Call to Order
Dr. Ayaz Samadani called the meeting to order at 10:06 a.m., and introduced Council members present and those attending by teleconference.

Introductions
He introduced three new members: Susan Garcia Franz, John Meurer, MD and Lynn Sheets, MD. JoAnn Weidmann will be leaving the Public Health Council this December.

Minutes
The minutes of the October 12, 2007 meeting were approved as written.

Open Forum
No external items were brought before the Council.

Council Administration
Evaluations: Pat Guhleman advised the Council that evaluation results for the last meeting were satisfactory, but participation on the phone was considered substandard. An upgrade of evaluations is being considered. Secondly, an annual member questionnaire will be administered once again. Kris Freundlich is administering it. Pat Guhleman also spoke about meal reimbursement policy.

Regarding officer nominations for 2008 officer elections, Kevin Wymore went over the nominations process for officer elections. Elections will occur at the annual meeting in February.
**Disparity in Health Outcomes Presentation**

David Kindig, MD., PhD. was introduced. He presented to the Council about a year and a half ago, when he laid out the framework of the "Making Wisconsin the Healthiest State" project. Bridget Booske, PhD. is staff to the project. She did the overview of the PowerPoint. The presentation included an introduction, how the Health of Wisconsin report card measures disparities, and next steps for the project. The data for the report were "self-reported unhealthy days" from the Behavioral Risk Factor Survey.

The presenters noted that the public may not understand the term “health disparities.” Other nations use the term “health inequities.”

In the issue of how to grade health disparities in Wisconsin, it was noted that men and college graduates get an A, all others get less than A. To improve the disparities, society will need to go into the details of each ethnic and gender sub-group. The final grade for health disparities is an average of the four life-stage health disparity grades.

On the issue of what will it take to eliminate health disparities in Wisconsin, Kindig and Booske indicated that improvements by eliminating health disparities by race, geography and, especially, education, would help make Wisconsin the healthiest state. (Minnesota grades out as the healthiest state, and Mississippi as the worst.)

Kindig said that society might move these grades by influencing 18 categories that are major risk factors. In sum, the greatest potential gain would be through investments in education, but Kindig said there needs to be a "balanced portfolio" on each of them. The project's research will show which is cost effective. Council member John Meurer noted that the state-by-state rankings appear to show that poor rural states, such as Mississippi, rank at the bottom. He noted that such rural states typically spend less on health care and education.

**State Health Plan Committee**

Margaret Schmelzer presented the Committee report to the Council. She said the Committee will put its information in the Council's annual report for 2007, which is in draft form.

**Financing Draft Report**

Julie Willems Van Dijk said the report culminates six months of work. She said she wants the Council to approve the report today, because they want to incorporate its findings into the next biennial budget if possible. She acknowledged members of the ad hoc Finance Committee, and University of Wisconsin School of Medicine and Public Health fellow, Traci Brockman, who was the primary author of the report.

The chair said the Committee struggled with tough issues. She said the group wants to focus on governmental public health system funding. She noted that Wisconsin has failing outcomes in a number of areas, such as alcohol and obesity. She said the state has a good State Health Plan, but it’s not being implemented because of funding.

Willems Van Dijk said the chief recommendation of the report would generate $33 million a year in new public health funds. This would bring equity in public health funding from the state roughly into line with federal funding and with local property tax funding.
For example, state GPR spending on public health is $34.4 million per year. She said funds should be added not just to add money for public health, but to achieve results. She noted “This might not be enough money… This isn’t going to solve everything for everybody.”

For example, and by comparison, she said the Centers for Disease Control and Prevention recommends that Wisconsin spend $30 million to implement a comprehensive tobacco program.

Council member Bevan Baker said the Council and public health partners should "go for the jugular" in search of new funding.

After further discussion, the Council approved a resolution to approve the report's four recommendations (also approving an amendment that recommends that the Legislature "explore taxes on alcohol and sugar-sweetened beverages" as sources of public health financing):
1. Generate $33 million a year in new public health funds;
2. Split the funding between state and local governments (40% to state, 60% to local health departments);
3. Focus on health disparities, alcohol abuse and obesity;
4. Finance the increase with a 10-cent-per-pack increase in the tobacco tax.

The Council, following more discussion, approved the recommendations and will present the report to DHFS Secretary Hayden.

**Legislative Update**
Andrew Forsaith, DHFS budget staff, distributed a document that included the highlights of public health funding. He noted that the budget bill has been enacted into law. Public health provisions in the completed act include:
- An increase of $1 per pack on the cigarette tax. Overall, the increase will put $410.9 million more money into the general fund over the biennium;
- An increase in tobacco control grants from $10 million to $15 million GPR per year;
- An increase in vital records copy fees to pay the cost of automating the state vital records system;
- An increase of $3 million per year in general purpose revenue for 16 community health centers statewide beginning in fiscal 2009.

**Emergency Preparedness Committee**
Committee chair, Bevan Baker, said the Committee is scheduled to meet December 11 in Wisconsin Dells.

Baker said that one of the Committee's priority tasks is to make firm indicators on special populations. He said the group wants universal indicators.

Baker said the Committee size has shrunk to 12 to 13 people, plus DHFS staff. The Committee seems to have fatigued, he said. He also said the 2008 calendar is tentatively set for four meetings, to be held just before the Council meetings.
Announcements
A conference on the prevention of child abuse will be April 7-8 in Baraboo. Also, Steven Kirkhorn said a report on the Future of Farming has been released.

Adjournment
The meeting adjourned shortly after 2 p.m.