

**Minutes
Wisconsin Public Health Council
State Health Plan Committee
November 12, 2008 (Wednesday)**

Location: Shorewood Health Department, Shorewood, Wisconsin

Attending: Mary Jo Baisch, Carol Graham, Marilyn Haynes-Brokopp, Gary Hollander, Susan Garcia Franz, Jan Seibert, Mark Powless

Absent: John Meurer, Shannon Chavez-Korell, Lynn Johnson, Jan Seibert, Pa Vang, Kathryn Vedder, Catherine Frey, Leah Arndt, Susan Garcia Franz, Christopher Okunseri

Staff: Margaret Schmelzer

Invited Speakers (via telephone): Patricia Guhleman, Eleanor Cautley, Evelyn Cruz

Agenda Item and Discussion	Decisions, Actions, Recommendations
<p>Convene Meeting and Review Agenda: No change to the agenda.</p> <p>Ms. Schmelzer reported that the minutes of the last meeting were lost due to a failed flash drive.</p>	
<p>Report from the Chairs (Dr. Baisch): Commended the committee for the finance report and grow new public health dollars to address obesity and alcohol substance use and addiction.</p> <p>The Public Health Council should send the finance report to UW Hospitals, the Milwaukee Journal Sentinel, and the Wisconsin State Journal. Dr. Baisch will raise this at the next Executive Committee meeting.</p> <p>Ms. Graham expressed concern about previous Council actions and responsibility for the policy recommendations advanced by the State Health Plan Committee. The question isn't about the Department taking action, rather it's about the Council taking action. It appears that when resources are available the Council takes action. The Committee desires the Council to identify creative methods to respond to the problem with or without resources. The Committee wants to see action on the finance report.</p>	<p>Recommendation: The Public Health Council should send the finance report to UW Hospitals, the Milwaukee Journal Sentinel, and the Wisconsin State Journal.</p>
<p>Report from the Division of Public Health (Ms. Schmelzer): Ms. Schmelzer provided an updated version of the HW2020 strategic planning model. She reported progress on the Community Engagement Forums that are underway. Attendance and response have been excellent. A report of</p>	<p>Advise that Ms. Schmelzer, as she</p>

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<p>findings will be posted on the HW2020 Web page in January 2009.</p> <p>Dr. Baisch and Dr. Hollander spoke to the importance of mobilizing for health, risk reduction, and health promotion. These concepts must be captured in the written plan.</p> <p>Related Reports and Discussion: Dr. Hollander reported on the 3-day Lesbian, Gay, Bisexual, and Transgendered Conference in Washington, DC, and discussed the relationship between Healthy People 2010 and Healthy People 2020. He expressed concern that the determinants of health may not be a prominent part of the proposed framework and commended Healthiest Wisconsin 2020 on its strong anchor in the determinants. He expressed concern about the operational definition of population and its focus on geography (county, city) and the limitations on expressing risk among subpopulation groups such as teens, Laotian/Hmong, or methamphetamine use. The Committee agreed that geographically based population orientation isn't sensitive enough and increases the potential that current and emerging disparities will be "hidden" or overlooked. We must look at populations as human populations.</p>	<p>writes the next plan, to capture (more expansively) the concepts of mobilizing for health, risk reduction, and health promotion in the written plan.</p> <p>Continue to anchor Healthiest Wisconsin 2020 in the determinants of health.</p> <p>Advise the Department to define "population" and not limit it by geography. Healthiest Wisconsin 2020 should move away from this approach as it is not sensitive and increases the potential to overlook current and emerging disparities.</p>
<p>Approaches to Measure and Evaluate the HW2010 Statewide Health Priority: Social and Economic Factors that Influence Health:</p> <p>Invited Speakers: Pat Guhleman, MS, Senior Scientist and Director of the Bureau of Health Information and Policy; Eleanor Cautley, MS, Research Analyst; Evelyn Cruz, Policy Analyst. Their initial overview follows:</p> <p>Poverty is measured through the Family Health Survey which has been in operation for 20 years and provides information about the state's entire population. It is a baseline survey that covers a number of topics including insurance. Prefer poverty status as a measure over income, as income does not account for the size of the household. Poverty status is income adjusted for</p>	<p>Public health embraces health as an outcome not as an input – this message needs to be communicated to policy groups attempting to improve education, income, employment, and SES. The voice of public health needs to be more strongly represented in these policy venues.</p> <p>Ms. Cautley will follow</p>

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<p>household size.</p> <p>In Healthiest Wisconsin Track2010, there is a measure for high school graduation rates and tabulated by race and ethnicity. GED is defined as an equivalent for high school graduation. Current graduation rate is tracked from data made available from the Wisconsin Department of Public Instruction. There is a documentation page for each measure on Track2010. The Track2010 site endeavors to be very accurate about the documentation. Track2010 is updated twice yearly (January and July).</p> <p>The discussants reported on discussion with Dr. Stephanie Robert at UW on social and economic status (SES) and health. Later, this topic was addressed at a Division-wide meeting to guide staff thinking and action about how public health has both a responsibility and a role in improving SES and health; policy is formed and supported by data and information. In preparation for this meeting, staff from the Family Health Survey published a brief report on poverty and health including how persons in poverty and near-poverty experience poorer health.</p> <p>Education and income are also captured in minority health reports. Internally there is not an agreed-upon conceptual framework between SES and health. People approach this in different ways and in different program areas. The newest feature in poverty and health studies is health equity.</p> <p>The objectives that were in 2010 were very hard for Division of Public Health staff to identify with (household income and education). Nonetheless, the Division and its public health partners have a responsibility to inform the issue. Public health embraces health as an outcome not as an input. (DWD and others see health as an input.) This message needs to be communicated to policy groups who are attempting to improve education, income, employment, and SES. The voice of public health needs to be more strongly represented in these policy venues.</p> <p>Discussion: Dr. Hollander asked why questions of sexual identity are not included on the Family Health Survey. Ms. Cautley will follow up with Dr. Hollander.</p>	<p>up with Dr. Hollander concerning sexual orientation and the Family Health Survey.</p> <p>Continue the discussion of data, indicators, and common language at the January 2009 meeting. This should include a discussion on possible data measures for Healthiest Wisconsin 2020.</p> <p>Dr. Hollander to provide the Committee the source to access Marilyn Loden’s research and framework.</p> <p>Further discussion needed on the following suggestion: “Encourage Senator Feingold and Senator Kohl to talk to the U.S. Department of Health and Human Services about how it sets up funding. Leadership at the very top is critical and the PHC must be in this position to address this with the Governor, the Department Secretary, and beyond.”</p>

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<p>Health care costs are 50 percent of the reasons why people file for bankruptcy. We need to drill down and look at why education and income are affected – is this due to discrimination? If it’s not intelligence, not bad teachers, it’s got to be discrimination, racism, and segregation of communities due to the built environment and transportation. If we look for recommendations for 2020 are community level indicators and aggregate data going to be identified?</p> <p>What have we learned from tracking the objectives? Are we missing the mark on the objectives and associated indicators? Put this on the next agenda. Eleanor said we need to have more discussion and have a common language among ourselves and how our partners perceive the issue so we all take a piece of the responsibility for this. Having a common language across programs and departments is important. For example, who is at risk for poor health? Then, who is most at risk for oral health, poor birth outcomes, and so on.</p> <p>There have been no data specifications for HW 2020 and the Committee would like to weigh in on this. What data was collected for HW2010 and how can this be improved? Marilyn Loden – Workforce America – Dimensions of Diversity was raised as a possible framework. It provides a conceptual framework for primary and secondary data sources. Social and economic factors should continue as a health determinant priority.</p> <p>Ms. Graham stressed the importance of a long-range plan to assure strong public health data and information. Ms. Guhleman said that we look across systems to achieve this (e.g., DPI, UW, DNR).</p> <p>Dr. Baisch raised the issues of changing measures on Track2010 and analytical complexities the Committee faces to track progress on the named priorities of 2010. When you see combined data it becomes difficult. Data should be graphically represented. The raw data might be the better way to go. As much as possible, for those who are looking at the data closely, raw data are more useful.</p> <p>Ms. Graham and Ms. Schmelzer commented on the continuing learning curve for the public health partners. Co-mingling of</p>	<p>Ms. Graham will disseminate “Blueprint for America’s Health” to Committee members.</p> <p>Recommend that the Department develop an approach to organize its programs around the health and infrastructure priorities.</p>

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<p>risk factors is ignored and the partners only look at one priority and don't appreciate the fact that the determinants transcend the health priorities. They respond at a priority level not at a determinants level.</p> <p>Also, it was suggested that Senator Feingold and Senator Kohl should be encouraged to talk to HHS about how it sets up funding. Blueprint for America's Health should be disseminated to all members of the SHPC. Leadership at the very top is critical and the PHC must be in a position to address this with the Governor, the Department Secretary, and beyond.</p>	
<p>Report: Access to Primary and Preventive Health Services</p> <p>The Committee commended the subcommittee on its work. Discussion focused on technical issues and the recommendations. Key points include:</p> <ul style="list-style-type: none"> • Will address Medicaid changes as a "data limitation" in the report. • The entire issue of health insurance is complex and members wondered if we should preserve this broken system. Recommended that a paragraph be added to address what access is and the associated issues. Access is more than health insurance coverage. Need to include a discussion of Medicare as well as Medicaid. • Bullets underestimate what is needed. We need culturally competent, evidence-based practices. There are national preventive health standards that aren't covered, and we need to make sure that insurance plans address these standards. Prevention should be funded to meet to scale. 	<p>Accepted the report (unanimous). Dr. Baisch to work with the Public Health Council's Executive Committee to schedule a date and a time to formally communicate the findings and recommendations to the Council in 2009.</p>
<p>Discussion: Setting Targets and Conceptualizing the Implementation Plan - Healthiest Wisconsin 2020.</p> <p>Ms. Schmelzer introduced the agenda item. The State Health Plan Committee has experience reviewing and evaluating the priorities and goals of Healthiest Wisconsin 2010. This agenda item was brought forward by Ms. Schmelzer to begin to conceptualize the implementation plan including how the Committee's recommendations can shape the targets of the Healthiest Wisconsin 2020 implementation plan and assure sustained stakeholder investment and shared accountability. The results of today's and future discussions should be communicated to the Public Health Council. They should also be communicated to the Division of Public Health through Ms. Schmelzer.</p>	<p>Continue the discussion of implementation planning at the January 2009 meeting.</p>

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<p>Ms. Schmelzer discussed three possible implementation plan approaches that have been identified internally: (1) shared accountability, (2) pandemic influenza approaches, and (3) an intensive focus approach. She invited the views of the Committee to discuss these approaches, identify new approaches, and/or identify key features of implementation planning. Discussion and observations follow:</p> <ol style="list-style-type: none"> 1. Need a method to track what’s going on with the partners. The Department would set the data elements desired (e.g., arthritis). 2. Governmental public health is the backbone. Is this an overall health plan for the state or is this a public health plan with the partners? (Response: This is a public health plan convened by the Department with shared accountability across the system.) 3. Who is the target audience? (Response: everyone.) 4. The picture is optimistic at the community level because the partners know the priorities and the goals. More communication and marketing are needed. 5. Some of the partners are institutional and may move more slowly. 6. The Arthur Himmelman model would be useful in developing the levels of partnership. 7. We need money and resources to implement the plan across the system if we are to achieve the goals and vision. We need an infusion of policy experts and epidemiologists. We need simultaneous engagement and action from the partners. 8. We need to strengthen the plan’s horizontal reach by going to groups, asking them where they believe they can align even though it might be initially categorical. 9. Reallocate funding to the priorities and move it away from the categorical. 10. Ask: “What do you think your constituent group can do to support these issues?” “How can my constituent group support the state health plan?” Then conduct a gap analysis. 11. The Recommendations Grid developed by the State Health Plan Committee should be shared with the HW2020 Strategic Leadership Team. 12. It would be helpful if the Department would issue more “Partners in Public Health” awards to the public health 	

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<p>system partners to recognize them for their efforts in helping to implement the state health plans.</p>	
<p>Revised Report: Healthiest Wisconsin 2010 Priority: Mental Health/Mental Disorders</p> <p>Dr. Seibert presented the revised report and recommendations. Dr. Baisch, on behalf of the entire Committee, thanked Dr. Seibert, Dr. Arndt, and Mr. Mark Powless for their excellent work.</p>	<p>Accepted the report (unanimous). Dr. Baisch to work with the Public Health Council's Executive Committee to schedule a date and a time to formally communicate the findings and recommendations to the Council in 2009.</p> <p>Dr. Seibert offered her resignation as she now lives in Portland, Oregon.</p>
<p>Establishing the Schedule for 2009</p> <p>Next Meeting Date: Wednesday, January 14, 2009 (9:00AM to 1:00PM). Place to be determined - Milwaukee area.</p> <p>Suggested future agenda items</p> <ol style="list-style-type: none"> 1. Issues related to defining population by geography. Schedule Ms. Guhleman, Ms. Cautley, and Ms. Cruz to continue discussions of data, tracking, and targeting. 2. Tracking data and determining who is "most" at risk is critical. Traditional tracking methods won't get at this. What's the role of the Committee and the Council in this regard? We need to identify where there are real gaps and respond to that. If we've identified priorities then we should determine for those priorities where the greatest disparities exist. 3. Evaluate the environmental health and social and economic priorities. 4. Continue discussions concerning the conceptualization of the HW2020 implementation plan. <p>Meeting adjourned at 1:00PM</p>	<p>Dr. Baisch to contact Dr. Pate to enlist his leadership in evaluating social and economic factors that influence health.</p> <p>Ms. Schmelzer will write the Committee to determine who will continue and who wishes to resign.</p>