

Public Health Council

Friday, February 5, 2016
UW Health East Clinic
5249 East Terrace Drive - Room L004 East Auditorium
Madison, WI 53718
9:00a.m. – 2:00p.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. Bob Leischow; Ms. Joan Theurer; Mr. Mark Villalpando; Mr. Thai Vue; Mr. Michael Wallace; Dr. Darlene Weis; Dr. Sandra Mahkorn

Council Members Excused:

Mr. Eric Krawczyk; Dr. James Sanders Dr. Alan Schwartzstein;

Guests:

Jennifer Behnke, MPH intern Public Health Emergency Preparedness

Division of Public Health (DPH) Staff:

Traici Brockman	Primary Care Coordinator, Office of Policy and Practice Alignment
Joe Cordova	Public Health Emergency Preparedness Manager
María M. Flores	Program & Policy Analyst, Minority Health Program
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)
Cindy Virnig	Office Manager, Office of Policy and Practice Alignment

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
HPSA	<u>Health Professional Shortage Area</u> (Primary Care Program site)
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>

WELCOME AND OPEN FORUM

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

COUNCIL BUSINESS

December 4, 2015 Council Minutes

- Dr. Gary Gilmore moved to approve the minutes
- Thai Vue seconded.

Minutes were approved.

Vaccination Resolution

- Mark Villalpando move to adopt the Resolution
- Dr. Gary Gilmore seconded.

The resolution was adopted by the Council with no dissensions.

Bill Keeton stated that this resolution will be forwarded to the Governor's Office, the Secretary of DHS, and to the Legislature. Joan Theurer asked that it also go to key state associations such as WALHDAB, WPHA, perhaps the WI Hospital Association, the State Medical Society, and the Primary Health Care Association.

CLAS Discussion

The discussion centered on if this was a set of guidelines the Council would like to endorse. Council members were generally supportive of the CLAS Standards, but concerned about their appropriate role to formally endorse and implement in total. The spirit of the CLAS Standards has merit, but there were concerns about any mandates.

Thai Vue stated that the National CLAS Standards are a tool to eliminate health disparities and achieve health equity. Standards 5-8 are based on legal requirements for states and entities accepting federal funding. They provide a good roadmap to strive toward. If the Council would

support and work toward the CLAS Standards, we could find ways to implement them as best we can.

- Thai made a motion that the Council recognizes the CLAS Standards as a useful method to work toward in the public and private sectors in Wisconsin.

Dr. Ann Hoffmann would support this, but a "mandate" is too restrictive; for example, poorer counties would have difficulty adhering to all the Standards.

Dr. Darlene Weis stated that supporting the spirit of CLAS was important, but expressed concern with the organizations that provide free health services with few monetary resources and volunteer interpreters.

Mary Dorn stated that the term "adopt" is too restrictive. Perhaps using phrases such as "work toward", or "make progress toward" the CLAS Standards versus "adopting" the CLAS Standards; phrases showing that in the perfect world, we would like these to be our Standards.

Bob Leischow stated that this is a long standing standard of practice and has been around for a number of years; however many small rural counties would not have resources to go through all the steps. But the spirit of CLAS is very important.

Dr. Gary Gilmore asked if the Council could acknowledge the positive spirit of the CLAS Standards and encourage working toward the CLAS Standards. The members are showing they want to acknowledge the values, but also the realities.

Dr. Gilmore asked Thai Vue if this aligns with his original intent for the motion, and if so, Dr. Gilmore would second the motion.

- Thai Vue stated that it did. He did not want members to think that he does not see the difficulties in implementation. He cited as an example his organization; yes, the standards are difficult to implement, with few resources, but these are important to recognize and work toward, and not just for minority populations.

Dr. Andy Anderson suggested more action-oriented statements in support of the CLAS Standards. For example, the Council could support programs and policies that advance the Standards, or incorporate them into a strategic planning process.

Terry Brandenburg stated that one of the pillars of the state health plan is health equity, and CLAS is a method to make inroads and achieve health equity (not the only method). How do we go about operationalizing concepts? This aligns with standards of practices of public health, for example the public health code of ethics and the PHAB standards. Perhaps the best course is to recommend alignment with CLAS. He asked for clarification on the recipient of the action

Mark Villalpando suggested that some of the wording could be "recognize and strive to achieve."

Joan Theurer asked how to make statements that recognize things we already have in place (like public health ethics, and building upon state health plan goals) and also recognize that this is another strategy or tool to move in the direction the Council wants to go.

Dr. Gary Gilmore stated that almost any type of resolution is omni-directional; if specific recipients are included, they would follow an e.g. (for example), rather than an i.e. (that is to say).

Bill Keeton stated that it seems like this is the type of statement would be disseminated to as wide an audience as possible. The Public Policy Committee will take this up today and come up with an outline in support of this, if not today, for the next meeting with a resolution of support.

Bob Leischow asked that the timing of this be recognized in relation to the SHIP (State Health Improvement Plan or WI-HIP), and that this be incorporated in some way into that plan.

COUNCIL UPDATES

Division of Public Health

Tasha Jenkins, Director, DPH Office of Policy and Practice Alignment

- Accreditation efforts: the Division's strategic plan, series of performance management leadership trainings.
- The Bureau of Environmental and Occupational Health is continuing discussions for their Food and Regulation Safety program's move to DATCP (Wisconsin Department of Agriculture, Trade and Consumer Protection), and working on lead issues that are coming up in Wisconsin as a response to the issues in Flint, MI. There is inter-agency collaboration occurring with Health Services, the DNR and another agency.
- The main issue in the Bureau of Communicable Disease is the Zika virus.
- In the Office of Policy and Practice Alignment, discussions continue around the CLAS standards and what are the next steps necessary moving forward, the need for a Language Access Plan, a new data epidemiologist position in the Minority Health Program, where we are in division as to where we are in the state, and a training plan to identify training needs across the Division. Other initiatives include WI-HIPP, regional directors busy connecting with local health departments. There are also a few Public Health Nurse and a few Office Associate positions open in the Regional Offices.
- Department of Health Services Zika page:
 - <https://www.dhs.wisconsin.gov/arboviral/zika.htm>

Legislative Update

Jon Hoelter, Legislative Advisor

This is the report as presented in writing by Mr. Jon Hoelter.

Pending:

1. [AB 310](#). Title X family planning grant bill. The amended bill would require DHS to apply for this funding, beginning with the 2018 application deadline. If DHS receives funds, they must distribute them to public entities, including state, county, and local health departments and health clinics, and the Well-Woman Program. After that, remaining funds may go to hospitals and FQHCs.
Passed the Assembly and Senate 1/21/16. Awaits action by the Governor.

2. [AB 311/SB 238](#). Billing Medicaid for prescription drugs by certain entities. This bill, as amended, requires abortion providers that bill under the 340B program to bill only at the actual acquisition cost plus a dispensing fee.
Passed the Senate 1/20/16.
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.
4. [AB 362](#). Multiple county health departments. Allows counties to form multiple county health departments with a minimum internal term and allows counties participating in one to determine tax levy contributions for each participating county either based on total equalized value or equalized value on a per capita basis.
Passed Assembly and Senate 1/21/16. Awaits Action by Governor.

New:

1. [LRB 3169](#). Eliminating personal conviction exemption from immunizations. Maintains the ability to receive an exemption based on health or religious reasons. *No action to date*
2. [AB 633](#). Copies of Vital Records. Would allow local registrars to issue certified copies of vital records that are available in SVRIS statewide (i.e., you could obtain the record in the county you live in, rather than only being able to obtain it from the state vital records office or the county it was issued in). *Passed Assembly on 1/27/15.*
3. [AB-816](#). Same Sex Marriage - Relating to marriage between persons of the same sex and extending parentage rights to married couples of the same sex. Would make references in the statutes to spouses gender neutral, but replacing "husband" and "wife" with "spouse". The bill also specifies ways that married couples of the same sex may be the legal parents of a child and makes current references in statutes gender neutral. *Introduced to Assembly on 1/27/16 – no action to date.*
4. [AB 768](#). Rules regarding the diagnosis and treatment of Lyme disease and requiring the exercise of rule-making authority. Would require both Medical Examining Board (MEB) and Board of Nursing (BON) to promulgate rules regarding best practices for the diagnosis and treatment of Lyme disease, and requires those rules to specifically address the diagnosis and treatment of cases of late stage, persistent, or chronic cases of it, or of complications related to such cases. *Assembly Health public hearing on 2/3/16.*

Raw Milk:

[AB 697](#). Relating to the sale of unpasteurized milk and unpasteurized milk products and an exemption from requirements for certain dairy farms. Allows dairy farmers to sell raw milk on their own farm, and without having to obtain a milk producer's license, if they will only be selling it on their farm. *Introduced to Assembly on 1/13/16 – no action to date.*

Vaping Exemptions:

1. [AB 170](#). Relating to regulating the use of vapor products. Bans “vaping” in schools, daycares, and hospitals. Also prevents municipalities and counties from creating local ordinances restricting vaping, unless they strictly conform to the prohibitions at the state level. *Introduced to Assembly in April – no action to date.*
2. [AB 146](#). Relating to restrictions on the use of electronic devices used for inhaling or exhaling vapor or a vaporized solution. Applies the current smoking ban at the state level to vaping. *Introduced to Assembly in April – no action to date.*

Mary Dorn stated that 2015 AB 362 was proposed by a legislator and came out of Washington and Ozaukee county health departments merging. Before this bill, health department mergers were based on populations, and not equalized property values. This legislation came out of this merger. Currently there are village and city health departments (for example in SE and NE Wisconsin, Menominee and Shawano counties merged a few years ago, Watertown, and in Racine County).

Dr. Gary Gilmore stated that this type of legislation should be tracked to keep Council members aware and what that would mean for public health in Wisconsin.

Terry Brandenburg stated that in this particular case, the counties weren't fond of the formula and how much they would have to pay. The ability to form multi-county health departments has been law for a very long time. This legislation was a tweak to current legislation, and provides a range of option on how to pay for a merger.

Joan Theurer stated that in northern Wisconsin, there needs to be a way to ensure equity among counties based on income. The original draft stated something about commitment beyond one year.

- Mary Dorn stated that it used to be 5 year commitment before revisiting the merger. If a city health department relinquishes local control, they cannot undo any merger. Counties are not prohibited from undoing a merger. This legislation allows counties to establish a multiple county health department with an initial minimum period of up to five years, during which a participating county may withdraw only if withdrawal is necessary to meet statutory requirements for a Level I health department.

[2015 AB 768](#) (Lyme Disease) was discussed.

- Drs. Anderson and Hoffmann stated that there are numerous debilitating diseases, unsure of why Lyme disease is being singled out.
- The public hearing was February 3.
- A few [entities](#) spoke out in favor of or opposition to this legislation.

Terry Brandenburg asked that with regard to 2015 AB 310, if there has been any conversations with local health departments about their capacity or willingness to add on this complicated and expensive family planning services, and if there are any indications they will pick up this service. Have the FQHCs been contacted about these funds, and is the reimbursement sufficient to provide the services? He is concerned about service voids in the state.

- Joan Theurer stated that this is a significant issue for LHDs especially southern 2/3 of Wisconsin. For many counties in the north, most of the work being done is by LHDs or non-profits. The most impact will be those served by Planned Parenthood. Some health departments would not have staff to support providing these services. A main question is how the funds will be distributed.
- Bill Keeton attended the public hearing. The issues regarding capacity of LHDs and FQHCs taking on additional people was a big issue; this bill is likely to see a court challenge. With regard to AB 311, there were changes that were passed to protect the STD clinics and LPHDs to receive the special pricing provided it falls within the scope of their practice.

Joan Theurer asked about the legislative updates and their impact on the public health system, is there a way to track and/or monitor this legislation.

- Bill Keeton stated that his hope is that all the bills be monitored by the Public Policy Committee; he will talk to Dr. Alan Schwartzstein.
- Mary Dorn stated that Kristen Grimes of the WPHA-WALHDAB Policy Committee is on the Council's Public Policy Committee.
- Bob Leischow asked if perhaps Kristen could be asked to be present at Council meetings to respond to the legislative updates.

Minority Health Advisory Group Liaison update

Thai Vue

Thai Vue provided Council members a written summary of activities.

- He will be referring to the "Wisconsin Minority Health Leadership Council" as the "Minority Health Advisory Group".
- The December 10 meetings included looking at the structure of the Group.
- His role is to help the Public Health Council assess health equity and health disparities and this group can provide the PHC with information. Their next meeting is March 10, 2016 in Madison, and it would be beneficial for Council members to observe a meeting.

Dr. Gary Gilmore raised a point of order regarding an open motion still on the table. The motion either has to be withdrawn back to the CLAS discussion, or tabled. The original motion did not include a referral to the Public Policy Committee.

Bill Keeton stated that the motion was for the Council to recognize the CLAS standards in support of working towards their implementation.

- Dr. Gilmore asked if the maker of the motion (Thai Vue) would be willing to indicate for Policy Committee review, he would second the motion.
- Thai Vue indicated that he is willing to send the motion to the Public Policy Committee.

The motion passed with no objections.

Preparedness and Emergency Health Care Update

Joe Cordova, Public Health Emergency Preparedness Manager

- The LPHDs, hospitals and Emergency Management will do a Hazard Vulnerability Assessment looking at the human and healthcare impact of hazards. They are hoping to

get a local, regional and state-wide view, and that should allow the partners to plan for hazards. This should be complete by the end of March, and a GIS map will be placed into the PCA (Partner Communication and Alerting System) portal. This will map where hazards are located. They look at FEMA hazards, which include major hurricanes, major earthquakes, pandemic flu, aerosolized anthrax, plague, food contamination, foreign animal disease, toxic industrial chemicals, chlorine explosions, blister agent, nerve agent, improvised explosives, radiation dispersion and cyber-attacks. Locally, drought, wildfire, tornados, flooding, landslides, hazmat. And the communities themselves may pick a threat or vulnerability (like a major sporting event).

- The cities of Omaha, NB and Milwaukee health departments are conducting a flu pilot project with the CDC - [Flu on Call](#). In case of a pandemic, anti-virals can be prescribed over the phone. Advertising is being done for residents to call 211 at bus stops, Pandora and other visible locations for information. The 211 line monitors where callers found out about the campaign. The good thing is that flu season has been low, as has call volume.
- Hospital Preparedness Program and Emergency Preparedness Program grants. If they receive the grants, they will run from July 1, 2016 to June 30, 2017. This will be the last year of a 5-year cooperative agreement; they expect the same funding and do not anticipate any cuts or increases. CDC will be changing the guidance to change the Ebola supplement funding for use on Zika testing, planning and information sharing.
- Full-scale exercise medical countermeasure, distribution and dispensing exercise, BAT-16 (*Bacillus anthracis* Threat) over the seven SE Wisconsin counties. There is a lot of planning still to be done. This is one of the biggest exercises in DHS history, and there is a lot of interest, and many other state and federal partners. He feels it would be worth a trip to Milwaukee to observe. Third week in June 2016.
- Another exercise will be an Ebola tabletop exercise, part of the Ebola funding. Taking place in April - May in each of the Healthcare Coalition regions. The morning of the exercise, each region will have a different infectious disease symposium, but the exercise in the afternoon will be the same across the regions.

Dr. Gary Gilmore asked if the BAT exercise, once tested and evaluated, is being looked at as prototypic for other types of hazardous pathogens or materials.

- Joe Cordova: all L/THDs are required to have a plan and point of dispensing. An anthrax scenario is used because is a high bar; it has a rapid incubation and medicine needs to get to the public rapidly. Some of the tools used for H1N1 are being used. Milwaukee gets specific funding for this exercise, and this is part of the grant agreement. The state could lose money if they do not meet all the benchmarks for this exercise.

Thai Vue asked if the assessments included the ability to outreach and include the limited English proficient (LEP) populations; and if LEP populations re considered in grant applications.

- Joe Cordova stated that funds are set aside for translation and interpretation services; for example, during avian influenza, the Division could quickly turn around translation of Department of Agriculture, Trade and Consumer protection materials into Somali and Spanish for the farmworkers. The Office of Deaf & Hard of Hearing (ODHH) has a great preparedness toolkit, and they are trying to give the ODHH additional funding for other toolkits. The grant looks at vulnerable populations, community impact and how to

respond. It does not specifically address language as all people are taken into consideration.

Dr. Andy Anderson asked about messaging: is there a priority that the Council can focus on, perhaps one thing to remember when they leave the meeting?

- Joe Cordova stated that what he reports are the priorities, it would be hard to narrow down to one or two. The biggest issue is their grant; it provides funding for the DHS staff, and the L/THDs. Preparedness is a small part of what the L/THDs do, but it is a large part of their funding.

Bill Keeton requested that the Council be kept in the loop about the June BAT exercise. He also asked about the 211 system and Flu on Call. He knows the 211 system in Milwaukee is overburdened and under resourced. Has there been any short-term analysis on how it worked?

- Joe Cordova stated that the call volume has been so low that it is hard to do an analysis in both Milwaukee and Omaha. They did learn that a lot of people do not know about 211.

Terry Brandenburg stated that the Council's charge is to monitor progress in meeting the goals of state health plan. We should link these types of activities and initiatives, goals and objectives to the state health plan like a dashboard.

Thai Vue stated he was pleased to hear about their provision of translated materials, but language access goes beyond translation and limited English proficient populations. In particular, interpretation is crucial and he encourages setting aside funding for this in order to address the needs of the LEP and low-literacy communities.

Emergency Preparedness and Response Committee

Dale Hippensteel, Chair and Bill Keeton

Included with the agenda packet were the minutes of the January 13, 2015 meeting to discuss the future of the Emergency Responses and Preparedness Committee. These issues were discussed in advance with Committee members.

- Joe Cordova stated that the approach decided on would be that the Committee members may attend Public Health Emergency Preparedness Advisory Committee meetings and receive their reports. That information would then flow to the Public Health Council members. This would allow the Council to still meet their statutory obligations.
- Bill Keeton stated that setting the Committee up this way will avoid duplication of efforts. They would still continue as a committee of the Public Health Council; it is not being disbanded.

Bob Leischow stated that from a local perspective it is important to keep this Committee intact to address any issues of changes that come about quickly.

Dr. Gary Gilmore stated that he still remembers 6-7 years ago a regular Council meeting with Homeland Security and really understanding the issues that included coordination and

communication. He would like the Executive Committee to highlight these field opportunities. He is asking for a schedule of events, either for the entire Council or small groups as schedules permit.

- Mary Dorn stated that Joe Cordova mentioned the Ebola tabletop exercise, and this would be an opportunity for Council member to see what the Healthcare coalitions are doing and see preparedness and coordination in action.
- Dale Hippensteel would like a presentation about coordination of public safety and EMS.

Dale Hippensteel suggested that a motion be made to formally accept the Committee recommendations that came from discussions. The minutes from the Public Health Preparedness Advisory Group will be shared with Council members.

Dr. Gary Gilmore would like to make sure it is officially noted that this is still a standing committee of the Council.

Mary Dorn made the motion that the Public Health Council's Emergency Preparedness and Response Committee's participation in the Public Health Emergency Preparedness Advisory Committee will constitute the Committee's work for the Council, and the minutes will be considered formal documentation of the Council's activity and presence on that group.

Dr. Gary Gilmore stated that as long as it is officially noted that this is a standing committee of the Council, he seconded the motion.

The motion passed by unanimous consent. No further conversation.

Volunteer Database & Health Professional Shortage Areas

Traici Brockman, Primary Care Program Coordinator

The Primary Care Program oversees several programs that increase access to primary care in shortage areas:

- [Shortage Area Designations](#)
- [Conrad 30 Waiver Program](#)
- [National Health Service Corps - Provider Recruitment Assistance](#)
- [State Grants to Community Health Centers](#)
- [Data Sharing](#)

The HPSA (Health Professional Shortage Areas) federally defined categories are: primary care, dental, and mental health.

- The website [maps](#) show the shortages. Mental health shortages are based on psychiatrists only.

Dr. Andy Anderson asked about sustainability after two years of work at the sponsoring site; are there data on this issue? How many stay past two years, and how can they be encouraged to stay at the site?

- Traici Brockman stated that the next steps in retention in any of the programs at a future date she can return to show data.
- Mary Dorn stated that FQHCs have a problem with continuity of care; perhaps there could be an increase in years of service, a commitment.

The National Health Service Corps helps address shortage areas by providing scholarship and loan repayment.

The Conrad 30 Program allows for increased access via foreign medical graduates; all states offer 30 slots/year; and they must work in a HPSA for 3 years.

Volunteer Health Care Program (VHCP):

- Increases access by providing liability coverage to volunteers.
- Variety of providers eligible for coverage ([Wis. Stats. §146.89\(1\)\(r\)](#)).
- Annual renewal process.

Community Health Center Grants (in Wisconsin, specifically FQHCs):

- state grant funds to strengthen the safety net;
- total of \$5.4M to 18 agencies each state fiscal year; and
- funds must be used for activities related to goals and objectives from *Healthiest Wisconsin 2020*.

Terry Brandenburg stated that there are few to no indicators in the *HW2020* objectives for workforce ([Diverse, sufficient and competent workforce that promotes and protects health](#)): To meet Objective 1 indicators on provider-to-population ratios, has the Division adopted HRSA guidelines as to what constitutes the proper ratio to identify as a shortage area? Also, is the only HRSA metric for mental health psychiatrists?

- Traici Brockman stated that HRSA's ratio has to be 1 provider to 3500 people, that would be the designation, but what is *adequate* has not been designated. It is possible to measure psychologists and other mental health providers, but the staff does not have the capacity to collect that much data.

Also, the Objective 2 indicator of the Workforce focus area, *Periodic inventory of data sets that measure public health system workforce sufficiency, competency and diversity*, also states that the indicator is yet to be developed. Would part of a mid-course assessment be to measure this? In terms of the mid-point of the state health plan, would a survey be part of the assessment of the state health plan? The question for the Council is – are we making progress in terms of monitoring implementation of the plan.

Dr. Gary Gilmore stated that since partnerships are crucial in the practice of public health, how do partnerships come into the group?

- Traici Brockman stated that her program collaborates and partnerships occur to a certain degree. There are partnerships with WARM ([Wisconsin Academy for Rural Medicine](#)) students, applicable health professions programs throughout the UW System, Marquette School of Dentistry, physician assistant and nursing programs. Some AHEC programs are also partners.

Dr. Gilmore raised the issue of Medicaid eligibility and capacity with dental issues. He asked what is the Program's connectivity with dentists. How can these efforts address or begin to address dental issues, or documenting need.

- Traici Brockman stated that all the dental HPSAs are low-income HPSAs. There is no documenting at this time of the need in those areas.

- [Dental Medicaid Pilot Program](#) in four counties.

Bob Leischow stated that his county is not seeing an influx of placements, even though they have significant issues. How are providers placed in counties with a clear demonstrated need? Can a county make a specific request for placements? He would like a definition of "healthcare provider"; is there any recognition of advanced practice providers, as there is growth in nurse practitioners and physician assistants.

Traici Brockman stated that federal authorities have not changed ways the shortage areas are scored; the higher the score, the more needy the area. The National Health Service Corps has a tiered system, and it is more difficult to receive awards as most awards go to higher scoring areas. With regard to advanced practice providers, loan repayments are provided for advance practitioners.

Dr. Ann Hoffmann stated that there are incentives for professionals to apply and receive scholarships, but there are no incentives to keep people in the shortage areas. A study in the early 1990's showed a common denominator among providers in rural areas was that they had a parent who was in teaching, or nursing or pastoral care. That knowledge should be taken to attract and retain people.

- Traici stated that from a scholarship perspective, it may help to look at people who are applying to gauge willingness to stay in areas longer than their service obligations.

Dr. Ann Hoffmann stated that her county does not have any free clinics, because there is neither time nor resources to staff free clinics. Her clinic has a sliding scale fees. Is there a way to incentivize people to have a free clinic within their own clinic, rather than take resources and open a new clinic?

- Mimi Johnson stated that DHS administers rural and underserved [grants](#) for medical residents; [WCMEW](#) (Wisconsin Council on Medical Education and Workforce) also is trying to expand their role around team-based care, they do a lot of work around workforce shortages.

Thai Vue asked if any of the programs address a diverse workforce? Is the gender, racial and ethnic makeup of people who participate in programs known?

- Traici stated that there is recognition that this is an issue, but not sure if this is an objective to address these issues. They do have information on gender. She is not sure if the NHSC application collects racial and ethnic information. She has personally tried to make greater connection with minority programs in medical schools and organizations, and will do presentations with them.

WI-HIPP / HEALTHIEST WISCONSIN 2020

Mimi Johnson, Policy Section Chief and State Health Plan Officer

Mimi Johnson gave an update on the SIM Grant from Craig Steele:

- The grant ended January 31, and submitted to Centers for Medicare & Medicaid Services
- There are no formal next steps.
- Likely that a small band of interested parties to come together to go through the State Health Innovation Plan (SHIP) recommendations in the spring. Probably the organizations that were more actively engaged in the process.

Mimi Johnson gave a month-by-month overview of the process.

- Opportunity to align with other initiatives across Wisconsin, such as the SIM Grant and LPHD work.
- The State Health Assessment will guide the selection of the 3-5 priorities.
- The [list of health issues](#) will be used to come up with 3-5 health priorities.
- Developed health issue fact sheets which will feed into the State Health Assessment. They will be available for public comment in February.
- They will also post the 3-5 priorities for public feedback.
- Their rapid-cycle PDSA is: Engage, Communicate, Evaluate and Improve (from July 2016-December 2020).
- Asks that Council members stay connected: via the [WI-HIPP Mailing list sign-up](#).

Mary Dorn stated that there are not a lot of assessment data in *HW2020*, and asked how the data will be collected and presented, and how can the assessment be more incorporated into the process.

- Mimi Johnson stated that this is important for accreditation, and plan is to share the assessment and received broad feedback. The data sources and fact sheets will be updated. Dr. Sandra Mahkorn's data group is involved with this.
- The Health Equity Check-ins are also being used for feedback on assessments, to share where the state is out. The assessments will be shared in February/March.
 - Mary Dorn asked that the sharing of the assessment be added to the timeline.

Terry Brandenburg asked what the process was to solicit ideas for consideration (the list of health issues).

- Mimi Johnson stated that the ideas were solicited from the listserv, the Minority Health Program sent it out to their partner lists, subject matter experts throughout DHS, and WALHDAB partners.

Mary Dorn asked how the assessment for feedback will be disseminated.

- Mimi Johnson stated that this will occur mostly online communities and stakeholders are encouraged to go online for feedback.

Dr. Gary Gilmore called for a systematic way to get partners engaged. People understand the value of evidence-based practices, and the public should not be the last to know or find out by fiat. If it could be a part of the systematic plan where it is stipulated what the plans are for connectivity. With the comparability of data being collected over time, we typically use a Wisconsin base for comparability, but will there be a comparison with national trends?

- Mimi Johnson stated that every sheet mentions the national trends.
- She asked that any concerns be sent to Bill Keeton.
- She also asked that Council members take a look at Oklahoma's Health Improvement Plan as a model plan.
- She reminded the group that this is not meant to replace the State Health Plan, it is just part of the overall plan and giving focus within the final few years.

Dr. Andy Anderson asked that this may be framed/messaged better as something that helps people lead more healthy lives rather than solely on the causes of death.

COMMITTEE REPORTS:

Emergency Preparedness and Response Committee:

- Members will be placed on the mailing list for the Public Health Advisory Committee.
- Members will get a timeline of grant activities.
- Members will take under advisement Dr. Gary Gilmore's suggestion to meet at the Department of Homeland Security.

Public Policy and Engagement Committee:

- A draft CLAS resolution will be written up and sent to Dr. Alan Schwartzstein.
- They discussed electronic voting, but it is not allowed under the WI Open Meetings Law.

State Health Plan Committee:

Bill Keeton wants to make sure that in the Steering Committee meeting that he co-chairs with Karen McKeown, there is enough buy-in consensus that people can get on board, and that they feel their issues were considered

- Dr. Sandra Mahkorn stated that it was gratifying that the feedback from the Council was incorporated into the process.

Terry Brandenburg stated that almost all of the pending legislation applies to the state health plan. He would like to see their stand (like the one on vaccines) to continue as a mode of action for the Council, a way to mobilize quickly. This is a way for the voice of public health experts to be part of the process.

- Bill Keeton noted that they did not tie the vaccine resolution to a specific bill. This is important to remember in the future. The Council can use the pending legislation from Jon Hoelter as items for the Public Policy Committee to monitor.
- Dr. Gary Gilmore stated that in the past members have gone before legislative committees (like the alcohol tax) when there are broad-based issues that are truly health-related in different areas, there are actions like this they can take. The Council can be creative in thinking of other modalities, like speaking through the deliberative process of the legislature.

Dr. Sandra Mahkorn made a motion to adjourn; Dale Hippensteel seconded.