F-01922 (12/2019)

DRAFT

OPEN MEETING MINUTES

Name of Governmental Body: Public Health Council			Attending: Terry Brandenburg, Mary Dorn, Gary Gilmore,
Date: 2/7/2020	Time Started: 9:00AM	Time Ended: 2:00PM	 Dale Hippensteel, Ann Hoffmann, Bill Keeton, Bob Leischow, Tatiana Maida, Paula Morgen, Catoya Robert Laura Rose, Alan Schwartzstein, Joan Theurer, Darlene Weis State Staff Present: Christina Beach-Baumgartner, Rich Crawford, Kim Cox, Vicki Huntington, Mimi Johnson, Claudine McCarthy, Maggie Northrop, Lisa Olson, Jeff Phillips, Ruth Sullivan, Julie Willems Van Dijk
Location: Salon A – Holiday Inn at the American Center, 5109 West Terrace Drive, Madison, WI 53718			Presiding Officer: Mary Dorn
OR https://meet.dhs.wisconsin.gov/ruth.sullivan/V25S7C8V OR 608.316.9000 / Passcode: 9500149			
Minutes			1

Agenda:

Time:	Topic:	Lead:	Notes/Follow-up:
Time: 9:00 – 9:10 am 9:10 – 9:20 am	Roll Call Welcome Public Comment Council Business: • Review and approve November 1, 2019 meeting minutes	Lead: Mary Dorn, Chair Mary Dorn, Chair	 Dr. Gary Gilmore shared comments on a 2/20/2020 public lecture by Dr. Jon Adams, a Fulbright senior scholar at Boston University Medical Center, taking place at University of Wisconsin La Crosse. Review and approve November 1, 2019 meeting minutes Dr. Gilmore moved the approval of the 11/1/2019 minutes with discussion Mr. Bob Leischow seconded. Discussion Dr. Gilmore identified the need for additional context on Page 2 of the minutes regarding the 2015 decision for structure of the Preparedness Committee. He also identified two grammatical errors on page 7 and page 10. Dr. Gilmore moved to approved with amendments. Mr. Bill Keeton seconded.
	 Policy and procedure for travel reimbursement 		 All voted in favor. Policy and procedure for travel reimbursement All Council members are eligible for reimbursement of mileage, lodging, and additional food expenses related to meeting attendance, in accordance with state policy. If members would like to be reimbursed, forms should be completed at meetings and given to state staff to process.
	Council Updates: • Department of Health Services	Julie Willems Van Dijk, Deputy Secretary, DHS	 DHS Updates, Deputy Secretary Julie Willems Van Dijk Deputy Secretary Willems Van Dijk shared an update on the outbreak of novel coronavirus.
9:20 – 10:20 am	 DHS Legislative updates DHS Legislative updates Division of Public Health updates Preparedness 	Lisa Olson, Legislative Director, DHS Jeanne Ayers, State Health Officer and DPH Administrator	 On February 5, DHS announced the identification of the first case of novel coronavirus in the state of Wisconsin in a Dane County resident. At the time of the meeting, there were 12 cases in the United States. Wisconsin's case was the 12th, and Wisconsin is the 6th state with a confirmed case. The risk to the public at this time is very low. The state is

ı.		
updates	Jeff Phillips, Director, OPEHC, DPH	 taking extreme and aggressive public health measures aimed to keep this from becoming an outbreak in the state. Deputy Secretary Willems Van Dijk asked for help from the Council to spread the word about the very low level of risk to the population of Wisconsin from this virus. Wisconsin State Lab of Hygiene will be able to begin testing starting in the next few weeks and we are fortunate to have this capability in this state. Discussion on novel coronavirus Dr. Ann Hoffmann asked if there are any laws in place to require quarantines. Deputy Secretary Willems Van Dijk shared that we have public health authority to use legal action and post quarantine guards if needed. To date we have not needed to do that. Local health departments have major responsibility and will bear a heavy burden of the work when a case comes to their community. The state is their partner and stands ready to assist. We have accepted the offer of a CDC go-team who arrived yesterday and are assisting Dane County. We are also doing contingency planning to prepare for potential quarantines and the related issues such as housing of other family members, pets, access to food and medical care, and personal protective equipment for health care workers. Mr. Keeton asked if there are medications effective for treating novel coronavirus and raised concerns about a particular medication used to treat HIV and any potential efforts to stochylie and assure it is available. He emphasized that messaging around this will be important. Jeff Phillips answered that DHS/DPH has stod up an incident commad structure to stay on top of the virus operationally and logistically. We would likely manage the distribution of any mediation through current caches and with the local health departments on the ground. CDC has not made any decisions on availability of medication and funding of staff. We are constantly monitoring to see what will be available. Deputy Secretary Willems Van Dijk state
		Deputy Secretary Willems Van Dijk answered that every
		single time DHS is messaging about novel coronavirus we are including that message on influenza.

• Mr. Dale Hippensteel asked what the regional roles will be,
 noting that there are local health departments with very few staff who may need guidance on their required role. Ms. Joan Theurer agreed, noting that many counties do not have the equipment, training, or experience to address this. Jeff Phillips answered that the Wisconsin Healthcare Emergency Readiness Coalitions (HERC) are situated regionally and are working to support small local health departments that need additional support. DHS has also posted a video which provides a tutorial on legal authority. Dr. Hoffmann stated that the costs associated with a pandemic are large, especially considering we are a state with some of the lowest financial support for public health per capita. She asked if this would be a good time to raise this with the governor and legislature. Lisa Olson shared that there's a bill in circulation about what qualifies as a public health emergency funds). We are waiting on a public hearing on this bill. Deputy Secretary Willems Van Dijk stated that the Public Health Council had a special committee on public health funding around 2008 and issued a report on it. That report could potentially be leveraged and refreshed. She emphasized that we are a system together, and the state cannot function without the work of local health departments, hospitals, doctors etc. Ms. Theurer noted that there is an opportunity to take a look at facilities for isolation, including public health authority to order a facility to take a placement. There is substantial time and resources required to identify where to place someone for isolation, which happens with TB. We have to take a
 where they are located. DHS Legislative Updates, Lisa Olson In January the governor announced a package of four bills and support of other bills already in circulation all aimed at reducing use of youth e-cigarette use. These included: 1) Limit retail sale; 2) DHS and local public health authority, modernizing definition to activate a public health emergency outside of communicable disease driven incidents; 3) Ban vapor products on all K-12 campuses; and 4) Funding to continue the Tobacco is Changing campaign and pass funds to local public health for additional marketing and advertising. This was an opportunity for the Evers administration to restart the conversation about legislative action on vaping. There continues to be a push from local coalitions to move on those four bills, and others (adding e-cigarettes to indoor smoking ban, placing e-cigarettes/vapor products behind counter with cigarettes, and raising the tobacco purchasing age to 21). T-21 has raised a lot of enforcement questions. We expect continued activity around this. At the federal level, in the budget deal at the end of 2019, Tobacco 21 and a limited

 The tobacco team at DPH has been working to navigate this and get information out in the state, but there is still a lot of gray area. The legislature has communicated intentions for the assembly to wrap up in February and the senate in March. There are hundreds of bills still working their way through the process and intense competition for time and attention. DHS has recently brought Karen Odegaard on board as an external affairs liaison with the Secretary's Office team. The purpose of the position is supporting DHS staff who work with boards and councils, both statute created and informal. DHS recognizes that across boards and councils there are different strengths and capacities to bring forward policy initiatives. Karen provides additional capacity to help elevate and bring forward ideas from councils. Discussion Dr. Gilmore asked for a definition of "limited" in terms of a flavor ban. Vicki Huntington with the DPH Tobacco Prevention and Control Program answered that the federal flavor ban is a temporary restriction on the small pods of certain flavors and not a full ban on all flavoring in e-cigarette products. Menthol and tobacco flavoring were excluded from the ban. Additional DHS Updates, Julie Willems Van Dijk Deputy Secretary Willems Van Dijk shared an additional update on the lead initiative that DHS is working on in partnership with Medicaid to work towards eliminating childhood lead poisoning in the state. DHS has begun executing contracts and have hired a lead ambassador who will be beginning later this month. We have a fabulous, knowledgeable lead team and this ambassador will help us increase our capacity to reach out to partners who are key and critical to this work. ACTION ITEM: DHS will share announcement about lead ambassador when it is made public. Deputy Secretary Willems Van Dijk also shared where DHS is in in terms of state biennial budget prepar
work they have done to be in conversation with stakeholders
to meet needs and create political will.
 Additional Discussion Ms. Dorn raised that the Council consider revamping the
• Wis. Dom raised that the Council consider revamping the white paper on public health funding and suggested the
Council could form a workgroup if there are any members
willing to lead it.
 Deputy Secretary Willems Van Dijk shared that the original

			paper was presented to DHS in 2008 just as the recession hit,
			 which is a reason there was no traction. Dr. Gilmore motioned that the Council establish a workgroup with that original document as prelude to be augmented and added to in a timely manner. Ms. Theurer seconded. All voted in favor. ACTION ITEM: The Council will form a workgroup to review and update the Council white paper on public health funding. Paper available at: https://publichealthcouncil.wisconsin.gov/phcfiles/docs/fina nceproposal.pdf
			 Preparedness Updates, Jeff Phillips Beyond novel coronavirus work, DPH is moving forward with preparations for the DNC. Focus has been on surveillance planning, and getting epidemiologist and data analysis staff set for a 16 day window around the DNC. DPH will be issuing situational reports twice a day through that window, and will be working jointly with the city of Milwaukee with liaisons set up at Emergency Operations Centers. The Public Health Emergency Preparedness Grant (PHEP) is being written now. The vast majority of that grant goes out to partners, including all local health departments. DPH will also be working on the federal Hospital Preparedness Grant in the near future.
10:30 – 11:30 am	<i>Healthy Wisconsin</i> Updates	Mimi Johnson, Director, OPPA, DPH Maggie Northrop, State Health Improvement Plan Coordinator	 Healthy Wisconsin Updates, Maggie Northrop Feedback provided by Council members on the 2019 Healthy Wisconsin addendum was appreciated and is being incorporated. The report still needs to go through the DHS internal review process. The Healthy Wisconsin website is being updated and will house a few new scorecards (Alcohol, Tobacco, and Suicide). ACTION ITEM: DHS will alert members when the 2019 addendum and scorecards are published. Alcohol There is movement around surveillance and data and a SCAODA workgroup will work on a new Alcohol Culture and Environment report, with anticipated release early 2021. DHS is creating a comprehensive alcohol dashboard, which is expected to have narrative incorporated and demographic data. Partners are working to leverage the Burden of Binge Drinking in Wisconsin report, released by the UW Population Health Institute at end of 2019. The priority action team met a few weeks ago and approved plans for moving forward in 2020.
			 infrastructure. <u>Prevent Suicide Wisconsin</u> conference at end of April will focus on social determinants of health and social justice

perspective around suicide prevention.
 Anticipated suicide report from DHS has not yet been released but will have suicide supreillance data and strategy
released, but will have suicide surveillance data and strategy incorporated. It is currently being reworked.
 ACTION ITEM: DHS will share report with Council as soon as it
is available.
Nutrition and Physical Activity
 There has not been a lot of action in the last year, due to the loss of CDC funding.
 March is National Nutrition month and we will be promoting Healthy Wisconsin and the priority in messaging and communications.
 Ms. Tatiana Maida asked about the strategy being focused on access to healthy foods rather than limiting access to unhealthy foods. She also noted that physical activity seems to be focused on schools, but is not seeing identification of
to be focused on schools, but is not seeing identification of policies that support this.
 Ms. Northrop noted that this will be a consideration during the strategy revision process that we will be moving into next.
Tobacco
• The priority action team, which is a standalone group of
partners, has not met since November.
 They plan to meet as soon as we begin the strategy revision process and assist with it.
Opioids
 The priority action team dissolved last year and a new team has still not been stood up. There has been a lack of internal
capacity, and also very little guidance and leadership nationally about how this work should evolve as we see rates improving.
• Our crisis management seems to be working, and we can shift
to thinking more about broader strategies that address multiple substances rather than just opioids. We could use
help from the Council bringing that to the forefront.One example, we worked with University of Wisconsin
student group on a project on opioids. They focused on the
link with housing and those experiencing homelessness, and
they recommended strategies focused on housing first and housing voucher projects as preventative strategies for substance use.
 Process for revising strategies DHS is beginning conversations on how we will review, revise,
identify gaps, and identify what more we should be doing across the priorities. Previously the priority action teams and
 other experts provided input on the strategies. We are keeping a close eye on Healthy People 2030, with
new objectives expected in March. We will want Healthy
Wisconsin strategies to be in alignment.
 Members were provided with a coded overview of <i>Healthy</i> Wisconsin strategies and where they rank in terms of upstream vs. downstream prevention and focuses on

individual behavior.
 Ms. Theurer raised the opportunity for a stronger health
equity lens across strategies.
 Dr. Gilmore expressed appreciation for the overview and
analysis and noted that incorporating legislative and policy
tracking alongside the strategies would be beneficial.
 Mr. Keeton raised the need for this work to happen in time
for shaping the state biennial budget.
 The Council reviewed opioids population level indicators and
the DHS data dashboard (see
https://www.dhs.wisconsin.gov/opioids/dashboards.htm).
They discussed who is most impacted and the root causes
and drivers, including adverse childhood experiences, social
isolation and loneliness, increased stressors, decreased
tolerance in communities, social determinants of health.
Protective factors include resilience of individuals, families,
communities, and also inclusivity and sense of belonging.
• Mr. Leischow raised the benefit of looking at things from an
asset rather than deficit model, and learning more about the
assets of communities. This is not as common of an approach
in public health but there is an opportunity leverage it. Others
agreed that this approach would be significant.
Mr. Brandenburg emphasized the need to look at evidence
based practices that are further upstream but concrete
enough to be part of recommendations.
• Dr. Hoffmann raised that technology presents an opportunity
in that it can isolate but also be used to bring people
together.
• The Council also provided input on methods for packaging Healthy Wisconsin in a way that resonates with legislators
and decision-makers.
 Next steps: These suggestions and this discussion will be
brought back to priority leads and inform discussions as we
move forward with <i>Healthy Wisconsin</i> strategy revision.
Additional Discussion
• Ms. Paula Morgen asked about the state's responsibility for
operational leadership of this work.
• Ms. Northrop stated that it has been a challenge to navigate.
It has varied depending on the landscape for each of the
priorities since the infrastructure and work varies greatly.
Some priorities lack capacity which has limited the state's
role. Our role as the state should be in the coordination,
backbone and support of what is being done, and leading in
strategic cross-cutting aspects.
Ms. Mimi Johnson stated that this is also an evolving space
across the country, as we've moved into five-year prioritized
plans. One important role is using tools and data to evaluate
and check-in, find what's missing, gather input from partners
and bodies like this. We can convene at a state level and help
provide the tools to our local health departments and
partners as they work on implementation.
• Ms. Dorn added that this could be a pivotal piece for the
funding workgroup to consider, identifying the minimum
funding and infrastructure needed for the state to fulfill their
role in the state health plan.

12:00 – 12:30 pm	Committee Updates Preparedness Policy State Health Plan	Committee Chairs	 Ms. Theurer indicated that the State Health Plan Committee would benefit from an inventory of each priority area and the existing capacity. Public Health Funding Workgroup Interested in participating: Joan Theurer, Terry Brandenburg, Gary Gilmore Discussion on scope identified that the Council give a charge to the workgroup to put out recommendations that would be for the biennial budget, with a timeline. Mr. Keeton advocated for prioritizing a budget ask over a thorough package/paper. Ms. Theurer emphasized the need to think creatively, assuming no new funding is available, identify the policy opportunities to shift current funding streams. Ms. Johnson noted the opportunity to leverage Medicaid in budget asks as something to incorporate. Mr. Brandenburg stated that the Council may want to put together a comprehensive white paper, but due to timeliness may need to work quickly and focus on specific actions within the state health plan priorities. Deputy Secretary Willems Van Dijk provided an invitation to this in her comments, and the Council would be remiss if we didn't take it up. ACTION ITEM: Solicit for interest in both leading and participating in this group. Executive Committee will talk about how to move forward at their next meeting. State Health Plan Committee, Joan Theurer An ask went out for meeting availability and interest in March/April. The committee plans to focus on identifying quick wins. Policy Committee, Alan Schwartzstein Pending the discussions on vaping and the charge from the Council, the committee has been on hold waiting for direction. Preparedness Committee Claudine McCarthy and Kim Cox from
	PreparednessPolicyState Health	Committee Chairs	 An ask went out for meeting availability and interest in March/April. The committee plans to focus on identifying quick wins. Policy Committee, Alan Schwartzstein Pending the discussions on vaping and the charge from the Council, the committee has been on hold waiting for direction. Preparedness Committee Claudine McCarthy and Kim Cox from the DPH Office of Preparedness and Emergency Healthcare joined the meeting for this portion of the discussion. Council members and DPH staff held a pre-planning meeting January 29 to explore the idea of a merger between the Public Health Council Preparedness Committee and the Public
			 Health Preparedness Advisory Committee. A white paper outlining the proposal and logistics was provided to the Council. Discussion Dr. Gilmore stated that this is a vital next step and a win-win in terms of interfacing with the CDC and DHS, suiting our collaborative approach. As such, Dr. Gilmore motioned that the committee be formed using the guidance provided in the white paper. Dr. Darlene Weis seconded. Mr. Brandenburg noted that given the statutory basis of the Council, this type of merger provides stability across

			 administrations and would enhance preparedness planning, monitoring, and evaluation moving forward. Ms. Dorn noted that as an official committee of the Council, the chair of the committee would need to be a Council member. OPEHC staff would provide support. All voted in favor of the motion. Next steps A strategic planning retreat will be held with the PHPAC to develop a detailed work plan and discuss how the remaining membership needs are filled and met. Mr. Leischow expressed interest in serving as a chair. If there is any further interest, members should reach out to the Executive Committee.
12:30 – 1:50 pm	Council Business: • 2020 Council Officer Elections • Follow-up to vaping discussions • 2019 Council Annual Report • Committee meeting scheduling	Mary Dorn, Chair	 2020 Council Officer Elections There were no nominations from the floor. Bill Keeton was elected as chair-elect. Joan Theurer was elected as secretary. At this point in the meeting, Ms. Dorn officially transitioned the role of chair to Mr. Brandenburg. Follow-up to vaping discussions Mr. Brandenburg laid out that the Council has been monitoring this for two years and has been discussing what type of Council action might be taken. Ideas that have been discussed include a policy statement and a convening of stakeholders. In the midst of Council discussions, the governor put out a full package of recommendations around vaping. Ms. Vicki Huntington from DPH provided a status update. The situation is ever-evolving and terminology being used is to transition away from talking about vaping, and rather to use electronic smoking devices because it provides broader coverage. Ms. Huntington stated that the federal level action is not a comprehensive solution, but there is a package of best practices including ten policies that DPH has been working through. The issues of licensure and updating T-21 policy in the state are at the front of need. Our local law enforcement cannot enforce federal law, they can only follow state statute. There is significant confusion from retailers about which level of law they are required to follow. Licensing would allow us to identify vape shops in Wisconsin and regulate them. Without licensing, it is very hard to identify and reach them for education and enforcement. Summer is 10 year anniversary of the smoke free air law. It would be ideal to have e-cigarettes added to that law to keep that cultural standard in place. Other policy opportunities: restricting all flavors including menthol in the state would have a great impact; e-cigarette tax is very low, could be increase to equivalent of cigarettes.

devices to our smoke free air policy.
 Ms. Huntington identified a fourth priority of adding e-
cigarettes to the tobacco free schools state statute.
• Mr. Brandenburg stated that there is an opportunity for input
into the discussions going on in the state and that timing is
important with the biennial budget and legislative cycles.
After this budget push, the Council could potentially take
advantage of the summer and identify a broader set of recommendations on vaping to get into the hands of next
legislative session.
 Dr. Hoffmann asked about the motivation in the legislature to
not support these bills.
 Ms. Huntington identified that the tobacco industry is
lobbying strongly in Wisconsin, and that tobacco and e-
cigarette industries are working together. The Partnership for
a Tobacco Free Wisconsin
(<u>https://www.tobaccofreewisconsin.org/</u>) is our statewide
coalition that has developed over past three years. Darcie
Warren from the American Lung Association serves as
coordinator and the group has just developed a 5 year state
plan. They also have a policy committee that is meeting to
discuss the best options for the next two years.
 Mr. Brandenburg noted that this could be another key informant to bring to the table
 informant to bring to the table. Ms. Dorn stated that she would make this as a motion if Dr.
 Ms. Dorn stated that she would make this as a motion if Dr. Schwartzstein feels it is reasonable as the chair, that our
Policy Committee explore the youth vaping epidemic in our
state and explore potential recommendations from the list
provided today (four key topics), coming forward at our next
meeting with a recommendation of how we move forward.
• Mr. Keeton noted that there was not agreement across
stakeholders about policies to move forward. We were
invited to bring that into our thinking and we need to be
aware of it. There is not agreement in the state about how
we approach this from the public health and advocacy
perspective. Fissures in the wall can be exploited when
groups aren't coming at this from a uniform front.
 Dr. Gilmore: Seconded Ms. Dorn's motion, but indicates that
gathering key informant insights should be part of the process starting pow
process starting now.Ms. Morgen noted opportunity to take up the Partnership for
a Tobacco-Free Wisconsin's work as part of this.
 Mr. Leischow was supportive of request to bring in the
nonprofit organizations including the American Heart
Association, American Lung Association, American Cancer
Society, and the Hospital Association for example. He is in
favor of inviting those groups to the May meeting to get
insights and then move forward.
 Final motion from Ms. Dorn: Policy Committee to look at
youth vaping with aim to have recommendations by May
related to Secretary's budget process.
• Dr. Schwartzstein clarified: Ask is of the Policy Committee to
collect information from different sources, study what we can
find, and provide a recommendation in May to the full
Council and what we should do.
 Ms. Morgen stated that the ask must be a written, ready to

			go recommendation by May meeting.
			All voted in favor.
			ACTION ITEM: Council will need a clear list of committee
			members to be effective rather than inviting all members to every meeting.
			Council Annual Report for 2019
			• The council is statutorily required to provide an annual report to the Governor.
			 Ms. Dorn asked that a statement about the new membership appointed in 2019 be included, noting that additional members were required in order to be more effective as a
			body.
			• Dr. Weis asked that the action on measles be pulled out at the top of the report.
			• Dr. Gilmore moved with those additions to approve the draft document as the Council's 2019 report.
			 Mr. Hippensteel seconded.
			 All voted in favor.
			Committee meeting scheduling
			 The Council discussed the option to have set meetings coordinated on the calendar for the year.
			 Mr. Brandenburg noted that if members are interested in being on a committee, they should express interest so they can be polled for meeting dates.
			 ACTION ITEM: State staff to solicit for committee members
			and responses to that email will serve as the official membership list for committees in 2020.
			 Mr. Keeton noted that we should encourage our committees
			to drive the agenda for the Council, bring ideas and things to
			consider to the full group. We've been operating traditionally
			with the full Council tasking committees with work, but it can
			and should go the other way too.
			Darlene Weis moved to adjourn.
	Next steps and Adjourn	Terry	Ms. Laura Rose seconded. All voted in favor.
1:50 pm	Reminder to complete	Brandenburg,	The meeting adjourned at 1:36 p.m.
	meeting feedback form	Chair	https://www.surveygizmo.com/s3/4405011/Public-Health-Council-
			Meeting-Survey
L	1	1	

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 <u>DHSPublicHealthCouncil@wisconsin.gov</u>. You must make your request at least 7 days before the activity.

Prepared by: Dominique Barthel on 3/10/2020.

These minutes are in draft form. They will be presented for approval by the governmental body at the next meeting.