

# Public Health Council

Friday April 11, 2014  
1 West Wilson Street, Madison, WI 53703  
9:00a.m. – 2:00p.m.

## Members Present:

Dr. Mary Jo Baisch, *Chair*, Mr. Bevan Baker; Ms. Faye Dodge; Ms. Susan Garcia Franz; Dr. Gary Gilmore; Mr. William Keeton; Ms. Terri Kramolis; Dr. Ayaz Samadani; Mr. Mark Villalpando; Mr. Michael Wallace

## Excused:

## Absent:

Ms. Bridget Clementi; Ms. Deborah Miller; Ms. Gretchen Sampson; Mr. James Sanders

## Division of Public Health Staff:

Evelyn Cruz, Minority Health Officer  
María M. Flores, Program & Policy Analyst, Minority Health Program  
Karen McKeown, Administrator and State Health Officer  
Kim Whitmore, Office of Policy & Practice Alignment, Policy Section Chief

## Guests:

Linda Hale – DHS DPH, Family Health Section Chief  
Lauren Lamers – UW Population Health Fellow, Menominee Tribal Clinic in Keshena and the Shawano/Menominee County Health Department, Faye Dodge, Preceptor  
Patrice Onheiber – DHS DPH Equity in Birth Outcomes  
Alex Ignatowski – DHS Legislative Advisor  
Tom Haupt – DHS DPH, Influenza Coordinator  
Jennifer Ullsvik - DHS DPH, Emergency Health Care & Preparedness Section Chief

## ACRONYMS & WEBSITES

CoIIN	<a href="#"><u>Collaborative Improvement &amp; Innovation Network to Reduce Infant Mortality</u></a>
HW2020	<a href="#"><u>Healthiest Wisconsin 2020 / State Health Plan</u></a>
PHC	<a href="#"><u>Public Health Council</u></a>
WMHLC	<a href="#"><u>Minority Health Leadership Council</u></a>
WALHDAB	<a href="#"><u>Wisconsin Association of Local Health Departments and Boards</u></a>

## WELCOME, INTRODUCTIONS AND CONVENING OF THE MEETING

- Kim Whitmore’s arrival was announced at the last meeting (more information about Kim Whitmore after the lunch break)
- Gary Gilmore heard from Dr. Jim Sanders and agreed with a leave of absence from the Council. He is a Fulbright in Zambia. He has completed his tour of duty as a Fulbright; he will return from Zambia in August.
  - **Gary Gilmore moved to receive him back to the Council**
  - Ayaz Samadani seconded his return to the Council. There were no dissensions.

\*\*\*\*\*

## STRATEGIC PLANNING DIALOGUE

*Kris Freundlich & Mary Jo Baisch*

Discussion on the two questions on the questionnaire:

### 1. What would success look like in fulfilling our Public Health Council Charge?

- Any policy recommendations we make should be grounded in substance, not reaction.
- Diverse people from different public health sectors.
- Our success comes from multiple sectors that intersect with public health; we need more diversity.
- More action oriented, looking at strategies rather than the tactics.
- We have heard presentations, and we need to have more of a presence—we have this information, so what are we going to do about it? What actions are we going to take?
- In championing the State Health Plan, we need to be grounded in Public Health Science. It is a 10-year document. What can we do, that 10 years from now, the recommendations we make will still hold up?
- Do we have a plan on how to access the people who have not had health insurance and who now have health insurance? To get to them on how to get and stay healthy. We have a way to now work with providers. How can we get public health strategies out there that work?
- What can this body do that helps to advance . . . (fill in the blank – healthy birth outcomes, physical activity, etc.)
- The Council needs to have a discussion – what can we do to forward evidence-based ideas?
- How can the Council be an effective advisor? There needs to be an audience for the information we have. We do not have policy-makers in attendance at these meetings, and we should.
- What other front lines do we have that are craving next steps – like public health departments? Schools, transportation needs, other systems. We need to distill these voices into next steps. We can make recommendations and show the empirical evidence.
- The Council has put out information and has not seen policy shift. When you can’t get it at the higher levels, take policies to the lower levels, connect to the communities.
- Why isn’t someone in a full time role to disseminate *HW2020*?
- We have an ongoing need to disseminate information. We have a lot of old information that we can just update.
- Death statistics—nobody is even looking at it.

- The State Health Plan is a tool for partners – not for us.
- Do we need to align with WALDHAB and WPHA so that we are not duplicating efforts?
- Three processes, input, dissemination of the Council, and output. Many of the good ideas that are coming up will align with these processes. How we go about in our deliberations strategically?
- We need to put things in a “parking lot” so we can address some of these issues.
- Provide tools for local folks; at the micro and macro levels.
- Should there be a subcommittee on this? Formalizing expectations. It may be an opportunity to bring in non-Council members.
- The local stories will be what sell this.

## **2. How can PHC meetings operate more efficiently and effectively?**

- This is a deliberative body, and there needs to be a plan for discussion.
- Are there key questions that we are not focusing on?  
The Council needs to align with key groups, such as Minority Health Leadership Council, Wisconsin Public Health Association, WALHDAB, Population Health and other State Councils.
- We need to know about reports put out by various entities like the Population Health Institute, figure out the PHC roles; and align with our partners.

### *Agenda Packets:*

- We must have background materials; but what is the purpose, and what is missing? Sometimes the purpose of the materials is not clear in and of itself. What is important, and why are we sent a particular document? What is the agenda item the document relates to?
- Agenda needs to be laid out in a way that attachments are clear and ready.
- The Agenda Packets are very large files that are sent over e-mail. This is an old-fashioned and burdensome way to communicate. The Council has the opportunity to have a collaborative secure website where members can download the agenda packets, have team discussions, post their own documents, and quickly reference links pertinent to the Council’s work. The Council members indicated interest in this, and staff will work on getting this up and running. There is a slight learning curve, but the site is fairly intuitive. This will be demonstrated at a later meeting.

### *Meeting Times:*

- Are the meetings meeting the Council’s Mission and charge? Are they effective?
- What about meeting frequency? Perhaps Council meetings could mirror the WI Minority Health Leadership Council in terms of frequency (quarterly) and location (being held in different parts of the state). Does the Council really need six meetings/year?
- Webcast meetings: they are neither effective nor productive; we are in our offices and other priorities come up. In-person meetings need to be prioritized.
- The funding streams for these meetings are diminishing. We need to think creatively and strategically about these meetings.
- Kim Whitmore asked the Council to consider if there is a need for a longer meeting, perhaps over two days. It would allow the Council to use time together

more efficiently. We need to look at creative ways to be the most effective – let's pilot various models of meeting.

- After presentations, the Council can come up with a Policy Agenda – and build this up over time. Have something on record of stuff that is discussed.

*Other Thoughts:*

- An urgent priority is Council membership. We should have ad-hoc members for this Council in addition to full members. Mary Jo Baisch misses the very large Public Health Advisory Committee.
- Composition of the Council is very important and there are dwindling numbers, the pool needs to increase.

Kris will digest the discussion into a logical summary for Council members.

\*\*\*\*\*

**HEALTH EQUITY COMMUNITY INPUT UPDATE**

*Evelyn Cruz, Minority Health Officer*

Overview of where the Minority Health Program is with the focus groups. There are several constraints, such as being asked to slow down the process. Currently, the Minority Health Program grantees will start the process. Discussion ensued, and it was suggested that the groups ask the question, what is health? Articulate public health to people who don't understand it.

**HEALTHY BIRTH OUTCOMES INITIATIVES**

*Linda Hale, Section Chief, Family Health*

*Patrice Onheiber, Director, Equity in Birth Outcomes*

Spoke on the Region V Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality. Multiple organizations across the country are partnering around this initiative; CDC and HRSA have committed staff to work on this. There were several indications that Wisconsin was going poorly between 2005-2007; however, Wisconsin moved up a bit with a lower infant mortality rate – 3 year average.

**BACKGROUND:**

- Wisconsin has the highest disparity rate of all of Region V
- African-American infants comprise 10% of Wisconsin births but 24% of infants deaths
- The WI Department of Health Services has made it a department-wide goal to reduce infant mortality

**Key Activities and Region V Strategy areas:**

- [Reduction in Early Elective Deliveries](#), not just African American women. Toolkit available, community grants, regional forums, WI Hospital Association looking at policies
- [Safe Sleep Practices](#)
- Enhancement of Preconception Health and Interconception Care
- [Social Determinants of Health](#)

\*\*\*\*\*

Council reconvened after lunch at 12:15p.m.

## ADMINISTRATION

1. **Approval of February Minutes.** Bill Keeton moved, Susan Garcia Franz seconded. The February minutes were approved unanimously.
2. **Evaluation Form.** Kris Freundlich and Mary Jo Baisch will look to revise this form. They will also look at the PHC decision making guidelines and rules of order.
3. **Membership Reappointment/Vacancy issues.**
  - a. Kevin Wymore retired, and the Council will send a letter to Kevin thanking him for his time.
  - b. Kim Whitmore was introduced as Section Chief of the Policy Section of the Office of Policy and Practice Alignment (OPPA). It is a newly created position. She is the former Health Officer for Cudahy (a Level 3 Health Department), an Assistant Professor at Concordia Nursing Program, a Board of Health member, taught Community Health Nursing clinicals, led Nursing studies in Belize for 5 years, and was a Pediatric Nurse Case Manager for the Visiting Nurses Association. She is willing to listen to any recommendations from Council members:  
[Kimberly.Whitmore@wisconsin.gov](mailto:Kimberly.Whitmore@wisconsin.gov) or 608.266.1348
4. **Annual Report to the Governor.** Mary Jo Baisch moved to approve submitting the 2013 report to Governor Walker as written with attachments that Terri Kramolis suggested. Michael Wallace seconded. It was approved unanimously
5. **Annual report *presentation* to the Governor.** Should we present it again? In 2012 it was presented to Kevin Moore and Kitty Rhodes, with a copy on the correspondence the health committees in the legislature. Then it is placed on the Council website. Mary Jo Baisch encouraged Council members to share this report with community connections each member has. It also may be a good idea for the Council to make a list of constituencies.

\*\*\*\*\*

## DIVISION OF PUBLIC HEALTH UPDATES

*Karen McKeown, Division Administrator and State Health Officer*

### Vacancies:

- Positions were posted for the Deputy Administrator (to serve as COO and as the lead for Accreditation) and Office of Policy & Practice Alignment (OPPA) Director
- Support for local Health Department accreditation will remain in OPPA
- Accreditation is on pause until the Strategic Plan for the Division can be developed. The DPH Strategic Plan includes: Assure strong business practices; Promote informed decision making; Strengthen key partnerships; Assume leadership role as State Health Department. There also needs to be an internal and external communications plan, and a data management plan developed.

The next Council meeting she will make a formal presentation on the Strategic Plan. There is no separate Health Equity Plan – it will be woven throughout the Strategic Plan.

\*\*\*\*\*

**EMERGENCY PREPAREDNESS REPORT**

*Jenny Ullsvik, Section Chief, Emergency Health Care & Preparedness*

- July begins the 3<sup>rd</sup> year of a 5-year cooperative agreement for hospital preparedness.
- There are no cuts or increases with local health departments
- There is a 39% cut to Hospital Preparedness
- \$15-17M change for entire Preparedness fund.

*Tom Haupt, Influenza Coordinator*

- It is the middle of grant time
- Mumps cases: SE Wisconsin and Madison area; and Ohio State University. Majority of cases have been fully vaccinated. There may be a possible reevaluation of the MMR vaccine. People are at risk if they can't prove it specifically, whether by antibodies or vaccine records.
- Cannot commit to a certain date of the end of the flu season.
- As flu goes down, other respiratory viruses go up, such as Human Metapneumovirus, an up-and-coming virus. It can be fatal for at-risk people. There is a 15% positivity rate in Wisconsin. Symptoms include coughing, wheezing, mild symptoms, and fever for days on end.

\*\*\*\*\*

**LEGISLATIVE UPDATE**

*Alex Ignatowski, DHS Legislative Advisor*

*Karen McKeown, Division Administrator and State Health Officer*

Alex Ignatowski stated that the session is over and there is nothing much currently happening related to Public Health. Over the summer, the Legislature has committee work. If there are any topics that come up, he can come back to a Council meeting.

The only relevant Public Health legislation is the "HOPE" (*Heroin Opiate Prevention and Education*) legislation—pieces of legislation around substance abuse by Rep. John Nygren recently signed by the Governor; Rep. Nygren included program expertise from DHS:

<a href="#">AB445</a>	<a href="#">2013 WISCONSIN ACT 199</a> Relating to: identification presentation and monitoring for certain prescription drugs.
<a href="#">AB 446</a>	<a href="#">2013 WISCONSIN ACT 200</a> Relating to: training and agreements for administering the drug naloxone, requiring emergency medical technicians to carry naloxone, and immunity for certain individuals who administer naloxone.
<a href="#">AB447</a>	<a href="#">2013 WISCONSIN ACT 194</a> Relating to: granting immunity from certain criminal prosecutions for offenses relating to a controlled substance or a controlled substance analog.
<a href="#">AB448</a>	Relating to: programs for the disposal of drugs, including controlled substances, and

	certain medical or drug-related items, and the regulation of prescription drugs.
<a href="#">AB668</a>	<a href="#">2013 WISCONSIN ACT 197</a> Relating to: providing grants to counties that offer substance abuse treatment and diversion from incarceration and making an appropriation.
<a href="#">AB701</a>	<a href="#">2013 WISCONSIN ACT 195</a> Relating to: opioid treatment programs and making an appropriation.
<a href="#">AB702</a>	<a href="#">2013 WISCONSIN ACT 196</a> Relating to: development of a system of short-term sanctions for individuals who violate conditions of extended supervision, parole, probation, or a deferred prosecution agreement and granting rule-making authority.

Karen McKeown stated that the changes to the Well Woman Program are being delayed.

- It currently serves 10,000 women, most eligible for Medicaid.
- Original plan was to work with Health systems.
- They are looking at regional coordination models.

Susan Garcia-Franz is saying that since the communications went out about the Well Woman Program, she has had to do dual work to rebuild information about the program to partners.

\*\*\*\*\*

**ENVIRONMENTAL PREPAREDNESS**

*Chuck Warzecha, Director, Bureau of Environmental and Occupational Health  
Henry Nehls-Lowe and Jeff Philips*

Flooding incidents preparedness:

- Flooding potential in WI – moderate snow with little flooding, Southern 2/3 of state
- Greatest concern is the Wisconsin River at Portage, danger if there is a 100-year rain event or a quick melt-off. Levees are being watched.
- The Bureau pulled together past experiences together to put together:
  - [Wisconsin Flood Toolkit](#) (copies from the link passed out to Council members)
  - [Wisconsin Extreme Heat Toolkit](#)
- There are several other toolkits coming out and under development. Winter Weather Wildfires, Chemical Releases, Power Outages, Evacuations, Vector-Borne Diseases, and Drought. When complete, they will be found at the [DPH Publications website](#).

\*\*\*\*\*

- The next face-to-face meetings will take place at:  
Wisconsin Medical Society  
330 E. Lakeside Street  
Madison, WI 53715
- The Council decided a 9:00a.m. start time is still appropriate.
- Terri Kramolis made a motion to adjourn. Bill Keeton seconded, all were in favor.
- The meeting adjourned at 1:55p.m.