

Public Health Council

STATE OF WISCONSIN

MINUTES OF THE MEETING OF AUGUST 8, 2008

WISCONSIN MEDICAL SOCIETY, 330 E. LAKESIDE ST., MADISON, WI

Council Members Present: Ayaz Samadani (Chair); Dr. Gary Gilmore (Vice-Chair); Catherine Frey (Secretary); Bevan Baker; Bridget Clementi; Susan Garcia Franz; Terri Kramolis; Dr. John Meurer; Corazon Loteyro; Douglas Nelson; Lynn Sheets; Thai Vue; and Julie Willems Van Dijk

Council Members Absent: John Bartkowski and Steve Kirkhorn

Division of Public Health (DPH) Staff: Deputy DPH Administrator Tom Sieger; Jane Conner; Patricia Guhleman; Judith Nugent; Kevin Wymore; and Margaret Schmelzer

Guests: Kristine Freundlich, DHS; Reghan Walsh, DPH; Susan Uttech, DPH; Ed Rabotski, DHS; Steve Hargarten, Gary Hollander (member, State Health Plan Committee)

Call to Order

Council Chair Dr. Ayaz Samadani convened the meeting at 10:08 a.m.

Minutes

The Council reviewed the minutes of the June meeting. The Council then made a correction on the motion to add three Council members to the Strategic Leadership Team. This version of the minutes passed. Addressing the April minutes, Terri Kramolis then introduced a prepared motion, which was then seconded, to amend the April 11 Council meeting minutes. That motion passed.

Open Forum

Reghan Walsh of the DPH childhood lead poisoning prevention program presented a report and shared a brochure, "The Legacy of Lead," during the Open Forum. The documents detail the prevalence of childhood lead poisoning and efforts to remediate aging housing stock, which is the leading causal factor. Despite publicity about lead-based paint in toys, no Wisconsin children have been impaired due to that cause, Walsh said. More than 40,000 children have been found to be lead poisoned in the state since 1996, Walsh said, and lead poisoning still affects more than 2,000 children each year. The report will be placed on the Council's website.

Executive Committee Report

Dr. Samadani introduced as a new standing feature of Council meetings, the Executive Committee report. First, he briefed the group on how the Executive Committee develops the Council agenda, and how Council members may influence that process. The Executive Committee meets bi-monthly, about a month in advance of each Council meeting. Second, he raised questions about the appropriate length of time for Council meetings, which had been discussed at previous meetings. The Council decided to make no change to its regular meeting time and length. If circumstances dictate a longer meeting, however, Dr. Gilmore suggested that the Council start meetings a half hour earlier than 10 a.m. to create longer meetings. Third, the chair detailed efforts to increase Council membership. The Governor's office is working on new appointments. There are 15 members currently appointed for the 23 Council seats.

Administration

Staff provided the Council's meeting evaluation results from the previous meeting on June 13. Two members filled out the June 13 meeting evaluations, giving the meeting a 4.0 overall score. The Council directed that meeting evaluation forms be passed out earlier in the meeting to facilitate complete responses.

State Health Plan Committee/Healthiest Wisconsin 2020 State Health Plan Update

The Council heard the State Health Plan Committee report from Committee co-chair Dr. John Meurer. He mentioned that the Healthiest Wisconsin 2020 effort's Strategic Leadership Team met June 25. He presented information that detailed the progress of other components of the 2020 planning efforts, such as progress on the infrastructure priorities, and the Bridging Systems workgroup. The latter group will develop strategies to link public health and health care systems

The Council also received an overview on the high-risk sexual behavior priority from Dr. Gary Hollander. He offered a PowerPoint presentation that detailed the extent to which progress had been made in implementing numerous areas of the high-risk sexual behavior report. The summary of that progress report follows:

Overall Performance for High-Risk Sexual Behavior Health Priority

Issue	Result
1. Teen condom use	No improvement
2. Unintended pregnancy	Unclear baseline
3. Milwaukee teen trends	Improved, but slowly
4. Syphilis	No Improvement
5. Chlamydia	Worsening
6. Gonorrhea	No improvement
7. HIV Incidence	No improvement

Dr. Hollander said the problem stems from a lack of will and a lack of financing to address the problem by those who make policy. Upon hearing Dr. Hollander's

PowerPoint presentation, the Council enacted a motion that supports the Committee's three main sets of policy recommendations.

The Council motion, moved by Doug Nelson, seconded by Dr. Julie Willems Van Dijk, accepted the Committee report's recommendations to:

1. Increase General Purpose Revenue for evidence-based programs for youth and adults to address unintended pregnancy, sexually transmitted infections & HIV at levels more commensurate with the economic and societal cost savings;
2. Increase access to preventive and primary health services in educational, community and clinical settings; and
3. Support system changes to address health disparities experienced by racial/ethnic and sexual minorities.

Second, the Council moved to examine the financial issues that have been raised; and

Third, the Council referred the issue to the Ad Hoc Finance Committee to develop a proposal for the Council.

An amendment to the motion was proposed by Dr. Meurer, and seconded, to consider financial incentives, such as with a Department of Public Instruction escrow approach, or by Medicaid pay-for-performance. Dr. Willems Van Dijk agreed to accept the referral.

Strengthening Public Health Policy-Making

The Council heard a presentation by Dr. Stephen Hargarten and Dr. Meurer about the results of a planning grant with the City of Milwaukee Health Department titled, "Strengthening Public Health Policy-Making for a Healthier Milwaukee." The Medical College of Wisconsin's Healthier Wisconsin Partnership Program funded the project. The report's recommendations include increasing training/education for local public health practitioners, and building partnerships to affect policy change. Bevan Baker spoke positively about the grant as a way to help localities change public health policy.

The presenters stated that implications from the study are that: 1) Local health departments are deeply interested in improving public health policy; 2) Stakeholders can partner to enhance policy-making education and training; and 3) the "Blue Cross/Blue Shield endowment" can be used to fund collaborative initiatives to advance public health.

Definition of Public Health

The Council heard a panel presentation on "What Exactly is Public Health?" led by Dr. Gilmore. The collaborative presentation featured perspectives from a physician (Dr. Samadani); a smaller municipality (Dr. Willems Van Dijk); an urban area (Bevan Baker); and from a state health department (Tom Sieger). The presentation's purpose was to help provide a collective understanding about what the public health system can do.

Dr. Gilmore said he purposely wanted the presentation to be collaborative, and that's why he valued the varied perspectives of the panelists. He asked each panelist to discuss challenges, opportunities and success stories from their perspectives.

His overview definition of public health included two components:

- A shared responsibility for community well-being through ongoing assessment, advocacy, and assurance; and
- The combination of science, practical skills, and values (or beliefs) directed at the maintenance and improvement of the health of all people.

According to Dr. Gilmore's presentation, public health's goals are to: prevent epidemics and the spread of disease; protect against environmental hazards; prevent injuries; promote and encourages healthy behaviors; respond to disasters and assists communities in recovery; and assure the quality and accessibility of health services. His overview included the ten essential public health services, a discussion of the determinants of public health, and the 10 core practices of public health.

Dr. Willems Van Dijk, the health officer of the Marathon County Health Department, focused on the "opportunity" of improving her county's population health with modest resources. She said she only has about 42 full-time equivalent workers, and that total is threatened by financial constraints. Among her department's challenges were:

- Root Causes (a bigger issue than behavior)
- Data (small populations, fewer resources, delays in timing of the data)
- Workforce (fewer people, smaller pools of professional preparation, and public health wage scales are not competitive)
- Financing Difficulties (including 2% tax levy caps and the current economy)

Dr. Willems Van Dijk indicated that her county's successes included the Community Health Improvement Processes; immunization rate increases from 63 percent to 90 percent in six years ending in 2001, and substantial declines in adult smoking rates.

Dr. Samadani, a family medicine practitioner, represented the nexus between public health and health services. He said he sees the two as inter-related and dependent. He sees opportunities in various policy developments, such as tobacco control and vaccination efforts. He sees continuing challenges in dealing with increased demands with limited resources. He particularly sees Wisconsin's advancement as a "smoke-free state" as a success.

Bevan Baker, City of Milwaukee Health Officer, outlined his viewpoint from the state's most populous city. Chief among the City of Milwaukee Health Department's challenges is the budget, Baker indicated, including a decreasing tax levy and more reliance on categorical grants that don't support core services. However, opportunities and successes remain, he stated. For example, he pointed out that the business community has begun to appreciate that the teen pregnancy epidemic in Milwaukee hurts business. He also

pointed to an upswing in Milwaukee Public Schools' immunization rates, from 64 percent in compliance two years ago to 83 percent in the most recently completed school year. In closing, he pointed to successes in public health-related back to school marketing.

Tom Sieger, DPH Deputy Administrator, provided the state Division of Public Health perspective. He enumerated as successes the planning effort for the Healthiest Wisconsin 2010 State Health Plan; electronic disease surveillance projects such as the Wisconsin Immunization Registry; disease prevention and health promotion efforts regarding lead poisoning and tobacco use; and emergency preparedness initiatives. He mentioned financing and workforce deficits as particular challenges. Overall, he noted that public health holds an economic opportunity in the United States, because the cost of health care services is vastly outpacing the rate of economic growth. Thus, the need for disease prevention and health promotion is apparent.

Follow-up/Next Steps

Dr. Samadani indicated there should be follow-up on items such as video-conferencing for meetings, but time constraints did not allow for discussion.

Emergency Preparedness Committee

Committee Chair Bevan Baker provided the Committee's report. The committee met June 3 in the Wisconsin Dells. He identified ongoing concerns with committee attendance. Baker also underscored the need for preparedness funding. "We're not getting answers" about a key funding issue regarding state matching funds for federal preparedness dollars.

Adjournment

The meeting adjourned shortly after 2 p.m.