

Public Health Council

Friday December 5, 2014
Department of Health Services
1 West Wilson Street, Room B-372
Madison, WI 53703
9:00a.m. – 12:00p.m.

Council Members Present:

Mr. Terry Bradenburg; Ms. Faye Dodge (online); Ms. Mary Dorn (online); Dr. Gary Gilmore (online); Mr. Dale Hippensteel; Mr. William Keeton; Mr. Bob Leischow; Dr. Sandra Mahkorn (online); Dr. Tina Mason (online); Dr. James Sanders (online); Ms. Stephanie Schultz (online); Dr. Alan Schwartzstein (online); Mr. Jay Shrader (online); Ms. Joan Theurer (online); Mr. Thai Vue; Mr. Michael Wallace (online); Dr. Darlene Weis (online)

Council Members Excused:

Ms. Bridget Clementi; Mr. Mark Villalpando

Division of Public Health (DPH) Staff:

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| María M. Flores | Program & Policy Analyst, Minority Health Program |
| Kim Whitmore | Policy Section Chief, Office of Policy & Practice Alignment |

ACRONYM GUIDE & LINKS

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| ASTHO | <u>Association of State and Territorial Health Officials</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> |

The meeting commenced at 9:00am.

OPEN FORUM

REVIEW OF October 10, 2014 MINUTES:

Dr. Gilmore moved to approve the minutes.
Dr. Darlene Weis seconded the motion.

Dr. Gilmore offered this amendment to the last sentence in the paragraph that begins "Dr. Gary Gilmore" on page 2: "The Council deliberated about this and other funding source and offered input as to where the fund could go as a next step in the review process".

All were in favor to approve the amended minutes.

DISCUSSION OF 2015 MEETING SCHEDULE

Based on the responses from Council members, the proposed meeting schedule is the first Friday of every other month. Every other meeting will be a shorter, remote participation meeting (for example, 9:00am – noon).

Dr. Gary Gilmore stated that this new schedule would start in February with an in-person meeting, and the April meeting will be remote participation.

- Mary Dorn asked that meetings be scheduled no earlier than 9:00am.
- Meetings will take place in Madison unless specifically invited elsewhere.
- ALL meetings will have an option for members to participate remotely (most likely via Microsoft Lync).
- The April 3 meeting may need to be moved because it will be Good Friday. This will be discussed at the February meeting.
- The PHC schedule will be sent to members in early January.

Dr. Alan Schwartzstein moved to approve the meeting schedule as discussed, with the understanding the April meeting may need to change.
It was approved by consensus.

COUNCIL RESOLUTION – *HW2020 BASELINE AND HEALTH DISPARITIES REPORT*

Bill Keeton discussed the draft resolution to request broad dissemination of the *HW2020* Baseline and Health Disparities Report.

- Jim Sanders requested the removal of proper names in the last paragraph. Those names will change. Instead, there should be reference to the Wisconsin

of Health Services Secretary; the Wisconsin Department of Health Services Deputy Secretary, etc.

- Bill Keeton requested that the federal congressional delegation be added.
- Dale Hippensteel suggested this resolution be disseminated to organizations, local and tribal health officers, and to the WPHA and WALHDAB.

Dale Hippensteel made a motion to approve the resolution.

Stephanie Schultz seconded.

The motion passed.

EBOLA UPDATE

Jenny Ullsvik, Director

Office of Preparedness and Emergency Health Care

There are currently no cases in Wisconsin or the United States. Her Bureau is working on several planning documents, with [EMS guidance](#) coming out 12/5/2014.

- Dr. Tina Mason stated that the centers equipped to handle Ebola are in Milwaukee and Madison – Froedtert and Children’s Hospital, and UW Hospital and Children’s Hospital in Madison.
- Thai Vue asked how much do people in Wisconsin understand Ebola? How does the public prepare? How do we assure different segments of the population understand the disease? What is currently in place to raise awareness? He read that the disease may affect livestock.
 - Jenny Ullsvik stated that there has been inconclusive evidence about pets, and she has not heard about livestock being affected. Ebola is being studied. He Bureau is getting out the symptoms to the public, but have not translated any documents yet.
- Dr. Gary Gilmore asked about connectivity with transportation networks, particularly airports, the Transportation Security Administration (TSA); there needs to be some coordination. Have transportation networks been considered in discussion?
 - Ms. Ullsvik stated that there are 5 or 6 airports where travelers from affected countries come in and screening is in place. The states are informed when there is a traveler from an affected country.
- Terry Brandenburg asked if there are or were any Ebola exercises taking place, such as testing a risk communication plan, or how to get the issue in front of media.
 - Ms. Ullsvik stated that there were two internal Department-wide “tabletops” department-wide which focused on what happens after we get a call.
- Thai Vue asked about the reliability of the screening.
 - Ms. Ullsvik stated that the State notifies the Local or Tribal Health Officer. Risk factors are checked. There is no lab work yet, just a questionnaire.

There are daily check-ins with the individual. There have been no issues yet. The most recent number of individuals being monitored in Wisconsin is fifty, and those are low-to-no risk. The four countries affected include Sierra Leone, Liberia, Guinea, and Mali.

- Dale Hippensteel stated there are some huge variances in the Local and Tribal Health Departments' abilities to do these things; there are a lot of issues, including staff willingness. Bob Leischow stated that the monitoring consists of a daily phone call – two per day if the individual is low risk; one personal visit per day if the individual is high risk. Joan Theurer agreed there are varying responses depending on the Health Department, but more times than not it is a phone call, which is not a huge burden on Health Department. Mary Dorn stated that the Health Departments every day do prevention on the spread of diseases; there is a system in place that works.
- Joan Theurer stated that there has been tremendous progress and response with readiness, and there is a lot of confidence in the State's ability around this issue. There has been a lot of concern in rural areas on how to ensure safety while transporting these people.
- Bill Keeton asked about how much work has been done with neighboring states. Jenny Ullsvik stated that Karen McKeown is in discussions with other state health officers.
- Dr. Gary Gilmore stated that it would be of value to include in the minutes that another resource is the newly revised Control of Communicable Diseases Manual (CCDM), 20th Edition. There is an outstanding section on Ebola:

Sample: http://www.apha.org/~media/files/pdf/pubs/ccdm_ebola.ashx

For purchase:

<http://secure.apha.org/imis/ItemDetail?iProductCode=978-087553-0185&CATEGORY=BK>

For Mobile+ Web: <http://www.unboundmedicine.com/ccdm/ub>

- Thai Vue stated that there are many people who are not medical professionals and have no medical background, and we hear that Ebola is it treatable. What should we believe?
- Jenny Ullsvik stated that there seems to be some experimental treatments, and patients in the United States are willing to try anything because there isn't a cure. In some cases the virus was caught cases early and these experimental treatments worked. We should believe that with these experimental treatments early on there has been success. The next steps for the Council could be to provide feedback on what is working and what isn't working, and EMS guidance. There has not been as much outreach as there should be Federally-Qualified Health Centers (FQHCs).
- Terry Brandenburg stated that Ebola continues to test public health preparedness in Wisconsin, but we are falling back on the system that has been in place for the past 10 years, and there is an erosion of funding. The Council can reaffirm public health planning and integration. Around the country, there is

a lack of preparedness for where the people live. We can use Ebola to advise the Governor and Department that there is work to be done about preparedness.

- Ms. Ullsvik stated that the hospital funding is going into health care coalitions. There is a monthly Public Health Preparedness meeting the first Thursday of every month from 9:00am – 2:00pm.
- Joan Theurer stated that the Council can use this information to communicate to policy makers that there are pressing issues.

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COUNCIL STRATEGIC PRIORITIES & ADMINISTRATOR'S *HW2020* CROSSWALK

[Reference page 7 of the October 10, 2014 minutes.](#)

Kim Whitmore has spoken to WALHDAB groups across the state. The consistent theme is that *HW2020* is too big and the priorities are not narrow, although we need to keep the focus areas. *HW2020* is helpful to local health departments to complete their Community Health Assessments (CHA).

The Administrator's Crosswalk shows alignment with other entities. The Council also identified priority issues. That was included with the agenda packet for this meeting. The Council will need to revisit those priorities.

Dr. Gary Gilmore stated that there was a deliberate process used to choose the planning matrix and strategic priorities. In January 2013, he asked for the Executive Committee members who had interest in the topic, including DPH staff, to meet for a day to choose the priorities; there were about 10 people. He developed the planning matrix. The group wanted to look at health issues and infrastructure issues because of the way those areas are delineated in *HW2020*. Additionally, rationale was important for consideration of at least three priorities that people would bring to the meeting. Alignment with outside plans such as with the Institute of Medicine could be considered. Each person came to the meeting with the template completed. Discussions had a lot to do with going through the materials, looking for commonalities and trend patterns. What emanated from the discussion was ranked, and the rankings were weighted.

Dr. Gilmore read through the rankings. He believes this should take some further discussion, and a smaller group would benefit going through a similar process as the one in January 2013. These rankings represent information and insight that could be taken into consideration by the current Council. It will take a bit of preparation. The January 2013 participants felt it was time well spent. These priorities helped the Council in their deliberations.

- Dr. Alan Schwartzstein stated that it looks very thorough. How did it inform the Council, and how were actions taken?

Dr. Gilmore stated that one of the areas was the top ranked capacity development and healthy birth outcomes. There were agenda items for Council meetings that were aligned with topics. One example was that there was an excellent update provided by Karen Timberlake that provided an overview of key factions on health and wellbeing. Council members felt it gave them a better handle on the issues. There was also a follow-up discussion of the slides. In terms of capacity development, there needs to be creativity in terms of personnel, projects and programs. Also, a key resource of the process was *HW2020* which enabled the Council to reintegrate into *HW2020*, enable them to focus on some of the key points and realize that they couldn't align with all 22 focus areas.

- Dr. Alan Schwartzstein asked if there were any reports put out or positions they took as a result of this work?

Dr. Gilmore stated that the Council turned to two subcommittees for further discussion: the State Health Plan Quality Improvement Committee (SHPQI) and the Emergency Preparedness committees were asked to conduct a review and develop recommendations.

SHPQI: [*Three HW2020 Focus Areas: Public Health Council Recommendations, 2012-2013*](#)
[*2013 Policy Agenda: Three-Point Plan with High-Level Strategies \(Policy Action Framework\)*](#)

Emergency Preparedness (most recent information from 2009).

As the Council moved into 2014, they realized there would be staff and Council member changes. Acting on any recommendations would not be realized.

Bill Keeton stated that he was on the SHPQI; they spent time looking at the Mid-course Review planning and ensuring that work was reflective of infrastructure issues that were identified. The work came to a stop around spring 2014. A lot of work was started, progress was made, and it was stopped. So do we re-engage, or start anew?

Kim Whitmore stated that another question for the Council would be: does the Council adopt the list of recommendations as is, and figure out what that means, or revisit and have the new Council go through the same deliberative process?

Terry Brandenburg asked for clarification on the capacity development section where it states that the readers should see issues cluster for complete content.

Dr. Gilmore stated that the issue clusters have to do with the areas of focus of the people who came together in January 2013. They looked for commonalities. The issue cluster is the areas of focus that seemed to cluster around the rubric of capacity development. There is no full set of minutes available from the January 2013 meeting;

if Council members would like to see the notations made at that meeting, they may contact María M. Flores. It may be possible to go to the records of the meeting to track how the clusters were developed and then used to develop categories. There are 11 pages of notations. We want to strive for informed decision-making. He would like the new members to have latitude to look at several sources. We all want balance, and the deliberations of this committee with thoughts and recommendations would be prudent.

Bob Leischow stated that it was difficult to make a decision and approve the work completed in January 2013 without having more understanding as to how that group came to these decisions.

Kim Whitmore asked if a survey of all Council members would help to bring to the SHPQI what new priorities are for a vote.

- Dr. Alan Schwartzstein stated that he believes there was plenty of work done and the entire work should not be redone. His recommendation is that the Executive Committee advise on two or three things in the document that the Council will be able to use and move forward.
- Joan Theurer stated that the rankings make it clear where there are breaks and where we can create impact sooner. If we really want to make an impact, we are only going to select one or two anyway. There is plenty in the document to examine.

Kim Whitmore stated the Executive Committee will look at the top three infrastructure and the top three health priorities. Council members may wish to make suggestions on additions or deletions.

Dr. Sandra Mahkorn agreed that the Council should look at what priorities will get the biggest bang for the buck. The rationale should be better explained, and the Council should systematically apply some criteria for choosing the priorities.

COUNCIL DECISION MAKING GUIDELINES

Bill Keeton went over the six questions outlined in the *Decision Making Guidelines*. They are not ranked in any order, they are of equal weight?

Kim Whitmore stated that the Executive Committee revisited the "*Council Decision Making Guidelines*" and decided that this document should stand.

Dr. Alan Schwartzstein gave some thoughts on the documents:

- Under section II, "Authority of the Council", it should be stated that the Council should be action oriented as stated in the Rules of Order.
- First line of section III, "Guidance for Action of the Public Health Council", concerns him.

- Regarding section IV, "Proposed guidelines for determining Council public health issues Questions to ask", he thinks that some of these will take too long to get information on.
- Should we set timelines on when things should be finished? He has concerns about estimates on timelines for analysis.

Kim Whitmore suggested the Council might think about changing the wording in section III from "existing science" to "existing evidence-based knowledge"; and with timeframes add "dealt with within a reasonable timeframe".

Dr. Darlene Weis suggested placing a period after "meaningful input" in the first sentence of section III and delete "existing science".

Terry Brandenburg stated that actions and deliberations are coming from a broad spectrum of evidence-based knowledge.

Bill Keeton stated that he will look at this, change a sentence or two, and add language about deliverables. He will distribute the document when completed. It may become an evolving document.

PROPOSED COMMITTEE STRUCTURE:

Bill Keeton listed the existing committees. Based on previous Council conversations, he added a Public Health Policy and Public Engagement Committee and an Emergency Preparedness and Response Committee. This was approved by the Executive Committee.

- Dr. Alan Schwartzstein stated that he felt these Committees were appropriate.
- Thai Vue stated that compared to other gubernatorial-level Councils, the Public Health Council doesn't have a good structure. There needs to be better bylaws and responsibilities broken down and more concrete. How do the Committees organize themselves within themselves?
- Kim Whitmore stated that the Rules of Order are outdated, and they will be revised by the Executive Committee. Staff roles need to be clarified, but work should be led by the Council members. Staff will reach out to the nominating committee.

Bill Keeton asked what staff time and resources are being dedicated to the Council; he stated that in the past, work was started but not completed. What suggestions can the Council make to the Department to change that? The Council can take the leadership role, and tell the Department what they need. Then it comes back to Council members to do the research to justify the needs.

Terry Brandenburg stated that Disparities Resolution passed today would be an action similar to what the new Public Health Policy and Emergency Response Committee would

make. These committees would get some good policy objectives out. Would there be any concerns or would the Department have any concerns about this?

Kim Whitmore stated that the charge also states that the general public should be advised. If any Committee feels the media should be aware of the Council's actions, then they should inform the media.

Dale Hippensteel stated that the Council needs to be careful that some people not read any actions or recommendations as "promises". Governing boards in general look to their agencies to help them along and give input. When we start talking about research it means a lot of work. What kind of expectations are we putting out there?

Dr. Alan Schwartzstein stated that until we know what our resources are, we cannot comment. If there are few resources, the Council should advocate for more resources. We are getting ahead of ourselves by suggesting some issues or actions be publicized. Anything public should be put off for a while.

Joan Theurer stated that the committee structure looks like a full-time job, and the language also make it seem onerous. We should do an inventory on time the Council members have and can contribute. These are huge initiatives.

Dr. Sandra Mahkorn stated that there are two issues: the committees are probably appropriate, but wording is problematic. Our charge is monitoring the progress of the State Health Plan.

Bob Leischow stated that wants to draw people's attention to certain language in the statute: "it shall monitor", "advising". The language is very clear. In terms of development of the Council, how we define it is up to debate. The safest approach is to stick to the statutory language. If we are hearing there are insufficient resources, then that is an actionable item. Mary Dorn stated that the committee description for the State Health Plan Committee is taken from statute, and is very clear.

Kim Whitmore reiterated that staff sets up meetings, obtains speakers, take minutes, but staff cannot directly provide action on items.

Dr. Alan Schwartzstein suggested that the word "develop" should be taken out of the proposed committee structure draft document.

Thai Vue stated that there is rich expertise from each Council member. One question members should ask is: *what do I expect from the Chair and what is Chair's expectation of me?* Getting something in place that delineates those expectations would help.

Stephanie Schultz stated that she is on a board of a non-profit, and committees are key to the success of the board. Committee reports should be on the agenda at every meeting. She inquired how Council members become part of a Committee.

- Bill Keeton stated that it is up to individuals to sign up, except for the Nominating Committee, which is assigned by the Chair. His experience is that committee engagement is critical to the success of the Council. If people are willing to chair committees, their time commitment will be different. Members should make the commitment as they are able.

Kim Whitmore stated that members should think about who can contribute – Council members should keep in mind that non-Council members may be part of committees.

Dr. Gary Gilmore stated that there is something missing in the SHP Committee description, the three words about developing need to come out. He would place an “and” and “making recommendations to the Council regarding areas of focus.” The Committee needs to look at trends and possibilities, and more activity along with the monitoring of progress.

- Dr. Alan Schwartzstein stated that it should just state “monitoring”.

Bill Keeton recommends moving forward with a call for reexamination, and an understanding that it is evolving. It will be important to get committee chairs.

- Kim Whitmore stated that perhaps the purpose of each committee’s first meeting would be to define themselves.
- Terry Brandenburg stated that the work the SHPQI did 2011 should be revisited.
- Thai Vue stated that perhaps the document should state that each Council member is encouraged to join a committee.

Kim Whitmore will follow up with the Nominating Committee after this meeting.

Bill Keeton stated that in the next week or so people should e-mail their committee interest. There is no full council meeting until February. The Nominations Committee will determine their leader / select a chair.

NEXT STEPS:

- Resolution from Emergency Preparedness Committee to remind everyone about allocation of resources for Emergency Preparedness, Ebola and flu.
- Dissemination of finalized disparities report; Chair to e-mail to Council and to disseminate broadly.
- New State Health Plan Committee to review priorities as discussed.
- Executive Committee to revise decision making guidelines and bring to next full Council meeting to adopt.
- DPH Staff to coordinate Nominating Committee meeting.