

# Wisconsin Public Health Council Agenda

August 3, 2012, 10:00 a.m. – Noon

Via LIVE-MEETING Distance Technology

Originated from State Office Building, 1 W. Wilson Street, Room 372, Madison, Wisconsin

*Charge: "To advise the department, the Governor, the Legislature, and the public on progress in implementing the Department of Health Services public health plan, and coordination of responses to public health emergencies....The Council intends to be an action-oriented group."*

## OPEN MEETING NOTICE

Time	Agenda Item	Purpose	Lead
9:30 - 10:00	Check in via Live Meeting (optional time to check connections)		DHS IT Staff
10:00 - 10:10	Welcome and Administration <ul style="list-style-type: none"><li>Approval of June 1, 2012 Council meeting minutes</li><li>Evaluation Results</li></ul>	Action	Dr. Mary Jo Baisch State staff
10:10 -10:20	Open Forum		Open
10:20 – 10:35	Division of Public Health Administrator Update		Ms. Karen McKeown
10:35 -10:45	Legislative Update		Mr. Kevin Moore
10:45 – 10::55	Wisconsin Public Health Improvement Initiative Update		Ms. Patricia Guhleman
10:55 – 11:35	State Health Plan Quality Improvement Committee <ul style="list-style-type: none"><li>HW 2020 “Partnership Letter”</li><li>Letter on Nutrition, Physical Activity, Obesity State Plan</li></ul>	Action	Ms. Terri Kramolis
11:35 - 11:40	Emergency Preparedness Committee		Mr. Kevin Wymore
11:40-11:55	Wisconsin Public Health Association Public Health Council Study Committee Update		To Be Determined
11:55- Noon	Announcements/Complete Evaluation		All
Noon	Adjournment		Dr. Mary Jo Baisch

**Next meeting: October 5, 2012 at the Wisconsin Medical Society, 330 E. Lakeside Street, Madison**

- **Contact person:** Kevin Wymore, Division of Public Health, Office of Policy and Practice Alignment, (608) 267-9188. The public may attend the meeting at the above time and place. This location is accessible for people with mobility impairments. If you need special accommodations, please notify the contact person.

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### Public Health Council: Making A Difference Since 2004:

- **Participated in the All-Wisconsin Alcohol Risk Education (AWARE) Coalition**, originated by UW Health, to undertake legislative policy change in 2009 on drunken driving issues in the state Legislature. In its letter of support to AWARE, the Council emphasized health promotion, prevention, screening and treatment in addition to the AWARE focus on drunken driving enforcement. As a supporting entity, the Council became one of approximately 50 organizations that joined the coalition, which successfully sought changes to the state's drunken driving laws. The Council's action supports the state health plan *Healthiest Wisconsin 2010* health priority "alcohol and other substance use and addiction."
- **Approved a resolution in 2009 to raise the state's beer tax**, which was presented to a legislative hearing on the issue in October. The state currently levies a tax of less than a penny per regular bottle of beer. A bill to raise the beer tax would have provided funding earmarked for law enforcement grants and alcohol and drug abuse and treatment and prevention programs.
- **Provided a letter of support in 2009 for public health provisions in national health systems reform legislation** to members of the Wisconsin delegation in Congress. In particular, the letter advocated for: increasing funding for public health departments; strengthening workforce incentives; facilitating vaccination of children; and improving birth outcomes through visiting nurse programs. Comprehensive bills have passed in both the House of Representatives and the Senate.
- **Provided expert guidance to the Healthiest Wisconsin 2020 (State Health Plan) planning process.** The 2020 plan, mandated by state statute, will set public health priorities for the period from 2010 to 2020. It is expected to be written by early 2010.
- **Endorsed a multi-part resolution to support certain legislative public health issues in the 2007-09 state biennial budget.** The action took place in response to a special Council meeting on the Legislature's biennial budget. The resolution, which the Council conveyed to the Legislature and others, included these positions:
  1. **Medicaid-related fiscal issues:** The Public Health Council supported Governor Doyle's provisions related to the Health Care Quality Fund;
  2. **Tobacco control initiatives:** The Public Health Council reiterated its support for previous Council resolutions to increase the sales tax on cigarettes by \$1.25 per pack; to direct revenue generated by such a price increase to support a comprehensive tobacco control effort; and that such a comprehensive tobacco control effort should meet minimum funding standards of \$30 million per year established by the U.S. Centers for Disease Control and Prevention.
  3. **Program administration reorganization for the Women, Infants and Children (WIC) nutrition program:** The Public Health Council supported creation of a new Department of Children and Families, but supported a state administrative structure in which WIC remains in the Department of Health Services.
- **Endorsed a resolution to support provision of funding for statewide emergency preparedness activities.** The resolution proposed action to provide state matching funds in connection with the Pandemic and All Hazards Preparedness Act of the 109<sup>th</sup> Congress. This federal law requires state matching of Public Health Preparedness funds, beginning in federal fiscal 2009. The Public Health Council urgently requested that matching funds, 5 percent of federal preparedness funding in federal fiscal year 2009 and 10 percent in subsequent years, be included in the next state biennial budget.
- **Approved a report from the Ad Hoc Finance Subcommittee that met through much of 2007. The report was conveyed to DHS Secretary Kevin Hayden in 2008.** The report describes current levels of governmental public health funding in Wisconsin and emphasizes the low level of state investment, compared with most other states. It cites a recent national study in which Wisconsin ranked 47th among states in state investment for public health, at slightly more than \$34 million in 2004-2005.