

# Public Health Council

STATE OF WISCONSIN

## MINUTES OF THE MEETING OF AUGUST 12, 2011

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

**Council Members Present:** Dr. Gary Gilmore (Chair); Dr. Mary Jo Baisch; Mr. Bevan Baker; Ms. Bridget Clementi; Ms. Susan Garcia Franz; Ms. Terri Kramolis; Dr. Corazon Loteyro; Ms. Deborah Miller; Mr. Douglas Nelson; Dr. A. Charles Post; Dr. Ayaz Samadani; Ms. Gretchen Sampson; Dr. James Sanders and Mr. Thai Vue.

**Council Members Absent:** Ms. Faye Dodge; Dr. John Meurer; and Mr. Mark Villalpando.

**Division of Public Health (DPH) Staff:** Ms. Patricia Guhleman; Ms. Margaret Schmelzer; and Mr. Kevin Wymore.

**Guests:** Ms. Kitty Rhoades, Ms. Kris Freundlich; and Mr. Ed Rabotski.

### Call to Order

The Council meeting was convened shortly after 10 a.m. by the Chair, Dr. Gary Gilmore. The meeting originated from the Wisconsin Medical Society building, 330 E. Lakeside Street, Madison.

### Minutes

The Council approved the Council meeting minutes of the June, 2011 meeting without corrections. Council member Bridget Clementi moved approval, and Ms. Terri Kramolis seconded.

### Evaluation

The Council reviewed the meeting evaluation results from the June 10, 2011 meeting. The overall evaluation score averaged 3.75 on a 4.0 scale. There were eight total respondents, and three offered additional comments. Qualitative comments included continued positive marks regarding the legislative briefing. DHS Deputy Secretary Kitty Rhoades said such briefings could be done on a continuing basis.

### **Council Membership Issues**

The Council heard an update about Council membership issues. The main issue before the Council is the status of Public Health Council members whose terms expired in July, 2011. In addition to the two vacancies created by resignations of a consumer member and a health department/board member, there are six members whose terms expired in July, and who have indicated they wish to continue to serve.

Since the last meeting, Amy Bremel and John Bartkowski have tendered their resignations, which results in five vacant Council seats. Dr. Gilmore requested that members whose terms expired in July submit their applications through Governor Walker's Internet site and also provide a copy of their application to the PHC mailbox by the end of August. It was noted that the current vacancies allow for a broader representation of members, for example representatives of businesses and other types of health entities.

### **Nominations Committee**

Dr. Gilmore expressed his appreciation to Doug Nelson and Thai Vue for their participation on the Council Nomination Committee in 2010. Staff will be sending a request for volunteers to serve on the nomination committee for the next election. Those interested in taking part should notify Kevin Wymore via e-mail, with a copy to Dr. Gilmore.

### **Open Forum**

This Forum is a standing item on the Council's agenda that includes time for anyone from the public to appear before the Council. Bobby Peterson, attorney from ABC for Health, addressed three issues: monitoring the Blue Cross/Blue Shield conversion funds; DHS support for grants; and infant mortality/child support in Wisconsin. Mr. Peterson raised questions regarding the Department's support for competitive grants applications. He noted that there were transparency issues with the Blue Cross/Blue Shield endowments for public health, and that much work remains to be done in infant mortality.

### **Updates**

During the "Updates" portion of the agenda, which in part answered concerns in the Open Forum, Deputy Secretary Rhoades addressed several current issues, including potential impact of the anticipated federal budget; selected issues of funding and eligibility related to long-term care programs funded by the federal Centers for Medicare and Medicaid Services (CMS), and Medicaid; and DHS support for public health grants. She described an online forum where comments can be provided to the Secretary's Office; she also identified a number of federal grant applications submitted by the Department.

On the subject of financial ramifications affecting long-term care, Ms. Rhoades said the Department is closely watching the group of 12 members of Congress in the "super-committee" charged with making federal deficit changes. She said the Department will communicate those federal budgetary changes as they happen.

### **Partnership Fund Update**

Chair Dr. Gary Gilmore provided a two-paragraph update of the Council's continuing deliberations related to the \$630.4 million Blue Cross/Blue Shield asset conversion programs for public health. He said he expects an ad hoc committee of the Council's Executive Committee to present recommendations at the October Council meeting.

Recusing themselves due to conflict of interest issues were: Mr. Bevan Baker; and Dr. James Sanders and Ms. Patricia Guhleman.

### **HW 2020 Implementation Plan Update**

The Council heard Ms. Margaret Schmelzer and Ms. Guhleman provide a short update of *Healthiest Wisconsin 2020*, the Wisconsin Public Health Quality Improvement Initiative, and the ad hoc State Health Plan and Quality Improvement Committee. The latter body is charged with making recommendations to the Council by December.

### **Strategic Direction**

The Council discussed the need to prioritize and identify a smaller number of specific actions in line with the June, 2010 description of the Council strategic direction.

### **Emergency Preparedness Committee**

The Council heard an Emergency Preparedness Committee report from Mr. Bevan Baker. He stated that the August 10 meeting was cancelled; he expressed concern about the level of interest and the resources in preparedness. The September Executive Committee was asked to consider issues and options for this committee.

**National Prevention Strategy** The Council heard Susan Uttech, DPH Bureau Director, provide an overview of the National Prevention Strategy, which is a component of the Patient Protection and Affordable Care Act. This legislation is the national health systems reform legislation passed by Congress last year. The National Prevention Strategy encompasses numerous public health strategies and interventions. Among its provisions, the act: sets goals and objectives for improving health through federally supported prevention, health promotion, and public health programs; establishes measurable actions and timelines to carry out the strategy; and recommends improvements to federal prevention, health promotion, public health and integrative health care practices.

The Patient Protection and Affordable Care Act strategies include: state grants to improve public health; coverage for preventive benefits; nutrition labeling requirements in chain restaurants; and insurance wellness programs. Uttech indicated that the legislation's overall goal is to shift the nation from a focus on sickness and disease to one based on prevention and wellness.

### **Adjournment**

Dr. Gilmore adjourned the meeting shortly after 2 p.m.

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**Mary Jo Baisch, Secretary**

**Date**