



Wisconsin Division of Public Health

PROGRAM/GROUP: Public Health Council

MEETING TITLE: Public Health Council Meeting

LOCATION: <https://meet.dhs.wisconsin.gov/ruth.sullivan/1D6KSVDQ> OR 608.316.9000 / Passcode: 11489038

DATE/ TIME: Friday, August 7, 2020 9:00am – 12:00pm

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: Terry Brandenburg

Meeting Recorder: Ruth Sullivan

Members Present: Terry Brandenburg, Mary Dorn, Gary Gilmore, Ann Hoffman, Tatiana Maida, Catoya Roberts, Laura Rose, Alan Schwartzstein, Joan Theurer, Darlene Weis

Members Excused: William Keeton, Eric Krawczyk, Robert Leischow, Paula Morgen

Staff Present: Andrew Hoyer-Booth, Maggie Northrop, Lisa Olson, Jeff Phillips, Tyler Schoen, Stephanie Smiley, Ruth Sullivan

Agenda:

Time:	Topic:	Lead:	Notes/Follow-up:
9:00 – 9:10 am	Roll Call Welcome Public Comment	Terry Brandenburg, <i>Chair</i>	Mr. Terry Brandenburg called the meeting to order at 9:03 am Roll call was conducted. There was no public comment.
9:10 – 9:20 am	Council Business: <ul style="list-style-type: none"> Review and approve May 8, 2020 meeting minutes 	Terry Brandenburg, <i>Chair</i>	Review and approve May 8, 2020 meeting minutes. <ul style="list-style-type: none"> Dr. Gary Gilmore motioned to approve the minutes. Dr. Weis seconded. The minutes were unanimously approved.
9:20 – 10:20 am	Council Updates: <ul style="list-style-type: none"> Department of Health Services updates DHS Legislative updates Division of Public Health updates Preparedness updates 	Lisa Olson, <i>Assistant Deputy Secretary, DHS</i> Andrew Hoyer-Booth, <i>Legislative Director, DHS</i>	DHS Updates, Lisa Olson <ul style="list-style-type: none"> Ms. Lisa Olson has moved into the DHS Assistant Deputy Secretary role, and Mr. Andrew Hoyer-Booth has taken on the Legislative Director role. A deputy legislative director will be added to the DHS staff, and a Chief of Staff has been brought on for the Secretary's Office. DHS response was physically based at the State Emergency Operations Center (SEOC) starting in March. DHS has now made a physical transition out of the SEOC and created



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		<p>Stephanie Smiley, <i>Interim State Health Officer and Administrator, DPH</i></p> <p>Jeff Phillips, Director, <i>Office of Preparedness and Emergency Health Care, DPH</i></p>	<p>an organizational structure that is housed within the Secretary's Office with close connections and overlap within the Division of Public Health (DPH).</p> <ul style="list-style-type: none"> • A director and deputy director for COVID response will be brought on to the Secretary's Office team to provide strategic and operational support. • DHS is currently in the biennial budget process. Department is determining which proposals to move forward. Acknowledgement that this will be a challenging budget this next cycle, expecting a lean budget but that priorities will draw attention to the needs and strength within DPH and that will leverage the opportunity to bring in additional resources to the Division. Significant focus in all proposals is on health equity Agency budget requests due to Department of Administration September 15 • DHS has also been focused on building on and expanding internal health equity work across DHS. In process of creating an Equity Action Council at the Department that will focus on immediate tasks of transparency in communication and equitable access to decision making. • A chair has been selected for the Governor's Health Equity Council and the first meeting is expected to take place soon. <p>Discussion</p> <ul style="list-style-type: none"> • Dr. Alan Schwartzstein asked about possible cuts in the DHS budget considering the state is in the middle of a massive public health crisis. • Ms. Olson answered that DHS has been instructed not to cut anything that will impact the COVID response. Much of DPH's budget is federal funding. Federal CARES Act funding has been a major resource for the response in allowing us to bring in more staff or reallocate staff resources from across state government. The governor and the budget are focused on the needs of public health. • Dr. Ann Hoffmann asked if there is any advance planning to have emergency funds available to the state in anticipation of future pandemics. • Ms. Olson welcomed specific ideas or requests that this group might want to see. The agency budgets are relatively straightforward and the bigger initiatives come through in January and February as the governor's budget is released. • Dr. Gilmore noted that the DHS Equity Action Council previously mentioned goes to the core of the work the Public Health Council addresses. He asked if there is any opportunity for cross linkage. • Ms. Olson answered that the overall formation of the Council has been ongoing work. DHS brought together a group in June for staff who wanted to participate for an initial and catalyzing conversation that has brought forward the need for this group to be formed and begin their work. There will be a lot of opportunities for collaboration as that group gets underway.
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			<ul style="list-style-type: none">• Ms. Stephanie Smiley shared that DPH has been doing health equity work in pockets in many places and programs but has not been truly coordinated across the Division. Several years ago DPH formed the Health Equity Advisory Team (HEAT), which developed and submitted recommendations in summer 2019. Given the pandemic the work has not been able to progress into an action plan as much as the Division would have liked, so that is now a focus for the Division. This includes things like looking at position descriptions and hiring processes and incorporating expectations for health equity work into position descriptions and performance expectations for staff. The goal is to ensure a coordinated effort and clear expectations across the Division for leaders. Ensuring that progress is made in this area is a high priority for the Division.• Mr. Terry Brandenburg asked if the HEAT recommendations were primarily focused internally or if external policy recommendations were included?• Ms. Smiley replied that DHS had to look internally as well to be on the same page working on this, but also acknowledging that the work of this department and DHS policies have an impact, DHS will also be incorporating DHS policy reviews and changes into external work.• Mr. Dale Hippensteel asked how the external DHS Equity Action Council was formed and was curious about its future. Also emphasized the need to bring local public health representatives from across the state into the conversation given the role Local Health Departments play in health equity.• Dr. Alan Schwartzstein asked if the Public Health Council could see the HEAT recommendations.• FOLLOW-UP ITEM: Ms. Smiley stated the HEAT recommendations could be shared with the Council but would be marked as draft give that this was an internal document for the Division <p>Legislative Updates, Andrew Hoyer-Booth</p> <ul style="list-style-type: none">• Public health emergency order expired in May. There was some discussion about doing an emergency rule change following that expiration. Ultimately it was decided not to move forward because there wasn't enough legislative appetite for an administrative rule to be put in place.• Governor put in a second state public health emergency on July 30, and the first emergency order under that was the state mask requirement.• One important piece tied to these emergency declarations is access to food. The federal Families First Act requires a corresponding state public health emergency in order to max out food share benefits for families. Wisconsin is now able to provide that for July and August in order to support families.
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			<ul style="list-style-type: none">• Updates from the federal side: negotiations are ongoing around another response piece of legislation. Current federal funding is set to end at end of 2020. DHS anticipates this response going beyond end of December 2020 so will need to deal with that reality regarding funding.• In Wisconsin, continue to work to implement legislation that passed in the last session including tele-health which had expedited implementation due to coronavirus. There was also a school mental health bill passed and work is ongoing to implement. Lastly there was a package of HOPE bills passed that the Department is working to implement via the Division of Care and Treatment Services, the Division of Medicaid Services, and the Division of Quality Assurance. <p>Discussion of Legislative Updates</p> <ul style="list-style-type: none">• Mr. Brandenburg asked about the public health emergency powers and if additional bills were expected to be enacted.• Mr. Hoyer-Booth replied that will depend on the appetite in the legislature to enact some of these things. Changes will most likely happen after the November election. Without political will, little will happen. One bill that is an example is SB 751 which was part of a package centered around vaping. There were other bills in that package (SB 750, SB 757, etc.) but SB 751 is the only one applicable to the current pandemic. <p>Discussion of Council Action</p> <ul style="list-style-type: none">• Ms. Joan Theurer shared that there is a paper in draft being created by a Wisconsin Counties Association and WALHDAB workgroup planned for release mid-August. Intent is to guide local health departments as they're moving forward on what mitigation strategies Local Health Departments can put in place, and what enforcement and infrastructure needs to be in place to carry those orders out. Joan asks that the Council pay attention to this given it relates to the Council's ability to respond to public health emergency events.• Ms. Mary Dorn echoed Ms. Theurer's comments and added that this is a pivotal point for the Council to weigh in on these issues and to support the needs of public health in the current situation including the public health emergency order and state masking mandate.• Ms. Laura Rose suggested a two pronged approach for advocating for public health measures that are known to be effective like mask use and also look at broader work referenced with Wisconsin Counties Association and WALHDAB for statute and rule.• Dr. Gilmore and Ms. Theurer supported this suggestion.
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			<ul style="list-style-type: none">• Dr. Gilmore motioned to move forward for an immediate step in support of masking and other public health measures, and a system level approach to ensure preparedness for public health emergencies as a two pronged approach as a formal recommendation.• Ms. Laura Rose seconds• Dr. Schwartzstein urged that the immediate recommendation be as simple as possible and to stay away from the longer concerns of public health funding and authority.• Ms. Dorn wanted the wording to focus on prevention not specifically masking.• Dr. Gilmore agreed as the maker of the motion, but highlighted the authoritative sources in the CDC that have put forth prevention strategies that involve individuals and systematic approaches, that can be inherent in the motion but need a more immediate response at this time as the Wisconsin Public Health Council along with strategizing more long term.• Dr. Hoffman asked if it would be viewed as non-partisan to recommend that the CDC guidelines are followed.• Dr. Schwartzstein asserted that the CDC has been politicized.• Ms. Rose suggested it's not political to support what public health officials know is evidence based and is a proven strategy.• Mr. Terry Brandenburg clarified the motion: an immediate response that there are evidence based approaches that need to be supported to get on top of an outbreak; second a longer term approach for the system level needs.• Dr. Gary Gilmore urged that it is expected and at the core of the Council's mission to take action like this.• A vote was called in favor of the motion• All voted in favor none opposed.• FOLLOW-UP ITEM: Executive Committee to discuss how to move forward with this motion. <p>Preparedness Updates, Jeff Phillips</p> <ul style="list-style-type: none">• Mr. Phillips shared an update on the status of the Office of Preparedness and Emergency Healthcare. Quarter of staff are focused on EMS work and support to ensure EMS are out in the field. Quarter of staff engaged in administrative duties, budget and grant work. The Office is looking at upgrades to existing pandemic plans and at mass vaccination clinic plan. In addition the Office is also restructuring internal strategic planning with a health equity focus better integrated across priorities to focus on the needs of underserved populations.• 50-75% of team continues to focus primarily on COVID, still have staff working at the SEOC and on operations work including the PPE warehouse work, contact tracing, isolation and quarantine, etc.
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			<ul style="list-style-type: none"> The Office is also working on EMResource data to better build out and conduct trend analysis, and working with the Wisconsin Electronic Disease Surveillance System (WEDSS) team to roll out an upgrade. <p>Discussion</p> <ul style="list-style-type: none"> Mr. Brandenburg asked about vaccination clinic plans, noting that prioritization will be required for this vaccine. Mr. Phillips replied the state disaster medical advisory committee was stood up at the beginning of the response to address ethical questions and planning and will advise on this issue. They will also be standing up stakeholder groups for input into vaccine planning.
<p>10:30 – 10:45 am</p>	<p><i>Healthy Wisconsin and State Health Assessment Updates</i></p>	<p>Maggie Northrop, <i>State Health Improvement Plan Coordinator, Division of Public Health</i></p>	<ul style="list-style-type: none"> Ms. Maggie Northrop provided updates on the implementation of Healthy Wisconsin, the state health improvement plan. She noted that there is commitment and movement in the space of health equity and a commitment to address the damage systematic racism has caused in Wisconsin. The need for change has been further highlighted by the COVID-19 pandemic. The <i>Healthy Wisconsin</i> annual report has been updated to reflect reality and is receiving internal feedback. Hoping it will be released publicly in next few weeks. The public-facing <i>Healthy Wisconsin</i> scorecards are not likely to be published until some of the COVID-19 efforts are scaled down. The team is discussing a possible transition of the <i>Healthy Wisconsin</i> website back into the DHS website structure. Currently, the website is a stand-alone structure with minimal DHS branding. Ms. Northrop provided an update on the State Health Assessment (SHA) 2020-2025 process. Initial draft of the report is finalized and after it is reviewed internally by DPH leadership, it will be shared with the SHA External Steering Committee and other stakeholders for feedback. As a next step, the draft report and its findings will be put out for public input and commenting. <p>Discussion</p> <ul style="list-style-type: none"> Ms. Maida asked about data collection with the State Health Assessment and raised the issue of the data having been collected pre-pandemic. She asked if there is any way for there to be any additional data collection given the massive shifts that have occurred. Ms. Northrop stated it would be challenging to incorporate given current capacity, but could incorporate some related questions into the stakeholder and public feedback collection on the report. Dr. Gilmore asked if key informant interviews would be an option for incorporating this type of information.



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			<ul style="list-style-type: none"> Ms. Northrop confirmed, and suggested it could be incorporated along with additional outreach to bring in other voices.
10:45 – 11:00 am	<p>Committee Updates</p> <ul style="list-style-type: none"> Public Health Funding Work Group Other committee updates 	Committee Chairs	<p>Discussion on Public Health Funding Report</p> <ul style="list-style-type: none"> Mr. Brandenburg addressed the Public Health Funding Work Group priority the Council selected earlier this year to reevaluate funding for public health based on a report written in 2007. Some suggestions for the report include looking at the issue from a capability/capacity perspective rather than a dollar fund. Oregon, Ohio, and Washington referenced using the foundational capabilities framework. Currently the group members are: Terry Brandenburg, Gary Gilmore, Tatiana Maida. Open to others but awareness to recruit individuals outside the Council; ex: a representative from WALHDAB. Ms. Catoya Roberta and Ms. Laura Rose agreed that they would be willing to help serve on this group. This report will also require DHS support. FOLLOW-UP ITEM: Schedule a meeting to define scope of the group. <p>Other committee updates</p> <ul style="list-style-type: none"> There were no updates from policy and state health plan committees due to COVID requirements. Both Ms. Theurer and Dr. Schwartzstein identified a lack of capacity for their respective committee leadership roles and welcomed support from others.
11:00 – 11:45 am	<p>Council Business:</p> <ul style="list-style-type: none"> Discussion about possible Council action on racism as a public health crisis 	Terry Brandenburg, Chair	<p>Discussion on racism as a public health crisis</p> <ul style="list-style-type: none"> Mr. Brandenburg opened the discussion by noting that Dr. Schwartzstein sent a request to the Executive Committee that the Council take up this topic. <p>The discussion was opened up to Council members</p> <ul style="list-style-type: none"> Ms. Tatiana Maida raised the need to strengthen the mental health action plan for communities of color and had concerns regarding children as the most vulnerable group during the pandemic. There is also a critical need to identify a group in the response that is focused solely on children's health. Dr. Schwartzstein praised the book <i>White Fragility</i> and the need to expand understanding and self-education on racism. And that racism is a vitally important issue for the Council to take up. Ms. Rose agreed that this was important raised the need for the Council to make a statement.



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			<ul style="list-style-type: none">• Ms. Roberts addressed the need to identify and connect actions, resources, and available funds to any statement that would be made.• Ms. Dorn mentioned that anything the Council could do right now would be a step in the right direction. Specifically how the current vacancies in the Council membership could be used to include diverse voices and the power of the Council to pressure the Secretary's Office to do so.• Dr. Schwartzstein clarified that it is important to listen as white people before taking action and highlighted the importance of self-education as members of the Council. He also acknowledged that he was not necessarily calling for a statement to be made.• Dr. Hoffman asked if addressing racism could tie in to future long term planning for public health in the state.• Mr. Brandenburg addressed planning a training, and how it could relate to the State Health Assessment and/or State Health Improvement Plan.• Ms. Dorn addressed the need for the Council to take up addressing racism in everything that the Council does, including advocating for additional membership to ensure adequate representation and perspective as a Council.• Ms. Maida agreed on the need for education on racism and highlighted the need for it to happen from the top down, and that training on privilege, bias, and cultural sensitivity would be beneficial for the Council. She added that adding more people of color to the Council would also help and is important. There is an opportunity to look at the present vacancies from all levels of diversity and address where there are gaps in representation. Also that the Council needs to be more proactive about what is happening now to communities of color across the state and make that a part of any statement the Council makes.• Dr. Schwartzstein praised guided experiences that they had partaken in the past and addressed that there may already be people in the institutions the Council members are already a part of that can lead or facilitate these guided experiences.• Dr. Weis echoed the need for self-education on the part of the individual Council members and noted that she was additionally concerned about all children of primary school age who are suffering adverse impacts from the COVID-19 pandemic from not being in school or having their needs met. Additionally she stated she is not ready to make a statement on racism at this time.• Dr. Schwartzstein appreciated the conversation and intended to make this discussion uncomfortable for the group, and highlighted the need to have uncomfortable conversations around race and racism to challenge ourselves as members of the Council and implicit biases.• Ms. Roberts highlighted that part of her job is training for implicit bias and would be willing to do a training for the group if there was sufficient interest.• FOLLOW-UP: Executive Committee to discuss next steps.
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11:45 am	Next steps and Adjourn <i>Reminder to complete meeting feedback form</i>	Terry Brandenburg, Chair	Dr. Weis moved to adjourn. Ms. Rose seconded. Meeting adjourned at 11:50 am.
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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 608-867-4374 or DHSPublicHealthCouncil@wisconsin.gov. You must make your request at least 7 days before the activity.

DRAFT