

Public Health Council

Friday April 24, 2015
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 Brandenburg; Ms. Bridget Clementi; Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel (in-person); Mr. William Keeton; Mr. Bob Leischow; Dr. Sandra Mahkorn; Ms. Stephanie Schultz; Dr. Alan Schwartzstein; Mr. Mark Villalpando (in-person); Mr. Thai Vue; Mr. Michael Wallace; Dr. Darlene Weis

Council Members Excused:

Ms. Joan Theurer

Council Members Absent:

Dr. James Sanders; Mr. Jay Shrader

Division of Public Health (DPH) Staff:

Evelyn Cruz	Minority Health Officer
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
Kim Whitmore	Policy Section Chief, Office of Policy & Practice Alignment

ACRONYM GUIDE & LINKS

DHS	Wisconsin Department of Health Services
DPH	Wisconsin Division of Public Health
FQHC	Federally Qualified Health Center
<i>HW2020</i>	Healthiest Wisconsin 2020 / State Health Plan
LPHD	Local Public Health Department
MHLC	Wisconsin Minority Health Leadership Council
PHC	Public Health Council
SIM	Wisconsin Site State Innovation Models Initiative – federal site
WALHDAB	Wisconsin Association of Local Health Departments and Boards
WPHA	Wisconsin Public Health Association

OPEN FORUM

COUNCIL BUSINESS

Review of Minutes of February 6, 2015

- Dr. Gary Gilmore moved to approve as distributed.
- Dr. Darlene Weis seconded.
- None opposed.

Council Resource Site / SharePoint Site

Kim Whitmore reminded Council members about the Resource Site, and if this was something members still wanted to use.

- Both Mark Villalpando and Bridget Clementi stated that they are interested.
- Dr. Gary Gilmore would like a uniform process, and the continued use of agenda packets being e-mailed during the transitional phase.

Appointment & Reappointment Updates:

Karen McKeown stated that Council member will receive letters if they are reappointed. It seems that if people have not received letters to the contrary, they still are Council members. At this point, nothing more is known.

COUNCIL UPDATES

Legislative Updates

Alex Ignatowski, DHS Legislative Advisor

Aside from a few bills, the biggest issue is the budget.

Mark Villalpando asked if there were any public health policy items.

Alex Ignatowski stated that with regard to the Division of Public Health:

- Tattoo parlor inspections will transfer to the Division of Safety and Professional Services (DSPS).
- Recreation licensing for food safety will go over to the Department of Agriculture, Trade and Consumer Protection (DATCP).
- DSPS will be combined into a new agency – Department of Financial Institutions & Safety Standards.
- With regard to the State Lab of Hygiene, he has heard much about this issue as IRIS and Family Care take up much of the discussions.

Karen McKeown stated that these issues are not new, some of the discussions centered around preserving relationships. The Division is working to make sure the public health work will go forward.

- Dr. Alan Schwartzstein asked if there was anything in the budget that affects operations of this Council. Alex Ignatowski replied that there is not.

- Bill Keeton asked when will the Joint Finance Committee take up some of the “big ticket” policy decisions? Alex replied this will probably happen in May.
- Terry Brandenburg stated that from a former health officer experience, DPH has been a better entity to work with when it comes to food safety. DATCP’s primary concern is farms, and everything else is secondary. The industry will not be happy when they see the new fee structures when DATCP takes over. Issues fall to the wayside when these public health functions are sent to other Departments.
- Dale Hippensteel feels that the Council needs to be aware of the significant changes being proposed in Medicaid. Organizations are concerned with this.

Alex Ignatowski stated that FQHC funding is something that has always been talked about as their reimbursement is higher than Medicaid reimbursement. DHS Medicaid enrollment numbers were higher than estimated. He stated that the enrollment statistics are on the DHS website (see below). Karen McKeown stated that this is happening all over the country – enrollment numbers are higher than estimated.

- [Health Care Enrollment](#)
- [Medicaid by county/tribe; statewide; county/tribe trends; statewide trends](#)

Bill Keeton stated that the Council should continue to be mindful of the Medicaid issue. Alex Ignatowski stated that Medicaid is a big portion of the work of DHS. Those responsible for the budget took the step to look at different models and flexibility that would be better for the Medicaid individuals (by caring for the whole individual) and the taxpayers. Although it eats up a lot of the cash the state has, how can we better use our Medicaid dollars?

Bridget Clementi asked if there is an advocacy day in which PHC members may participate? What is the call to action?

Kim Whitmore stated that the WI Public Health Association (WPHA) and the WI Association of Local Health Departments and Boards (WALHDAB) have legislative agendas:

- See the [WPHA – WAHL DAB Legislative Issues page](#).
- See the [2013-14 WPHA-WALHDAB Legislative Grid](#).
- Also see the [WPHA Legislative Toolkit for the Public Health Professional](#).

Bob Leischow stated that WPHA and WALHDAB share a lobbyist, and the Council may be able to engage their Public Affairs Committee.

- Bill Keeton stated that a time will be set up for the WPHA to come in and meet with council or a committee for shared goals.
- Both Dr. Sandra Mahkorn and Bridget Clementi reminded Council members that we can work as a whole, but also individually.

With regard to advocacy, Alex stated that he cannot advocate one way or another; he only presents information.

DPH Updates

Karen McKeown, Administrator and State Health Officer

- Karen McKeown continued with the discussion of Medicaid being such a large portion of the state budget – the Division should be thinking about how to deal with this. We can keep spending money, but public health prevents many of the issues covered by Medicaid.
- **Ebola efforts** are wrapping up. DPH continues to encourage preparedness; people entering the country should keep being screened as anyone can present anywhere. Wisconsin has about 20 hospitals that are ready or near ready, and three hospitals prepared to treat Ebola. Lessons were learned from these recent efforts that helped preparedness in general.
- **H5N2 Avian Influenza**. Wisconsin had its first case about one week ago, now there are five or six. There is no indication of transfer to humans; farmworkers are being monitored for ten days following the last contact, and offered Tamiflu. The [WI Department of Agriculture, Trade and Consumer Protection](#) is the lead agency (see website for information and daily reports).
- HW2020. There is a lot of strategic planning happening, and setting of priority goals to take it out to the state.
- [LEAN Executive Order #66](#). DPH has not had much opportunity to completely operationalize the “Lean Government” initiative until Hilary Baumann, Executive Staff Assistant, came on board. The goal is for 20% of the staff to be trained.
- State Lab of Hygiene. The budget calls for public health designated funds to move to DHS; this was a request from DPH. In the past, money was given straight to the Lab, and we tapped against it. This model worked, but now we need to use standard business practices of contracting.
- [Wisconsin Well Woman Program](#). Good progress is being made moving forward for July 1 when the new model is in place. Multi-jurisdictional agencies are being identified, and some are working on approval. Most counties have at least one provider (see the updated [provider map](#) on website), but there are still some gaps.

Emergency Preparedness Updates

Lisa Pentony, Public Health Preparedness Unit Supervisor

- The Office of Preparedness and Emergency Health Care submitted all applications for Public Health Preparedness cooperative agreements, ~\$12M. Begins in July, and covers volunteer management, fatality management planning, medical surge & mass care.
- They also completed the hospital preparedness cooperative agreement for planning around healthcare and building regional healthcare coalitions; ~\$3.6M. They have a good sense of work that needs to be done. Some costs can be reimbursed for hospitals and public health departments to do exercises, evaluation and monitoring.
- They granted hospital preparedness Ebola grants to:
 - Category 1 hospitals – treatment center hospitals; and
 - Category 2 hospitals – hospital assessment.
- They are also looking at LPHDs work plans to see what are the priorities and reporting requirements.
- There will be an anthrax exercise in the SE region at a few locations; practicing giving out medicines.

- They are conducting Category 2 site visits of hospitals.
- They are in the process of coordinating a [pre-conference session](#) at the WPHA-WALHDAB Annual Conference (*Healthcare Coalitions Responding to Emergencies*). They are bringing in two speakers from Texas, one who worked on the 2013 fertilizer plant explosion and on who worked on the Ebola response. Registration is still open.
- They are in the process of hiring medical advisors and healthcare coalition coordinators for each region.

Wisconsin Minority Health Leadership Council Updates

Thai Vue, Council Liaison

- Thai Vue attended the March 12 WI Minority Health Leadership Council (WMHLC) in Racine. One of the points of intersection with the Public Health Council is how Wisconsin is doing around the State Health Plan. One important point to consider: when we talk about health disparities and minority health, who decides what we look at and where we look?
- The WMHLC was established under the authority of DHS, to facilitate the communication of the health needs of racial and ethnic minorities in Wisconsin and give them a voice. The four populations are African American, Hispanic, Asian, and Native American.
- The members were very interested in the Mid-Course review and participated in a focus group during the meeting. He also participated in the focus group.
- Thai hopes that in the Public Health Council can extend an invitation to the WMHLC in the very near future to discuss alignment between the two Councils.

Kim Whitmore stated that there will be cuts in funding to the Minority Health Program. Evelyn Cruz is looking at proposing a path for the program, for example, a way to imagine health equity work for the Division and if it is a priority.

If anybody has feedback on this, please [e-mail](#) her.

Evelyn Cruz explained the different ways the Minority Health Program receives funding:

- A competitive grant from the DHHS Office of Minority Health which focuses on the [Culturally and Linguistically Appropriate Services in Health and Health Care](#) (CLAS Standards). This grant ends in August.
- There is a \$100,000 pass-through funding from GPR for the Community Grants.
- There is also a ~\$33,000 yearly grant which also goes to community organizations.

Evelyn Cruz thanked the Public Health Council for forming a relationship with the WMHLC. The WMHLC was active with the planning of *HW2020*, and was crucial to the inclusion of health disparities, and wrote the definition for health disparities used in *HW2020*.

SIM GRANT UPDATE

Kim Whitmore, Policy Section Chief and State Health Plan Officer

This will be a standing agenda item.

Kim Whitmore introduced Jennifer Russ. The [SIM Grant](#) (link updated regularly) keeps evolving weekly and rapidly. The Kickoff was in March; there is a second one coming up the week of April 27 for the population health workgroup that aligns mostly with *HW2020*. This workgroup

focuses on a specific subpopulation: adults 18 - 64 with diabetes (primary) plus hypertension (secondary).

Jennifer Russ stated that the teams for behavioral health will work on adults 18 - 64 with depression (primary) plus diabetes (secondary). The population workgroup will work on the fact finding process; for example, looking for other state-wide initiatives with these populations to see what questions need to be asked about these groups.

Kim Whitmore stated that they are looking at a model of collective impact that cuts across the spectrum of care and reimagines how Wisconsin delivers care to certain populations.

- There are no other target groups identified by the two workgroups at this time.
- The original model was more aligned with the Mid-Course review.

Bill Keeton serves on the Population Health Advisory Committee.

Kim Whitmore asked that when the workgroups get to the point of identifying initiatives, what should they do as we look upstream?

- Bridget Clementi stated that the children of the people in behavioral health population cannot be forgotten; find a way to engage those children.
- Dr. Darlene Weis asked about the population older than 64, why were they left out, and what about other co-morbidities?
 - Kim replied that she did not know why the cutoff was 64; perhaps because that gets into the Medicare population.

Kim will remind the chief Epidemiologist about these issues.

Bill Keeton stated that a lot of data come from Medicaid. As we look through the subsets, there are other sources that have significant impact on health outcomes. Is there any talk about looking at data points and subsets looking past these patients?

Kim Whitmore stated that much of the data are coming from the [Wisconsin Health Information Organization](#) (WHIO), and looks across data sources

Other Updates

- Kim Whitmore stated that a UW Population Health Fellow is in the pipeline to start in July with *HW2020* and policy implications.
- There is a lot of work happening on prescription drug and opiate abuse; the now a "home" for this in Injury Prevention. There will be a coordinator and data epidemiologist.
 - Dr. Sandra Mahkorn stated that she would like to see the program look at pregnant women as there is a huge fiscal impact with this population.
- The Workforce Development Director position has been vacant for over a year. She is working hard to get this position filled, and she was informed that she can move forward with revising the position. There will be a shared Population Health Fellow from the Great Lakes Public Health Training Center (formerly WICPHET) for two days per week for the next year to work on workforce issues.

MID-COURSE REVIEW UPDATES

Kim Whitmore, Policy Section Chief and State Health Plan Officer

Kim Whitmore referred to the overview document (DRAFT Mid-Course Plan Overview) that was sent after the agenda packet was sent out. She explained that the Mid-Course Review has been on hold, but they are now going forward with the assessment plan. The documents gives a big-picture overview of the Mid-Course Review.

- The top header row shows Assessment, top priorities, ongoing metrics to evaluate progress, dissemination of results, and ongoing communication.
- The sub-bullets give detail on what the indicators are.

She would like to do a quick assessment across all focus areas, then dive in to see the priorities. She gathered additional data from key informant interviews and the Health Equity check ins. We should align with other priorities across division and across the Department, and see what hospitals are doing. The UW Population Health Institute put out a website that details the top assessments.

The Health Equity check-ins are community-led focus groups across the state for entities summarized in the [HW2020 Baseline and Health Disparities Report](#):

<i>COMPLETED</i>	<i>IN PROCESS</i>
the four minority populations (through the Minority Health Program's Community Grantees): African American, Asian (specifically Hmong), Native American (urban) and Hispanic/Latino	Rural
LGBT communities	Disability
Low Socio-economic Status (SES)	Rural Tribal

Other focus groups with communities not named in the report that were or will be conducted prior to the end of summer:

- the Wisconsin Minority Health Leadership Council; and
- Tribal health directors.

The majority of the check-ins were led by the Minority Health Program's Community Grantees. There was a call for academic partners to participate in analyzing and coding the responses.

She asked the Council for any thoughts on moving forward with additional assessments that are needed.

Terry Brandenburg stated that he appreciated the strong emphasis on assessment, which in turn helps refine priorities. This will pay off in the long run.

Mark Villalpando asked if 2010 data and priorities can be examined. Kim Whitmore stated that we also should look at the fact that we don't have the workforce to support this type of examination. Although past data and current focus groups are important, we must focus on where we can "move the needle". We can look at upstream predictors and perhaps other

criteria not even mentioned, and they may have more of an impact than what is listed in the state health plan. Are there one or two cross-cutting that we want to focus on? That way all people can work on these.

Mark Villalpando stated that perhaps we may want to follow what is being well-funded in the budget, and maybe jump on board with that. This could be the criteria for priorities.

Kim Whitmore stated that the column headers across the top of the document are somewhat sequential, but there may be overlap. The document shows the data gaps. She wants to ensure we are pushing to have good data.

Bridget Clementi asked about doing an environmental scan with the mid-course review, and looking at what those influences are that we can leverage in the next five years; for example, by identifying areas where there is political will for something to happen, we set ourselves up for success. She would like to see a partner with an entity or a person who can create a financial analysis with this, perhaps in the business community. This would encourage the Council to be transparent on communication. She likes the idea of having one cross-cutting priority.

Terry Brandenburg liked the idea of conducting an environmental scan, like the “Forces of Change” assessment (<http://www.naccho.org/topics/infrastructure/mapp/framework/phase3foc.cfm>), which would reach a broad audience. This is part of the Mobilizing Action Through Planning and Partnerships (MAPP) assessment: (<http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>). These would help us look at legislation, technology and other impending changes. Doing this would give a sense of where we are.

The full Council is interested in providing input; however a full discussion may be better suited to the State Health Plan Committee.

- Terry Brandenburg stated that the SHP Committee needs a strategy; the assessment would be a good first step for the Committee.
- Dr. Sandra Mahkorn stated that they will need buy-in on the criteria, and the priorities should flow from those.
- Dale Hippensteel stated that there is a lot of information coming from the local health departments.
 - Kim Whitmore stated that Nancy Young is coming to the next meeting to demonstrate the local health department information hubs.

Bill Keeton stated that there is a lot of discussion about data, but he worries about getting stuck in the paralysis of analysis. We should make sure we are picking data points, because we can't just wait for the best data.

Dr. Sandra Mahkorn stated that this process should be kept simple and understandable. For example, in the hospital system, most providers are affiliated with very large health care systems. She sees that a lot of these systems are getting into the realm of population health improvement and changing their approach to health care delivery.

Bill Keeton stated that a lot of indicators of what healthcare is looking at can be found in [meaningful use](#).

Kim Whitmore stated that perhaps we can look at using priorities as framework for assessment. Mark Villalpando stated that doing that would keep it simple and prove that this is why the criteria were selected.

COMMITTEE REPORTS

Dr. Sandra Mahkorn, State Health Plan Committee Chair

- This Committee is the largest Committee of the Public Health Council.
- The purpose statement was changed slightly to make it more actionable: *The Wisconsin Public Health Council's **State Health Plan Committee** will be responsible for monitoring the progress of, and making recommendations for, Wisconsin's State Health Plan.*
- Measurement tools were discussed in order to measure committee progress and state health plan progress.
- The recommendation was made to review the 10 Essential Public Health Services wheel at a Council meeting.
- Dr. Pat Remington's name was sent to the Committee to invite to participate.
- They are willing to take input from community experts to support the committee's work.
- The next meeting will be in person; they requested a facilitator, and it will be held in the outskirts of Madison.

Dale Hippensteel, Emergency Preparedness and Response Committee Chair

- The Committee has three people: Dale Hippensteel, Mark Villalpando and Dr. Jim Sanders.
- The purpose statement was changed slightly to: *The Wisconsin Public Health Council's **Emergency Preparedness and Response Committee** will review and provide recommendations related to activities in Wisconsin designed to ensure there are coordinated and comprehensive responses to protect the health, safety and welfare of citizens and property in the event of natural or man-made emergencies.*
- The next meeting is in Milwaukee May 11 at the UWM Zilber School of Population Health.
- Dr. Sanders has some people interested in participating. The three of them will meet first to decide on their direction before inviting people.
- They would like DPH staff to give an historical perspective, so they understand how DPH operates.

Dr. Alan Schwartzstein, Public Health Policy and Public Engagement Committee Chair

- Committee has two Council members: Dr. Schwartzstein and Stephanie Schultz. Dr. Darlene Weis also attended.
- Discussed the function of committee, with regard to communications with the public and especially minority communities.
- How does Council want the Committee to send out information?
- The Council's Resolution on Health Disparities was sent in the mail to all entities named on the resolution on April 28.

OTHER BUSINESS

The SelectSurvey link for the meeting was sent May 1, and it was also located in the agenda loaded into the Lync meeting.

<http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=I8203m85>

Dale Hippensteel made the motion to adjourn.
Mark Villalpando seconded.

Meeting adjourned at 11:50a.m.