

# Public Health Council

STATE OF WISCONSIN

## MINUTES OF THE MEETING OF APRIL 13, 2007

DEPARTMENT OF HEALTH AND FAMILY SERVICES, 1 W. WILSON ST, ROOM 751, MADISON, WI 53701

**Council Members Present:** Ayaz Samadani (Chair); Gary Gilmore (Vice-Chair); Catherine Frey (Secretary); Sandy Anderson (by teleconference); Bevan Baker; John Bartkowski; Jayne Bielecki (by teleconference); Bridget Clementi; Steve Kirkhorn; Terri Kramolis; Loren Leshan; Corazon Loteyro; Douglas Nelson; Richard Perry; JoAnn Weidmann; Julie Willems Van Dijk; Jeanan Yasiri

**Council Members Absent:** Christopher Fischer, June Munro; Thai Vue

**Division of Public Health Staff:** Sheri Johnson, Division Administrator; Patricia Guhleman; Jane Conner; Kevin Wymore; Kathy Jones; Margaret Schmelzer; Jeff Davis

**Guests:** Kristine Freundlich, DHFS Office of Strategic Finance; Carol Graham; Sheri Siemers; Matthew Stanford

### Call to Order

Dr. Ayaz Samadani called the meeting to order at about 10:30 a.m. and introduced Council members present and those attending by teleconference. Bridget Clementi, appointed to the Council by Governor Jim Doyle in February 2007, provided introductory background information about herself. Dr. Samadani also read a statement from Dr. Charles LaRocque announcing Dr. LaRocque's resignation from the Council.

### Public Health Council Meeting With Governor Jim Doyle

Dr. Samadani summarized the Council's meeting with Governor Doyle, which occurred at the Governor's Office prior to today's Council meeting. At their meeting with the Governor, Dr. Samadani presented him with the Council's 2006 annual report, and also gave him the recent Council resolution supporting the Governor's package of tobacco control initiatives in the Legislature. Council members highlighted the need for more public health financing and the need for the tobacco legislation. The Governor thanked the group for its support in 2006 for Medicaid certification of dental hygienists.

### Approval of Minutes

Ms. Julie Willems Van Dijk moved to approve the minutes for the February 9, 2007 meeting. Ms. JoAnn Weidmann seconded the motion, which passed with the following change to the passage on the State Health Plan Committee report: "The Public Health Council should focus on transformation, data and finance. The report also recommended forming a subcommittee on finance."

### Evaluations of the Prior Meeting

Kevin Wymore announced that no analysis of prior evaluations had been done. Few evaluations had been returned in recent meetings, so Mr. Wymore indicated that completion of evaluations will be an in-meeting agenda item later in the afternoon.

## **Equitable, Adequate and Stable Financing for Public Health**

Division of Public Health Administrator Dr. Sheri Johnson provided an overview of public health financing in Wisconsin. Highlights of the presentation include:

### **What is known:**

- In the most recent fiscal year, the DPH "all funds" budget equaled \$157 million, from these sources: federal, 73 percent; program revenue, 8 percent; and state general purpose revenue, 19 percent.
- Wisconsin ranks 46<sup>th</sup> in public health funding nationally.
- Wisconsin has a stellar public health plan.
- The Wisconsin public health plan identifies five infrastructure priorities critical to supporting the public health system, including the need for sufficient and stable financing.
- Starting in 2009, the federal government will require state match for some federal public health funding.
- Local health department representatives state that departments are worn out from all they try to do with limited staff. They are unable to do more things because of funding limitations.
- There are some quality improvement efforts that could help to streamline and avoid duplications; however, those efforts would not be sufficient to address the funding shortage.
- DPH has procured 107 external grants worth \$171.8 million; it is the top external grant-getter within the Department of Health and Family Services.

### **Needs:**

- Wisconsin needs a common definition of "public health." It needs to concisely answer the question, "What would the difference be if public health were better funded in Wisconsin?"
- The Wisconsin public needs to understand the significance of public health.
- Wisconsin's political leadership needs to understand the value and significance to the public's health and well-being of having a strong and effective public health system.
- Wisconsin needs a comprehensive approach, rather than a categorical approach, to public health.

### **Questions:**

- What is the value to society of a highly functioning public health system with positive prevention outcomes, such as to the insurance industry or to health care costs?
- How should "adequate" public health funding be defined? For example, should it be defined as full funding for the five infrastructure priorities?
- What should the core functions look like? What are/should be the core standards for those functions? What is the relation between per capita funding and either public health spending or outcomes?
- How do other states fund public health? Consider Minnesota.
- At the local health department level:
  - What has been the reason for the erosion of funds locally?
  - What is not working well?

### **Possible options for increasing funding for public health:**

- Refinancing tobacco settlement dollars (additional \$50 million / year)

### **Possible resources to address the funding resource problem:**

- University of Wisconsin System
- Wisconsin Academy of Sciences, Arts and Letters
- Blue Cross/Blue Shield public health endowments at the state's two medical schools
- Medical systems/insurance systems that would benefit from a strong public health system

### **Challenges and Good News**

- Only \$79 per capita is devoted to public health in Wisconsin, compared with health care costs of about \$7,500 per person per year
- The state is assessed as the 10th healthiest state overall
- However, the state ranks worst in African American infant mortality and in binge drinking

### **Quality improvement / reducing duplication:**

- Consolidations of health departments in close proximity
- Convert vital records from paper-based to electronic system

After Dr. Johnson's presentation, a wide-ranging discussion of public health financing, the causes of the current funding shortfall, and potential solutions ensued. Some discussion of "systems level" solutions took place. Doug Nelson said the Council should assess other states' better-funded systems, and try to emulate them. Dr. Johnson said one key job of the financing committee is to assess these variations in spending. Bevan Baker said the public health community needs to learn to fight in the political arena to get more money. Cathy Frey said she would like the Council to differentiate between state funding and dollars for local health departments. She said she wanted to know how Wisconsin health departments fare compared to their peers in other states. Julie Willems Van Dijk said most local health departments work in a "minimalist mode," because they don't have the staff to take on more. Ms. Frey wondered if there is a disincentive for health departments to take on more work.

Others discussed the issue of efficiency and the ability of health departments to achieve outcomes. For example, one pointed out that about a dozen health departments exist within Milwaukee County. Jeanan Yasiri noted that more money might be procured from corporations and private entities, but more accountability for outcomes likewise will be expected with those dollars.

To help flesh out answers to the financing issues, a five-person subcommittee on finance was named: Julie Willems Van Dijk (chair), Cathy Frey, Bevan Baker, Doug Nelson and Carol Graham. The Council passed a motion to create this public health finance ad hoc committee to identify key action items and form objectives from the above discussion.

### **State Health Plan Committee report**

Richard Perry gave a brief report on the Committee's recent work. Mr. Perry said they are working on the next set of State Health Plan priorities. As it became apparent that monthly meetings would be necessary to fulfill the Committee's charge, it will be returning to a monthly meeting schedule.

### **Emergency Preparedness Committee report**

Bevan Baker gave an update on the activities of the Emergency Preparedness Committee, which met March 13 in Wisconsin Dells. He said a "very robust" number of Committee members attended, providing good feedback on pandemic influenza, for example. One major issue that emerged: sustainability of preparedness funding. To that end, the Committee approved a resolution that Mr. Baker presented to the Council for its endorsement.

He said the federal Pandemic and All Hazards Preparedness Act will require each state to provide non-federal monetary contributions in order to claim federal funds for preparedness. The change takes effect in federal fiscal 2009. In the first year of the change, states will need to provide a 5 percent match. In the second year, states will need to furnish a 10 percent contribution.

Mr. Baker said the resolution for the state to provide the matching funds, and subsequent enactment of an

equivalent measure by the Legislature, was needed now to secure about \$11 million in matching dollars in the upcoming state biennium (2007-2009). A motion to endorse the resolution was made by Mr. Baker and seconded by John Bartkowski; the motion passed. (See enclosed resolution.)

### **HPV Vaccination Update**

Dr. Jeff Davis of DPH provided an overview of the genital human papillomavirus (HPV) issue. The Food and Drug Administration (FDA) licensed the first vaccine developed to prevent cervical cancer and other diseases in females caused by certain types of genital human papillomavirus (HPV). The vaccine, Gardasil, protects against four HPV types (6, 11, 16, 18), which are responsible for 70% of cervical cancers and 90% of genital warts. On June 29, 2006, the national Advisory Committee on Immunization Practices voted to recommend use of this vaccine in females, ranging in age from 9-26 years. The Committee recommends that girls receive the vaccine beginning at age 11. The vaccine is considered 100 percent effective against cervical pre-cancers. Dr. Davis said he supports the vaccine regimen, and answered questions about the issue. The Council asked Dr. Davis to provide an update on the issue at the next meeting.

### **Evaluations**

Forms to evaluate the meeting were distributed to members.

### **Announcements**

Dr. Steven Kirkhorn stated that the Wisconsin Academy of Sciences, Arts and Letters will be holding a meeting in Madison. He said the topic of a "Marshall Plan for Wisconsin" will be discussed. He asked staff to send the Web site address to the Council members.

### **Next Meeting: June 8, 2007**

Suggestions for the next agenda included:

- Legislative Liaison to speak on emerging issues
- Sustainable funding for public health (to be studied over the course of the next year)
- Continued discussion on HPV vaccination issue

### **Adjournment**

Dr. Samadani adjourned the meeting about 2:10 p.m.

Prepared by Kevin Wymore and Jane Conner  
Bureau of Health Information and Policy

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Catherine Frey, Secretary

Date