



# 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/NY13HV11> OR 608.316.9000 / Passcode: 928361

**DATE/ TIME:** Friday, November 1, 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

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

**Members absent:** None

**Staff present:** Jeanne Ayers, Mimi Johnson, Lisa Olson, Ruth Sullivan, Maggie Northrop, Jeff Phillips, Julie Willems Van Dijk

**Agenda:**

Time:	Topic:	Lead:	Notes/Follow-up:
9:00 – 9:10 am	Roll Call Welcome Public Comment	Mary Dorn, Chair	The meeting was called to order by Ms. Mary Dorn at 9:00 am. Roll call was conducted. There was no public comment.
9:10 – 9:20 am	Council Business: <ul style="list-style-type: none"> <li>Review and approve August 2, 2019 meeting minutes</li> </ul>	Mary Dorn, Chair	Dr. Gary Gilmore moved to approve the August 2, 2019 meeting minutes. Ms. Paula Morgen seconded Discussion: Dr. Gilmore suggested minor grammatical edits to the minutes. The minutes were unanimously approved with the discussed changes.



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<p>9:20 – 10:10 am</p>	<p>Council Updates:</p> <ul style="list-style-type: none"> <li>• Department of Health Services updates</li> <li>• Division of Public Health updates</li> <li>• DHS Legislative update</li> <li>• Preparedness updates</li> </ul>	<p>Julie Willems Van Dijk, Deputy Secretary, DHS          Jeanne Ayers, State Health Officer and DPH Administrator          Lisa Olson, Legislative Director, DHS          Jeff Phillips, Director, OPEHC, DPH</p>	<p><b>Preparedness Updates</b>          Jeff Phillips          July 2020 DNC updates:</p> <ul style="list-style-type: none"> <li>• OPEHC is coordinating situation reports that will come out biweekly for partners. There is a version that goes out to all local and tribal health departments, and could also be regularly shared with the Council.</li> <li>• OPEHC is closely engaged and working with partners at the federal, state, and city level on all preparedness components. The primary lead on the event is the U.S. Secret Service and FEMA.</li> <li>• In the lead up there will be opportunities for partners to participate in preparedness activities</li> <li>• OPEHC is also looking at this as an internal training opportunity to bring in other staff and ensure that we are ready as a state for any number of large events.</li> <li>• An after action report will be shared following the DNC.</li> </ul> <p>Other updates:</p> <ul style="list-style-type: none"> <li>• OPEHC is interested in exploring the relationship with their Public Health Emergency Preparedness Advisory Committee and the Council, and what it would look like to have a more formal relationship to better align the work of the two groups. OPEHC proposes melding the Public Health Emergency Preparedness Advisory Committee with the Public Health Council Preparedness Committee. The goal of this proposal is to create a formal and clear alignment and avoid duplication of the two groups.</li> <li>• Ms. Dorn shared for the benefit of the new members the historical background on these committees and their relationship, including a 2015 decision to send a Public Health Council representative to the PHEPAC meetings in lieu of regular committee meetings to avoid duplication of work.</li> <li>• Mr. Phillips stated that in order to move forward, there will need to be more clear definition in how it would be staffed, monitored, and run, and the responsibilities that would come from the Council and the needs of the state.</li> </ul> <p><b>DHS Updates</b>          Julie Willems Van Dijk          Deputy Secretary Willems Van Dijk thanked the Council members for having her, for taking the time to travel to Madison, and for their service on the Council.          Reflections on the budget:</p> <ul style="list-style-type: none"> <li>• While Medicaid expansion was not successful in the budget, there were significant funds devoted to support health and access to health care, addressing provider</li> </ul>
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			<p>shortages, and increasing access in rural parts of the state.</p> <ul style="list-style-type: none"><li>Specifically related to Public Health in the budget, some proposals were modified by the legislature including sustaining work in oral health, and efforts to address equity including making progress in infant mortality. Ultimately no funding was provided for positions in those areas. Governor Evers's veto preserved position authority and allowed for flexibility in funding, and DHS was able to sustain dental positions and have 4.0 FTEs devoted directly to infant mortality.</li></ul> <p>Lead updates:</p> <ul style="list-style-type: none"><li>Governor Evers <a href="#">Executive Order on lead</a> was signed in July. It allows DHS to use Medicaid funding to provide abatement services for anyone eligible for Medicaid. This approach will allow us as a state to address lead hazards before poisoning occurs, and the connection to Medicaid makes it sustainable.</li><li>With additional GPR funding DHS has identified, the program will have funding for two years. Beyond abatement, there is a component to conduct targeted training for the lead abatement workforce to ensure proper contractors are in place. DHS will be working with Department of Workforce Development on this.</li><li>The lead executive order also identified the need for a newly created lead ambassador position, which will be posted for hiring shortly.</li></ul> <p>Vaping updates:</p> <ul style="list-style-type: none"><li>Wisconsin was at the forefront of the investigation of lung diseases related to vaping. Deputy Secretary Willems Van Dijk shared that she was very proud of the epidemiologic work done by the department.</li><li>In Wisconsin there have been 82 cases of lung related injuries, another 14 under investigation, and no fatalities. Nationally, there have been 37 fatalities and the only state that has not seen a case is Alaska.</li><li>Identifying the source is still under investigation, but there is a strong linkage with vaping of THC.</li><li>What now? We are exploring policies such as consumer protection laws, vaping laws, and public health authority to further enhance our ability to take quick action and conduct thorough investigations.</li><li>We are also exploring how we got here in the first place. We took incredible action on traditional tobacco products in public health, but did not keep an eye on other products. We are now exploring opportunities to treat e-cigarettes in the same way we treat tobacco.</li></ul> <p>Ask of the Council on vaping:</p> <ul style="list-style-type: none"><li>Deputy Secretary Willems Van Dijk is looking for further guidance from the group on what can be done about this.</li><li>Already done: Issued public health advisory; Governor's budget addressed the</li></ul>
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			<p>issue with various proposals that did not pass through the full budget beyond a very small tax on e-cigarettes; extensive public outreach and media interviews; contributing to the science on this work and collaborating with other states on research, <a href="#">Tobacco is Changing</a> website, communication through all school districts from Secretary-designee Andrea Palm and Governor Evers to alert parents and staff about the issue; and exploring opportunities for bipartisan policy action such as adding e-cigarettes to the smoke free law.</p> <ul style="list-style-type: none"><li>• We have some significant challenges with our work around this, including 1) public health authority and limited ability to do emergency rule making and 2) divided government requires us to think strategically about the best way to approach policy.</li><li>• It is very important that our policy makers hear the importance of these policy initiatives on vaping from a variety of voices and partners across the state. The more voices that talk about these issues, that's very important for us.</li></ul> <p>Discussion regarding lead:</p> <ul style="list-style-type: none"><li>• Ms. Laura Rose asked what kind of dent 2,000 lead-abated homes would make on the overall number.</li><li>• Answer: The overall number is over 100,000 so this would be a small dent, but that we have the opportunity to talk more about the overall impact of lead and the community health impacts, including the impacts on learning, incarceration rates, and violence.</li><li>• Mr. Dale Hippensteel asked for the name of the point person in the department on lead.</li><li>• Answer: It is Elizabeth Truslow-Evans and Shelley Bruce in the Bureau of Environmental and Occupational Health.</li><li>• Ms. Joan Theurer asked for a clarification on homes that would qualify, and if they were owner occupied or rentals. She expressed concern that a need for lead abatement has been leading to evictions or landlords no longer renting to children.</li><li>• Answer: The funds can be used for either owner occupied/owned or landlords. DHS is connecting with the Department of Administration and housing authorities.</li></ul> <p>Discussion regarding vaping:</p> <ul style="list-style-type: none"><li>• Mr. Robert Leischow asked if there were collaborative efforts with health associations on vaping.</li><li>• Ms. Jeanne Ayers shared that the cancer, heart, and lung associations are not on the same page on this issue, and Ms. Lisa Olson agreed and reaffirmed the disagreement across the public health sphere on the approaches and bills being introduced.</li></ul>
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			<ul style="list-style-type: none"><li>• Ms. Dorn asked: Are there particular areas that you would like guidance from the Council?</li><li>• Deputy Secretary Willems Van Dijk stated that she is looking for their guidance and engagement on vaping.</li><li>• Ms. Dorn asked if the department could bring together all the players to discuss what we can come together on to protect the health of the people in our state.</li><li>• Mr. Bill Keeton asked if there would be room instead for a body like this Council to do that instead of the invitation coming from DHS.</li><li>• There was agreement amongst the members that serving as a convener of this type of stakeholder discussion could be a good way to engage as a body.</li><li>• Dr. Ann Hoffmann made the statement that there is no safe level of nicotine or lead and that that is the message that needs to get out there publicly and be coming through providers and public health professionals.</li><li>• Mr. Terry Brandenburg agreed that this approach is on target with our charge as a body and our role with the state health plan. We will need to think about process and the various components for a comprehensive approach and plan.</li><li>• Ms. Paula Morgen added that health systems should also be at the table as part of these discussions.</li></ul> <p><b>ACTION ITEM IDENTIFIED:</b> Potential for the Council to convene stakeholders in a discussion on vaping.</p> <p><b>DHS Legislative Updates</b> Lisa Olson</p> <ul style="list-style-type: none"><li>• Ms. Olson began by wishing everyone a happy first day of open enrollment which lasts through December 15. DHS and the Office of the Commissioner of Insurance have invested in on the ground support to help people sign up for coverage and in a digital and paid media campaign. <a href="#">GetCovered.Wi.Gov</a> is the landing page.</li><li>• This has been a very busy month in the legislature, expecting 3 floor days in November where they expect some movement on bills that have been heard in the last several weeks, many with a health focus.</li><li>• Thanks to the WI Hospital Association for their leadership on a tele-health bill, this bill will allow for the Medicaid program to provide expanded tele-health.</li><li>• DHS has been spending a lot of time with the various task forces that the speaker has set up, providing recommendations and technical expertise, including the Water Quality Task Force, and the Speakers Task Force on Suicide Prevention.</li><li>• We anticipate only a couple more floor periods this session, one in January, and one in February/March. We have had 19 bills signed into law so far this year. This</li></ul>
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			<p>is a small number, and we don't expect much more action as this session wraps up. There will likely be a few key pieces of legislation that has bipartisan support.</p> <p>Discussion:</p> <ul style="list-style-type: none"><li>• Ms. Dorn asked where else beyond suicide has there been bipartisan support.</li><li>• Ms. Olson shared that vector borne illness related bills have had some movement. There has also been movement around EMS services including one supporting local EMS providers to allow for transporting to non-emergency situations; also some potential around vaping.</li><li>• Mr. Brandenburg stated that we are entering a period where not a lot is going to happen, which could be a good time for the Council to dig into the evidence base and due diligence in research to allow the Council to be more proactive in the future.</li><li>• Ms. Olson shared a reminder of the budget process timeline. Beginning early in 2020 DHS will begin working on budget requests which go to the Governor in September 2020. This provides an important time for stakeholder engagement and input, identifying the priorities, and testing support on different topics.</li></ul> <p><b>Division of Public Health Updates</b></p> <p>Jeanne Ayers</p> <ul style="list-style-type: none"><li>• On vaping, Ms. Ayers reminded the group of the data. Over 20% of high schoolers are currently using e-nicotine, up from 7.9% four years ago. This trend line is not going to slow down. 40% of those high school students are trying to quit and we don't have tools to do it beyond counseling, as nicotine patches etc. are not approved for youth use.</li><li>• DPH is looking forward to lead ambassador hiring, to better connect across DHS and align working coming out of DNR, housing, etc. This will be an ombudsman, planning role to create a more integrated approach.</li><li>• A <a href="#">March of Dimes report on premature births</a>/child health indicators will come out next week and will not look good for Wisconsin. DPH is prioritizing infant, child, and maternal health. DPH received a CDC grant on maternal mortality which will support a more comprehensive approach.</li><li>• Governor Evers recently appointed a climate task force. DPH has a small climate health program through a CDC grant. DHS/DPH is not part of the climate task force as a department, but we are interested in bringing a public health perspective and approach to these efforts overall.</li><li>• The Governor's Health Equity Council should be stood up by early 2020.</li><li>• DPH will have a minority health report out early 2020. DPH will also bring all that we are learning and doing in this area into the State Health Assessment process.</li></ul>
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			<ul style="list-style-type: none"> <li>The Bureau of Aging and Disability resources is launching a yearlong planning process and will be engaging partners to think about what the future looks like and what it means to design a state that allows people to be healthy and remain in their homes.</li> </ul>
<p>10:25 – 10:45 am</p>	<p><i>Healthy Wisconsin</i> Updates</p>	<p>Mimi Johnson, Director, OPPA, DPH Maggie Northrop, State Health Improvement Plan Coordinator</p>	<p>Maggie Northrop has started a new permanent role as the State Health Improvement Plan Coordinator. She is excited about the potential for the state health plan to be an important lever for change in our work.</p> <p>Ms. Northrop shared that DPH is working to move <i>Healthy Wisconsin</i> and the state health plan more upstream, looking for comprehensive solutions and focusing on policy, systems, and environment change. We are viewing the 2019 addendum as a bridge document to signal to our partners that we are looking at these priorities in a more comprehensive way, doing research on root causes, and seeing convergences across the root causes.</p> <p>Priority Action Team updates:</p> <ul style="list-style-type: none"> <li>Suicide: The group met 10/31 for strategic planning around aligning work across the state and also discussed the recommendations from the Speakers Task Force on Suicide Prevention.</li> <li>Alcohol: SCAODA committee met recently for strategic planning, and determined that thinking about social determinants of health related to alcohol will be a priority for them going forward. They are forming a work group to update the Alcohol, Culture, and Environment report.</li> <li>Opioids: Group that served as the PAT was dissolved earlier in 2019, we were working to create a new PAT with DHS partners, but these conversations have been challenging and DPH has lost internal capacity on opioids <i>Healthy Wisconsin</i> implementation.</li> <li>Tobacco: Staff of the Tobacco program are working on how to use this body more strategically.</li> <li>Nutrition and Physical Activity: There has been no movement in this area due to the loss in funding.</li> </ul> <p>Other <i>Healthy Wisconsin</i> updates:</p> <ul style="list-style-type: none"> <li>We are hoping to have public performance management scorecards by end of the year. Additional feedback would be welcome from the Council.</li> <li>Efforts on data and unmet data needs are underway. We are looking to improve</li> </ul>



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			<p>the data sources within our DPH control or where we have a close connect with the leaders. Examples: BRFSS, YRBS</p> <ul style="list-style-type: none"> <li>• The draft 2019 Addendum presented many challenges in drafting. A section on “connecting the dots” and exploring the connections between our health behaviors, health outcomes, and social determinants of health has been added.</li> <li>• The Council is asked to provide feedback on the draft addendum. There will be an additional opportunity to provide feedback either through a survey or in discussion directly with Maggie.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Ms. Dorn suggested there was an opportunity to call out membership of the implementation team and highlight the infrastructure challenges with the state health plan.</li> <li>• Mr. Keeton asked about the intended audience and goal of the 2019 addendum. Suggested that the document is trying to achieve a lot by being for many audiences, which is a challenge. He recommended making this document or other offshoots of it more accessible to policymakers.</li> <li>• Ms. Theurer asked what we want to communicate to the Governor and the legislature on the reasons for not making progress in some areas. She suggested highlighting that it is due to uneven resources.</li> </ul> <p><b>ACTION ITEM IDENTIFIED:</b> On the agenda for the next meeting, the Council is interested in an update on the pilots happening across the state with Clear Impact, and the link with <i>Healthy Wisconsin</i>.</p>
<p>10:45 am– 12:15 pm</p>	<p>Health Equity Discussion <i>Goal of session: Reach a common understanding about DPH’s direction with health equity and discuss how the Council’s work aligns.</i></p>	<p>Jeanne Ayers, State Health Officer and DPH Administrator</p>	<p>Ms. Ayers introduced the approach that is being taken with health equity in DPH. It is a systems approach to health equity and <i>Healthy Wisconsin</i>, centered on three practices:</p> <ul style="list-style-type: none"> <li>• Expand the understanding of health (organize narrative)</li> <li>• Implement health in all policies/places approach with equity as the aim (organize resources and how systems and places work)</li> <li>• Strengthen community capacity (organize people)</li> </ul> <p>She shared that DPH looks to the Public Health Council to shape public policy and public health practice, make the connection from the local up to state level and across the state, give knowledge and guidance to decision makers, have a voice to the public and the Governor to effect change, amplify work that being done, and bring diverse voices together.</p>



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Important components of the DPH approach to health equity include:

- Definition of public health: “Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.” Institute of Medicine (1988), Future of Public Health
- What is necessary for health? Peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity, health care and prevention
- Health is a complex system or set of systems that intersect and influence one another.
- Identify existing patterns, understand the meaning of the pattern and what sustains it, and then ask what we can do to change the pattern.
- Wisconsin trends and patterns on health do not look good. Health rankings going down. Health disparities are significant and persistent, especially by race. For example in Wisconsin, an African American infant has almost three times the chance of dying in the first year of life as a white baby.
- Disparities are not simply because of lack of access to health care or poor individual choices. They are mostly the result of policy decisions that systematically disadvantage some populations over others. These disparities are predictive of the future health of our communities and state.
- The experience of examining our assumptions pays off across the spectrum as we flex this muscle.
- Leading with equity as the aim: if we don’t, we often find out initiatives are increasing inequities.
- Our health is almost entirely tied to our living conditions. The social determinants of health are socially created. Our living conditions are entirely tied to our capacity to act.
- Expansion of stakeholders beyond traditional partners, cross state agencies, community orgs, faith-based organizers etc.
- Narrative plays a critical role in our health. Public sentiment is critical.
- Public narratives have real policy implications. They are a conscious intentional choice. If we only talk about diseases, we re-inforce that health is only health care. Requires practice and self-awareness, requires ongoing commitment and support.
- This work requires discontent, grounded in a sense of urgency and need to change. These are big transformations of our work. This isn’t an intellectual exercise.
- Tension and partnership work together. Public health tends to prefer that all partners get along with no tension.



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			<ul style="list-style-type: none"><li>• This is imperfect work. We can't study it and then get it right. This is hard for public health. We have to give ourselves permission to make course corrections.</li></ul> <p>Reflection Questions for the Council:</p> <ul style="list-style-type: none"><li>• How can we use our opportunity on the Public Health Council to organize narrative, organize people, and organize resources?</li><li>• What additional actions can we take to build our collective power to assure everyone in Wisconsin has the opportunity to live their best life?</li></ul> <p>Discussion:</p> <ul style="list-style-type: none"><li>• Ms. Tatiana Maida shared that the capacity to act/power is a key component here and a crucial piece to address. Vulnerable communities especially low income, Hispanic, and black communities don't feel they have power to change their own circumstances</li><li>• Ms. Theurer stated that governmental public health has organized around the "protect, preserve, promote" style mission. This move to assurance of the conditions for health will require a shift of skills and mindset.</li><li>• Ms. Dorn considered how the Council could take this approach/lens into their work advising on the health plan.</li><li>• Mr. Keeton stated that this approach is foundationally transformative for all the work we do and our respective organizations. It can't be driven by a top down governmental policy shift. It requires investment from partners who haven't traditionally been at the table. This is a long-term change.</li><li>• Ms. Morgen stated that the same discussions are happening in health systems. This is the way we have to go to see change. We need to change our metrics to how we are creating the conditions for health rather than after the fact.</li><li>• Dr. Schwartzstein shared that this is an audacious goal, and that health in all policies have been supported and adopted by national associations of medical professions.</li><li>• Mr. Brandenburg asked if we have the skills and abilities to do assessments in the vein of social determinants of health. Those issues that we find are at the root cause are not in public health or health at all, they're outside.</li><li>• Ms. Ayers stated that there is an opportunity for the Council to connect the policy environment with the health outcomes.</li><li>• Ms. Rose said organizing the narrative is a critical role for the Council. We need to be countering the dominant narrative that focuses so much on individual choice.</li><li>• Mr. Eric Krawczyk said we need more tension and starting with the narrative is a good place to start. Lean on the "if you're not part of the solution, you're part of</li></ul>
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			<p>the problem.”</p> <ul style="list-style-type: none"> <li>• Dr. Schwartzstein stated that the structural racism component cannot be lost.</li> </ul>
12:30 – 12:45 pm	<p>Committee Updates</p> <ul style="list-style-type: none"> <li>• Preparedness</li> <li>• Policy</li> <li>• State Health Plan</li> </ul>	Committee Chairs	<p>Policy Committee:</p> <ul style="list-style-type: none"> <li>• Ms. Maida and Ms. Rose have both asked to join the Policy Committee.</li> </ul> <p>State Health Plan Committee:</p> <ul style="list-style-type: none"> <li>• Ms. Theurer sent out an email to the group to solicit participation on the committee. At this point it is Ms. Theurer and Mr. Leischow and there is a need for additional membership. Members should let Ms. Theurer know if they are interested.</li> </ul> <p>Preparedness Committee:</p> <ul style="list-style-type: none"> <li>• The group discussed the proposal from Jeff Phillips that the Public Health Preparedness Advisory Committee formally become the Public Health Council’s Emergency Preparedness Committee.</li> <li>• Public Health Council needs to know what the functions, role, expectations of this group already are, and to think through opportunities and challenges, potential consequences of merger.</li> </ul> <p><b>ACTION ITEM IDENTIFIED:</b> Ms. Dorn to work with Mimi Johnson and Ruth Sullivan on setting up a planning discussion with OPEHC staff. An update will be shared ahead of the next Council meeting.</p>
12:45 – 1:50 pm	<p>Council Business:</p> <ul style="list-style-type: none"> <li>• Policy Statement Template</li> <li>• Proposed performance measures for Council</li> <li>• 2020 Meeting Schedule</li> <li>• Nominating Committee</li> </ul>	Mary Dorn, Chair	<p>Nominating Committee:</p> <ul style="list-style-type: none"> <li>• The Council Chair is required every two years to form a committee for elections. Ms. Dorn, Mr. Brandenburg, and Mr. Krawczyk will serve on the committee.</li> <li>• The Nominating Committee will solicit nominations for chair-elect and secretary in the new year. Members are required to have served at least one year on the Council in order to be elected to a position.</li> <li>• Members who sit on the Nominating Committee cannot run for a position.</li> <li>• Mr. Brandenburg is the current chair-elect, and his term will begin after the first meeting of 2020.</li> </ul> <p>Policy statement template:</p> <ul style="list-style-type: none"> <li>• This was requested and reviewed by the Executive Committee, to provide</li> </ul>



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			<p>guidance and a tool to make it easier for the State Health Plan and Policy committees or any Council members who would like to work on an issue.</p> <p><b>ACTION ITEM IDENTIFIED:</b> State staff to facilitate updating of Council letterhead and letterhead of policy statement to be more closely linked to the Council’s statutory purpose.</p> <p>Discussion of proposed performance measures for Council:</p> <ul style="list-style-type: none"><li>• The group provided feedback on proposed performance measures. Measures were developed based on discussion at the August 2019 meeting and with input from the Executive Committee.</li><li>• Some retooling is needed on the performance measure related to the state health plan.</li><li>• Members discussed opportunities to incorporate health equity, measure actions taken on the Public Health Council’s advisement, and additional ways to look at Council member engagement.</li><li>• Ms. Morgen encouraged that the group should get as close as possible to measurement of impact on the Secretary, Governor, Legislature.</li><li>• Ms. Maida encouraged the group the Council needs to think beyond just filling seats for diversity slots and instead looking for representation of a voice.</li><li>• The narrative components of the tool allows for additional considerations and information. Can track in the tool some of the notes from this discussion today.</li></ul> <p><b>ACTION ITEM IDENTIFIED:</b> Executive Committee to review the list of diversity areas prioritized for Council membership and bring back for discussion at the next Council meeting. Request that a map of current Council membership be shared in advance with members.</p> <p>Ms. Dorn asked the group if we could start with these measures for the time being and review in the future.</p> <ul style="list-style-type: none"><li>• Ms. Morgen stated that “you focus on what you measure,” so we will want to think about measuring where we can have the greatest impact.</li><li>• Mr. Hippensteel stated that we need to be mindful about what is written</li><li>• Dr. Schwartzstein motioned to table the performance management system for the Council</li><li>• Dr. Darlene Weis seconded.</li><li>• Vote: 3 in favor; 6 against; 1 abstention</li><li>• Ms. Theurer stated that it would be helpful to see the inputs of the August</li></ul>
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			<p>meeting again as they consider this.</p> <p><b>ACTION ITEM IDENTIFIED:</b> Ruth Sullivan will send back out the notes from the August discussion for the Council’s consideration.</p> <p><b>2020 Meeting Schedule:</b></p> <ul style="list-style-type: none"> <li>• 3 options were presented to the Council for meetings, 6 in person, 4 in person and 2 virtual, or 4 in person meetings.</li> <li>• Ms. Theurer motioned in favor of 4 in-person meetings in 2020.</li> <li>• Ms. Rose seconded.</li> <li>• Discussion:</li> <li>• Group discussed that virtual meetings are less engaging. Discussed potential to shorten virtual meeting or use them as a time to get committee updates. And that the Council needs to be prepared to ask mid-year whether the committees are functioning at the level they should.</li> <li>• The motion to have 4 in-person meetings passed unanimously.</li> </ul> <p>Ms. Dorn reminded the members to please complete the meeting survey. She asked if there were any suggestions for topics for the February 2020 meeting.</p> <ul style="list-style-type: none"> <li>• Ms. Maida stated that the health equity discussion was very engaging for the group, and she would like to discuss how the Council moves forward with it.</li> <li>• Mr. Hippensteel said that the department needs to come back with a clearer ask.</li> <li>• Ms. Dorn stated that the purpose of the presentation was to get the Council on the same page about how health equity would be appearing in the state health plan moving forward.</li> <li>• Dr. Schwartzstein asked if this approach for health equity was something that DHS/DPH will use moving forward.</li> <li>• Ms. Johnson stated that health equity will be a strong priority and already is for DPH, DHS, and the administration overall. This is the framework we are using in DPH.</li> <li>• Mr. Leischow stated that we need to be mindful of our second charge in preparedness as well and how health equity is applied to it.</li> </ul>
1:50 pm	Next steps and Adjourn <i>Reminder to complete meeting feedback form</i>	Mary Dorn, Chair	Dr. Schwartzstein moved to adjourn. Ms. Morgen seconded. The meeting adjourned at 2:05 p.m.



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			<a href="https://www.surveymoz.com/s3/4405011/Public-Health-Council-Meeting-Survey">https://www.surveymoz.com/s3/4405011/Public-Health-Council-Meeting-Survey</a>
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*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.*