

# Public Health Council

Friday October 10, 2014  
Wisconsin Medical Society  
330 E. Lakeside Street, Madison, WI 53715  
9:00a.m. – 2:00p.m.

## **Council Members Present:**

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

## **Council Members Excused:**

Ms. Faye Dodge; Dr. James Sanders

## **Division of Public Health (DPH) Staff:**

María M. Flores	Program & Policy Analyst, Minority Health Program
Tasha Jenkins	Director, Office of Policy and Practice Alignment
Kim Whitmore	Policy Section Chief, Office of Policy & Practice Alignment

## **Other Department of Health Services (DHS) Staff:**

Mr. Alex Ignatowski	Legislative Advisor, Office of the Secretary
Ms. Donna Moore	Director, DPH Bureau of Operations

## **ACRONYM GUIDE & LINKS**

<b>ASTHO</b>	<a href="#"><u>Association of State and Territorial Health Officials</u></a>
<b>DHS</b>	<a href="#"><u>Wisconsin Department of Health Services</u></a>
<b>DPH</b>	<a href="#"><u>Wisconsin Division of Public Health</u></a>
<b>HW2020</b>	<a href="#"><u>Healthiest Wisconsin 2020 / State Health Plan</u></a>
<b>PHC</b>	<a href="#"><u>Public Health Council</u></a>
<b>WALHDAB</b>	<a href="#"><u>Wisconsin Association of Local Health Departments and Boards</u></a>

The meeting commenced at 9:00am.

## **OPEN FORUM**

### **REVIEW OF AUGUST 8, 2014 MINUTES:**

Dr. Gary Gilmore stated there was sufficient information in the minutes. One correction:

- Bottom of page 2 – Capitalize Bill

Dr. Gary Gilmore made the motion to approve the minutes.

Dr. Sandra Mahkorn seconded the motion.

*Minutes approved.*

### **FOLLOWUP FROM PREVIOUS MEETING**

Bill Keeton led the discussion on the charge, how to best operate and affect change, and how to provide insight. What did the Council do previously? What should the Council do next? What is the charge, and where does the Council go?

Kim Whitmore stated that there were meeting recommendations in the last Council meeting. The Executive Committee and DPH staff come to the group with a focused charge:

- Internal: helping to support and be the sounding board the process of the state health plan; and
- External: involved in every community across state, working with local partners, being champions of state health plan. Perhaps have subcommittees that would come to the larger group with recommendations.

Dr. Gary Gilmore stated that tactical issues are usually brought forth to the full Council by subcommittees. The word needs to get out to the public because the Council responds to the public, the Governor, and the legislature. For example: an individual came to the Council after they started a fund for community health enhancement, similar to a foundation. The Council deliberated about this and other funding sources and offered input as to where the fund could go as a next step in the review process.

Bill Keeton stated that the Council needed to look at committee structure. Members should be able to walk away with feeling that the Council accomplished something. It will take time and investment from all of us. Do these statements resonate with members and reflect the discussions at the last meeting?

- Kim Whitmore stated there may need to be a reevaluation of committee structure and the Rules of Order. This could be a task of the Executive Committee for their next meeting.

- Thai Vue stated that the Council has a clear vision. One thing he has struggled with is what are the public health issues . . . there may be organizations out there doing things we think are not being done. The Council needs to be a good radar screen to hear and evaluate what is happening rather than working in our own corners. It would help to have something visually to see what the concerns are.
- Dale Hippensteel asked what are the statutory requirements/responsibilities of this body to the Governor. Kim Whitmore stated that the charge is vague. Bill Keeton stated that it is our responsibility to show that our work legitimately jibes with the statute; this will take a lot of time, thought and conversation.
- Mary Dorn stated that she would like a presentation on collective impact and how it relates to public health. Also, for those not from a public health background or organizations, a briefer on what is public health.
- Dr. Tina Mason stated that based on her previous experience - if we don't have a focus, we don't move forward. The Council should pick one or two really poor health outcomes that we see in Wisconsin, and focus on those. Joan Theuer agreed that the Council could make a great impact and move forward with one or two priorities.
- Dr. Gary Gilmore - being strategic is picking priorities and moving forward; there should be two or three priorities. Over a year ago, the Council looked at health issue priorities; Healthy Birth Outcomes rose to the top, but also infrastructure and workforce issues were identified as being important. Karen Timberlake spoke to the Council about collective impact in communities, she should be invited back.
- Bridget Clementi stated that she is invigorated by the opportunity to discuss this. The Council should act in alignment with input from the public. If the Council could identify a smaller number of issues to focus on to in order to see an improvement. Also, being face-to-face in Madison is outdated in light of the technology we have.
- Terry Brandenburg stated that what he has gathered from past reports is that there is a lot of input, but he is not seeing the output. The last time there was something other than an annual report was in 2010. The Council has an opportunity to interject public health into public policy. He would like to see the direction of the Council going this way. Has the Council ever received a request from the Governor or legislature to provide input on an issue?
- Dr. Alan Schwartzstein stated that the statutory charge says nothing about continual learning – the Council needs to put information and products out. Members were chosen to *act*. Although he is primary care doctor, he knows how important public health is, and he believes the future is collaboration between primary care and public health. Recommended the Council members review the ASTHO link to the [Primary Care/Public Health Collaborative](#).
- Tasha Jenkins stated the members should look at what are the pieces that feed into the state of the health of Wisconsin. For example, what is the impact of the policies that exist?

- Dr. Tina Mason stated that one thing we can look into is what we should be doing as advisors. For example - the state is paying emergency departments more money than putting money into primary care. The Council could ask why the state is not supporting extra training or more funding into primary care.
- Dr. Gary Gilmore requested the link to the 2012 IOM report that addresses public health investment and primary care ([\*For the Public's Health: Investing in a Healthier Future\*](#)). The Council could look for avenues of collaboration and support, such as capacity development; we could have insight where the Council makes recommendations for capacity development. The Prevention Institute along with the IOM also has a current paper (September, 2014) regarding the primary care savings reinvested into public health: [\*Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention\*](#).

Bill Keeton stated that there is a line that this Council can go over to advocate because Department employees cannot. The Council could get factual information from the Department on funding to emergency care. Regarding committee structure: he believes that the committees would be charged with looking at that data, receiving a presentation on what the budget is, and making a recommendation.

- Jay Shrader asked how the Council can utilize Division staff most effectively. How can Council members ask what are the biggest issues; can the Council ask staff for their recommendations?
- Kim Whitmore stated that staff are not Council members. Staff provide logistics, some input and coordinate information sharing. Staff cannot advocate or make recommendations.
- Dr. Alan Schwartzstein asked if Kim Whitmore can bring the Council two or three recommendations from the state health plan.
- Mary Dorn stated that local health officials use the plan to a great extent. There are indicators built into the plan. Perhaps Kim could show the Council the data and the strategies, and then the Council can push the strategies forward to advise on policy.
- Kim Whitmore stated that in order for *HW2020* to have a more successful implementation, it needs to be narrowed down. There are 5 years left, and we need a clear focus moving forward.

*Rick Abrams, CEO of WI Medical Society, entered the meeting and was introduced by Dr. Alan Schwartzstein. Mr. Abrams stated that the Medical Society would like to know what the Council priorities are and is looking forward to working more closely with the Council.*

- Terry Brandenburg stated that as the Council members move forwards, the Council needs to earn credibility and be known to the Legislature. There is great expertise in the Division of Public Health. Council members need to be politically aware.

- Dr. Gary Gilmore stated that he would like the Council to be aware of the decision making guidelines passed by the Council in 2013 and would like the Executive Committee to review putting this forward at some point to the entire Council.
- Bill Keeton stated that once the Council reviews them, they will be posted to the website so members can review the document.
- Thai Vue stated that evaluation is very important - how does the Council evaluate some of the major issues that we put forward? How can people outside of public health understand public health? Perhaps an evaluation to see if the average person has a basic understanding of the state health plan, and an evaluation of how effective the Council is to moving work forward.
- Mark Villalpando stated that over the years, the Council passed priorities off onto some of the partners, for example, partner groups have come to meetings and took priorities to work on. It would be good to bring those people back to evaluate their progress.
- Jay Shrader suggested an evaluation dashboard and other tools be created in order to be more effective.
- Dr. Darlene Weis stated that there should be some beginnings of a formalized output – and become more public with our conclusions. Every meeting, or every other meeting, should have a goal of having an output.
- Kim Whitmore stated that she sees the input role coming from staff and Council members, and using meetings to engage in deliberation. Outputs can come from committee work.
- Dr. Weis stated that committee work would go back to full Council and then go out.
- Dr. Gary Gilmore stated that one output was the Annual Report to the Governor. In previous administrations, they met with Governor to present it. More recently, the Council met with the Secretary or Deputy Secretary. Annual report from last year came from a transformation of the Council. Council members can influence the outputs and products. He wants members to know that there is a very precise process with annual reports. If the Council thinks creatively, there may be other entities to report to.
- Dr. Alan Schwartzstein stated that he feels there may be a lot of activity without a lot of action, the process needs to be sped up. Can the Executive Committee put together some goals for the Council? Perhaps a 5-year plan or how many times will Council make a presentation to the public.
- Dale Hippensteel stated that the Council needs to think this through very carefully - any public information that goes out needs to be absolutely correct and understandable.

#### COMMITTEE STRUCTURE:

Bill Keeton - asked for a consensus for the Executive Committee to look at this issue of committee structure.

## **FOCUS DISCUSSION TOPIC:**

*HW2020 Overview*

*Mid-Course Review Planning*

*Criteria for Evaluating Priorities*

Kim Whitmore reminded the Council that her position as the Policy Section Chief of the Office of Policy and Practice Alignment is new. She reviewed *HW2020* slides previously approved for public dissemination. She asked the Council how to make the Plan a more meaningful process; for example, when deliberations start on *HW2030*, do we still want a 10 year plan? Wis. Stats §250.07(1)(a) states that a plan must be developed at least every 10 years.

- Jay Shrader asked if other states have a Gubernatorial-level Council for the state health plan or a public health council? Kim stated that ASTHO has done analyses of state health plans (*included in agenda packet for 12-05-2014 meeting and see [SHIP Guidance & Resources](#)*).
- Mike Wallace asked if there was any accountability with local health departments with regard to the state health plan.
- Kim Whitmore stated that in Wisconsin, local communities have autonomy on how to run their public health departments (home rule model). It is very decentralized. Some states have only a state-level health department, and no local health departments. In Wisconsin, the 140 Reviews are a statutorily-mandated evaluation of how the health departments are aligning with state health plan. The state health plan also ties in if they want to be a higher-level health department.
- Mary Dorn reiterated that *HW2020* is not the state's plan - it belongs to everybody. WALHDAB provides the gold standard for [how to do a CHIPP](#) (Community Health Improvement Process & Plan) and offers reports and core data sets.
- Terry Brandenburg stated that many public and private partners are stepping up to the plate in terms of using *HW2020*.
- Kim Whitmore stated the Council can use the *HW2020* Partnership Model wheel ([page 46](#)) to identify potential partners. There are some serious issues with data availability (including late data), quality, etc. The Cross-cutting focus areas are the most difficult to measure.
- The Council may also use the UW Population Health Institute's resource [Assessing and Improving Community Health in Wisconsin](#), which addresses the collective health priorities such as access to care, AODA, mental health, nutrition, obesity, physical activity and tobacco. It gives visual and data representation of who is working on what issues across the state. Bill Keeton if there was any duplication of efforts occurring anywhere.
- Another place to look is at the [Wisconsin State Report Card](#) for strategies for making Wisconsin the healthiest state. There are many other partners we need to engage more formally moving forward.

- Terry Brandenburg inquired if there is there a better way to collectively improve the public's health. About 50% of states have a state-level board of health. Wisconsin had one which ended in 1967. The Council is sort of like that body now. Illinois does a health plan every 3 years.

Kim Whitmore spoke about key findings of the special populations disparities reports: [\*Healthiest Wisconsin 2020 Baseline and Health Disparities Report\*](#)

Kim Whitmore handed out a draft plan of the mid-course review plan. She spoke about the health equity check-in focus groups with the Minority Health Program community grantees. She stated that she is looking for co-primary investigators for grants. Mary Dorn suggested checking with the UW Extension for this type of expertise.

The following are priorities listed in *HW2020* that other entities are working on - perhaps the Council can align itself with state-wide priorities:

Focus Area	Objective	Who
Socioeconomic and Educational Determinants	Support and develop policies to improve education	Governor, ASTHO
Other Crosscutting Objectives	Improve and connect health service systems	ASTHO
Alcohol and Drug Use	Improve access to services for vulnerable people	Governor
Chronic Disease Prevention and Management	<ul style="list-style-type: none"> <li>• Promote sustainable chronic disease programs</li> <li>• Reduce chronic disease health disparities</li> </ul>	ASTHO
Environmental and Occupational Health	Promote safe and healthy homes in all communities	DPH
Healthy Growth and Development	<ul style="list-style-type: none"> <li>• Improve women's health for healthy babies</li> <li>• Reduce disparities in health outcomes</li> </ul>	ASTHO, DHS
Injury and Violence Prevention	<ul style="list-style-type: none"> <li>• Create safe environments and practices through policies and programs</li> <li>• Improve systems to increase access to injury care and prevention services</li> <li>• Reduce disparities in injury and violence</li> </ul>	DHS (falls initiative)
Mental Health	<ul style="list-style-type: none"> <li>• Reduce smoking and obesity among people with mental disorders</li> <li>• Reduce disparities in suicide and mental disorders</li> <li>• Reduce depression, anxiety and emotional problems</li> </ul>	Governor
Physical Activity		Governor
Access to High-Quality Health Services	<ul style="list-style-type: none"> <li>• Assure access to high-quality health services</li> <li>• Assure patient-centered health services for all</li> </ul>	Governor
Emergency Preparedness, Response, Recovery	Increase integration and partner collaboration	DHS, ASTHO
Improve Data to Advance Health	Exchange data	ASTHO
Public Health Capacity and Quality	Achieve public health standards	DPH
Public Health Research and Evaluation	Take actions that are proven to work	DPH

Does it make sense to reassess all priority areas or to identify top priorities by review of local CHA / CHIP processes and hospital information; evaluation of program priorities, and health equity check-ins? Perhaps the Council could help establish evaluation criteria and metrics. The Council could have an annual dashboard or something available to all partners, and the outputs could be disseminated. How do we make the state health plan part of common knowledge?

## **COUNCIL REPORTS**

### ***TASHA JENKINS:***

- There was a reorganization of the Bureau of Communicable Diseases and Emergency Response – it was split into two Bureaus:
  - ✓ Office of Preparedness and Emergency Health Care
  - ✓ Bureau of Communicable Diseases
- There is a lot going on around Ebola, there is a call on Monday with local health departments about Ebola.
- The WALHDAB meeting is taking place today in Wausau. Karen McKeown was supposed to be there, but is currently working on Ebola issues.
- Quite a lot going on in the Division around leadership development, which is part of the Division's strategic plan.
- The Division is also moving forward on workforce development planning.
- A week from Monday is the state dialogue, focusing on issues of importance for our partners. We have heard that we need to improve our communications to partners.
- The regional directors are very busy this year with the 140 Reviews of local health departments. Three-fourths are completed for this year. There are a few taking place next year.
- The [New Public Health Employee](#) orientation took place October 14-15 in Rothschild, and [New Health Officer Orientation](#) is taking place December 9-10.
- Infrastructure grant – the no-cost extension request was approved. Coordinating with the prevention grant we feel that we will be able to fund accreditation efforts. Through the regional offices, we provided quite a bit of training resources and funding.
  - Data project to get DPH local health data to feed into this system via a contract with the Institute for Wisconsin's Health, Inc. to get it going. Mary Dorn concerned with it being funded through a grant – it may be a good issue to push to the Governor's office

### ***ALEX IGNATOWSKI:***

- There is not much to update, not much going on. By the next time the Council meets, an election will have happened.

- With regard to the heroin / opiate and prescription drug abuse issue, Department staff are attending many conferences and sifting thru the ideas. Other states are doing good things, staff are just getting best practices from around the country. There is a lot of enthusiasm in the Legislature around this issue.
- Study committees of interest to the Council:
  - ✓ [Early childhood brain development](#)
  - ✓ [Drug court](#)
  - ✓ [Structured settlements](#)

## **PUBLIC HEALTH FUNDING**

### ***DONNA MOORE***

Discussed the slideset. Members will be able to access the slides on the Resource Site.

## **CHALLENGES/ISSUES FOR FUTURE DISCUSSION**

- Mark Villalpando suggested looking at what issues partners are dealing with in order to align our priorities.
- Mary Dorn suggested getting strategies from WALHDAB.
- Dr. Tina Mason stated that if work on issues of importance to the Council has been done, it should be shared with the Council. Also, local organizations would like to know state is hearing them. How can the state, through the Council, help local organizations?
- Terry Brandenburg stated that Karen McKeown and Chuck Warzecha need to know that if the Council is going to follow the charge, the Council needs the resources. A midcourse review may mean a lot of time. The midcourse review process should look into the funding of local health departments and do a breakdown.
  - Kim Whitmore stated that the *entire* state health plan doesn't need a review - the process needs to be rethought.
- Dr. Alan Schwartzstein stated that the Executive Committee should bring back recommendations based on suggestions discussed today.
- Thai Vue stated that the Council may want to look at a few things when deciding the Council's next steps: 1) each member comes from a different background - what are the areas of expertise of each member, what does each member bring to the Council, and what are particular needs of each member? Each member can load their bio-sketch into the resource site; 2) obtain a big-picture view of the issues so that when the Council arrives to a set of recommendations, the Council can see the bigger picture; for example, how does the Division and the Council get information out to populations; 3) with regard to health disparities, Wisconsin should be in a better place in the next 10 years

- Dr. Gary Gilmore stated that it is important to have criteria for evaluation process but also important to have criteria for selection of priorities.
  - Kim Whitmore suggested that perhaps there be an ad hoc committee to do this
  
- The following members volunteered to serve on an ad hoc committee to help determine the process for the Mid-Course review:
  - Dr. Tina Mason
  - Dr. Sandra Mahkorn
  - Mary Dorn
  - Dr. Darlene Weis
  - Dr. Alan Schwartzstein
  
- The following members were appointed to the Nominations Committee:
  - Thai Vue
  - Dr. Sandra Mahkorn
  - Bridget Clementi
  
- The following members volunteered for a Health Equity ad hoc committee:
  - Mark Villalpando
  - Dr. Alan Schwartzstein
  - Thai Vue
  
- Bill Keeton will work to develop a set of recommendations from the Executive Committee on how to move forward with the Council's charge, meeting strategy and committee structure.
  
- Staff will identify some dates for quarterly meetings in 2015 beginning in February and get the suggested dates out to the Council.
  
- Bill Keeton would like to bring forth a resolution at the next meeting to vote on that the Public Health Council supports the broad dissemination and sharing of the health disparities report.
  
- Kim Whitmore will ask Jenny Ullsvik to provide written Ebola update (*sent via e-mail 10-24-2014*)

There was a consensus to adjourn at 2:00pm.