

Public Health Council

Executive Committee

Thursday October 23, 2014
1 West Wilson, Room 250-D
9:00 – 11:00a.m.

Executive Committee: Bill Keeton, Faye Dodge, Dr. Gary Gilmore
Div. of Public Health Staff: Kim Whitmore, María M. Flores

Bill Keeton called the meeting to order at 9:08a.m.

September 19, 2014 Executive Committee

There were no correction to the September 19, 2014 Executive Committee Minutes.

- *Approval of minutes deferred to the next Executive Committee meeting on November 21, 2014*

August 2013 Council Decision Making Guidelines

Bill Keeton stated that he believes the Section 4 – “Six Questions to Ask” are the right questions to ask.

DISCUSSION:

Dr. Gary Gilmore stated that when this document was pulled together, Council membership was different than now. These items are intended to:

- Keep the Council on track strategically. The mission and charge of the Council are exemplified throughout the material.
- There are also criteria to be followed by DPH staff, unless called upon to weigh in more formally.
- The intent of this document is to keep alignment with the mission and charge and to keep the Council consistent.

Kim Whitmore stated that this can be made available to Council members with a one page summary of the charge and the six (6) questions in a sheet protector for their binders. It can also be included as a placeholder slide for meetings.

Bill Keeton recommended putting the “Six Questions” on a poster-size document that is hung in the room. Regarding the strategic priorities – these questions will provide an opportunity to pull together the Council to help them develop these priorities. This might be a good exercise for the Council.

Dr. Gary Gilmore stated that in his two years as chair, they did establish a process that led to a meeting in January 2013. (WPHC Overall Strategic Rankings 2013Final.doc). It should be shared with the full Council the process and the output from the process and go through a similar procedure with the Council. The January 2013 group came up with the rankings and the full Council deliberated.

- It was a discussion on behalf of the Council regarding health issues and infrastructure issues in alignment with *HW2020*.

- This group came up with elements that they discussed in each of those two categories; rated and prioritized them and brought them back to the Council.
- The top three were health issues: Healthy Birth Outcomes; AODA / binge drinking; and obesity in school settings. Within each issue area a rationale was developed.

Kim Whitmore stated that Kris Freundlich started a strategic planning process with the Council. Perhaps Kim could help out with a strategic planning process.

Dr. Gary Gilmore stated that he thinks a strategic plan is needed. He would encourage Council members to go back to the preparation of the all-day January 2013 meeting. Each person came with the issues and rationale for each area. They brought clear, defined rationales for health and infrastructure areas. He would want whatever approach will be used to include that process. He requests objectivity that comes from data and experience. He stated that the [Delphi Method](#) uses a similar approach to the one used in the January 2013 meeting.

Bill Keeton asked how does the Executive Committee ensure the makeup of the new Council has buy-in and ownership of those issues and how does it integrate into what the Council is doing, without replicating previous experience and work? This process may not need to be a full-day in-service in Madison. Current Council members could look at the 2013 priorities, and as they get ready for 2015, ask themselves if this is still what they want to focus on; however, they should not blindly adopt the previous work.

Kim Whitmore asked if we can get a survey created we could perhaps send out six (6) priorities and suggest revisions or suggest new ones. This would save time at the next meeting.

Bill Keeton asked if Council members are given only six (6) priorities, are we pigeonholing them into choosing these six? How do we get people into thinking a little larger?

Dr. Gary Gilmore stated that the issues discussed in the January 2013 meeting were broader and deeper than in *HW2020*; a number of steps went into planning the deliberation with a strong emphasis on rationale. Make sure the whole Council is aware of the six (6) priorities and aware of the process that went into the planning.

Bill Keeton stated he would be surprised if there are radically different issues that are raised this time around.

Dr. Gary Gilmore stated that the Council needs time with this. They are very action-oriented and want to move ahead, and the Executive Committee needs to be sure that they are not moving ahead of the Council, even though it means a bit of a time lag. The Executive Committee needs to slow down a bit – not do something in advance of a Council meeting.

Bill Keeton would it make sense as we share information for the next Council meeting to share this document and other documents and ask them to review prior to the next Council meeting? Council members would be asked to share questions with staff and Executive Committee prior to the next meeting.

Dr. Gary Gilmore stated that the Executive Committee should build awareness, clarification, engagement and involvement about this. The Executive Committee should ensure a sense of

importance and urgency. The Council should have a clear sense of what this is all about. The second phase after the awareness phase is to ask questions. Then implementation, which includes awareness and engagement. The Executive Committee needs to collectively review the process

Kim Whitmore stated that based on comments from Council members – there is a need to balance the foundation. There are people in this group that want to get things done, but we are now going into the third meeting of this iteration of the Council, and there are many new members who want action. The Council cannot take a year to figure this out. One of the next steps identified at the last meeting was for the Executive Committee to develop a proposal for their charge, meeting structure, etc.

Bill Keeton stated that if there was some resolution put forward with the document to adopt the six issues at the next Council meeting, there could be debates, and then action. There are some other things that Council wanted action on, like committee structure. We cannot be paralyzed by analysis.

He suggested taking the 2013 document and make a committee structure that reflects the document to present to Council:

- The document;
- A document with suggestion for structure for review and adoption for a framework for moving forward;
- Facilitating discussion on six (6) areas to honor what was done in the past while giving this Council ownership.

Kim Whitmore stated that values were identified and the purpose was clarified at the last meeting. This can be put in a document that would go to whole Council.

Dr. Gary Gilmore stated that the document could be used to inform and give as an example as how the Executive Committee would move forward.

Follow-up

Kim Whitmore stated that meeting dates and locations need to be chosen.

The next full Council meeting:

- **Friday, December 5** – 9:00am-noon, face-to-face or virtual, with a lunch social afterward for those able to attend in person.
- The main focus of the meeting will be reviewing the Executive Committee proposal.

Dr. Gary Gilmore stated that this 3-hour meeting does heighten the priority of strategic efforts. People will realize this is not one step, but several steps rolled into one.

Bill Keeton stated that this three-hour meeting reflects the goal of having tighter meetings. How to structure agenda:

- Strategic priorities
- Committee structure

Committees

Kim Whitmore stated that her initial proposal for committee structure was to look at the two main prongs of Council: to give input on review of the State Health Plan, and an external advisory role as champions, liaisons, etc. There may be a need for two inward and outward facing core committees to generate up with ideas.

Bill Keeton stated that with regard to committee structure:

- The Executive Committee received good advice from Karen McKeown that the Emergency Preparedness Committee maybe needs to stay in place, but perhaps change its look;
- SHPQI (State Health Plan Quality Improvement Committee) – this is close to what Council members are still interested in as it relates to the state health plan, but less close to QI as it relates to whole documents. It is more of a review and advisory committee. Can this committee come together and develop some good guidelines for making *HW2020* more digestible?
- Perhaps a public health policy and public health engagement committee, as it relates to anything that happens within the Legislature or Department that has any type of relevancy to the state health plan. To see what is being addressed or not addressed.

Dr. Gary Gilmore stated that we need to carefully ask ourselves what are the purposes for committee structures. He wants to make sure emergency preparedness is properly addressed. There are three domains to emergency preparedness: DPH, hospital and homeland security. The Council used to receive reports related to these three areas. .

Kim Whitmore stated that there are currently these committees : Executive Committee, Nominations Committee, SHPQI, and the Emergency Preparedness Committee. Are there any other necessary committees?

Dr. Gary Gilmore stated that these committees will provide an opportunity for many, if not all, Council members to be engaged. We also need to have the discussion about inviting non-Council members to these committees. The Council is not fully represented by all public health sectors. Carefully selected non-Council members can provide different vantage points.

The Rules of Order provide for this:

Section 1.06: Committees.

(1) The Council may by resolution establish such committees as may be necessary and shall determine the size, membership and functions of such committees consistent with these procedures. Such committees may include members of the Council or other citizens.

Bill Keeton will draft the committee document.

Kim Whitmore will get an ad-hoc committee to gather related to this and establish evaluation criteria for the Mid-course Review. Reminder that the Council is advisory but not authoritative. People should not be hurt if their advice is vetoed up the chain.

Bill Keeton asked if Kim could provide him with what resources are dedicated and at what level for the Mid-course Review and to *HW2020*. He would like an answer to the following question – what infrastructure barriers are in place in the Department that make the process more difficult to complete.

Kim Whitmore suggested that Bill send a letter of request to Karen McKeown about what resources are available; she can respond at the broader level.

NEXT STEPS:

- Kim Whitmore will follow up on future meeting dates, perhaps a query for the first Friday of every other month? There is a conflict with members who are Health Officers on the second Friday of each month (WALHDAB meeting).
- Dr. Gary Gilmore stated that the meetings should be open to an array of representatives. . As an example, we do want health department staff representation when feasible.
- Kim Whitmore stated that the Executive Committee is interested in creating a resolution to create widespread dissolution of the *HW2020 Baseline/Disparities Report*. Does the Council still need this resolution, and can someone draft this to raise awareness of this document?
 - Bill Keeton will draft key three or four glaring disparities, and send this to the Executive Committee for consideration at the next Executive Committee meeting.

The next Executive Committee Meeting is Friday November 21, from 9:00 – 11:00am.

Unanimous motion to adjourn