



Wisconsin Division of Public Health

PROGRAM/GROUP: Public Health Council

MEETING TITLE: Public Health Council Meeting

LOCATION: <https://meet.lync.com/widhs-dhs/maria.flores/VN7GWV8> **OR** 1.866.715.6499 / Participant code: 9270092653
or 1 West Wilson Street, Conference Room B-370, Madison, WI 53703

DATE/ TIME: Friday, April 1, 2016 9:00a.m. – 12:00p.m.

NAME	TITLE	ORGANIZATION	STATUS
Anderson, Ruric "Andy"	Member	Public Health Council	excused
Brandenburg, Terry	Member	Public Health Council	present
Dorn, Mary	Member	Public Health Council	excused
Gilmore, Gary	Member	Public Health Council	present
Hippensteel, Dale	Member	Public Health Council	absent
Hoffmann, Ann	Member	Public Health Council	present
Keeton, William	Member	Public Health Council	present
Krawczyk, Eric	Member	Public Health Council	present
Leischow, Robert	Member	Public Health Council	present
Mahkorn, Sandra	Member	Public Health Council	present
Schwartzstein, Alan	Member	Public Health Council	present
Theurer, Joan	Member	Public Health Council	present
Villalpando, Mark	Member	Public Health Council	excused
Vue, Thai	Member	Public Health Council	present
Wallace, Michael	Member	Public Health Council	present
Weis, Darlene	Member	Public Health Council	present



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NAME	TITLE	ORGANIZATION	STATUS
Flores, María M.	Minority Health Training Officer, Minority Health Program, OPPA	Division of Public Health	present
Hoelter, Jon	Legislative Advisor	DHS Office of the Secretary	present
Johnson, Mimi	Policy Section Chief and State Health Plan Director, OPPA	Division of Public Health	present
Kraybill, Ashley	UW Population Fellow, OPPA	Division of Public Health	present
McKeown, Karen	Administrator & State Health Officer	Division of Public Health	present
Neuert, Don	National Stockpile Coordinator, OPEHC	Division of Public Health	present
Virnig, Cindy	Office Manager, OPPA	Division of Public Health	present

Acronym Guide and Links:

ACEs	Adverse Childhood Experiences
CLAS	Culturally & Linguistically Appropriate Services in Health & Health Care (Minority Health Program)
DHS	Wisconsin Department of Health Services
DPH	Wisconsin Division of Public Health
HW2020	Healthiest Wisconsin 2020 / State Health Plan
LPHD	Local Public Health Department
MHLC	Wisconsin Minority Health Leadership Council
PHAB	Public Health Accreditation Board
PHC	Public Health Council
RWJF	Robert Wood Johnson Foundation
SDoH	Social Determinants of Health
WALHDAB	Wisconsin Association of Local Health Departments and Boards
WI-HA	Wisconsin Health Assessment
WI-HIP	Wisconsin Health Improvement Plan
WI-HIPP	Wisconsin Health Improvement Planning Process
WPHA	Wisconsin Public Health Association



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Context: (Purpose, Vision, Mission, Goal):

The Public Health Council was created by 2003 Wisconsin Act 186 (Wis. Stat. § 15.197(13)). By statute, the Council’s purpose is to advise the Department of Health Services, the Governor, the Legislature and the public on progress in implementing the state’s 10-year public health plan and coordination of responses to public health emergencies.

Meeting Facilitator: Bill Keeton

Meeting Recorder: María M. Flores / Cindy Virnig

Agenda:

Time:	Topic:	Lead:	Notes/Follow-up:
8:30 – 9:00am	Settle In & Network		
9:00 – 9:10am	Welcome and Open Forum	Bill Keeton	
9:10 – 9:45am	Council Updates: <ul style="list-style-type: none"> • Division of Public Health updates • DHS Legislative Update • Minority Health Advisory Group Liaison 	Karen McKeown Jon Hoelter Thai Vue	

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Karen McKeown, Administrator and State Health Officer

Elizabethkingia:

- This bacterium usually doesn’t make people sick; 2-4 people in an average year. Possible first cases in Wisconsin in November 2015. Fifty-six (56) confirmed cases; there is a lot of effort going into examining this by the DPH epis, the CDC and the State Lab of Hygiene. Eighteen deaths from those diagnosed; everyone diagnosed had significant underlying health issues.
- Locations: multiple counties and one case in Michigan. CDC asked every state to look at this.
- The Division’s webinars will not be recorded as they target health officers only (not open to public). The [website](#) updates with numbers every Wednesday.

Zika:

- First identified in Brazil. This type of mosquito is not found in Wisconsin at this time. The entire nation is preparing for Zika. It spreads quickly, but offers lifetime immunity. A \$740,000 cut to the public health preparedness award is to be redirected toward Zika. The State Lab of Hygiene is able to test in-state, and 100 people have been tested in Wisconsin; no cases yet. Nine women who were pregnant were diagnosed: 2 miscarriages, 2 pregnant, 2 abortions, 1 born with severe birth defects, 1 without birth defects. Unclear on what point of the pregnancy this would affect a baby. No cases in US of locally acquired Zika except through sexual transmission.

Accreditation:

- Strategic plan in place for this year with measures identified. Workforce development and Preparedness teams identified. If Council seeks further information, Susan Uttech should come and give an Accreditation presentation. See below for the most recent timeline.



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July 2016	Register on e-PHAB
October 2016	Submit application and fee. Accreditation prerequisite plans are current or near completion
August 2017	Upload and submit documents
Early to mid-2018	PHAB site visit to Wisconsin
Summer/fall 2018	Wisconsin becomes PHAB-accredited, making a great health department better

Legislative Update

Jon Hoelter, Legislative Advisor

Title X family planning bill passed, and was signed into law. Next grant cycle begins in 2018.

- Karen McKeown stated that this will involve work with a lot of partners. They are taking time to look at Wisconsin and federal legislation and looking to other states to see what models they are using.

Passed Into Law:

- Legislation requiring 340B drug providers to change reimbursement to requires only abortion providers to abide by rules. Expecting CMS to provide guidance on how all 340B providers will be reimbursed.
- Merging of health departments; bill amended to merging any type of health departments and flexibility for those wishing to merge.
- WIC (Women, Infants, Children) dietetic internship program using federal funds, using a model used by Texas. Currently in planning and implementation. This project needs accreditation from the national dietician group to start the internship; they then can start soliciting applications. Patti Hauser will be hiring someone to develop this program. Interns are required to work in a local WIC office for at least two years after the internship.

VITAL RECORDS bills that passed:

- One allowed for creating electronic copies of records older than 1907.
- Another bill allows people to go to any county clerk office in Wisconsin to obtain records, not just to county where event occurred or to Madison. Vital Records staff is working on conversion to state-wide system.

Lyme disease bill: AB768. The Council asked in February why Lyme disease was singled out for a bill.

- There was passionate testimony from individuals with Lyme disease who sought radical treatment; many of these providers have been sanctioned by their boards.
- Patients want rules that would allow for best practices so more providers can treat Lyme disease.
- It was tabled.



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Minority Health Advisory Group

Thai Vue, PHC Liaison

- The Minority Health Advisory Group met Monday, March 28. The first half of the day was spent finessing the new charter document for this Advisory Group. There were also visioning and goal-setting exercises.
- The Healthy Wisconsin Leadership Institute (HWLI) again provided facilitation to the Group. The Group is receiving this as part of the HWLI COACH (Collaborating, Organizing and Advocating for Community Health) program.
- Minority Health Program staffing: Ruth DeWeese is no longer with the Program, but is still with the Office of Policy and Practice Alignment (OPPA) as the Grants Coordinator; Evelyn Cruz will be the Outreach Coordinator; and María M. Flores moved into the Minority Health Training Officer position. There will be a data epidemiologist position posted very soon.
- Health Equity Check-in updates that inform the WI-HIPP:
 - ✓ Twenty-six focus groups were completed including representation from the following communities: African American, Latino, Hmong, American Indian (both in urban and tribal areas), LGBT, rural, and disability. A few of these focus groups were conducted with community health workers.
 - ✓ A preliminary report of themes from the focus groups was completed which is currently being used to inform the planning process for Wisconsin’s Health Improvement Plan including the State Health Assessment.
 - ✓ Next steps are to validate the focus group data and write up the final results.
 - ✓ Planning the community engagement process to validate the preliminary results from the focus groups. The deadline for completing the data validation is the end of May.
 - ✓ This summer, after the validation process, a report of the finalized themes will be released.

9:45 – 10:15am	<ul style="list-style-type: none"> • BAT-16 Exercise June 13-15 • Public health emergency preparedness updates 	Don Neuert Joe Cordova	Review 03/07/2016 e-mail and: http://files.ctctcdn.com/188a2df8501/087aa5cb-b235-4689-9069-c5264d57e8e9.pdf
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Don Neuert:

- Planning for past 5 years with the SE Wisconsin region. Primary objective is to test state and local ability to distribute medical countermeasures from stockpile and hospital’s response.
- This is the third largest exercise of its kind in the country. Largest in history of Preparedness program.
- Thirteen open and closed (employer) points of dispensing in SE Wisconsin, City of Chicago Health Department, and Dane County.
- Notification on June 13 that aerosolized anthrax was released.
- CDC will bring 2 semi-trucks of medicine the afternoon of June 13 escorted by State Patrol and US Marshals will escort the semi-trucks.
- This exercise will not include a criminal investigation, environmental cleanup, or fatality management.
- Members should contact Don or the Stockpile e-mail address to participate.

Also:

- The Public Health emergency preparedness grant was reduced by 7% over the past few weeks. Trying to limit impact to local partners. Will impact the program, though; the cuts are primarily tied the PH Preparedness Core Grant.
- Karen McKeown shared *elizabethkingia* and Zika information.



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	Discussion on Meeting Deliberations <ul style="list-style-type: none"> 9:30am suggested start time 	Bill Keeton	
<p>Bill Keeton reminded members to fill out the survey link on agenda either during or following meetings. He wants to ensure members find the meetings engaging and productive as possible and that people feel they have enough information to participate in the meetings. There should also be a balance with Robert's Rules of order.</p> <p>A 9:30 start time accommodates those travelling, and is a firm way to stick to times in the agendas.</p> <ul style="list-style-type: none"> Joan Theurer prefers a later start time. Wants to structure meetings for more engaged discussions. List outcomes or decision points on agendas for discussion as topics are listed; this will help us to stay focused. Thai Vue also prefers a like a later start time. Requests some sort of protocol for deliberations, so that everyone has a chance to contribute equally as some people take more time. Perhaps a protocol for each member to have an allotted time to speak. Eric Krawczyk prefers the current 9:00 start time. Feels that deliberation has a lot to do with the facilitator, and Bill does an excellent job of keeping time. He is opposed to a formalized approach to meetings. Dr. Darlene Weis stated that she prefers the 9:00 start time, but if it is a hardship for others, she would be willing to start later. Dr. Ann Hoffman feels that the start time does not matter; she has felt welcomed and respected as a new member. Dr. Gilmore stated that it is sometimes difficult to indicate what an outcome might be on an agenda. He suggests purpose, either information only, deliberation for action, etc. for a proper frame of reference. Dr. Alan Schwartzstein suggested three possible categories to frame discussion: <i>informational</i>, <i>discussion</i>, and <i>action</i>. <p>Bill Keeton will take the recommendations to the Executive Committee. He reminded Members that they be mindful when it comes to offering up points.</p>			
10:45 – 11:00am	WI-HIPP / Mimi Johnson (15 minutes): <ul style="list-style-type: none"> The themes will be posted by April 1. Feedback from the broad categories will be solicited. 	Mimi Johnson	
<p>Mimi Johnson gave an update on the State Health Plan:</p> <ul style="list-style-type: none"> She reminded members to register for the WI-HIPP e-mail list. They are building collaborations around WI-HIPP and HIP, looking for partnership opportunities to analyze data around populations. The plan is to develop something online/interactive. In preliminary discussions with AARP, Great Lakes Inter-Tribal Council (GLITC) epi center and Center for Urban Population Health (CUPH) in Milwaukee to share data with communities. April 8 steering committee meeting, final meeting sometimes in June. Emerging themes: behavioral health and chronic diseases; and how to incorporate trauma informed care and ACES. Not at a place to know what would be tracked around those issues yet. Upcoming opportunities: collecting feedback on an ongoing basis; interested in ways to share communities' successes and challenges as they try to address priorities. The Priority Teams will be assembled in mid-April: behavioral health and chronic diseases. Send Maria or Mimi an e-mail for interest in being a subject matter expert. Thai would like to be engaged in the chronic disease or mental health group Implementation: one of the PHAB requirements is demonstrating partnerships with communities. Currently identifying statewide partners. 			



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- Annual review of plan: developing dashboards. Ohio was recently accredited and they are releasing new 2015-16 addendum. Would like data leadership group to reconvene at least once per year to review data and discuss trends.
- The PHC can play a role is helping analyze annual review and make recommendations to revisions to any priorities or strategies.
- Annual check-in is a good opportunity to help guide the team into next state health plan.
- Final priorities are in the process of being selected from the themes that are emerging. Priorities will be approved by Secretary's Office after April 8 (probably mid-April). The Steering Committee will identify more narrow measures for each priority area. The Improvement Plan will come out in the summer. One to two core measures will be identified for the core priorities.

Discussion:

- Bill Keeton stated that health disparities were mentioned throughout all the areas as a lens applied to each area. Is that a way to apply that to ACEs? Mimi Johnson stated that there may be a specific measure applied to this or a specific call to action.
- Terry Brandenburg asked about the status of the current objectives in *HW2020*. Mimi stated that they will be revisited and reviewed; the issues being selected need to have alignment with *HW2020*, there will be crossover.
- Tarry Brandenburg asked if it will be too late to have the Health Equity Check-In findings (that will be wrapped up in the summer) integrated into the work of WI-HIPP. Mimi stated that the work will be woven in as this process has worked in concert with the Check-In process.
- Dr. Gilmore stated that in terms of ACEs being part of the planning process, if a root-causes perspective has been a part of deliberations. Mimi stated that there was a great intention to keep SDoH part of the focus and process, because of short timeframe (a few years), not too many upstream issues could be taken to look at these issues.
- Terry Brandenburg stated that as topics are approached, is there any thought of aligning with the [Foundational Public Health Services](#)? There are five (5) services, and chronic disease is one of them. The RWJF is putting a lot of money into this effort; the CDC is buying into this as it is a newer way of looking at public health systems and what it takes to improve public health, as these services are core to any health department. The plan should also be aligned with the priorities of funders, as this is the language they are speaking. Suggests a crosswalk to make sure there is some sort of alignment.
 - ✓ Mimi Johnson stated that the whole process is getting away from "public health-speak," so it may be aligned but not obviously so through language.
- Dr. Alan Schwartzstein suggests that when looking for measures and specific items choose them form within *HW2020* rather than coming up with something new. Finding something in chronic diseases or behavioral health are excellent. Agrees there is a good chance of aligning with funders on issues, especially opioid use. Physical activity resonates with him, and he thinks building an environmentally healthy community more conducive to activity would do a lot to address these issues.
- Bob Leischow stated that ACEs and trauma-informed care is more of a common thread in behavioral health and chronic diseases. Does it make sense to have it as a stand-alone area? It is a point of conversation in every priority area.
- Joan Theurer stated that Marathon County is in the process of selecting health priorities. There has been a lot of conversation around social and emotional development of children. ACEs underlie so many other issues and, in general, quality of life, and likes that attention is being called to it. They too are struggling with what to call it. Comfortable with saying that we need to build infrastructure and further study the impact of this and how to make people aware. There is a lot occurring at the state level across multiple departments. We have a chance to lead a coordinated effort.
- Dr. Gary Gilmore stated that is important to look at what empirical data are telling us. There is quite a bit of information available on ACEs: [the CDC](#) is a great starting point, as well as Dr. Bill Foege's editorial (*Adverse childhood experiences: A public health perspective* [editorial], 14 Am J Prev Med 354-



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355(1998)]. The evidence being asked for within ACEs is there if we are looking for metrics. Requests additional information on topics of concern to make sure we are a fully and reasonably informed as possible.

Bill Keeton will forward the concerns heard today. If there are any other thoughts, please send an e-mail or call him.

11:00 – 11:15am	Committee Updates	Committee Chairs	
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Committee Updates:

State Health Plan Committee:

- Sandra Mahkorn stated that the SHP meeting notes were enclosed with the agenda packet.

Public Health Policy and Public Engagement Committee:

- Dr. Alan Schwartzstein stated that the Vaccination resolution was distributed. The CLAS Standards Resolution is next, and he recommends that penultimate paragraph be deleted (to be discussed during Council Business).
- Dr. Schwartzstein asked for more participation. Both Dr. Darlene Weis and Bill Keeton are now part of this committee.

11:15 – 11:50am	Council Business: <ul style="list-style-type: none"> • February 5, 2016 Minutes • 2015 Council Highlights document • CLAS Resolution 	Bill Keeton	
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February 5 minutes:

- Dr. Gary Gilmore moved to accept minutes
- Dr. Darlene Weis seconded.

2015 Council Highlights Document (Annual Report):
 Today's goal is to have the Council review and make amendments.
 Motion to approve the 2015 Council Highlights document and send forward:

- Dr. Gary Gilmore move to approve.
- Dr. Darlene Weis seconded.

Discussion:

- Dr. Gilmore asked members to consider requesting an in-person meeting with Governor and Secretary and anybody else who comes to mind.
- Bill Keeton asked that the distribution and delivery also be considered.
- Distribution suggestions:



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- ✓ All Local and Tribal Health Departments; WALHDAB and WPHA; the Wisconsin Medical Society.
- ✓ Other advocacy groups beyond WALHDAB and WPHA; the Wisconsin Counties Association.
- ✓ SCOADA and other Governor-appointed Councils in DHS; the DHS website.
- ✓ UW & MCW endowment programs
- ✓ Organizations and individuals in the state health plan, and new stakeholders.

Member vote on 2015 Council Highlights document:

- Unanimous vote in support as presented.

CLAS Resolution:

- Dr. Alan Schwartzstein recommended a change to the penultimate paragraph: *“Whereas that the Wisconsin Public Health Council understands and appreciates that implementing the CLAS standards will reduce healthcare disparities, therefore”*
- Today’s meeting date will be added to the document.

Motion to approve the CLAS Resolution:

- Thai Vue moved to approve the amended CLAS Resolution.
- Eric Krawczyk seconded.
- The motion passed.

11:50am – NOON	Next steps <i>Reminder to complete and hand in meeting feedback form</i>	Bill Keeton	http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=18203m85
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Notes: The meeting is accessible for those with mobility impairments. Individuals needing special accommodations to attend or participate in the meeting should notify Maria M. Flores 608.266.3716 or Cindy Virnig (608.264.7734) prior to the meeting.