



Wisconsin Division of Public Health

PROGRAM/GROUP: Public Health Council

MEETING TITLE: Public Health Council Meeting

LOCATION: Room 1920 - UW Health at The American Center, 4602 Eastpark Blvd, Madison, WI 53718

OR <https://meet.dhs.wisconsin.gov/ruth.sullivan/P86Z81VH> **OR** 608.316.9000 / Passcode: 7627927

DATE/ TIME: Friday, February 1, 2019 9:30am – 2:00pm

Context: (Purpose, Vision, Mission, Goal):

The Public Health Council was created by 2003 Wisconsin Act 186 (Wis. Stat. §15.197(13)). By statute, the Council's purpose is to advise the Department of Health Services, the Governor, the Legislature and the public on progress in implementing the state's 10-year public health plan and coordination of responses to public health emergencies.

Meeting Facilitator: Mary Dorn	Meeting Recorder: Ruth Sullivan/Maggie Northrop
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Members Present:

Mr. Terry Brandenburg; Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel; Dr. Ann Hoffmann; Mr. Bill Keeton; Mr. Eric Krawczyk; Mr. Robert Leischow; Dr. Alan Schwartzstein; Ms. Joan Theurer; Mr. Mark Villalpando; Dr. Darlene Weis

Members Excused:

Mr. Michael Wallace

Staff Present:

Mimi Johnson; Jonathan Meiman; Maggie Northrop; Ron Prince; Stephanie Smiley; Scott Stokes; Ruth Sullivan; Chuck Warzecha

Guests:

Ezra Lyon; Elizabeth Giese; Darren Rausch; Erik Kanter

Agenda:

Time:	Topic:	Lead:	Notes/Follow-up:
9:00 – 9:30am	Settle In & Network		
9:30 am	Welcome and Public Comment	Mary Dorn	Ezra Lyon, a guest attending with Dr. Alan Schwartzstein, was introduced.



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	Roll Call	Mary Dorn	Roll call was conducted.
9:40 – 9:45 am	Council Business: <ul style="list-style-type: none">• Review and Approve December 7, 2018 Council Meeting Minutes	Mary Dorn	Dr. Gary Gilmore moves to accept December 7, 2018 minutes as submitted. Mr. Bill Keeton seconds. Minutes were unanimously approved.
9:45 – 10:15 am	Council Updates: <ul style="list-style-type: none">• Division of Public Health updates• Preparedness updates	Chuck Warzecha OPEHC	<p>Chuck Warzecha DPH updates</p> <ul style="list-style-type: none">• Transition: the new administration and Secretary Andrea Palm are focused on Medicaid expansion at this time. Secretary's Office staff including Deputy Secretary Julie Willems Van Dijk have a strong public health background.• Budget: Governor's budget is yet to be released. DPH has been working on enhancements to the DHS agency budget as originally presented in September, much of which has been focused on Medicaid expansion components. Legislature will also review in March, so we cannot forecast what will actually end up getting through.• Executive Order 3 was well received by DPH for the focus on public health outcomes and improving the health of all citizens of Wisconsin, including the most vulnerable populations.• New DPH administrator has not yet been named.• Federal government shut down impacted nutritional programs funded by USDA. Many of the public health programs are funded under a continuation budget through HSS for this fiscal year so they are not at risk. FoodShare, WIC, TEFAP, and food pantries supported by federal sources were impacted. Concern is about unanticipated needs that will stress the public health system if there are shortages in other service areas.• Communicable disease funding: We are in the process of collecting reporting from the previous year's funding.• State Health Assessment Process: We have already begun development of the next SHA which will inform the next SHIP. A kick off with steering committee took place on 1/31. We are using the MAPP process to guide us and are focused on engagement of stakeholders and partners throughout. <p>Discussion:</p> <ul style="list-style-type: none">• Dr. Schwartzstein raised a question of the potential for the Council to submit a suggestion for the budgetary process.



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			<ul style="list-style-type: none">• Ms. Mary Dorn asked about the status of DPH's physical activity and nutrition funding.• Mr. Terry Brandenburg raised a question on where the Council could play a role given the charge to monitor the state health plan. If there were budgetary items that would support or harm the state health plan, the Council could issue communications to the leadership about it.• Mr. Brandenburg raised the concern of measles and vaccine preventable disease outbreaks happening throughout country and whether we have assessed where Wisconsin may be at risk.• FOLLOW-UP: The group discussed immunization rates in Wisconsin and agreed that the Council should discuss opportunities to engage on this issue.• Bob asked about the status on Tobacco funding in Wisconsin. The group discussed the gap in legislation on vaping and the need to support regulations on vaping as a Council.• FOLLOW-UP: The group requested an update on Tobacco funding at the next meeting.• Ms. Joan Theurer asked about taking a look at pockets in the state with great potential for outbreaks of communicable diseases and the concern of local public health being understaffed to respond to outbreaks. The state does vulnerability assessments and has some underway. We have not put out any statewide data products that are publicly available but it's something we work closely with local health officers on.• Dr. Gilmore asked if there is more we can do as a state in partnership with the school system. Most Local Health Departments have good relationships with schools. <p>Preparedness Updates</p> <ul style="list-style-type: none">• Planning is underway for a large scale pandemic and influenza exercise in 2020.• The office hosted the first ever state wide preparedness conference last month.• There was a preparedness focus at the WALDAB Operations Conference with a day-long pre-conference activity. <p>Discussion:</p> <ul style="list-style-type: none">• Mr. Brandenburg asked about pandemic flu and whether we are
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			<p>continuing to look at response plans. Modernizing public health and our ability to be prepared is on the DPH agenda and we are looking at strategic and creative ways to do this.</p> <ul style="list-style-type: none">• FOLLOW-UP: Provide an update on pandemic flu preparedness at next meeting.• Ms. Dorn stated that as a home rule state, this falls on the local public health level to have response plans and process in place. State has given good resources in order keep staff skills up to a certain level but it is challenging. <p>Other business:</p> <ul style="list-style-type: none">• Dr. Gilmore shared information on the 2019 Wisconsin Health Educators Network conference.• Ms. Dorn shared that she had received a response from her letter to then Governor-Elect Evers.• Mr. Eric Krawczyk asked about staffing vacancies at DHS. Positions are being filled rapidly and vacancy rate is minimal at this point.
10:15 – 10:45 am	<i>Healthy Wisconsin Updates</i>	Mimi Johnson	<p>Mimi Johnson</p> <ul style="list-style-type: none">• The staff member handling coordination of <i>Healthy Wisconsin</i> has transitioned to a new role. We are looking to create a more full time position and at other opportunities to better coordinate across the division. DPH Senior Leadership spent a full day retreat reviewing the progress of each of the Healthy Wisconsin priorities.• We are looking at ways to continue and potentially expand the community dialogues that were funded through mini grants. We are looking to collect impact stories about promising practices on what is happening at a local level and how they can be reinforced.• Biggest opportunity in 2019 is going to be increased coordination and finding ways to support priorities that lack specific programs.• Alcohol Priority: Largely on track. Data has been an issue. Alcohol density tracker from environmental health program is being developed and ideally will be out by end of next year. Alcohol policy project has been our champion and lead in this space.• Nutrition and Physical Activity Priority: Loss of federal funding has led to re-examining what the structure of this priority looks like in terms of staffing and support.• Opioids Priority: Will be discussed later in the meeting.• Suicide Priority: This area has strong partnerships with steering



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			<p>committee. There is a heavy focus on gatekeeper training and overall the priority is largely on track.</p> <ul style="list-style-type: none">• Tobacco Priority: Also largely on track. Trying to identify more efforts in the space of e-cigarettes and vaping, and looking at how to best utilize their external advisory body.• ACEs: Recognized that we need to really make ACEs a sixth priority and have an external advisory body and metrics to track. We are looking at how it engages across priorities but also looking at prevention and intervention, as well as those who have ACEs in adulthood.• As we move to our next level of performance management there is a potential to use Clear Impact Scorecard for the Council to monitor the State Health Plan and also use it to track how they are doing with Council vacancies and meetings.• Members received a preview of Clear Impact Scorecard under development for the Alcohol Priority Area. <p>Discussion:</p> <ul style="list-style-type: none">• Ms. Dorn commented that the potential to use Clear Impact Scorecard with local health departments is exciting and there is a lot of interest.• Dr. Schwartzstein stated that he likes that the Scorecard is easy to understand and use as someone who isn't a public health expert.• Dr. Gilmore commented that this provides a great infrastructure to fill in.• Mr. Keeton said that it provides a great opportunity to include information on the gaps present and what more needs to be done, and will be a good way for the Council to present information to lawmakers.
10:45 – 11:00 am	BREAK		
11:00 am– 12:00 pm	<i>Healthy Wisconsin Priority: Opioids</i>	Jonathan Meiman	Jonathan Meiman <ul style="list-style-type: none">• Dr. Meiman presented a high level overview of the epidemic, what is going on nationally and in Wisconsin, strategies for prevention and reducing harm of use, and a close look at DHS grants addressing opioids.



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			<ul style="list-style-type: none">• DHS is working closely with the State Council on Alcohol and other Drug Abuse (SCAODA) on this.• Wisconsin is following national trends in terms of use and deaths.• Men are two times more at risk than women for overdosing on opioids.• Geographic distribution: rural areas are significantly impacted, where there is already limited health care resources and infrastructure• Other than death, potential health risks: hepatitis C, neonatal abstinence syndrome, HIV, hepatitis A, sexually transmitted infections, bacterial infections.• Harm reduction: naloxone, no prescription is required to buy it at more than 300 WI pharmacies. Naloxone training and distribution (Aids resource center of Wisconsin); fentanyl test strips given to people who inject drugs• Treatment includes: medication-assisted treatment with counseling and case management and recovery supports; and licensed centers/opioid treatment programs.• Federal grants: Gone a long way to addressing gaps in treatment, educating providers, and prevention.• <u>Opioid Forum</u> will be held in March.• <u>Project Echo</u>: From DHS is a case based learning for treatment providers to build capacity quickly.• <u>Addiction recovery helpline</u>: 24/7, can discuss insurance barriers.• Some of the current and upcoming work includes: Naloxone expansion, bringing local public health departments into the mix; enhancement of the prescription drug monitoring program; provider education with a clinical outreach approach; and overdose fatality reviews (35 have taken place so far). <p>Discussion:</p> <ul style="list-style-type: none">• Ms. Theurer asked if DHS has a map at the state level of what each county is doing on opioids. We do not have a comprehensive map but we know there has been a lot of interest in the state doing fatality reviews. DOJ has received some funding that may be able to expand the program.• ASK FOR THE COUNCIL: There is a challenge in understanding the role of public health in the opioid epidemic. It has been difficult in Wisconsin as well as on the national level to carve out the public
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			<p>health role in the behavioral health space given that many of these issues are handled through direct health care services and in other sectors of government. We recognize public health's role to assess resources and gaps in services, perform data collection and analysis, assess communicable disease vulnerability, promote drug user harm reduction, facilitate collaboration, recommend policy, and provide education and public awareness. There are numerous projects at the state and local level involved in these areas. However, it is unclear how public health can best provide upstream prevention efforts. It would be helpful for the Council to think collectively and provide recommendations on what public health can do in the primary prevention space for substance use. We would like to leverage the opportunity we have with opioid funding and apply it to the public health infrastructure to address substance abuse problems, as well as look at the intersect between what we do and behavioral health.</p>
12:00 – 12:30 pm	LUNCH		
12:30– 1:15pm	<p>Council Business:</p> <ul style="list-style-type: none">• WPHA WALHDAB Joint Public Affairs Committee Update	<p>WPHA WALHDAB Representatives</p>	<p>Elizabeth Giese, Darren Rausch, and Erik Kanter</p> <ul style="list-style-type: none">• Wisconsin Public Health Association (WPHA) has 600 members cross-sector members. Visible activities include annual conferences and meetings.• Wisconsin Association of Local Health Departments and Boards (WALHDAB) is a resource for the state and provides local representation on committees and workgroups• Their structure includes a board and members, affiliate of National Association of County and City Health Officials and National Association of Local Boards of Health.• The WPHA WALHDAB Joint Public Affairs Committee, working closely with Hoven Consulting, has been considering what do we focus on with our limited resources to make a difference?• Their 2019-2020 legislative priorities include three overarching themes: 1) Building & Retaining Infrastructure through Funding; 2) Improving Public Health Workforce Succession Planning for continuation of services; and 3) Infusing Health and Equity in All Policies.• They are focused on the social determinants of health, specifically:



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			<p>justice reform, early childhood education, income stability & employment, and housing</p> <ul style="list-style-type: none">• The Joint Public Affairs Committee sees a clear connect between making a difference in the priority areas they identified with making a difference in the <i>Healthy Wisconsin</i> priority areas.• How can we support each other to align with the state health plan? <p>Discussion:</p> <ul style="list-style-type: none">• The group discussed opportunities for more intentional interfacing together on the issues. Options will be discussed at the next Public Health Council Policy and Executive Committee meetings.• All Public Health Council meetings including committee meetings are open to the public.• Council members requested a cross-walk of current WPHA WALHDAB Joint Public Affairs Committee legislative priorities with the State Health Plan.
1:15 – 1:45 pm	Committees meet to determine 2019 meeting schedules	All	<p>Committee Scheduling:</p> <ul style="list-style-type: none">• Executive committee will stay with schedule of two weeks after and three weeks before full Council meetings• DPH staff will coordinate Doodle polls to schedule Policy, SHA, and Preparedness Committee meetings. Members should respond to polls for committees they wish to join. <p>Additional Discussion:</p> <ul style="list-style-type: none">• The group discussed the opioids presentation and public health's role in addressing the crisis, including the connect with ACEs and social determinants of health, and the need for a comprehensive systems-level approach.• FOLLOW-UP: Put request in writing on how the Council can advise on opioids. Share with the Council the publicly available monthly opioids report. Look at additional data pieces on risk reduction and protective factor data, overdose fatality review data, public opioid monthly report, example of what the alert looks like <p>Next Meeting:</p> <ul style="list-style-type: none">• Look closely at Council membership and diversity needs and move



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			<p>forward.</p> <ul style="list-style-type: none">• Areas to focus on for Council membership include: racial and ethnic diversity, gender, sexual orientation, priority area expertise/ACEs, geographic diversity, consumer members, faith community, United Way, and federally qualified health centers. <p>Mr. Krawczyk motioned to adjourn. Dr. Gilmore seconded. Meeting adjourned at 1:45 p.m.</p>
1:45 – 2:00pm	Next steps and Adjourn <i>Reminder to complete and hand in meeting feedback form</i>	Mary Dorn	http://www.surveygizmo.com/s3/4405011/Public-Health-Council-Meeting-Survey

Notes: The Department of Health Services is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Ruth Sullivan at 608.261.0650 or DHSPublicHealthCouncil@wisconsin.gov. You must make your request at least 7 days before the activity.