



Wisconsin Division of Public Health

PROGRAM/GROUP: Public Health Council

MEETING TITLE: Public Health Council Meeting

LOCATION: ROOM L004 East Auditorium - UW Health East Clinic, 5249 East Terrace Drive Madison, WI 53718

<https://meet.dhs.wisconsin.gov/ruth.sullivan/G7Q3M66M> OR 608.316.9000 / Passcode: 1187816

DATE/ TIME: Friday, August 2, 2019

9:00am – 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/Dominique Barthel

Members present: Terry Brandenburg, Mary Dorn, Gary Gilmore, Dale Hippensteel, Ann Hoffmann, William Keeton, Eric Krawczyk, Robert Leischow, Paula Morgen, Catoya Roberts, Laura Rose, Alan Schwartzstein, Joan Theurer, Darlene Weis

Members absent: None

Staff present: Cassie Frankel, Mimi Johnson, Lisa Olson, Chuck Warzecha, Ruth Sullivan, Neil Ortmann, Dominique Barthel, Maggie Northrop, Jeff Phillips

Guests: Mr. Kevin Wymore

Agenda:

Time:	Topic:	Lead:	Notes/Follow-up:
9:00 – 9:20am	Roll Call Welcome and Public Comment	Mary Dorn	<p>The meeting was called to order by Ms. Mary Dorn at 9:00am. Roll call was conducted. The members and staff present introduced themselves.</p> <p>Public comment Mr. Kevin Wymore shared the following with the Council:</p> <ul style="list-style-type: none"> • He was the plaintiff in a recent public records and open meetings lawsuit against the UW Oversight and Advisory Committee (OAC). A Dane County Circuit Court judge ruled in June 2019 that the state’s public records and open meetings laws had been violated, due to a failure to turn over records related



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			<p>to how a committee awarded millions of dollars from an endowment for public health projects, according to the ruling. The committee also failed to properly inform the public why it went behind closed doors in a 2016 meeting.</p> <ul style="list-style-type: none"> Mr. Wymore shared the timeline of events which led to the lawsuit, and made the recommendation that the Council ask DHS and DPH to attend future OAC meetings. <p>Discussion:</p> <ul style="list-style-type: none"> Dr. Ann Hoffmann commented that the topic is pertinent to the Council because the Council is tasked to advise the state's health plan. Ms. Dorn clarified that the Council may not have authority in this case as there are two separate processes and the Department of Health Services does not have a role in it. The Council thanked Mr. Wymore for his comment. No further discussion was had on the topic.
9:20 – 9:30am	<p>Council Business:</p> <ul style="list-style-type: none"> Review and approve May 3, 2019 meeting minutes 	Mary Dorn	<p>Dr. Gary Gilmore proposed minor grammatical amendments to the minutes on Page 7.</p> <p>Dr. Alan Schwartzstein moved to approve the minutes with the proposed amendments</p> <p>Ms. Catoya Roberts seconded.</p> <p>The minutes were unanimously approved with the discussed changes.</p>
9:30 – 10:30am	<p>Council Updates:</p> <ul style="list-style-type: none"> Division of Public Health updates DHS Legislative update Preparedness updates 	<p>Chuck Warzecha</p> <p>Lisa Olson</p> <p>OPEHC</p>	<p>Division of Public Health Updates</p> <p>Mr. Chuck Warzecha</p> <ul style="list-style-type: none"> Budget updates: Medicaid expansion is not in the budget, but there are still intentions to add it. There were several dental service provisions made to relocate funding towards oral health. Infant mortality was identified as a priority initiative for public health, and there is a push to identify resources and stand up a program. DPH will hold a budget webinar for public health partners at the end of August and the Council will be invited. DPH is tracking a new respiratory disease. The disease is appearing in teens and children, and one potential link is a history of vaping. DPH is working on sharing resources. This is also relevant to the state health plan tobacco priority area. <p>Discussion:</p> <ul style="list-style-type: none"> Ms. Joan Theurer asked about the geographic locations and numbers of vaping lung disease cases. Mr. Warzecha responded that there were initially 8 cases, and it has doubled in the last week as awareness has been spread. He said the cases are scattered around the state, and with so few cases, locations are not being revealed for confidentiality. Dr. Darlene Weis asked if vaping is less expensive than smoking cigarettes. Mr. Warzecha responded that it is typically more expensive but that under-the-table products are also being developed and used. Dr. Schwartzstein inquired about the mortality and morbidity of the cases. Mr. Warzecha described that there have been inpatient and outpatient cases with no mortality to date. Some cases have required patient intubation and assisted ventilated. Ms. Theurer asked if there has been anything similar in other states.



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- Mr. Warzecha said they are not aware of any yet but continue to be in regular communication with the Centers for Disease Control.
 - Mr. Eric Krawczyk asked for an update on laws about vaping in legislation.
 - Ms. Lisa Olson shared that there are already bills surrounding the topic, including one on increasing the age to buy tobacco products from 18 to 21. However, there are difficulties with vaping because it is often defined differently than preexisting tobacco products.
 - Mr. Warzecha added that there are tax inequities with vaping not being taxed in the same manner as other tobacco products.
 - Dr. Schwartzstein reiterated that the taxes on vaping products are extremely low, and that it is an issue.
 - Ms. Mary Dorn asked about federal regulation.
 - Ms. Olson said that there has been some discussion. There is a strong national industry interest in keeping these products unregulated. The Division is working with congressional delegation on this.
- DPH Updates continued:
- Mr. Warzecha moved on to describe the new executive order on lead signed to prevent childhood lead poisoning and the ingestion of lead through drinking water. See: https://docs.legis.wisconsin.gov/code/executive_orders/2019_tony_evers/2019-36.pdf
- Discussion:
- Dr. Shwartzstein asked if it is a funded mandate.
 - Mr. Warzecha said yes, but there are no additional resources for increased staffing.
 - Ms. Theurer urged the Division to keep ethics in mind. For example, childcare facilities without resources for lead abatement may not be able to stay open threatening the already lacking resource of childcare.
 - Mr. Warzecha recognized this as a challenge. Schools are another important setting being assessed.
 - Dr. Gilmore asked for an update on nitrates in wells.
 - Mr. Warzecha did not have an update as it is targeted on agricultural practices and has involved the DNR and DATCAP.
- DPH Updates continued:
- Mr. Warzecha reminded the Council that the governor issued a proclamation of August being National Breastfeeding month. See: <https://www.dhs.wisconsin.gov/wic/breastfeeding-month-proclamation-2019.pdf>
 - August is also National Immunization Awareness Month. There is a big push on this as school is starting back from summer vacation. The recent measles outbreaks (Wisconsin not included) have resulted in an increase of the Measles, Mumps, and Rubella vaccination.
 - Dr. Gilmore stated that as of the end of last week, there are now 30 states with measles outbreaks and 1164 cases, which is more than 1992 or in 2000 when measles was declared eliminated. He encouraged the Council and Division to keep this in mind regarding immunization awareness and the hesitancy around childhood immunizations.



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Legislative Updates

Lisa Olson

- Ms. Olson said there are meetings with lawmakers to take place in the next couple of weeks to talk through ideas spurred by this Council and to address vaccine hesitancy. Six hundred public comments were received around updates to vaccine requirements. Most of the comments were not in favor of stricter requirements. Medicaid expansion opportunities are still being assessed.
- There are two ongoing speakers task forces related to public health:
- The Speaker's Task Force on Water Quality works with BEOH. BEOH provided groundwater standard recommendations to the DNR. There is a Milwaukee hearing on August 13, and two hearings at the end of the month (tentatively August 28 and 29) in Green Bay and Marinette. Two more hearings will take place in September in Menominee and Superior to finalize the work. The Department will make recommendations.
- The Speaker's Task Force on Suicide Prevention is continuing to tour the state. The Office of Children's Mental Health has been working with them. Their efforts will wrap-up in September, and DPH and DCTS will be making recommendations to them moving forward.

Discussion:

- Ms. Laura Rose asked what the strategy for Medicaid expansion is.
- Ms. Olson reported that there is work surrounding the next budget as well as standalone legislation. We want to keep the public conversation going about why this is valuable for people in the state. Over 70% of the people in the state are in favor of Medicaid expansion based on polling.
- Dr. Schwartzstein asked if the Suicide Prevention Task Force is addressing that suicide is due to depression and that we must destigmatize mental health.
- Ms. Olson responded that this is well represented in task force discussions. Another focus is post-partum depression tie ins. Mental Health America and the Mental Health Council have been key partners in the work.
- Dr. Schwartzstein asked if the legislature is closed for the year.
- Ms. Olson answered no, they will not wrap up until the spring.
- Dr. Gilmore asked as a matter of record what the source of 70% of people in favor of Medicaid expansion in Wisconsin is.
- Ms. Olson responded that it is from polling from Marquette University Law School. See: <https://law.marquette.edu/poll/>
- Mr. Terry Brandenburg stated that being cognizant of the legislative schedule is important as the Council moves forward with recommendations. He urged the Council to align with the legislation schedules and suggested influencing in the spring before session ends.
- Ms. Theurer asked staff to identify fractures in Medicaid expansion that the Council might be able to leverage. There was a comment in the budget memo about people not understanding "why we keep giving our money away," and this has become a polarizing topic across the state.



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- Ms. Olson responded that there is a lot of support, and that fact sheets on Medicaid expansion demonstrate savings, which is a hard point to push back on.
- Mr. Brandenburg asked what the dominant issues are for the next legislative cycle.
- Ms. Olson responded that from a DHS perspective there are a few priorities being communicated. One is overall long-term care and building a system that caters to our aging population. There is a need to broaden the health care workforce to help prepare for this and meet the desires of the elderly. Another priority area is behavioral health integration with primary care. They have historically been functioning as two separate systems, but there are state levers to better align the two. Lastly, the Department is pushing for health equity in all aspects of work and infusing it into all conversations with the legislature.

Preparedness Updates

Jeff Phillips

- There have been significant storms in the past two weeks. The July 19 and 20th storms included 18 tornado sightings, extreme winds, hail, and heavy rainfall. There were seven injuries and one death related to the storm, and thousand without power days after the storm. The governor made an executive order to call it [a state of emergency](#). There was 4.5 mill of private damage and 11.5 million in public damage from the storms. There are several volunteer organizations at work and local health departments. We are getting into the recovery phase at this point.
- This was our first opportunity to utilize the [emPOWER](#) dataset, a Health and Human Services provided resource, which uses Medicaid data to identify who has exceptional needs for power due to electricity-dependent medical equipment. There is a form with de-identified data and another with full data including all identifying information. Nine counties used the identifiable data to help people. DPH hopes to get feedback on how helpful that information was.
- Mr. Phillips described future plans for preparedness including pandemic flu planning as required in the 2021 federal requirements. There will also be a statewide grid/power exercise including hospital preparedness in all seven regions (Regional Trauma Advisory Teams, Health Emergency Regional Coalitions). There will be a Wisconsin Dells area exercise in September 2020 that will involve the military and National Guard. In July 2020, there is the Democratic National Convention, a high profile event that involves federal partners. It is led by the City of Milwaukee and the FBI, FEMA, CDC, ASPR, and Department of Homeland Security.

Discussion:

- Ms. Dorn said her local health department received emPOWER data for around 1,500 individuals in the county. Utilizing the data was challenging as they only received addresses. The feedback has been shared with OPEHC.
- Mr. Phillips said that Wisconsin is one out of only 4-5 states that have utilized this data so the feedback is very helpful.
- Mr. Brandenburg asked how much of federal preparedness money goes to public health.



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			<ul style="list-style-type: none"> • Mr. Phillips said that not much goes to public health. Most of the funding is geared towards the people who have damages and infrastructure damage dollars go to counties. • Mr. Brandenburg said that it could be helpful to share some funding with public health, especially for employees who do extra work to clean up damage and do not get extra funding. Local health departments often work for weeks or months after the National Guard leaves and EOC shuts down. The money for this gets pulled from the local funds every year. • Mr. Warzecha said that there has been growing awareness around this issue and a push to get more flexibility with funding to move it where it's most appropriate. They are getting guidance from the CDC on grant flexibility. There are more federal grants available via "readiness approval". • Ms. Theurer said that categorical funding is too restrictive and public health needs more adaptive funding. This poses challenges when problems arise such as flooding in the spring and potential measles outbreaks. • Ms. Dorn asked how ready the Office is for a measles outbreak. • Mr. Phillips said that they are prepared to help manage these events and consider how it plays into strategic stockpiles and medical counter measures. It is also a joint effort with the Immunization Program and the Bureau of Communicable Disease. • Ms. Dorn added that with national outbreaks, measles in Wisconsin is a matter of when and not if. • Mr. Warzecha said further discussion is needed around where support will come from and what would be needed locally. The incident management system structure is being tested for different scenarios. There is also ongoing discussion about more opportunities to work with partners on preparedness exercises.
<p>10:45 – 11:45am</p>	<p><i>Healthy Wisconsin</i> Updates and Overview</p>	<p>Mimi Johnson Maggie Northrop</p>	<p><i>Healthy Wisconsin</i> Updates Mimi Johnson</p> <ul style="list-style-type: none"> • Ms. Johnson described the state health improvement plan (SHIP) and timeline. • The current SHIP is <i>Healthy Wisconsin</i>, which began in May 2017 and runs through May 2022. A five year health plan is required by accreditation, and a ten year plan is required by state statute. • This period of transition has provided an opportunity to pause and look at the state health assessment process and use the work being done to gather community input. There is a goal to do even better with the next SHIP and be as informed as possible. <i>Healthy Wisconsin</i> is also meant to be an overall umbrella branding that is a dynamic process, rather than a static plan that is put on a shelf. <p>Maggie Northrop</p> <ul style="list-style-type: none"> • Ms. Maggie Northrop explained her role in coordinating implementation of the SHIP. She introduced Clear Impact Scorecard and described how it is being used for <i>Healthy Wisconsin</i> priority areas. Clear Impact is a performance management software tool. She displayed and talked through a draft scorecard which included each of the priority areas. • Tobacco priority: There has been a focus on youth campaigns. Adult smoking rates have gone down, but youth tobacco use is increasing drastically. There are efforts to target parents with messaging



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			<p>campaigns.</p> <ul style="list-style-type: none">• Suicide priority: Every measure has been going in the wrong direction. One success is that partners have been engaged with the Speaker’s Task Force on Suicide Prevention and are invited to testify. Epidemiologists have been helpful in putting together a burden report.• Nutrition and Physical Activity priority: There are some positive trends in this priority but a lack of broader improvement in health outcomes. Funding is a continuous challenge. There is work being done to leverage partners.• Opioids priority: There has been progress here, especially in a decrease in opioid prescriptions. The Priority Action Team had been disbanded, and there are meetings later this summer to identify stakeholders and new group members. The strategy and purpose of the new group is being discussed.• Alcohol priority: The trends are complex. There has been a demographic shift with youth not initiating consumption or consuming at a lower level and an increase in consumption by older women. Danger of drug use and falls in people over the age of 65 is a concern. Vehicular deaths have also increased. Data has been challenging to obtain and work with, so implementation is also difficult. There is a lot of work with partners. The Priority Action Team is developing a new alcohol dashboard. There is some controversy around a workforce report and how it relates to public health and equity principles.• The 2019 <i>Healthy Wisconsin</i> addendum is being finalized. Integration of some social determinants of health through Adverse Childhood Experiences (ACEs) is an important component, but there is a challenge with ACEs in the lack of data and dependency on self-reporting. <p>Challenges in <i>Healthy Wisconsin</i> implementation:</p> <ul style="list-style-type: none">• Obtaining data considering demographics, geography, and social determinants of health• Identifying performance measurements with our programs, particularly those that focus on the impact on customers or clients• Incorporating the work of various partners. It is important to feature and highlight.• Thinking upstream and of root causes (new leadership is focused on this which is a good opportunity)• More categorical funding and silos• Building an infrastructure for implementation of <i>Healthy Wisconsin</i> <p>Opportunities for the Public Health Council:</p> <ul style="list-style-type: none">• Support unmet data needs.• Support focus on social determinants of health.• Help identify and reach out to partners. Encourage existing partners to stay involved.• Engage with the next budget cycle.• Put out policy statements.• Push for more flexibility in the state health plan.
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			<p>Discussion:</p> <ul style="list-style-type: none">• Ms. Dorn asked how many of the measures are at the county level.• Ms. Northrop said DPH is launching a new initiative to address unmet data needs in terms of geography, demographics, and social determinants of health.• Ms. Theurer suggested creating an infographic to map data points in a way that shows the value of upstream vs downstream efforts. She appreciates that <i>Healthy Wisconsin</i> is focusing on upstream solutions because it is helpful to work with community partners and make local impacts.• Ms. Northrop said they have had challenges in identifying root causes. A literature review is being conducted to help address this.• Dr. Schwartzstein said there is a tool that called Health Navigator that helps identify social determinants of health for different geographic areas nationwide. He suggested showing the data in a future meeting.• Ms. Theurer said it can be difficult to know which data points deserve the most attention.• Ms. Catoya Roberts said that California has passed law for all children on Medicare to take the ACEs test. Has that been considered here?• Ms. Dorn said no, but that would be good to discuss in the policy committee.• Ms. Paula Morgen said Fox Valley has been working with consultants on the East Coast from Rethink Health to build metrics around overall wellbeing. They use a measure called vital conditions that describe conditions needed in a community to create health. This is a resource that may be helpful to look into for social determinants of health moving forward with Healthy People 2030.• Ms. Northrop said there will continue to be collaboration with UW MPH students again this fall. Their project will be on evidence based strategies that may work across priorities, upstream, and to address the identified root causes.• Ms. Theurer asked what the criteria to making scorecards public are and what the timeframe might be.• Ms. Johnson said we are building the scorecards into the addendum and will likely make them public in conjunction with the addendum release. Our conversation today will help inform the addendum. It is focused on updated data and the story of that data. The release data is expected to be in September or October. <p>Scorecard Feedback</p> <ul style="list-style-type: none">• Dr. Schwartzstein said he appreciates the way the data is laid out in the scorecards. He suggested adding data points farther back in time to give a higher look at how the trends have changed over time. The What Works component should have data sources integrated in. In the Nutrition and Physical Activity priority, the vegetable indicator should be switched to two vegetable servings a day instead of one because we have steadily had the majority in compliance. We should increase our standards on other measures as we meet goals as well. He also encourages research into what other locations are using as measures across the nation and world. It would give credibility and be helpful to
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tie in our goals with other places. He also acknowledged that our country spends much more money on health care and has poorer outcomes despite that.

- Dr. Gilmore agreed that data source documentation is essential to have on hand even if it is not necessarily included up front. He appreciated the evidence-based strategies idea across the priorities. We are unintentionally creating silos for ourselves, and the time has come to implement changes across the priorities. It is important to continue to emphasize both risk factors and protective factors. Both categories of data have benefits. We should also find ways to share the meaning of this data to health professionals and the public. Look for creative ways to get the information out to all audiences.
- Ms. Theurer said we need to note the significance of trends. It could be clarified and added into the What Works component. The Story Behind the Curve should also include the connection between priorities as much as possible. We should also be considerate of different audiences. Fact sheets are one idea to get information out to different audiences.
- Ms. Dorn said to make the information relatable to the average person. Speak in their language. Many people outside of public health will not understand the indicators or the significance of the indicators.
- Mr. Krawczyk said the linking of ACEs to priority areas is well done. We should also consider that perhaps our intended audience isn't the public but public health involved people.
- Ms. Theurer said that if it is for public health involved people, we should make that clear on the scorecards.
- Ms. Rose said she was struck by the improvements made in the opioid trends and the focus the legislature put on it. It shows in the data. She asked if the Council can make policy recommendations within the What Works component. We have to maintain a global focus. We shouldn't ignore obesity because we are focusing on opioids. There is a policy opportunity that could be fleshed out more here.
- Mr. Brandenburg said that we must back up our data to prepare for questioning and to maintain and build trust. We need to include important methodology and numbers. He said he is happy we are discussing the audience. The primary audience for the Council is the legislature and policymakers. The skill for storytelling is highly needed in the Council.
- Ms. Johnson said the Council is able to make formal asks of the staff so the staff can advocate for the needed resources.
- Dr. Schwartzstein said the Council should discuss future plans as well. What will this look like after *Healthy Wisconsin*?
- Ms. Johnson said that we are in a space where there is much more assessment and planning on a regular basis. There is a desire to have a smaller subset of priorities to focus on alignment and impact.
- Mr. Robert Leischow asked if there has been any thought behind making Clear Impact available to partners. It seems like a great opportunity to standardize data collection.
- Ms. Johnson said we are entering into year two of using Clear Impact. We had a kick-off yesterday to discuss what it might look like to enter into a partnership with local health departments and others to utilize Clear Impact together. We have an opportunity to come together in shared language and leverage this data collection together. Twelve pilot opportunities are being offered to partners to try this at all levels. We are exploring ways to leverage it. Ohio has mandated that all local health



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			<p>departments be accredited, and therefore is giving out licenses to all local health departments.</p> <ul style="list-style-type: none"> • Ms. Theurer asked what is needed from the Council in assessing the value of another ten year plan. • Ms. Johnson said that some challenges are that we do not have an infrastructure to implement the priorities. It is also difficult to bring partners to the table and empower them. We could use help from the Council in identifying stakeholders, bringing them into the conversation, and holding shared accountability.
<p>12:15 – 1:15pm</p>	<p><i>Healthy Wisconsin</i> Implementation and Facilitated Turn-the-Curve Conversation</p>	<p>DPH Staff</p>	<p>Ruth Sullivan led the Council in an exercise using the Results-Based Accountability (RBA) principles, which is a framework for performance management currently being applied to <i>Healthy Wisconsin</i>. She explained how the Council can also utilize the framework to review their work and introduced an activity to apply RBA to the Council.</p> <p>The exercise asked the Council to consider the following questions:</p> <ul style="list-style-type: none"> • Who are the Council’s customers? • What services do you provide, or activities do you perform for your customers? • Who are your partners in providing these services and activities? • What is the desired impact of those services/activities on or for your customers? • How can you gauge the extent to which you are achieving your desired impact on/for your customers? <p>Discussion:</p> <ul style="list-style-type: none"> • The questions generated a discussion of how the Council could move forward in measuring their own impact. • Ms. Dorn suggested beginning with simple measures such as participation or number of policy statement sent out, and then moving to more complex measures to hold the Council accountable. The executive committee could also further discuss today’s conversation at their next meeting. • Dr. Gilmore said the Council should include both qualitative and quantitative measures • Dr. Schwartzstein suggested asking DPH staff to use the discussion to create proposed measures as they see fit. In November, the Council could then assess and decide on criteria. • Dr. Gilmore said that certain criteria such as data access should be considered. We should also include inductive and deductive components. • Ms. Sullivan said the staff could potentially share a draft ahead of the next Council meeting and take thoughts before then as well. • Ms. Dorn noted that this will be helpful in the Council serving its purpose.



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<p>1:15 – 1:30pm</p>	<p>Committee Updates</p> <ul style="list-style-type: none"> • Preparedness • Policy • State Health Plan 	<p>Committee Chairs</p>	<p>Preparedness Committee Updates</p> <ul style="list-style-type: none"> • The preparedness committee has not met. <p>State Health Plan Committee Updates</p> <ul style="list-style-type: none"> • Ms. Theurer (Chair) said the committee met once in April. She is interested in sending out another survey on committee participation as participation has been low. The goal is to have another meeting late September. She reviewed ideas brought up in the last meeting and from today’s discussion that the committee could lead on. <ul style="list-style-type: none"> • Identify gaps and opportunities for implementation and alignment of the State Health Plan. • Identify areas where substantial process has been made. • Formulate action for the Public Health Council. (potentially create a background piece to include in a future policy statement) • Review policy statements to determine if there are gaps or opportunities. • Ensure social determinants of health are represented. • Invite more members and be more proactive in work. • Ms. Dorn said that in regards to participation, we should assess the process of committee work because the work is very connected. <p>Policy Committee Updates</p> <ul style="list-style-type: none"> • Dr. Schwartzstein (Chair) said that over the last nine months, the Council has concluded they want to be more active in advising the implementation of the State Health Plan. • Many of the last few meetings have focused on preparing a policy statement on the Measles outbreaks across the nation (not including Wisconsin) and vaccinations. The statement was shared with DHS, the Governor, Assembly Chairman, Senate President, and members of the Assembly Committee on Health and Senate Committee on Health and Human Services. The Executive Committee also played a significant role in creating the statement. • Vaping and nutrition and physical activity are two possible topics for future policy statements. Based on discussion from today, we may want to look into a statement on public health funding. We could also ask the staff to help create materials to on effective communication. • Ms. Dorn added that DPH staff has been putting together a draft template for policy statements to ensure consistent and effective communication. • Ms. Dorn suggested that in the future Council members should volunteer to disseminate policy statements. Committee members should also take advantage of opportunities to deliver policy statements.
<p>1:30 – 2:00pm</p>	<p>Council Business:</p> <ul style="list-style-type: none"> • Discussion on process for committee work 	<p>Mary Dorn</p>	<ul style="list-style-type: none"> • Ms. Dorn asked the Council if they are interested in temporarily merging the committees due to low participation. • Ms. Johnson said per the bylaws, the Council can also utilize work groups to move work along faster between committees.



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			<ul style="list-style-type: none"> • Ms. Theurer suggested forming two work groups. One work group could be focused on identifying key stakeholders and another on identifying and working on SHIP indicators. • Dr. Gilmore suggested that if the Council decides to merge committees, it should be done with a trial period first with the intention of evaluating it before making it permanent. • Ms. Dorn agreed that for the time being, the Council could do joint meetings and then evaluate how it went. • Ms. Theurer asked how these meetings would be structured. • Mr. Krawczyk asked how long the trial period would be. • Ms. Dorn suggested the Council has joint meetings until the end of session in about six months. • Mr. Brandenburg and Dr. Gilmore agreed with this time frame. • Dr. Schwartzstein said he is not in favor of combining the committees because it will complicate discussions. He is willing to try it if the rest of the Council is in favor. He recalled a similar structure in place when he first joined the Council and found it counterproductive. • Mr. Brandenburg said the Council needs to develop a process on how to work moving forward. He suggested using a mixture of workgroups and formal committees moving forward. • Ms. Theurer said we need to communicate back and forth on the committee process.
2:00pm	Next steps and Adjourn <i>Reminder to complete meeting feedback form</i>	Mary Dorn	<p>Ms. Dorn encouraged members to complete the meeting survey. Survey link: https://www.surveymzmo.com/s3/4405011/Public-Health-Council-Meeting-Survey</p> <p>Mr. Krawczyk motioned to adjourn. Ms. Rose seconded. The meeting adjourned at 1:58pm</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. You must make your request at least 7 days before the activity.