

Public Health Council

Friday August 8, 2014
Wisconsin Medical Society
330 E. Lakeside Street, Madison, WI 53715
9:00a.m. – 2:00p.m.

[Click here to watch this webcast](#)

Council Members Present:

Mr. Terry Bradenburg; Ms. Bridget Clementi; Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel; Mr. William Keeton; Mr. Bob Lieschow; Dr. Sandra Mahkorn; Dr. Tina Mason (online); Dr. Jim Sanders (online); Ms. Stephanie Schultz; Mr. Jay Shrader; Ms. Joan Theuer; Mr. Mark Villalpando (online); Mr. Thai Vue; Mr. Michael Wallace; Dr. Darlene Weis

Council Members Excused:

Ms. Faye Dodge; Dr. Alan Schwartzstein

Division of Public Health (DPH) Staff:

María M. Flores	Program & Policy Analyst, Minority Health Program
Tasha Jenkins	Director, Office of Policy and Practice Alignment
Karen McKeown	Division Administrator and State Health Officer
Hester Simons	UW Population Health Fellow, Minority Health Program
Natalie Somerson	Student Intern, Office of Policy and Practice Alignment
Kim Whitmore	Policy Section Chief, Office of Policy & Practice Alignment

Other Department of Health Services (DHS) Staff:

Mr. Joe Cordova	Public Health Emergency Preparedness Program Manager
Ms. Kristine Freundlich	Strategic Planning Consultant / Facilitator, Bureau of Enterprise Services
Mr. Alex Ignatowski	Legislative Advisor, Office of the Secretary
Ms. Jenny Ullsvik	Section Chief, Emergency Health Care and Preparedness Section

ACRONYM GUIDE & LINKS

ASTHO	<u>Association of State and Territorial Health Officials</u>
CLAS	<u>Culturally and Linguistically Appropriate Services in Health and Health Care</u>
DHS	<u>Wisconsin Department of Health Services</u>
DPH	<u>Wisconsin Division of Public Health</u>
HW2020	<u>Healthiest Wisconsin 2020 / State Health Plan</u>
PHC	<u>Public Health Council</u>
WALHDAB	<u>Wisconsin Association of Local Health Departments and Boards</u>
WMHLC	<u>Minority Health Leadership Council</u>
WPHA	<u>Wisconsin Public Health Association</u>

Karen McKeown called the meeting to order.

- Kim Whitmore was introduced as the staff lead to the Council.

Icebreaker: Council members introduced themselves, stated why they wanted to be part of the Council, and named their favorite book or movie.

ORIENTATION

Kim Whitmore and Karen McKeown went through the slideshow presentation for the Council.

COUNCIL BUSINESS

Temporary Leadership

- The Council has no Chair.
- The Council still has a past Chair, Gary Gilmore, and Secretary, Faye Dodge

Karen McKeown proposed that Bill Keeton serve as chair for remainder of 2014; after that, the Council can think about the voting for a Chair at the February meeting.

- Jay Shrader made a motion to nominate Bill Keeton;
 - Gary Gilmore and Joan Theurer seconded.
- None opposed.
- Bill Keeton will serve as Council Chair until February

Leadership Planning:

Kris Freundlich stated that one of the roles of the Chair is to nominate people to the Nominations Committee, but perhaps people could bring forth their names if they are interested in serving. Those on the Nominations Committee (3 people) cannot be an officer in the next year.

Committee meetings consist of a few conference calls.

New Nominations Committee appointees:

- Bridget Clementi
- Sandra Mahkorn
- Stephanie Schultz
- Thai Vue

Joan Theurer asked about member's whose terms expired immediately after being named to the Council, or whose terms expired last year. Kim Whitmore stated that they are still full members until they get replaced. The Division is waiting for communication from Governor's office

Approval of April 2014 Minutes

Edits: Gary Gilmore asked for a change of Mr. Samadani to Dr. Samadani on page 1.

Dale Hippensteel made a motion to approve the minutes with the correction. Bridget Clementi seconded the motion.

All were in favor.

Meeting Frequency Discussion

- Gary Gilmore suggested that the Council meet no less than 6 times per year.
- Jay Shrader felt it was too early for the new members to decide.
- Kim Whitmore stated that at the April meeting there a few options were discussed, like longer face to face meetings
- Bill Keeton stated that there were also discussions about the meetings not always taking place in Madison. Gary Gilmore stated that the reason for meeting in Madison was to get staff updates.
- Jim stated that there were also budgetary considerations – that is why every other meeting would be an online or telephonic meeting (3 per year).
- Darlene Weis stated that she favors one-day meetings unless there needs to be something to be accomplished.
- Bridget Clementi stated that the new Chair can look at scheduling concerns

- Kim Whitmore stated that one or two meetings will be scheduled for the rest of year; in January/February the calendar can be finalized. Staff will work with Bill to suggest meeting dates.

REPORTS TO THE COUNCIL

HW2020 Mid-Course Review & Minority Health Community Sessions

Kim Whitmore

Part of the Mid-Course Review pertains to the baseline disparities report. The Minority Health Program is conducting health equity focus groups with the major ethnic groups and low socio-economic status to help inform the Mid-Course Review. These are being done through the Minority Health Community Grantees:

- CORE/EI Centro (Milwaukee), Racine/Kenosha Community Action Agency, Urban League of Greater Madison, Wausau Area Hmong Mutual Association.

Emergency Preparedness

Jenny Ullsvik, Section Chief, Emergency Health Care and Preparedness Section

Joe Cordova, Public Health Emergency Preparedness Program Manager

Jenny Ullsvik gave an overview of the programs under Emergency Preparedness: they focus more on public health and hospital preparedness. They have a link to the CDC through a CDC Public Health Advisor. They work closely with the Bureau of Occupational and Environmental Health. They have relationships with Wisconsin Emergency Management, the State Patrol, DHHS, Wisconsin Hospital Association, FDA, DEA, Postal Inspectors, FBI, and US Marshals.

They take an all hazards approach, not just biohazards.

Their priorities include: fatality management – hospital; mass care & community recovery; training in incident command; emergency response monitoring system; family assistance training (how to communicate with families); regional exercises; partner communications (example – communicating about Ebola); response communications like floods, monkeypox, H1N1, etc.

Thai Vue asked about communications to limited English proficiency (LEP) populations. Suggested that guidance go to local health departments about effectively working with LEP populations.

The Division sends out communication at a low sixth-grade level, which makes it easier to translate. They work with community organizations that the populations trust. The Division knows that it is not doing as well as it should, but this is being worked on.

Joan Theurer stated that part of the charge on the local level is to know the community. For example, the Marathon County Health Department utilizes the Hmong community's radio station. However, there are counties that have Amish and Mennonite communities that do not use any type of technology.

DHS Legislative Issues

Alex Ignatowski, DHS Legislative Advisor

He gave a quick overview of the Divisions within DHS. His goal is to give an update on what pertains to the Council.

- Nothing much is currently happening legislatively. Elected officials are busy in the campaign season.
- The budget cycle already started. There may be some DHS-related legislation for next session.
- He attended the ASTHO meeting for legislative liaisons.
- He will answer any questions for Council members

He gave an example of legislation from the last session that would mandate pulse oximetry with all newborns. DHS did not agree that it should be in statute, but agreed it was important. It was put into the Administrative Rule Process, and should go to the Screening Advisory Committee.

Jay Shrader asked if there was any connection with the joint legislative arm of the WI Public Health Association (WPHA) and WI Association of Local Health Departments and Boards (WALHDAB)? Alex Ignatowski indicated that many people feel that DHS should advocate, but it is really more a role for the WPHA and WALHDAB. The Department rarely advocates on a position. An example of Departmental "advocacy" would be testimony for informational purposes.

[Click here for the WPHA/WALHDAB 2013-14 Legislative Grid.](#)

Alex stated that Council members can use legis.wisconsin.gov to see legislation. Members should look at the PDF versions to see sponsors, staffers, etc. Members can also utilize the [Wheeler Report](#). It contains the day's press releases, upcoming issues, etc.

Bill Keeton stated that it is important for Council to realize what the role of DHS staff is and what the Council's role is - it is incumbent on the Council to be advocates - it is not appropriate for DHS or DHS staff to advocate.

Gary Gilmore expressed appreciation for Alex and stated that he does an excellent job of clarifying processes and issues.

DPH Update

Karen McKeown

State Health Plan priorities: the Regional Office teams found three clusters of priorities: health care access, mental health, and nutrition.

- Access to care is not just lack of insurance. There is graduate medical education expansion to create new programs in rural areas.
- The Governor's budget contained quite a bit of funding for mental health issues.
- The Speaker's Mental Health Taskforce calls for Medicaid policies, mobile teams, and also ways to combat prescription drug abuse. There is unprecedented interest in this locally and nationally. Wisconsin is getting much attention nationally and the legislation is considered cutting edge.

The DPH priorities identified to ASTHO are: chronic disease, data exchange, infant mortality, preparedness, and innovative care models.

DHS priorities are infant mortality, preparedness, falls reduction and data exchange.

An additional priority is health department accreditation.

STRATEGIC PLANNING

Division of Public Health Strategic Plan

Karen McKeown

The one-year DPH Strategic Plan contains components related to data, workforce development, CLAS accreditation, and communications. It also is taking into consideration minority populations. The goals have timelines, but the strategic plan is rolling. She would like feedback on how to move forward.

Public Health Council Strategic Plan

Strategic Planning Dialogue results – Kris Freundlich reviewed the strategic planning dialogue results for the Council. One item of concern is that the Council has been

asked in the past been asked to weigh in on issues, but doing so may be a violation of Open Meeting laws.

The council should regularly engage in strategic planning conversations.

Things that should go on agenda:

- Strategically planned topics.
- Urgent issues.
- What do people need for face to face meetings? What do they need to receive in advance? How do they need to receive it?

Active participation is important, as is the flow of meetings. Agendas should have "right" questions. Ask ourselves - what is the Council trying to deliberate on?

Jay Shrader asked if a veteran Council member could walk through what a Council meeting should look like, because this orientation meeting seems operational. He would also like to understand role of DPH staff.

Gary Gilmore gave an overview of a typical meeting:

- Standing committees, they are to deliberate Council items.
- Strategic discussions - we need to keep discussions at a strategic level and not on process. These types of deliberations are to make the Council better.
- A few things that have yet to be determined.

Terry Brandenburg stated that the Council is coming into the level that we need to get into a routine and find out how to make policy recommendations. Veteran members can help with this.

Mary Dorn stated that she would like clarification with the member's roles in the Rules of Order and with the roles in the Strategic Plan.

Kim Whitmore stated that the Rules of Order can be changed by the Council. Perhaps they can be examined during a meeting to further define them. The Council needs to deliberate on identity; it could come up with a motto, slogan, marketing.

Kris Freundlich stated that the results document is not the strategic plan; it is simply a tool to inform deliberation of the Council. More than half the Council is new. Who do you want to be?

Karen McKeown stated that in the past, the Council struggled with identity/how to fit. With more than half of the council being new members, some clarification might be brought to the identity of the Council.

Bill Keeton suggested that Council members consider the statutory charge and Rules of Order and decide how they want the Council to function.

Kris Freundlich urged members to consider the statutory charge; perhaps a simple survey can be taken on what is mission of the Council, get feedback, what are members getting from group as a whole, etc.

Karen McKeown suggested that perhaps this could be work for a subcommittee.

Sandra Mahkorn stated a question for the Council could be - what would success look like one year from now?

Mary Dorn always thought that the PHC was like a local health boards.

Kim Whitmore stated that it is important that the staff don't tell the Council what to do. The Council needs to figure out what to do collectively - what will keep members motivated and engaged?

Karen McKeown stated that perhaps at the next meeting Kim Whitmore could update the Council about the work on State Health Plan.

Jay Shrader asked how the staff sees the role of the Council in the State Health Plan.

- Kim Whitmore stated that the State Health Plan does not "belong" to the Council - everybody "owns" it. It is really the State's health plan. There is a policy and legislative piece that staff cannot do. We need input on taking it forward.

Karen McKeown asked if the Council should identify 3-5 priorities, and look at who is at the table. How do we bring people to the table that we don't hear from otherwise?

Kris stated that one of the challenges of the Council has always been the statutory charge. The charge is open to interpretation. How do we make it meaningful?

Sandra Mahkorn asked if there should be a motion on priorities? Perhaps state staff could come with criteria.

Kim Whitmore stated that this could take place at the next meeting.

Next steps:

- Identify meeting strategy and purpose. This could take place either in part of a meeting or the Executive Committee meeting.

- Clarification of Council's role. How the Council can be more effective? The Executive Committee could work with the DPH staff to bring something forward.
- Context on where the Council stands with *HW2020*. It would be helpful to hear where the Division currently stands with *HW2020*.
- Bring information forward on the *HW2020* needs.
- Bill Keeton would like to review Mid-course review data. Kim Whitmore will report on plan for Mid-course review.