FQHCs and other community centers in the future.

Thai Vue stated that over the past 20 years, the top priorities identified have been health equity and health disparities. Will those continue to be a priority?

- Karen McKeown stated that they are seeing the top priorities as being health issues. All programs are talking most about health equity issues, and staff will keep talking about these issues. The subject matter experts have been asked about the issues and if these are health equity issues.

Terry Brandenburg stated that if DPH seeks national accreditation, health equity is critically important as it comes up as a top priority in the domains. He hopes that in this next cycle it becomes action-oriented.

Karen McKeown stated that as Minority Health Program funding went away, the senior leadership team decided that state GPR funding will support the program. There is now more flexibility on what to do with the program since it will not be tied to a federal grant, the program staff will be reorganized and an epidemiologist will be hired.

Mary Dorn stated it is hard to look at health disparities in communities that do not have a lot of racial or ethnic diversity, to truly show what the equity issues are as there are other areas of disparities.

Dr. Alan Schwartzstein health equity has been talked about for a number of years; perhaps look at health equity not as a priority, but as an overarching goal.

Terry Brandenburg stated that one chapter that is thin on data is the infrastructure focus areas. He asks that infrastructure and capacity building also be seen as an overarching goal.

Karen McKeown stated that the WI-HIPP Steering committee will meet again in February and March to propose priorities.

Please see the [WI-HIPP site](#) for information, and communication will be sent to Council members. Council members may also share concerns with Bill Keeton who is co-chair of the Steering Committee along with Karen McKeown.

Legislative Update

Jon Hoelter, Legislative Advisor

The State Legislature has been very busy this fall.

Some bills that were passed and *signed into law*:

1. [SB 210](#). Mutual aid with regard to emergency services. This bill applies to border areas, specifically with Illinois, and allows an out of state provider, with a valid license in their home state, to respond to mutual aid calls.
2. [SB 143](#). Ambulance staffing. This bill calls for one EMT and one first responder (who is the driver). DHS would have to run a waiver program to gain flexibility. DHS may have difficulty running this administratively. The bill is interpreted to offer flexibility if the community a provider serves is under 10,000 people. A waiver may be granted for a

community up to 20,000; if the community is over 20,000, the provider cannot serve the community.

3. [SB 178](#). Lead-safe renovations. Under current law, renovations done on certain buildings require either a full lead inspection, or ensure that any renovations are done in a lead-safe manner. This bill allows for a partial inspection without having to abide by DHS rules; there are narrow exceptions to use this law. The property owner must be notified that a partial inspection will be done. Expected to be signed into law. Residential and commercial properties.
4. [AB 362](#). Merger of county health departments (came at the request of Ozaukee and Washington counties). Under current law, the only option to combine health departments is based on equalized value. The proposal allows a choice between equalized value or equalized value on a per-capita basis. This gives counties more flexibility. The proposal also covers municipal health departments. *Not yet signed into law; expected to be signed in the next few weeks.*
5. [AB 427](#). Access to opioid antagonists. DHS/DSPS. Last session a bill allowed for law enforcement and EMS to place standing orders with pharmacies to obtain overdose drugs. This bill opens up this rule for other entities to place standing orders that can use these drugs to save lives.

Pending:

1. [AB 310](#). Title X family planning grant bill. This would allow DHS to apply for this funding, send the money to the Well Woman Program in the Division of Public Health, and extra funds to primary and preventive care. It made it through committee at the Assembly level. The bill originally prohibited any providers from sending it to another entity that performs abortions, or refers abortions, but Title X policy requires any woman who requests an abortion to get a referral, so the current iteration of the bill works better with federal law. *Made it through the Assembly, but not the Senate.*
2. [AB 311](#). Billing Medicaid for prescription drugs by certain entities. This bill will change reimbursement for 340B drugs acquisition costs and the dispensing fee. DHS can do this without legislative action. *Made it through committee.*
3. [AB 312](#). would prohibit any employer, including state and local governments, from taking any punitive or discriminatory action against an employee (including interns or volunteers) or contractor for refusing to get a flu shot. It also prohibits employers from refusing to hire or renew a contract of an employee who refuses a flu shot. Introduced on 8/20/15. *No action.*

Terry Brandenburg asked about more relaxed standards for raw milk sales and any vaping exemptions from smoke-free ordinances.

- Jon will look into the DHS position on each of these.
- Mary Dorn stated that raw milk issues were still being raised in the Legislature

Preparedness and Emergency Health Care Update

Joe Cordova, Public Health Emergency Preparedness Manager

September 2015 Operational Readiness Review by CDC:

- Assessed State's ability to distribute and dispense countermeasures. The City of Franklin (suburb of Milwaukee) was also assessed.

- Final report not received. This is the first time these metrics were used to assess states and cities.
- Four categories were used: early, intermediate, established and advanced. CDC looks at the DPH plan, how DPH operationalizes plan, and if any exercises were conducted. According to the draft report, the DPH plan scored advanced (highest score); however, operations scored intermediate because a full-scale exercise has not yet been conducted.
- A full-scale multi-day exercise will take place over several days in June 2016 in SE Wisconsin with a variety of partners; this will close gaps identified in the CDC report. A dispensing exercise will be a big piece of this, including transporting supplies to the dispensing points. The CDC is considering piggybacking one of their exercises onto the Wisconsin exercise, and include other federal partners, like the US Marshals, Homeland Security, and the FBI. The state Emergency Operations Center will be open during this exercise. The hard part is getting volunteers. Each local health department will determine how many volunteers they need; the state will not have volunteers. Staff meet monthly with all partners, including hospitals, and also working with the [healthcare coalition](#) (Region 7) in that region. Dispensing will take place at multiple locations, including UW-Milwaukee and UW-Parkside.
- Franklin also did very well. Franklin typically does a mass exercise once per year.

Terry Brandenburg stated that public health students could serve as volunteers, it would be a great learning opportunity.

Dr. Gary Gilmore asked about ongoing communications taking place with Homeland Security.

- Joe Cordova stated that after the Paris attacks they are working with the State Fusion Center and Homeland Security to push out documentation through the healthcare coalitions on communications such as the "See Something, Say Something" campaign poster to get posters to hospitals and local public health departments. He believes the tips to the toll-free number on the posters are answered by DHS staff at the Fusion Center. There is also Active Shooter information being sent out. There is also training available for suspicious activity reporting. "See Something, Say Something" is not a new campaign; he is not sure how widely this campaign was disseminated within the past few years. *Detailed information was provided to the Council on December 8 about the Fusion Center, Active Shooter and "See Something, Say Something".*

Thai Vue asked about response to diverse populations, and diverse language needs, and how to reach out and communicate with groups that don't have traditional channels of communication.

- Joe Cordova stated that the Division has some information and capacity to address these issues, but it is more of a function at the local level, since they work more closely with the public. For example, during avian influenza, the Division could quickly turn around translation of Department of Agriculture materials into Somali and Spanish for the farmworkers. Local health departments have the capacity, are working on sheltering plans, and the ability to get an interpreter quickly. They are also working with behavioral health providers, and are looking at cultural components other than just translation or interpretation.

STATE INNOVATION MODEL (SIM)

*Craig Steele, Project Manager
Craig.Steele@wisconsin.gov*

State Innovation Model created by the Affordable Care Act (ACA). Contains several components: State Innovation Models; Healthcare Innovation awards; and Practice Transformation grants. All are aligned to the Triple Aim to do something different to improve both health and healthcare through value-based payments. There are many different strategies and opportunities for change. The State Innovation Models are specific to statewide alignments around what the state priorities are. This grant was only a one-year (February 2015-January 2016) design award to create an actionable plan, not a set of policies or goals and strategies. There are other much larger grants available for testing and implementation awards.

Key requirements:

- population health improvement plan section;
- all recommendations must be evidence-based;
- must improve the patient experience;
- health information technology enabling, but not driving better health; and
- transparency of cost and performance quality.

Wisconsin's Process:

- Examined certain populations only - but may be able to be applied to any population.
- Multi-stakeholder volunteer groups engaged for collective impact with collaborative action: population health; behavioral health; care delivery groups; HIT measurement; and payment.
- Community-level analysis.
- 2 primary State Health Innovation Plan (SHIP) goals: optimize health and interrupt disease progression. These goals define the ideal state. The workgroups came up with culture (in the United States), consumer demand, mass marketing, and little patient participation being barriers to better health.
- 4 strategic focus areas out of the two goals:
 - active patient participation;
 - expanding primary care and behavioral health integration;
 - connecting people to community and social resources (there is not enough collaboration in the state); and
 - reducing disparities and inequities linked to poor health and health care outcomes.
- Make smarter investments to promote health and healthcare. Looking at gaps and root causes.
- Aligns with *Healthiest Wisconsin 2020*; many of the same objectives and recommendations.
- Finding and adopting health and healthcare better practices, and noting the difference between best and better practices.
- The plan does not create new work for providers. It reduces redundancy and waste in the system.
- A draft of plan is to be distributed widely.

Discussion:

Dr. Andy Anderson stated that one thing that was missing in the engagement of the patient is that to transform health, habits must be changed. This is done partly through providers and health care system, but the individual also has to make the decision to change their lifestyle.

Terry Brandenburg stated that within the strategic focus areas, the connection of people to community and social resources assumes that there is capacity within communities to connect people to resources. There is no proposed investment, and changing the payment systems will only modestly improve capacity.

Bob Leischow stated that there are evidence-based practices and models already in place and tested. Suggests the consideration of the chronic care process model as an evidence-based model that is already in use.

Thai Vue raised three key points:

1. How do we drive the consumer toward the health care system?
2. Are there competing financial interests?
3. What accountability is put on those investing in this system?

Joan Theurer stated she appreciates an effort to get at root causes, but how are we truly realigning resources? The work needs to be focused on the community and systems level. Too much emphasis is placed on individuals having choices rather than the individual responding to structures, systems and support wrapped around them. Looking at other major areas of impact on wellbeing; lifestyle impacts 48% of causes of death in the United States. Amplify health promotion and health education efforts.

Dr. Gary Gilmore stated that looking at lifestyle is important and risk factors are important, but health promotion is the umbrella. He suggests a balance of addressing, ameliorating, reducing and eliminating risk factors as the *ideal*, along with the balance of protective factors. The leading protective factor is sleep. There is a lot of work being done with protective factors and that work should be brought into the discussion.

He also raised the issue of work being done with epidemiologic holistic models. One is the continuation of looking at lifestyle, along with examining other major areas of impact on health and well-being and causes of death. Forty-eight percent is lifestyle, but also 11% is the health system (availability, accessibility and quality); human biology is 26% of impact; environmental (physical and psychological); and social environmental factors account for 16% of impact. Mortality data models must be looked at. Other countries study and look at these models. One of those is the [National Institute for Health and Care Excellence](#) (NICE) in the United Kingdom which addresses incentivizing positive outcomes in the care being provided. They track and measure the positive outcomes in the health care procedures offered. He suggests not just looking at Wisconsin models, but also national and international models as well for ideas.

Dr. Alan Schwartzstein stated that Wisconsin has a tradition of very high-quality health care that is as good, if not better, than other states. It partly has to do with more doctors connected to hospitals and large insurance companies. This year, Congress passed a bill ([H.R.2 Medicare Access and CHIP Reauthorization Act of 2015](#)) changing the payment system for physicians

moving toward a value based model. In terms of behavioral health, the State Legislature passed bill to allow primary care providers to access notes from psychologists and psychiatrists ([Wisconsin Act 238](#)).

WI-HIPP / HEALTHIEST WISCONSIN 2020

Mimi Johnson, Policy Section Chief and State Health Plan Officer

Mimi Johnson gave an overview of the new phases of the State Health Plan:

1. Establishing process.
2. Compile Wisconsin Health Assessment (WI-HA). Aligns with the SIM work, and Minority Health Program's "Check-Ins" (focus groups).
3. Establishing 3-5 priorities (from the HW2020 Health Focus Areas). Will be proposed in February 2016.
4. Developing a health improvement plan to move priorities forward (WI-HIP). Spring 2016.
5. Implementation
 - The phases will be completed by June 2016. This is a cyclical process. For this very quick phase, not all partners will be involved.
 - Steering committee discussed alignment, flexibility, health equity, and collaboration.
 - Most states have moved to selecting 3-5 priorities.
 - WI-HIPP (Health Improvement Planning Process) was formerly called the Mid-Course review process.
 - Ensure alignment of resources with local public health departments.

Workgroups:

- Data workgroup staffed by Oscar Anderson, Director of the Office of Health Informatics.
- Communications and Engagement workgroup staffed by Stephanie Smiley, Director of the Bureau of Communicable Disease.

Terry Brandenburg asked if other public health assessment components will be used, for example in the MAPP Process, Forces of Change, and capacity assessments. These are valuable public health components, and many of the Council members are experienced at conducting these assessments. Also, in terms of process and methods, *Healthiest Wisconsin 2010* had a novel and groundbreaking framework to prioritize health measures. He asked that the 2010 framework be reexamined.

COUNCIL BUSINESS

October 1, 2015 Council Minutes:

- Dr. Gary Gilmore moved to approve the minutes
- Dr. Darlene Weis seconded.

Minutes were approved.

Dr. Gary Gilmore expressed condolences for the shooting at the San Bernardino County, California, Public Health Department. He requested that Bill Keeton draft a letter to the

Department administrator expressing condolences and solidarity. It will be sent on Council letterhead under his name on behalf of the Council.

The letter was mailed on December 9, 2015.

Minority Health Leadership Council Liaison update

Thai Vue

- The report was sent to Council members on December 3, 2015. The request to view the WMHLC's Healthy Wisconsin Leadership Institute Community Team's related videos was sent with the agenda packet.
- The liaison position grew out of the Council's December 2014 Disparities Resolution.
- The Council's name will change to "Minority Health Advisory Group". The next meeting is December 10, 2015.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE (Enhanced National CLAS Standards)

Evelyn Cruz, Minority Health Officer

The Division of Public Health pledged to adopt and implement the Standards (June 2014), and CLAS is part of the Division's Strategic Plan, and part of the commitment to health equity. About 20 organizations and 6 LPHDs pledged to adopt the Standards.

- The work was funded through the DHHS Office of Minority Health (2013-15) for internal and external promotion. The work on CLAs continues internally in DPH.
- Standards were put into place to: advance health equity; improve quality of health and health care; and eliminate healthcare disparities.
- There are 15 Standards, divided between three areas: Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement and Accountability.
- Standards vary between organizations. They are a set a guidelines/best practices/framework for advancing health equity; Standards 5-8 are based on Title VI of the [Civil Rights Act of 1964](#).
- The CLAS Standards were released in 2000; Enhanced Standards in 2013. The original Standards used a definition of "culture" as being only racial, ethnic and linguistic groups. The Enhanced Standards use the public health definition of culture, which includes geography, religion, spiritual beliefs, biological, social-economic conditions.
- The original audience was only healthcare organizations; the Enhanced Standards include a much broader base: public health social services, education.
- The Principal Standard (#1) is what health and health care would look like if all the other Standards (nos. 2-14) are met.
- The Minority Health Program has a crosswalk between the CLAS Standards and PHAB Accreditation Domains.
- There is a strong business case for the adoption of the CLAS Standards; not only to reduce cost, but to improve quality of care and meet certain accessibility legal requirements (for agencies that receive federal funding).

Terry Brandenburg stated that the experience of the Minority Health Program implementing a comprehensive programming process like this would be instructive to other organizations such

as community organizations or LPHDs. He believes there would be interest, as many organizations struggle with this. It is not just a checklist of what needs to be done to assure accessibility.

Bob Leischow asked Bill Keeton to introduce this to the WI-HIPP Steering Committee.

Dr. Gary Gilmore asked that the PowerPoint be added to the PHC website.

Thai Vue made a motion to adopt the CLAS Standards.

- Bill Keeton amended the motion to have the Executive Committee examine the Pledge form ([CLAS website](#)) before adoption or implementation, and to send through the Public Policy Committee for vetting to the public.
- Mary Dorn raised the issue of what adoption of the Standards mean for the Council's work. What would the Council's action plan look like?

COMMITTEE REPORTS:

Emergency Preparedness and Response Committee

Dale Hippensteel

Dale and Mark Villalpando met on November 20, and discussed the future of the Committee. They discussed the Wisconsin Public Health Preparedness (PHP) Advisory Committee, which meets on a monthly basis. Eric Krawczyk attends these meetings, and is also able to bring back information to the Council.

Mark Villalpando stated that for the PHC to get anything done at the Council level it would take a few months, to go through the proper channels. Perhaps one or all of the PHC Committee members (Dale, Mark and Dr. Jim Sanders) could attend the PHP Advisory Committee meetings, and meet afterward as a group to decide what information to bring to the Council. By doing this, Council members would receive information in a timely manner.

Mark and Dale propose to disband this committee and attend the Wisconsin Public Health Preparedness Advisory Committee meetings.

- Bill Keeton stated that the Committee should make a formal recommendation to take to the Executive Committee, and this will be discussed at the Executive Committee level.

Public Health Policy and Public Engagement Committee

Dr. Alan Schwartzstein

The breakout group consisted of: Dr. Alan Schwartzstein, Thai Vue, Dr. Ann Hoffmann, Dr. Darlene Weis, Dr. Gary Gilmore and Bill Keeton.

- Vaccine mandate. Referred back to the Executive Committee to send out by December 21. Medical and religious exemptions should be added (no personal exemptions), but the language would need to be standard language.
- Adoption of CLAS Standards. Referred back to the Executive Committee.
 - Terry Brandenburg asked for assurance that the CLAS Standards be operationalized in context of the Council's work.

State Health Plan Committee

Bob Leischow for Dr. Sandra Mahkorn

- Bob Leischow stated that the Committee met in June and proposed the criteria which DPH has adopted for the WI-HIPP. The larger question is, now what?
- Bill Keeton stated that as the Division opens up public engagement, they may look to the Committee to vet the information that is going out to the public.

Executive Committee

Bill Keeton

- Vaccine resolution
- CLAS standards
- Dissolving of the Emergency Preparedness and Response Committee
- 2016 calendar