

Public Health Council

Friday, June 5, 2015
Wisconsin Medical Society
330 E Lakeside St, Madison, WI 53715
9:00a.m. – 2:00p.m.

Council Members Present:

Mr. Terry Brandenburg; Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel; Mr. William Keeton; Mr. Bob Leischow; Dr. Sandra Mahkorn; Dr. Alan Schwartzstein; Ms. Joan Theurer; Mr. Mark Villalpando; Mr. Thai Vue; Mr. Michael Wallace; Dr. James Sanders; Mr. Jay Shrader

Council Members Excused:

Ms. Bridget Clementi; Ms. Stephanie Schultz; Dr. Darlene Weis

Division of Public Health (DPH) Staff:

María M. Flores	Program & Policy Analyst, Minority Health Program
Brian Kaczmarek	Training and Exercise Coordinator, PH Emergency Preparedness
Karen McKeown	Division Administrator and State Health Officer
Lisa Pentony	Public Health Preparedness Unit Supervisor
Jennifer Russ	Population Health Specialist
Susan Uttech	Division of Public Health Accreditation Coordinator
Chuck Warzecha	Deputy Administrator
Kim Whitmore	Policy Section Chief, Office of Policy & Practice Alignment

Guests:

Kristen Grimes	WPHA – WALHDAB Joint Public Affairs Committee
Eric Krawczyk	Health Officer, Oneida Nation
Laura Riske	Assistant Deputy Secretary, Department of Health Services
Nancy Young	Institute for Wisconsin's Health, Inc.
Kaylee Underkoefler	Institute for Wisconsin's Health, Inc.

ACRONYM GUIDE & LINKS

DATCP	<u>Wisconsin Department of Agriculture, Trade and Consumer Protection</u>
DHS	<u>Wisconsin Department of Health Services</u>
DPH	<u>Wisconsin Division of Public Health</u>
FQHC	<u>Federally Qualified Health Center</u>
HW2020	<u>Healthiest Wisconsin 2020 / State Health Plan</u>
JFC	<u>Joint Committee on Finance</u>
LPHD	Local Public Health Department
MHLC	<u>Wisconsin Minority Health Leadership Council</u>

NACCHO	<u>National Association of County and City Health Officials</u>
PHAB	<u>Public Health Accreditation Board</u>
PHC	<u>Public Health Council</u>
SIM	<u>Wisconsin Site</u> <u>State Innovation Models Initiative – federal site</u>
SLOH	<u>State Lab of Hygiene</u>
WALHDAB	<u>Wisconsin Association of Local Health Departments and Boards</u>
WPHA	<u>Wisconsin Public Health Association</u>

A more comprehensive guide can be found under “Public Health Acronyms & Abbreviations” at: <https://share.health.wisconsin.gov/ph/OPPA/Policy/Council/SitePages/Home.aspx>

OPEN FORUM

Kim Whitmore announced her resignation as Policy Section Chief and State Health Plan Officer. Her new position is Graduate Program Director for the Health Systems Management Program at Loyola University Chicago. Contact information: kwhitmore@luc.edu. She will remain in the Madison area.

COUNCIL BUSINESS

Review and Approve April 24, 2015 minutes

- Dr. Gary Gilmore moved to approve the minutes
- Dr. Sandra Mahkorn seconded
- None opposed

Revised Committee Structure

- Dr. Gary Gilmore moved to approve the revised Council Committee Structure document
- Dr. Sandra Mahkorn seconded
- None opposed

Comments:

Dr. Alan Schwartzstein stated that the Public Health Policy and Public Engagement Committee seeks clarification of duties. They thought they were responsible for dispersing Council and Committee information, and a monitoring role.

- Bill Keeton stated that they could look at policy work on their own or other committees to forward information to Council, formulating and being the strategic body on how to disseminate information. For example, if a legislative committee is deliberating an issue related to the state health plan, the Policy Committee could offer additional insights, or identify gaps where there could be activity.
- Dr. Gary Gilmore stated that he sees a monitoring role as recommendations are actualized and forwarded.
- Joan Theurer stated that there is a role in researching and making recommendations to the Council, but this is also the responsibility of entire Council. She suggests adding to the definition that all Council members have a shared responsibility to monitor and make

recommendations in terms of the impact of public health activity on the State Health Plan.

- Mary Dorn stated that she sees this Committee as being the hub where information flows through, or a liaison role.
- Dr. Alan Schwartzstein asked if it is a duplication of efforts if this committee also reviews the State Health Plan (as there already is a SHP Committee). If this committee is also supposed to monitor legislation, then he would like a more robust committee, and to have Alex Ignatowski attend meetings or to advise the committee.
 - Bill Keeton stated that the Department can only share information and not make recommendations. A liaison relationship with other entities would address some of these issues. Committee members do not have to be Council members; Bill can discuss with the Policy Committee on how to get information on what is going on.
- Mary Dorn stated that perhaps one Committee member can join the WPHA-WALHDAB Joint Public Affairs Committee and listen in on the monthly teleconference. She also may be able to act as a liaison to let the Committee know what is going on prior to the teleconference calls
 - Dr. Alan Schwartzstein will get information from Kristen Grimes; however more people on the Committee would spread the work around.
 - Bill Keeton stated that he will see about joining the WPHA-WALHDAB Joint PA Committee, and also contribute to the Policy Committee.
- Dr. Gary Gilmore stated that when the [Beer Tax resolution](#) came up in October 2009, he went before the legislative committee to speak on behalf of the Council. For future legislative items like this, a Committee member could speak on behalf of the Council.

Next steps for the Public Health Policy and Public Engagement Committee:

- *The Committee description language will be cleaned up to approve for a future meeting.*

Revised Rules of Order

Kim Whitmore stated that staff will make a draft for the Executive Committee to review and bring back to the Council.

- Dr. Gary Gilmore moved to table this discussion.
- Mary Dorn seconded.
- One opposed.

The motion to table this discussion passed.

Letter from the American Liver Foundation

Bill Keeton stated that as the committees move forward with their work, the letter would be an appropriate issue for the Policy and the State Health Plan Committees. The American Liver Foundation has been working with multiple partners as the disease has changed to a curable disease. Policy makers are uneducated about this epidemic. He feels this Council should weigh in on this.

- Mary Dorn recommends that it be referred to Committee.
- Thai Vue felt that there should be more education for the Council on Hepatitis C. *Bill will follow-up with Thai.*

- Terry Brandenburg stated a position that would show policy makers that health outbreaks affecting the state are not just heroin overdoses, since hepatitis outbreaks are also extremely important. Joan Theurer stated that her county (Marathon) was recently part of a multi-county Hepatitis C cluster investigation.
- Kim Whitmore stated that staff will get information on this. (Sent to Bill Keeton).
- Dr. Alan Schwartzstein stated that he also has some infectious disease partners who may be able to take time to talk to the Council about these types of issues. His experience has been that positions of some organizations are not always in line with the recommendation of health care experts / professionals. Before taking a position, we should look at what clinicians are recommending.
- Bill Keeton stated this will be referred to the SHP and Public Health Policy committees. He stated that this can be an opportunity for the Council to lead on this issue.
- Dale Hippensteel stated that these types of requests may become commonplace with the Council. He would like to know what the State says about Hepatitis C. <https://www.dhs.wisconsin.gov/viral-hepatitis/index.htm>
- Dr. Sandra Mahkorn stated that the SHP is going to look at criteria for these types of health issues.
- Joan Theurer stated that it is also important to look at the root causes of these types of infections – the underlying preventable issues, especially in terms of cost benefit and cost-effectiveness analysis.
- Karen McKeown stated that in terms of what other states are doing, they are conducting surveillance and looking at root causes. This is a big issue in the public health and health care world. States and private payers are looking at this issue as there are huge costs associated with the treatment of Hepatitis C. It is curable but does not prevent reinfection.
- Thai Vue reminded the group to look at the effect of liver diseases on ethnicities; the burden on the Asian population is great.

Councils and Boards Roster

- Bill Keeton stated that the document of Gubernatorial and Secretary-appointed Boards and Councils in DHS and other bodies the Executive Committee decided had overlapping work. This was pulled together as the Council continues to go through and do work. Council members need to identify individuals to come to Council meetings to see where joint work can be done. Council members are to let Bill know if they know individuals in these bodies.
- Dr. Sandra Mahkorn stated that the Board on Aging should be added to the list.
- Kim Whitmore stated that it was discussed in the Executive Committee meeting that it may be good to hold a "Council of Councils Meeting" once per year, to discuss collective impact and in terms of *HW2020*, seeing which Councils or Boards are affecting particular focus areas.

Follow-up: [AHEC CHIP Intern](#) Jing Wu met with the Executive Committee on June 26, and will follow-up with Bill Keeton about convening this type of meeting.

WPHA – WALHDAB JOINT PUBLIC AFFAIRS COMMITTEE

Kristen Grimes, Committee Co-Chair

Kristen went through her slideset. Mary Dorn is also part of this Committee. The Committee chooses legislative priorities by creating guiding principles by deciding length or priorities, and focus on those that lack a lead organization. There are over-arching long-term focus areas like looking at a stronger public health workforce, increasing the investment in public health, eliminating disparities and promoting prevention.

Three priority areas:

1. Funding for communicable disease prevention and control (short-term);
 - Asked for \$5M in biennium for all local health departments to create a communicable disease prevention and control standard or process. Larger health departments receive additional funds.
 - Did not get into the budget; was not put forth in a timely manner, was embraced by lawmakers, but no funding to accomplish this.
 - Will continue working on this issue.

2. Reimbursement for Prevention activities (focused on non-licensed providers in community-based settings providing prevention services).
 - In 2014 CMS changed the rule to allow non-licensed providers to receive reimbursement for prevention services, but services need to be recommended by a licensed practitioner.
 - In Wisconsin, the non-licensed groups that provide prevention services will begin collaboration to have more influence on this issue.

3. Health in all Policies (long-term).
 - Joan Theurer stated that the phrase “health in all policies” is branding that is used at all levels of public health – local, state, federal. It is not a campaign; it is an orientation that as we move forward, public policy, related to and in support of public health, should be examined for health implications. It reinforces the determinants of health – you cannot have a healthy community unless the social and economic issues are addressed, as well. It helps tie the concepts together so that people look at the implications of health around policies.
 - Bob Leischow stated that this terminology is supported and promoted through NACCHO. It is not an initiative, but a strong focus on this as general terminology that goes beyond public health. The idea is that between public health and traditional health systems, we can all come together and talk about policy from a synergistic perspective.
 - Mary Dorn stated that this is consistent language used in public health, and is well known. Health departments see this in local planning efforts and others working in non-traditional, non-governmental public health as being a method of working with legislators and the community when policy is created to look at the health effects of that policy.

Other current issues:

- E-cigarettes

- Wisconsin State Lab of Hygiene was removed from UW System to be put into the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP). Funding was removed for DHS and the DNR to do work; but now it is staying in the UW System and funding will remain intact.
- Food safety consolidation – passed.
 - Moved to DATCP, they are fine with this – but there are some issues of concern.
 - Fees to be frozen at the DATCP level, and also the LPHD level. The health departments do not make money off of this; fees cover costs only. This is set in statute – that most LPHDs, as agents of the state, can set their fees to fund their licensing and inspecting programs with these fees.
 - Letter to Governor to veto the freeze. They are trying to get as many health officers to co-sign, and are asking the Public Health Council to also co-sign.
- Intoxicated co-sleeping. Criminalization of people whose babies die while co-sleeping. The Joint PA Committee took a neutral position with concern, asked for a one-year delay on criminalization to do expanded education. The bill is currently dead.
- Lead Inspection exemption – opposed. Trying to remove mandatory lead inspections on renovated homes. Has not been introduced as of yet.
- Restriction on abortion services – opposed because of public health reasons around this.

Sites (check legislative grid on both sites):

<http://www.wpha.org/?page=Advocacy>
<http://www.walhdab.org/?page=Advocacy>

- Chuck Warzecha explained that the motion that was added came from outside DHS – the Department was not involved with this. He does not know what type of communication led to this being put into the budget. The current structure of food safety is that DATCP inspects retail food/grocery stores, GPR was allocated to their fee structure. DPH has never had GPR allocated to those programs (they are fee-based). Believes it takes effect July 1.
- Karen McKeown stated that the Department does not take positions. They provide information to the Legislature.
- Mary Dorn stated that it greatly impacts LPHDs; it is a major impact on food safety.
- Terry Brandenburg stated this is a great impact. Because of this agent agreement, LPHDs conduct 75% of restaurant inspections. It has a state-wide impact.

Thai Vue asked that Kristen explain the Small Business Wellness Program off-line. Dr. Gary Gilmore asked Kristen to check on the level of funding for businesses (how large are the grants).

Kristen suggested perhaps a standing agenda item on her Committee's agenda, and on the PHC agenda.

Bill Keeton stated that because things move very quickly, the Council needs to do digging on what direction groups are going.

Kim Whitmore stated that at the next Public Policy Committee meeting they could look at vetting issues for support or opposition through the lens of "Six Questions".

Kristen is wondering if PHC would make a decision to ask the Governor to veto the freeze on fees.

LEGISLATIVE UPDATE

Laura Riske, Assistant Deputy Secretary, Department of Health Services

Assistant Deputy Secretary Laura Riske stated that the budget has been the primary focus. To reiterate, the Department does not take positions on issues. She anticipates the final vote will take place later in June.

1. Tattooing and body piercing regulation from DHS to DSPS. It was approved for transfer.
 - Joan Theurer asked where is the protection for LPHDs who are agents to continue inspections? She heard that it is in place and negotiations are occurring.
 - Mary Dorn stated that the Joint PA Committee looked into this, and they are open to discussion to having LPHDs serving as agents.
2. There is a motion to increase by \$300K the Mike Johnson grant, part of AIDS grant case management support.
3. The Governor made a proposal 's proposals also directed pharmacists and pharmacies to update the Wisconsin Immunization Registry (WIR) to 7 days after administering vaccines to children between 6-18. Originally the proposal was to update WIR within 24 hours. It is Motion #180 in the budget. It passed by unanimous vote. There was no previous statutory or rule requirement.
 - Mary Dorn asked if it was possible during policy deliberations to discuss sending a letter of thank you to the legislators responsible for this.
 - Laura Riske clarified that the Governor recommended a 24 hour update to WIR, the modification was 7 days.
 - This brings pharmacists and pharmacies in line with other reporters.
4. Another motion not originally proposed: The Joint Finance Committee unanimously agreed to increase funding to the Well Woman Program by \$100K; a one-time funding.
5. Dental Pilot to increase Medicaid reimbursement rates in certain counties (Brown, Polk, Racine, Marathon) for children and certain adult emergencies.
 - Bill Keeton stated that the idea is that if the Pilot shows good outcomes, then hopefully it will address some long-time issues with access for Medicaid patients and to decrease emergency room visits. Perhaps send a letter to Wisconsin Dental Association just to reiterate importance.
 - Karen McKeown stated that the Division will probably be helping with some of the evaluation, but Medicaid will implement this.
6. The SLOH will continue to receive same level of funding through the UW System GOR funding.

- Dr. Gary Gilmore asked about the budget continuing at the same level and asked about any impact that the \$250M cut across the UW System may have.
 - Chuck Warzecha stated that it would not be a major portion. The more likely places that it would be felt would be in the shared systems that the SLOH has with the UW system, such as human resources and joint faculty appointments. It is separate from the DHS component.
7. The JFC approved the Governors recommendation to provide protect access to hospital services for low-income and Medicaid patients, total funding over the Biennium is \$71M.
 8. The JFC approved reimbursement of FQHCs at the prospective payment system rate. They were being reimbursed using a reasonable cost methodology. This is a formula change that has a three-year phase-in for the new rates.
 - Dale Hippensteel stated that implementation will be put off for one year, it I important for the FQHCs to work with Medicaid to determine proper rates.
 9. Long Term Care changes. The JFC made several modifications, but approved expansion state-wide. DHS supported the changes adopted by the JFC.

COMMUNITY COMMONS

*Nancy Young & Kaylee Underkofler
 Institute for Wisconsin's Health, Inc. (IWHI)*

Nancy Young explained the Data Pilot project using Community Commons, a platform that collectively works across sectors to address social, economic, educational, health and environmental issues. It creates reports and maps using data enters from a wide variety of sectors. Many of these tools are public available. Accessing and interpreting health data is a critical need. Community Commons is a not-for-profit organization. There are other platforms similar to Community Commons, but they are for-profit.

Community Commons also helps to address Domain 1 of the [Public Health Accreditation Board's Standards & Measures](#): *Conduct and disseminate assessments focused on population health status and public health issues facing the community.*

Standard 1.1	Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment
Standard 1.2	Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
Standard 1.3	Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health
Standard 1.4	Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

- She explained the history of funding for this data pilot. There are a few other similar platforms; the Advisory Team looked at affordability, authentic presentation, what was good for the community, ease of public access to public data, and data visualization.

Community Commons has a lot of information that can be accessed without being a member.

- She played the [Community Commons video](#).
- The [Wisconsin Pilot](#) contains a “hub” and 13 local and tribal “hublets” [across Wisconsin](#). These L/THDs are called “Piloteers”. The State can upload state-specific data, and the L/THDs can upload their own data, and make their hubs public or private.
- The site contains a few narratives ([Narratives tab](#)), and there would be a potential tab for the state health plan.
- One powerful feature is a community health needs assessment (CHNA) reporting tool, which very quickly can pull together a CHNA.

Terry Brandenburg stated that this type of system represents a huge leap in health department work. For example, with community health needs assessments (CHNAs), the time saved is hundreds of hours. This works well for hospital systems also, and their required CHNAs. This is an important next step for the state to take.

Thai Vue stated that it is a great project, but he is disappointed; how are data derived for minority populations? For example, how can one find data affecting Asian populations? It is important to understand that there is a data collection gap, not just racial, but with ethnicities also. For example, there are great disparities in the population for Hepatitis A & B, and maybe some data were not coded correctly.

- Kim Whitmore stated that the health disparities report identifies that data collection is of the utmost importance; however Community Commons does not define the quality of the data.

Mary Dorn stated that her health department, as a pilot site, looked at several vendors with the hospital partners, and she feels part of extension of pilot could be a monitoring piece of the system, something that community people would use.

Joan Theurer stated that this pilot project illustrates and highlights the need right now. The current way health departments put together their plans is very tedious work, and if larger health departments struggle to put their plans together, then the smaller health departments struggle even more. Community Commons levels the playing field for all health departments. It can look at disparities in the state, and look for areas of collaboration.

Dr. Gary Gilmore stated that the State Health Plan Committee could benefit from the findings of the IWHI mid-course review.

Nancy Young stated that IWHI did qualitative research via telephone interviews, with the administrators in the pilot site counties. All 13 sites stated that it was a valuable resource. The quantitative research was conducted by Community Commons. There are implications beyond health departments into the general community.

- IWHI is trying to come up with funding for extending the time frame of the pilot.
- Although the Council can come to the pilot hub, members themselves (identifying themselves as Public Health Council Members) should obtain IDs so they can get access information and examine what is happening.

Joan Theurer stated that in Marathon County, local tax levies are being used to address complex social problems. Leaders want to see how they measure against other counties. Community Commons would make this easy to accomplish. There is no uniform data throughout Wisconsin.

Dr. Sandra Mahkorn stated that this would also impact workforce development.

Eric Krawczyk stated that he is part of the Advisory Team for the pilot. As time is such a commodity, Community Commons is incredibly efficient and effective.

SIM GRANT

Jennifer Russ, MPA, Population Health Specialist, Office of Policy and Practice Alignment

Jennifer Russ gave the SHIP (State Health Innovation Plan) update.

- Plan to transform health care and for improving population health. She is the analyst for the Population Health Workgroup.
- Two current sub-populations: adults 18-64 with diabetes + hypertension and adults 18-64 with diabetes + depression- gathering facts about two sub-populations. In October another two populations will be chosen.
- Key findings report was released June 4. Final report will cover basic facts about the populations and areas of potential intervention.
- Looking at retooling survey, especially population health. Once they have all facts, next step is figuring out the transformation goals - how to take all facts and initiatives and figure out how to meet the larger vision of the national vision for diabetes, depression, and hypertension; and how to connect all the initiatives going on at the ground level. They are looking hard at the costs.

Kim Whitmore stated that the link to the website appears in the Acronym Guide and Links part of this agenda.

COUNCIL UPDATES

Emergency Preparedness

Public Health Emergency Preparedness Program

Brian Kaczmarek, Training and Exercise Coordinator:

- Twenty-five partners recently completed an anthrax exercise, report available soon.
- End of July there will be Family Assistance Center training targeting DHS staff and newly hired [Health Coalition](#) staff in each of the [seven regions](#), along with some medical examiners and coroners.
- Certain staff in the Program worked on competency assessments tied to the general public health preparedness domain for accreditation. The general PH domains have some great assessments tied to the preparedness [domain](#). A minimum number of staff in health departments to take the assessment, using [TRAIN](#), to tie training plans to competencies to point them to the tools, training and resources needed to close gaps. If any health departments have accreditation on the radar, this tool may help them.

Lisa Pentony, Public Health Preparedness Unit Supervisor:

- Upcoming trainings on disaster behavioral health. Preparedness is focused on mass care, medical surge and volunteer management.
- June 5 will be the first training on sheltering called "Working Together to Increase Sheltering Capacity in Wisconsin". Training in September will center around supporting people with access and functional needs. Another training to take place in December, focus area to be determined.
- They are finalizing a rough draft of the state-level mass fatality plan, which will be vetted with partners and LPHDs.
- Nationwide anthrax shipment mistake update. Fifty-one labs affected by the shipment, in 3 countries and 17 states. The Department of Defense has called for a moratorium on shipping new materials. No disposal and cleanup guidelines released yet. Labs are essentially closed and people have been given layoffs.

Bill Keeton requested that the mass fatality plan draft also be shared with the Council's Emergency Preparedness and Response Committee.

Joan Theurer stated that a number of LHDs worked on the mass fatality plan. How has that been used?

- Lisa Pentony stated that they are looking at what is going on around state, looking at coverage, and they are aware of those who have turned them in.

Wisconsin Minority Health Leadership Council

Thai Vue, Council Liaison to the Wisconsin Minority Health Leadership Council

Nothing to report at this time. The next Wisconsin Minority Health Leadership Council meeting is June 11, 2015. He will update the Council at the August meeting.

COMMITTEE REPORTS

Public Health Policy and Public Engagement Committee

Dr. Alan Schwartzstein

Dr. Alan Schwartzstein and Stephanie Schultz met with Kim Whitmore recently to discuss budget issues, general policy announcements from the Council, positions the Council can take on issues. As the Council has not put out public statements for a while, it would be important for the Council to be strategic, especially around making statements about the budget.

One recommendation was made regarding communications to the public. Information needs to be put out where you want people will see it. Both he and Stephanie Schultz are active on social media. They want the Council position on social media reviewed and assessed for impact on decisions made.

With regard to food safety issues moving to DATCP: both he and Stephanie Schultz felt they did not have enough background or information on this issue in order to make a recommendation; however, as a public health professional, he feels that Public Health is the

correct “home” for food safety. Also, some of the discussions around the budget freezes are difficult to understand.

Emergency Preparedness and Response Committee

Dale Hippensteel

The Committee meeting took place on Monday, May 11 at the UW-Milwaukee School of Public Health. All Committee members attended, and Mark Villalpando gave some history of the Committee and past work. Joe Cordova, Public Health Emergency Preparedness Program Manager, was also in attendance and was extremely helpful. Committee members would like Joe to attend all meetings. Joe helped clarify the role of the committee, and gave some information:

- He suggested Committee members to review after-action reports located on their site (Committee members have access to the site).
- The members reviewed the *HW2020* focus area information. Dr. Jim Sanders suggested simple things the Committee can look at, for example, emergency preparedness. The Oneida Nation has some good baseline data on preparedness that would be helpful. It was noted that Eric Krawczyk will be a new Council member in July, perhaps he should be invited to the committee (*he will consider it*).
- Joe also suggested Committee members attend or review minutes of the Public Health Preparedness Advisory Committee. Committee members have access to their site and the minutes.
- Joe will keep the Committee updated on issues.

Committee members decided on meeting four times per year. The Milwaukee location was good, and they would like to see the full Council meet at the UWM School of Public Health. Dale stated that the Committee minutes be sent to the full Council. *The notes are posted on the Council's sites.*

State Health Plan Committee

Dr. Sandra Mahkorn

There will be more to report at the August Council meeting. The next Committee meeting is scheduled for Friday, June 12, 2015 – it is an all-day meeting with a facilitator who has done previous work with the state health plan. The agenda includes identifying appropriate criteria, obtaining background on the state health plan and the Mid-Course Review.

Policy Deliberations and Discussions

1. Issue around vetoing the freeze on the fees for LPHDs.

Related to the earlier presentation by Kristen Grimes; the request from the WPHA-WALHDAB Joint Public Affairs Committee to weigh-in with governor's office on this budget item.

Mary Dorn stated that for those LPHDs that are agents of the state, this freeze ties the hands at the local level because the LPHDs' governing bodies require them to fund programs with licensing and inspecting fees. By freezing these fees, they are forced to make cuts elsewhere, reduce program funding and services for those paying for the licensing fee. This also ties the State's hands to make up for funding these programs – if DATCP is not funding these programs

as the transition occurs, then this means more GPR funding is being used to fund these programs and services. LPHDs serve the communities on multiple levels - this affects the health of our state. In statute, LPHDs can establish their own fees; this freeze means they will need to put a hold on that statute in order to meet this budgetary issue. It also becomes a burden on local tax levies if they can't raise enough to cover the gaps.

- Joan Theurer this also puts at risk those LPHDs who are state agents, whose policy makers are indifferent or unaware and may be intolerant when LPHDs need to ask for tax levies to support this.
- Eric Krawczyk stated that it will affect relationships with the restaurants and vendors; they trust the LPHDs, and this type of trust may not occur at any other level but local.

Dr. Alan Schwartzstein asked what would the Health Officers say to people not knowledgeable about public health? What is the convincing argument to members of the public who are concerned with taxes? How does this align with the Council's "Six Questions"? What is the bang for our buck to join WALHDAB –WPHA in advocating for this issue, and how are we positioning ourselves for the future by having this be our first position where we are essentially challenging the budget? How to sell to the general public?

Bob Leischow stated that it was made known that as the transition was happening, there was a general agreement at the highest levels that there would not be any significant changes until things get sorted out. What is really the budgetary impact, or is it just an agreement?

Dr. Sandra Mahkorn asked if this was of concern to the Grocer's Association and why; and why was there such a great discrepancies in fees across the state?

- Mary Dorn stated that it was a concern of the grocers that the fees vary greatly in the state. Around 70% of LPHDs are agents of the state, so there are ~70 different fees.

Chuck Warzecha brought up some key facts:

- In terms of the "outsider's view" in explaining this issue: the statutory requirement is not widely understood. LPHD should raise fees only to the extent needed to run the program. The requirement is that LPHDs be fiscally responsible, and not try to use the funds for other initiatives.
- The original budget did not include this notion; it was added afterward by another party, and raising this issue would not be critical to the budget.
- DPH has been advocating for the local service delivery model in this area, since the IOM report from the late 1980's that identified this as the ideal model. The areas that are not served by LPHDs tend to be more rural, so DPH will not be hurt by the Council advocating it will be a better model; because the Division agrees.
- Although DATCP stated that this was one item that was being added, and that it would not move other things, and it was not part of some larger changes; however this change does make it part of larger changes. It clouds the discussion, changes the current environment, and will cause angst to those affected.

Thai Vue asked if there was a motion on the floor yet to take a position. It is important to hear all sides of issues presented to the Council prior to taking a position. This seems rushed - is there an issue of timing, does the Council need to vote today, or can a special meeting be called?

Bill Keeton stated that he is asking the Council to discuss the request that was made during the WPHA-WALHDAB presentation.

Kristen Grimes stated that her understanding is the Grocer's Association, put forth several "asks" in the budget; this was one that stuck, nobody knew it was coming, and it just happened and it was voted on. There was no time for the WPHA-WALHDAB Joint PA committee to react. If there additional information, she can gather some additional information if the Council is interested.

Bill Keeton stated that the reason this is being rushed is that the JFC might pass this soon and will be forwarded to the Assembly or Senate. Probably by the end of June this will go to the Governor for signature. It could be sent to Committee, but it would be tough to coordinate schedules for a special meeting.

- Dr. Alan Schwartzstein made the motion for the Council to publicly oppose the freeze on fees for the licensing and inspection (licensing and regulation) that local health departments do with regard to food safety.
- Dr. Gary Gilmore seconded.

Discussion:

Dr. Alan Schwartzstein stated that he is not certain this should be Council's first public announcement. It should be approached from the point of view of food safety – not public health funding or even about local health departments. That way the public will understand: it is important that fees not be frozen; LPHDs make sure the food is safe for citizens in Wisconsin.

Mark Villalpando stated that since the turnover of the Council, members want to DO something. As a veteran member, he agrees with this. This is a public health issue, not a political issue. Our partners in WALHDAB and LPHDs are asking for our help - not some outside interest group. We have the same agenda. Our mission is to protect public health.

Dr. Gary Gilmore stated that one part of this is how it plays with the general citizenry. With proper wording of the motion along the lines of food safety, it would capture the public's interest.

Terry Brandenburg stated that although he sits on the Council as an individual and not representing his employer, but the arrangement made with his employer allows him to serve on the Council but to communicate legislative issues about policy. So that any voting he makes would be consistent with his employer. Today's immediate voting will not allow him to communicate with his employer his stance on issues, so he will abstain from all voting.

Dr. Gary Gilmore called to question on motion to end debate and move to a vote.
(a 2/3 vote is needed to call to question that will end the debate)

- All were in favor
- None opposed
- One abstention

Vote on motion that the Public Health Council publicly oppose the freeze on fees for the licensing and inspection that local health departments do with regard to food safety.

- One opposed
- One abstained

The motion passed.

2. How should the Council publicly acknowledge or thank for positive budget items, and who is in charge of this?

Dale Hippensteel made a motion to authorize the Chair to make the decision on who to thank for positive budget items, and to forward that to the appropriate elected officials.

- Dr. Gary Gilmore stated this should be referred to the Executive Committee for further discussion so there can be a sounding board for further communication.
- Dr. Alan Schwartzstein suggested that this also be referred to the Public Policy Committee to help with crafting the language.

Mark Villalpando seconded the original motion by Dale Hippensteel.

Bill Keeton made an amendment to the motion. He will prepare a draft outline of items and support for them to send to Policy Committee and Executive Committee to obtain approvals from both Committees.

No further discussion.

Vote on motion to authorize the Chair to communicate on behalf of the Public Health Council to appropriate elected officials our support for those items in the budget related to good public health policy.

Discussion: Dr. Alan Schwartzstein clarified that the items would be limited to those discussed earlier, not looking through the entire budget for positive items.

- None opposed.
- One abstained.

The motion passed

3. American Liver Foundation letter regarding Hepatitis C and what action to take in response.

- Bill Keeton Stated that this issue will be sent to the Public Health Policy and Engagement Committee.

4. Formal request of the Public Policy Committee to explore options on use of social media to communicate with the public and partners.

- It is unclear if there is a strong Departmental policy on this issue. Bill Keeton has experience with establishing social media policy for his organization.

5. Any recommendations related to the IWHI Presentation on the Data Pilot Project expansion and recommendations to expand the pilot and using the IWHI platform for the Mid-Course review.

Bill Keeton stated that this issue should be referred to the State Health Plan Committee. *Will be added to the next agenda for the SHP Committee.*

Mary Dorn asked if there was a timing issue with regard to the budget process to weigh in on the need to assist in supporting this for the monitoring of that state health plan, which is the charge of the Council.

- Chuck Warzecha stated at this point there is no opportunity to suggest anything to state budget as the period to introduce new items ended last year.

Dr. Sandra Mahkorn suggested that perhaps there could be a proposal for the state to explore options via external opportunities like grants, hospital systems or private sector organizations.

Mary Dorn made a motion to write a letter of support to see if DPH can explore identifying sources of funding to continue a tool such as Community Commons, and use it to contribute to the monitoring of the state health plan.

Terry Brandenburg seconded.

Discussion:

- Mary Dorn stated that the Division could possibly support or help write a grant to support this. Another possibility is to reach out to health care system, and the Department can sign on as supporting the effort.
- Joan Theurer stated that the Council wants to demonstrate that we are supportive and want to see the initiative continue. How can we best demonstrate the Council is supportive?
- Nancy Young stated that the project will finish at the end of September unless funding sources are found to continue.
- Bill Keeton stated that this may be an issue for the State Health Plan Committee.

Dr. Alan Schwartzstein made an amendment to the motion.

The Public Health Council indicate to the Institute for Wisconsin's Health, Inc. support for this program, and how it contributes to better serve the health and safety of the citizens of Wisconsin.

- Dr. Gary Gilmore seconded the amendment to the motion. He stated that the amendment strengthens the idea of our support, and any letter of support can be used by IWHI for future grant applications.

Discussion:

- Dr. Schwartzstein stated that he believes DHS has many important initiatives, and they all may be acceptable to the Council; however, the Council needs to be strategic about individual initiatives, so it would like any statement to be a motion of support and appreciation to continue the work without addressing the dollar amount.
- Kim Whitmore clarified that the current funding to IWHI for the Pilot project comes from the DPH (through CDC funding). There is no reapplication for funding. The grant ends September 29, 2015. An application to continue the project was made to the Partnership Program, but it was not accepted.
- Mary Dorn stated that Community Commons should be looked at as a tool to monitor the state health plan. That was the intention of her original motion that would go to the DPH.
- Dr. Gary Gilmore stated that the letter should go to the Division of Public Health to make sure that the Division sees that there is a tool to monitor the State Health Plan.
- Eric Krawczyk stated that there seems to be a sense of urgency, and the Council will be remiss if they do not issue a statement of support.
- Nancy Young stated that having this discussion is valuable, and she thinks support letters will be put to good use. A formal proposal was given to Kim Whitmore to give to Chuck Warzecha. Community Commons informed IWHI that if there is a funding gap, the hub will be frozen and usable, but no new information can be uploaded.

Dr. Alan Schwartzstein suggested that although he appreciates the work being done, but that the Council take no position, contrary to what he stated earlier.

- Mary Dorn stated that she was very clear in her original motion that a tool such as Community Commons be used for monitoring. The Pilot will show if using Community Commons as the tool was successful. There is other technology out there that is similar to Community Commons.

Bill Keeton stated that this is an opportunity to publicly state that public health and monitoring is important.

Vote on amendment to the original motion: That the Public Health Council indicate to the Institute for Wisconsin's Health, Inc. support for this program (Community Commons), and how it contributes to better serve the health and safety of the citizens of Wisconsin.

- Two (2) opposed

Amendment passes.

Original motion: to write a letter of support to see if DPH can explore identifying sources of funding to continue a tool such as Community Commons, and use it to contribute to the monitoring of the state health plan.

- None opposed.

Motion as amended passes.

MID-COURSE REVIEW

Kim Whitmore, Policy Section Chief, Office of Policy and Practice Alignment

The Mid-Course Review discussion was tabled until the next meeting.

DIVISION OF PUBLIC HEALTH ACCREDITATION EFFORTS

Susan Uttech, DPH Accreditation Coordinator

Susan Uttech is the most recent Director of the Bureau of Community Health Promotion at the Division of Public Health. She has been with the Division for the past 27 years. In April 2015 she was named Accreditation Director for the Division. She is planning for a three-year time span until Accreditation is achieved. The Council will have an important role to help achieve State Health Department-level Accreditation. The [Public Health Accreditation Board](#) (PHAB) website contains information about the process.

- The Division's vision is making a great health department better; we know where some deficiencies lie, and we will try to identify more.
- Wisconsin has [seven accredited LPHDs in Wisconsin](#) (tied with Kentucky).
- State Health Departments that are accredited: California, Florida, Minnesota, New York, Oklahoma, Vermont, Washington, and Washington, DC.
- Twenty-three state health departments are in [progress of being accredited](#).
- Wisconsin's first formal statement of intent will be sent one year from now. There is a lot of work to do for the next five years, and there is ongoing work to maintain Accreditation. The process is very important and it will impact the ability to obtain funding.
- Because there are so many [Domains](#), the Council will be asked to function in different capacities. [The State Health Plan Mid-Course Review feeds into Accreditation efforts](#).
- Dale Hippensteel stated that he went through this process with his former health department (Sheboygan County). The PHAB gets very picky when reviewing documentation, for example, making sure logos are placed on every piece of paper that goes out for the health department.

Dr. Alan Schwartzstein made a motion to adjourn.

Bob Leischow seconded.

All were in favor of adjourning the meeting.