

Public Health Council

STATE OF WISCONSIN

MINUTES OF THE MEETING OF JUNE 10, 2005

Council Members Present: Ayaz Samadani (Chair); John Bartkowski (Vice-Chair); Gary Gilmore (Secretary); Bevan Baker; Jayne Bielecki; Catherine Frey; Stephen Hargarten; Terri Kramolis; Charles LaRoque; Corazon Loteyro; Douglas Nelson; Kurt Reed; Thai Vue; JoAnn Weidmann; Julie Willems Van Dijk; Jeanan Yasiri

Council Members Absent: Sandy Anderson (Vice-Chair); José Avila; Christopher Fischer; Loren Leshan; June Munro; Richard Perry; Elizabeth Raduege

Division of Public Health Staff: Herb Bostrom, Interim Administrator; Susan Wood, Director, Bureau of Health Information and Policy; Pat Guhleman; Stacia Jankowski; Margaret Schmelzer; Dennis Tomczyk; Steve Marshall

Guests: Sue Kauferman, Wood County Health Department; Patrick Remington, UW Medical School, Department of Population Health Sciences; Matthew Stanford, Wisconsin Hospital Association

Call to Order

At 10:15 a.m., Dr. Ayaz Samadani called the meeting to order.

Open Forum

Dr. Patrick Remington provided an overview of a new issue brief from the University of Wisconsin Population Health Institute that examines the health of Wisconsin compared to other Midwestern states. When the rate of change is examined, the rate of progress for Wisconsin is lagging behind other Midwestern states. This is particularly apparent when examining the infant mortality rate and tobacco use. When all risk factors are accounted for, African Americans continue to have a higher infant mortality rate.

Dr. Samadani asked what those states with higher proportions of African Americans are doing that Wisconsin is not doing to reduce infant mortality. Dr. Remington reported that another issue brief is forthcoming addressing this very issue, and that those states are primarily using standard services, just in a more efficient way.

Thai Vue asked about the issue of disparities related to health. Dr. Remington reported that this will be addressed in a second phase of this research.

Review of Minutes from the April 8, 2005, and April 29, 2005, Meetings

The minutes were reviewed independently and a motion was made and seconded for each set of meeting minutes. Both were approved with no opposition.

Announcing New State Health Officer

Herb Bostrom provided a letter from Secretary Helene Nelson announcing and introducing the new Division of Public Health Administrator and State Health Officer, Dr. Sheri Johnson. He provided an overview of her background and said she would begin this new role on July 11, 2005. He will make arrangements for Dr. Johnson to meet with both the Council and the Executive Committee.

Public Health Council Governance Structure

Susan Wood provided a copy of a diagram describing the Public Health Council governance structure and high-level roles.

Finalize Operating Documents

Public Health Council Charter

The wording addressing the location of meetings was changed to a broader statement about meeting at other locations throughout the state. The statement now reads, “Meetings will be held in Madison and other locations throughout the state to meet the needs of Council members and the citizens of Wisconsin.”

Julie Willems Van Dijk made a motion to approve the charter with the change mentioned above. Dr. Gary Gilmore seconded the motion. A voice vote was taken and the charter was adopted with no opposition.

Rules of Order and Procedure

A change was made in 1.04(5)(c) to remove the word “inefficiencies.” The discussion was that since the Council was not able to provide a definition for this term, the language should not remain.

Emergency Preparedness Committee Charter

Dr. Kurt Reed proposed that this charter not be ratified at this meeting. The Emergency Preparedness Committee has only met once and has not had adequate time to review the charter.

Dr. Stephen Hargarten requested that the Emergency Preparedness Committee consider including specific language in its charter referring to the State Trauma and Advisory Committee (STAC). Dr. Hargarten specifically suggested that it be included in item 4 of the assignments list. He said that the Emergency Preparedness Committee should contain a strong physician leadership presence and participation.

Dr. Gilmore reminded the Council that he has been involved in submitting a Health Resources and Services Administration (HRSA) grant proposal and requested that if the proposal is successful, a member from the HRSA proposal core group be appointed to the Emergency Preparedness Committee.

State Health Plan Committee Charter

Dr. Remington requested that a member from the University of Wisconsin be appointed to the State Health Plan Committee. Dr. Hargarten requested that a member of the Medical College of Wisconsin also be added.

Ms. Willems Van Dijk suggested that this charter also not be ratified at this time. She suggested that the charter be brought to the next State Health Plan Committee meeting for discussion, including membership and representation gaps. There was no opposition from the Council.

Executive Committee Charter

A motion to approve the Executive Committee charter was made by Dr. Gilmore and seconded by Jeanan Yasiri. A voice vote was taken, and the charter was unanimously adopted by the Council.

Report on the Status of the Budget

Mr. Bostrom provided three handouts to the Council addressing: 1) issues in the budget that directly affect public health, 2) the health information aspects of the Governor’s proposed budget, and 3) family planning system budget impacts. Mr. Bostrom reported that funding for the Division of Public Health is approximately 18 percent General Program Revenue (GPR), and more than 80 percent grants and other funds.

A few items Mr. Bostrom highlighted included:

- The Joint Finance Committee has recommended that the Family Foundations Home Visiting Program be eliminated. The Division currently has a grant for a similar effort for an area in Milwaukee, but this would have been more encompassing.
- Local health departments will be given the first option to run family planning programs.
- The Governor’s proposal for a new Health Care Quality and Safety Board was cut.
- The Joint Finance Committee recommended that the Health Insurance Risk Sharing Program (HIRSP) be transferred from the Department to a private organization that is overseen by a board.

In response to a question about budget development timing, Mr. Bostrom said that the process typically begins approximately one year before budget materials must be presented for the Governor’s budget. This is typically in early spring, just over one year from the beginning of the new biennium. The Division will make material available for the Council’s review as soon as it can, but much of this material is not available until the Governor announces his budget.

Doug Nelson raised concern over the requirement for DHFS to provide preference to local health departments or tribal centers instead of supporting the best provider when contracting for family planning services. Bevan Baker shared these concerns, and stressed the limitations that local health departments have, such as the inability to enter schools and provide information to adolescents. Ms. Willems Van Dijk noted that this issue seems to center around assuring flexibility in contracting since there is no reduction in funding for family planning. Mr. Nelson suggested that the Council provide advice to the Governor and the Department, and proposed the following motion, which was seconded by John Bartkowski:

“The Public Health Council strongly advises Secretary Nelson and the Governor to take whatever action is necessary to preserve the Department’s ability to deliver comprehensive Family Planning funding to the best qualified providers as a means to safeguard the public’s health.”

A voice vote was taken, and the motion was adopted with no opposition.

Mr. Baker also said that he was equally concerned about the limits the budget places on the Family Foundations Home Visiting program. A discussion followed about the role of the Council, and its obligation to comment where a decision may have a negative impact on the health of Wisconsin citizens. Mr. Baker made the following motion, which was seconded by Ms. Willems Van Dijk:

“The Public Health Council strongly advises Secretary Nelson and the Governor to take whatever action is necessary to preserve the Family Foundations Home Visiting Program as a means to safeguard the public’s health.”

A voice vote was taken, and the motion was adopted with no opposition.

For both of these motions, the Council charged staff with providing the “whereas” clauses to support the motion.

Committee Business

Emergency Preparedness Committee

Dr. Reed reported that they had not held a meeting since the last time the Council met, but the Committee’s next meeting was scheduled for June 14, 2005.

State Health Plan Committee

JoAnn Weidmann reported that the State Health Plan Committee held its first meeting and explained the discussion about the role of this committee. At its next meeting, the Committee will be given presentations on the status of three of the state health plan priorities that were listed in the charter. One

question that has been raised is how to measure the transformation of the public health system. Ms. Weidmann reported that the Committee has asked for direction in terms of the deliverables expected from the Committee in preparation for the Council's October status report. Ms. Wood responded that the law requires an annual report, but it does not have to be submitted in October. She suggested that this issue be addressed at the next Council meeting.

Ms. Willems Van Dijk asked how the actions of the Council are forwarded. Ms. Wood responded that for the tobacco resolution a press release was prepared and sent to the Secretary of the Department of Health and Family Services and Legislature, with Dr. Samadani identified as the Council contact. This same process will be used for the two resolutions developed at this meeting.

Methamphetamine Report

Ms. Wood reported that there are three agencies within the Department that address the problems with methamphetamine use and manufacturing in Wisconsin: the Division of Disability and Elder Services, which provides training throughout the state; the Division of Children and Family Services, which is responsible for children in homes where methamphetamine is made (often referred to as "drug-endangered children"), and the Division of Public Health, which is involved in clean-up of these labs.

Ms. Wood reported that Senate Bill 78 was signed into law and restricts the sale of pseudoephedrine, a key ingredient in the production of methamphetamine in clandestine labs, by classifying it as a schedule V substance.

Dr. Gilmore asked for more information regarding methamphetamine from a lifestyle and health promotion perspective. Ms. Willems Van Dijk also reminded the group that this is an area that overlaps with emergency preparedness, and recommended that the Council address this in a broader way to be better prepared to address these issues. Dr. Hargarten asked that a methamphetamine presentation be provided that incorporates classic public health information (e.g., How did we find out about this drug and its use? Did we lose time by not implementing similar legislation a year ago?).

Information Technology Governance Structure

Ms. Wood provided an overview of the management of information technology support for the Division of Public Health. She provided a graphical representation of inputs into the Public Health Information Network (PHIN), and noted that she sees the Council will play an important role within this structure. Ms. Wood stated that the goal of PHIN is to create an interoperable, multi-organizational system for health information to better integrate public health data and provide an infrastructure for analysis and communication. The vision is to make this system interoperable for public health information, but also to connect to clinical care data to improve the quality of care. Ms. Wood reported that currently PHIN is funded through preparedness funding streams, which cover significant development costs.

Homeland Security Council

Major General Al Wilkening provided an overview of the structure and role of the Wisconsin Homeland Security Council, which was created in March 2003. The Council is a small group of members that were hand-picked by the Governor and are responsible for interacting and collaborating with other organizations to make this a very efficient group. He reported on the preparedness activities that have been occurring around the state. Available on the Homeland Security Web site (<http://homelandsecurity.wi.gov/>) is the "Report on Homeland Security in the State of Wisconsin," which was published in September 2004 and will be reissued this year.

Asked how the Public Health Council fits with the Homeland Security Council, Major General Wilkening requested that the Council provide input and feedback to the Homeland Security Council, and continue to obtain the knowledge and training needed to be responsive to emerging issues.

Announcements

No announcements were made.

Agenda Items for Next Meeting

- Introduction of Wisconsin's new Health Officer, Dr. Sheri Johnson
- Methamphetamine as a public health problem
- Infant mortality – Dr. Patrick Remington
- Pandemic influenza planning
- Follow-up discussion to General Wilkening's Homeland Security Council presentation
- Committee reports

Adjournment

Dr. Samadani adjourned the meeting at 1:58 p.m.

Recorded by Stacia Jankowski
Bureau of Health Information and Policy

Gary D. Gilmore, MPH, Ph.D., Secretary

Date