



# 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/378B22H7> OR 608.316.9000 / Passcode: 117361

**DATE/ TIME:** Friday, May 3, 2019 9:00am – 2:00pm

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

<i>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.</i>	
<b>Meeting Facilitator:</b> Mary Dorn	<b>Meeting Recorder:</b> Ruth Sullivan/Maggie Northrop

**Members Present:** Mr. Terry Brandenburg; Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel; Dr. Ann Hoffmann; Mr. Bill Keeton; Mr. Robert Leischow; Dr. Alan Schwartzstein; Ms. Joan Theurer; Dr. Darlene Weis

**Members Excused:** Mr. Eric Krawczyk; Mr. Mark Villalpando

**Staff Present:** Jeanne Ayers; Cassie Frankel; Mimi Johnson; Maggie Northrop; Lisa Olson; Mary Pesik; Ruth Sullivan; Julie Willems Van Dijk

**Guests:** Amy Korth; Amy Meinen

**Agenda:**

Time:	Topic:	Lead:	Notes/Follow-up:
8:30 – 9:00am	Settle In & Network		
9:00 – 9:10am	Roll Call Welcome and Public Comment	Mary Dorn	Roll call was conducted. There was no public comment.



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9:10—9:15 am	<p>Council Business:</p> <ol style="list-style-type: none"> <li>Review and approve February 1, 2019 meeting minutes</li> </ol>	Mary Dorn	<p>Dr. Gary Gilmore moved to approve the minutes as submitted.          Dr. Alan Schwartzstein seconded.          Minutes were unanimously approved.</p>
9:15—9:30 am	<i>Healthy Wisconsin Updates</i>	Mimi Johnson	<p>Mimi Johnson:</p> <ul style="list-style-type: none"> <li>DPH staff recently presented to the legislative task force on suicide prevention.</li> <li>There has been interest around the Alcohol priority including an interview with WPR.</li> <li>The Opioids Priority Action Team (A SCAODA subgroup), Nutrition and Physical Activity, and Tobacco groups are not actively convening at this time.</li> <li>Prevent Suicide Wisconsin steering committee is working well as the Suicide Priority Action Team and continues to meet and add value, align with <i>Healthy Wisconsin</i> strategies.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>Ms. Mary Dorn stated that there is a struggle at the local level with moving work forward on the priority areas with community ownership. Is there a thought to how the health plan moving forward is going to have leadership? A coalition statewide or something similar?</li> <li>Ms. Johnson: We have learned that leveraging existing bodies is not necessarily the best method to use because the complete buy-in and ownership was lacking for those groups. We are open to other ideas for how to do this, and are hoping the scorecards help serve as a tool for having these conversations. We are looking to find ways to use them with partners as a tool for accountability and visualizing how each piece at the local and state level feeds into the overall goal.</li> </ul> <p>The Council had the opportunity to view and provide feedback on draft dashboards for each of the <i>Healthy Wisconsin</i> priorities, which have been created using Clear Impact Scorecard software.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>Ms. Joan Theurer raised the need to define who the audience is, and to balance the need for data with what will be accessible and understandable to partners and the community. She asked if there are opportunities to weave in the impact for individuals and families as well.</li> <li>Ms. Dorn suggested that the scorecards could be intended for the type of people who enjoy the data in combination with an infographic that could be used with the general public.</li> <li>Dr. Schwartzstein commented that overall this is looking very good and it is nice to have such detailed information. He asked that several different audiences be considered including community groups, hospitals, and public health professionals.</li> </ul>



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			<ul style="list-style-type: none"> <li>Ms. Theurer raised the need to distinguish between health status outcomes vs. best practice. Since health status outcomes are long term, best practices give us evidence that we're moving the needle in the short term.</li> <li>Ms. Dorn asked us to consider how we could connect scorecards across the state so that information is not in silos.</li> <li>The group discussed the tobacco scorecard as an example. Dr. Schwartzstein said that reviewing the scorecard brought up a question for him about the quit line and whether it is still the most effective practice even though enrollment is leveling off.</li> <li>Scorecards allow us to have these conversations and discuss if we're doing the right interventions, but the conversation must be deeper than just looking at the data and include the narrative portions.</li> </ul> <p>FOLLOW-UP: Members are encouraged to send their feedback directly to Division of Public Health staff.</p>
<p>9:30 to 10:30 am</p>	<p>Council Updates:</p> <ul style="list-style-type: none"> <li>Department of Health Services Secretary's Office updates</li> <li>DHS Legislative update</li> <li>Division of Public Health updates</li> <li>Preparedness updates</li> </ul>	<p>Julie Willems Van Dijk Jeanne Ayers Lisa Olson OPEHC</p>	<p>Department of Health Services Secretary's Office updates Julie Willems Van Dijk:</p> <ul style="list-style-type: none"> <li>The Deputy Secretary introduced herself to the Council and provided an overview of the structure of the Secretary's Office and the role of each team member, as well as the overall structure of DHS.</li> <li>Secretary-designee Andrea Palm wants to instill a public health mindset across the whole department, with a focus on connecting the dots across divisions and programs.</li> <li>They are envisioning a public health mindset that focuses on four primary elements: 1) prevention and working across the prevention continuum; 2) thinking across multiple determinants of health; 3) health disparities and equity; and 4) partnerships.</li> <li>Deputy Secretary Willems Van Dijk is responsible for working on the staffing of all the various councils and bodies including the Public Health Council. Their first objective is to get members who have continued to serve in expired terms into official appointed terms. Secretary-designee Palm will be signing a letter with recommendations for the Public Health Council today. The Secretary's Office is focusing on these councils because they believe in the value these councils have and the perspective they offer.</li> <li>Deputy Secretary Willems Van Dijk discussed the priority of Medicaid expansion and expressed her gratitude to WPHA and WALHDAB for their support on this issue.</li> </ul> <p>DHS Legislative Update Lisa Olson</p> <ul style="list-style-type: none"> <li>Ms. Olson introduced herself to the Council and shared that her role at DHS is to bridge the gap between the department the legislature.</li> <li>Building and strengthening bipartisan relationships is a priority of Secretary-designee</li> </ul>



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			<p>Palm, and the Secretary's Office team believes in the power of civil cordial conversations, knowing that in the vast majority of circumstances we all share the same goals.</p> <ul style="list-style-type: none"><li>• Their work right now is centered around the budget, which is centered on Medicaid expansion. They have been having very positive conversations about shared priorities despite what is being reported in the media as a very contentious and stalemate conversation. They are not naïve to the fact that we have divided government.</li><li>• The Joint Committee on Finance will be taking up the budget next week. The committee plans to remove certain provisions from debate, including Medicaid expansion as it is written in the governor's budget. The exact language in the budget will be set aside and they will have a continuing conversation with the legislature about how do they can work together to continue the conversation on Medicaid expansion.</li><li>• Ms. Olson shared that she would welcome feedback on how the Council has best worked with legislative liaisons in the past.</li></ul> <p>Discussion:</p> <ul style="list-style-type: none"><li>• Dr. Gilmore raised the point that Medicaid expansion would save money over time, and asked if there are any efforts being made to translate that to make it understandable for all audiences.</li><li>• Ms. Olson shared that this has been one of the more challenging pieces of this budget process. Because Medicaid was partially expanded in 2014, there's been some misunderstanding of how it all works. They are continuing to work on communicating through fact sheets, media appearances, and partners to provide information about how the process works.</li><li>• The group discussed Medicaid expansion and further clarifications on the specifics of the budget, including potential impacts on health systems, dental care expansion, and lead and the Birth to 3 Program.</li><li>• Dr. Schwartzstein shared the recent efforts by the Council to find their voice in terms of policy statements. The Policy Committee is working on how they can be more effective in supporting the state health plan and indirectly the department and division overall, while also being careful not to veer into advocacy.</li><li>• Mr. Terry Brandenburg stated that the Council is looking to have a more nimble process to get recommendations out and have methods to look at, for example, proposed legislation on vaping.</li><li>• Ms. Olson agreed that this kind of effort from the Council would be of value.</li><li>• Deputy Secretary Willems Van Dijk encouraged the Council to consider the budget as the biggest policy document and consider the long view. The process will start again in</li></ul>
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			<p>September 2020.</p> <ul style="list-style-type: none"><li>• Mr. Dale Hippensteel shared that in the past in person discussions on legislation at the meetings have been most useful to the Council.</li><li>• Deputy Secretary Willems Van Dijk offered that if they had an interest in an in-depth conversation there are other Division administrators and staff who can be invited to attend. She emphasized the value of the contributions of public employees and the close communication between the Secretary's Office and division leadership. She shared that the Council should view the staff who work with the Council as an extension of the Secretary's Office.</li></ul> <p>FOLLOW-UP: Members will be sent a link to the county level budget data.</p> <p>Division of Public Health Updates</p> <p>Jeanne Ayers:</p> <ul style="list-style-type: none"><li>• Ms. Ayers introduced herself to the Council and shared that she is thrilled to be here.</li><li>• Ms. Ayers views using narrative, data, and experiences to tell the story of what creates health as one of the key roles of this Council and the Division of Public Health.</li><li>• She values a health-in-all approach, connecting the dots between the way we do our work in public health, the budget, and policy, and asking how we can do this work in ways that strengthen the community's ability to assure conditions of health.</li><li>• The broad mission of public health is what we do collectively to assure the conditions for all people to be healthy. The Council has an important role in discussing these issues and making connections. We need authoritative thoughtful voices helping influence the way we think about public health in the state.</li><li>• Across the political spectrum, we all have shared sense of caring about our health and our family's health. We need to get better at telling the story of why an investment in our health pays off in the long run.</li><li>• Ms. Ayers shared that the focus of her work has been to advance health equity. She believes very strongly that if one population or part of the state isn't thriving, then we are not thriving. There is high interest in working on health equity more collectively across the division and with partners.</li><li>• She looks forward to working with the Council on this and other areas moving forward.</li></ul> <p>Preparedness Updates</p> <p>Dave Rozell:</p> <ul style="list-style-type: none"><li>• OPEHC is working on completing the state level application for federal preparedness grants (14 million in funding). The funding levels are level from last year with no decreases. As federal grants come in, they will be turning to local partners next.</li><li>• They are also beginning to prepare for the Democratic National Convention taking</li></ul>
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			<p>place July 13-16, 2020, in Milwaukee. The convention is designated as a national special security event similar to a presidential inauguration or Super Bowl. Secret Service is the lead on this event, which is different than typical emergency preparedness approaches. They are looking at forward measures for getting medical supplies in the area and improving the surveillance system integration.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Mr. Bill Keeton raised concerns about the potential impact of DNC security rings on clinic access. Mr. Rozell shared that dependent on how the zones are drawn, hot zone credentials will be controlled by the Secret Service, and the warm zone further out will be local law enforcement controlled.</li> <li>• Ms. Dorn asked if the preparedness team was working with the immunization program around potential measles outbreaks. The group discussed the need for this to be a priority and concern with readiness to handle an outbreak, emphasizing the need for more focus on preventive measures and universal screening. Deputy Secretary Willems Van Dijk confirmed that there are no concerns with the availability of the vaccine. Ms. Ayers shared that they are looking at whether there are opportunities to remove barriers to vaccine eligibility.</li> <li>• Immunization information for the state is available on the <a href="#">DHS website</a>.</li> </ul>
<p>10:45 to 11:45am</p>	<p><i>Healthy Wisconsin:</i> Nutrition and Physical Activity</p>	<p>Mary Pesik</p>	<p>Mary Pesik reviewed the objectives and progress on the Healthy Wisconsin Nutrition and Physical Activity priority, shared examples of the work being done by DHS and partners, and discussed funding. Review objectives and progress, share examples of strategy and work, partners work, funding</p> <ul style="list-style-type: none"> <li>• Overall: We are making progress in breastfeeding, but not seeing gains in physical activity or weight.             <ul style="list-style-type: none"> <li>○ Fruit and vegetable consumption has seen some improvement but there was a BRFSS question change. Only tracking one fruit and one vegetable per day which is much lower than the recommendation. About 18% of adults in Wisconsin are meeting the recommended amount.</li> <li>○ Soda consumption: has gone down but the data does not capture the potential consumption of other sweetened beverages.</li> <li>○ Rates of breastfeeding initiation and duration have gone up but there are significant differences between population groups based on race and ethnicity and Medicaid status.</li> <li>○ Physical activity rates for adults have not seen significant change, about half of adults are achieving 150 minutes per week. In high school age youth, less than 50% are meeting the benchmark levels.</li> </ul> </li> </ul>



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			<p>Discussion:</p> <ul style="list-style-type: none"> <li>Ms. Dorn asked if they could define the support needed from the Council.</li> <li>Ms. Pesik shared that they are interested in knowing if there are other sources of funding or opportunities to elevate the need for this work. They are looking for recommendations on how they can be creative and leverage other sources of funding and support.</li> <li>Ms. Theurer stated that she was struck by the trends in physical activity and nutrition not holding in a positive direction, while other issues like the opioids epidemic receive more attention and funding. Overweight and obesity have a huge cost for our communities. Part of what is contributing to these trends is lack of sleep, stress, and hormones relates to ACEs. We cannot exercise our way out of these issues.</li> <li>Ms. Pesik stated that the program has not been able to take anything to scale, it has always been a few communities here and there without the resources to expand.</li> <li>Dr. Schwartzstein asked if there was any potential for partners to extend funding, and asked that healthTide could share deeper success stories with the Council that they could help communicate out.</li> <li>healthTide shared that they do have corporate partners that are socially aligned. They would like to look at this as a joint effort with DHS to sustain this work in the state but it is difficult to demonstrate the value of these intangible benefits.</li> </ul> <p>FOLLOW-UP: Nutrition and Physical Activity Program will put an ask in writing for the Council to consider.</p>
12:15 to 1:00pm	State Health Assessment Forces of Change Conversation	Cassie Frankel Maggie Northrop	<ul style="list-style-type: none"> <li>DPH is currently working on a State Health Assessment (SHA) for the 2020-2025 cycle. The SHA process is loosely based on the Mobilizing for Action through Planning and Partnerships (MAPP) Framework. One the four assessments included in MAPP is the Forces of Change Assessment.</li> <li>The purpose of the Forces of Change activity that Council members participated in was to identify forces that may affect the health of communities, and opportunities and threats associated with those forces.</li> </ul>
1:00 to 1:15pm	<p>Committee Updates</p> <ul style="list-style-type: none"> <li>Policy</li> <li>State Health Plan</li> </ul>	Committee Chairs	<p>Policy Committee</p> <p>Chair Dr. Schwartzstein:</p> <ul style="list-style-type: none"> <li>The committee has been considering the charge of the Council and determining the criteria and process for releasing policy statements.</li> <li>The committee has determined that it is very important that any policy statements be directly related to the state health plan, that it include clear factual background, be time and environmentally sensitive, and be nonpartisan.</li> <li>Dr. Schwartzstein presented the process document which was drafted by the Policy Committee and reviewed and amended by the Executive Committee.</li> </ul>





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			<p>Mr. Brandenburg moved to open discussion on the document entitled “Proposed criteria and process for Public Health Council public policy statements.”</p> <p>Dr. Weiss seconded.</p> <p>Ms. Dorn opened the floor for discussion on the document at 1:35 p.m.</p> <p>Discussion:</p> <ul style="list-style-type: none"><li>• Dr. Gilmore stated that it was very well done and offered two refinements: adding the word accurate to “clear and factual” background and adding “as appropriate” to other stakeholders.</li><li>• After some discussion, amendments were accepted.</li></ul> <p>Dr. Gilmore moved to approve the document.</p> <p>Ms. Theurer seconded.</p> <p>The document was unanimously approved. (See attached for final version.)</p> <p>FOLLOW-UP: Dr. Schwartzstein will convene another meeting of the Policy Committee in late May or early June. He asks members to send him any thoughts they have on policy issues the Council should address.</p> <ul style="list-style-type: none"><li>• Dr. Hoffmann suggests we take up Nutrition and Physical Activity as presented today.</li></ul> <p>State Health Plan Committee</p> <p>Chair Ms. Theurer:</p> <ul style="list-style-type: none"><li>• In terms of success the committee needs members in order to be in respect of walking quorums. This is a limitation.</li><li>• Committee also discussed possibility of committee chairs sitting on executive committee. The committee decided to focus on vaping as their first issue.</li><li>• There was also discussion during the committee that the State Health Plan committee is really the Council as this is our charge. And that we may benefit from those who are most interested in specific issues to take up workgroups and activities.</li><li>• The formal structures may block the energy of Council members and the ability to go where the energy is.</li></ul> <p>Discussion:</p> <ul style="list-style-type: none"><li>• Ms. Dorn suggests that the Executive Committee reviews the Council Charter and Bylaws to discuss any potential changes to committee structures.</li><li>• Mr. Brandenburg stated that it would be helpful to have an update on Open Meetings Law requirements and a one pager for new Council members.</li><li>• Ms. Dorn reminded members that Ms. Ayers and state staff attending meetings will</li></ul>
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			<p>serve as a representative of the Secretary's Office and can communicate as needed.</p> <ul style="list-style-type: none"> <li>• Dr. Hoffmann asked how the Council can be most helpful to DPH given their charge.</li> <li>• Ms. Ayers shared that one of the best things a body like this one can do is to help create public accountability. This group can help bring up these issues and point out where we don't have resources, making the connections between our investments, our policies, and our effectiveness.</li> </ul> <p>FOLLOW-UP: Executive Committee to keep Open Meetings overview in mind when setting the agenda for upcoming Council meetings.</p> <p>FOLLOW-UP: State staff to facilitate the distribution of one-pager/fact sheet on Open Meetings Law.</p>
1:15 to 2:00pm	<p>Council Business:</p> <ol style="list-style-type: none"> <li>1. Review and approve Policy committee document on criteria and process for policy statements</li> <li>2. Update on reappointments and appointments</li> <li>3. Discuss Opioids ask from February 1, 2019 meeting</li> </ol>	Mary Dorn	<ol style="list-style-type: none"> <li>1. Policy Committee document was approved in earlier discussion.</li> <li>2. Deputy Secretary Willems Van Dijk provided an updated on appointments to the Council.</li> <li>3. Opioids ask: What can the Council bring back to the <i>Healthy Wisconsin</i> Opioids priority team? <ul style="list-style-type: none"> <li>• Recommendation to look at root causes.</li> <li>• Ms. Theurer asked that the Council consider what they can do to further the work around ACEs and trauma informed care as we know this is a root cause and would also be important for so many other areas.</li> </ul> </li> </ol>
2:00pm	<p>Next steps and Adjourn  <i>Reminder to complete and hand in meeting feedback form</i></p>	Mary Dorn	<p>Dr. Schwartzstein motioned to adjourn.  Dr. Ann Hoffmann seconded.  The meeting adjourned at 2:09 pm.  <a href="https://www.surveygizmo.com/s3/4405011/Public-Health-Council-Meeting-Survey">https://www.surveygizmo.com/s3/4405011/Public-Health-Council-Meeting-Survey</a></p>

*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](mailto:DHSPublicHealthCouncil@wisconsin.gov). You must make your request at least 7 days before the activity.*