





# Wisconsin Division of Public Health

			<p>not like you?” There was less time for discussion relating to this question. Dr. Alan Schwartzstein made a request that this question be a goal for everyone in the next three months. Ms. Roberts closed the activity with a recognition that the engaged discussion signals the opportunity to continuing the conversation and holding each other accountable.</p> <p>Next, Ms. Tatiana Maida introduced a framework to the group called Six Conditions of Systems Change. This framework highlighted three levels of change (transformative, relational, and structural) and the six ways in which they manifest (mental models, relationships &amp; connections, power dynamics, policies, practices, and resource flows). She highlighted that these methods and types of change come together to influence how people interact with each other, and that most equity changes over the past several years have dealt with the Structural Changes level (policies, practices, and resource flows). The group discussed how this model connects to the Council and highlighted connecting the people who are affected by issues being in positions of power related to decision making.</p>
9:45-9:50	Break		
9:50 – 11:20 (1.5 Hours)	<p><b>Presentation and Discussion: State Health Plan Presentation</b></p> <p>Focused Discussion</p>	<p>Maggie Northrop, <i>State Staff</i>            Tatiana Maida, <i>Councilmember</i>            Catoya Roberts, <i>Councilmember</i></p>	<p><i>*During this time, the Breakout Rooms feature in Zoom was utilized*</i></p> <p>Ms. Maggie Northrop presented an overview on the state health improvement plan. This included the priority areas; core elements such as goals, objectives, and metrics; evaluation; and implementation. She also shared how data is collected and progress is measured.</p> <p>The following is a synopsis of the priority and questions as well as the discussion summary for each of the three breakout rooms:</p>



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		<p><b>Group 1: Alcohol Priority</b></p> <ul style="list-style-type: none"> <li>• <b>What are the metrics and are they capturing inequities?</b></li> <li>• <b>What are the social determinants of health impacting this priority area and are they reflected in the core elements?</b></li> <li>• <b>What are some larger policies impacting this priority area and are they reflected in the core elements?</b></li> </ul> <p>This priority is a local Wisconsin issue and part of Wisconsin drinking culture. <i>Objectives target underage drinking, binge drinkers, and more.</i> Social determinants of health are not fully represented in this priority area. People of color would not necessarily see themselves reflected in this priority, nor the strategies, especially as they relate to working with law enforcement. Questions and suggestions included: (1) could we get more granular with the data we are collecting and have that reflected in the strategies and supplement with built environment data, (2) the objectives and measures are all broad and may not be measuring equity, and (3) assure the measures align with what we say we are doing.</p> <p>Healthy People 2030 is adopting 7 vital conditions for health: food, housing, transportation, learning, belonging and social connection, work and wealth. Council members identified that the next state health plan could consider framing health in a similar way to the 7 vital conditions. Council members also identified that the term “social determinants of health” is not broadly understood.</p> <p><b>Group 2: Alcohol Priority</b></p> <ul style="list-style-type: none"> <li>• <b>What is the impact of, and on, the built environment?</b></li> <li>• <b>What systems are in place to support?</b></li> <li>• <b>What is their impact - who benefits and who may be left out?</b></li> </ul> <p>At the policy and practice level, this priority is not addressing the underlying issues of why people use alcohol. When reflecting on The Six Conditions of Systems Change framework, this priority does not address the mental models in Transformative Change. Wisconsin is</p>
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			<p>the home of large brewing companies who provide funding, which brings power; how can this be addressed? Supporting systems need to include community assets that can help develop community-based coalitions. These coalitions also need the tools to effectively message and develop policy. Many populations appear to be missing in this priority and we need to do a better job engaging those who are impacted. State leadership, including DHS and beyond, needs to be fully engaged to impact change.</p> <p><b>Group 3: Suicide Priority</b></p> <ul style="list-style-type: none"><li>• <b>How are we elevating the voices of the impacted communities? Whose stories are we telling or missing?</b></li><li>• <b>Are we ensuring an asset-driven story that elevates rather than blames and stigmatizes impacted communities?</b></li><li>• <b>How are decisions made and who sits at decision-making tables?</b></li></ul> <p>This priority does not appear to address the social determinants of health. The public health system requires trust to reach all affected populations. Language and the way plans are written can attract or detract missing populations. We cannot come in as the experts with the answers; we need to bring an asset approach and ask questions, seeking to understand. Families and individuals who have attempted or been impacted by suicide need to be part of the process to include in decision-making.</p> <p>The closing question posed to the Council following breakout sessions was, “did this conversation trigger any recommendations/action steps for improvement of the state health plan?” Comments included the need to create plans with determinants of health or vital conditions that call out resources that can create true change. The Council expressed the desire for education on social determinants. Also, a council member asked what else can council members do to support Ms. Northrup. Ms.</p>
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			Northrup will present an enhanced framework, which incorporates elements from the discussion at a future Council meeting.
<b>11:20 – 11:30</b>	<b>Break</b>		
<b>11:30 – 12:00</b> (30 Minutes)	<b>Council Business:</b> <ol style="list-style-type: none"> <li>1. Approve 2/5/21 draft minutes</li> <li>2. Update on Council membership</li> <li>3. Ask for SHIP membership</li> </ol>	Terry Brandenburg, <i>Chair</i>	<p>Chair Brandenburg recognized Councilmember Joan Theurer as the recipient of the Carol Graham Lifetime Membership Award through the Wisconsin Public Health Association.</p> <p>State staff introduced themselves.</p> <p>The Council reviewed the minutes from the 2/5/21 Council meeting. A motion to approve was made by Dr. Gary Gilmore, seconded by Dr. Alan Schwartzstein. All were in favor, motion was carried and minutes were approved as presented.</p> <p>Ms. Jen Rombalski gave an update on the status of Council membership including that staff would be working with administration to fill vacancies in two phases. An analysis of members by sector, geography, and more will identify areas to seek members to assure a diverse Council. Ms. Maida requested information on Council members by race/ethnicity, age, gender and disability status.</p>
<b>12:00 – 12:55</b> (55 Minutes)	<b>Budget Discussion:</b> Update on current Budget Review Council Budget Resolution	Terry Brandenburg, <i>Chair</i> Bill Keeton, <i>Councilmember</i>	<p>Mr. Bill Keeton reviewed the criteria of the budget and presented the resolution. Chair Brandenburg opened the discussion up to comments on the resolution from Council members. Dr. Gilmore praised the resolution on being nonpartisan as well as effectively and articulately written. Chair Brandenburg shared some context and history around the Council being a collection of experts and in its charge, which includes weighing in on issues like this.</p> <p>Mr. Andrew Hoyer-Booth presented the current status of the budget. Mr. Chuck Warzecha highlighted additional parts of the budget that were removed, including those that support the state health plan priority areas such as raising the age to purchase</p>



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			<p>tobacco products to 21. Note the following budget resource: <a href="https://docs.legis.wisconsin.gov/misc/lfb/budget/2021_23_biennial_budget/500_summary_of_governor_s_budget_recommendations_march_2021_by_agency">https://docs.legis.wisconsin.gov/misc/lfb/budget/2021_23_biennial_budget/500_summary_of_governor_s_budget_recommendations_march_2021_by_agency</a>.</p> <p>Mr. Hippensteel asked about environmental aspects of the budget and if updates could be provided in the future. Dr. Schwartzstein highlighted the potential benefits of expanding Medicaid, especially for postpartum care for pregnant women.</p> <p>Dr. Schwartzstein made a motion to amend the resolution presented with: "Whereas, achieving health equity for Wisconsin's Tribal citizens, citizens of color, LGBTQ citizens and other vulnerable citizens is critical if the state is to make meaningful progress to reaching the goals of the state's 10-year public health plan." The motion was seconded by Mr. Keeton. All were in favor and the amendment passed. Additional discussion on the resolution as amended included: use of the word "resident" or "person" instead of "citizen" to be more inclusive and use of the word "marginalized" rather than "vulnerable".</p> <p>A motion was made by Mr. Keeton to replace "vulnerable" with "marginalized" and "citizen" with "resident". The motion was seconded by Dr. Schwartzstein. All were in favor of the amendment and the motion carried.</p> <p>A motion to approve the final version of the resolution and send it to the Secretary's Office, Governor's Office, and legislature was made by Dr. Gilmore and seconded by Dr. Schwartzstein. All were in favor, the motion carried, and the resolution was approved.</p> <p>Chair Brandenburg asked the Council about future pressing issues for future Council meetings. Dr. Schwartzstein requested including a</p>
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			<p>person of color on the Executive Committee. *It was noted that this would require a revision to the bylaws.*</p> <p>The group also expressed interest in a resolution to honor and thank public health workers. Dr. Gilmore requested Ms. Northrup incorporate aspects of the discussion from this meeting and be provided sufficient time to present on the updated framework.</p> <p>A motion to adjourn the meeting was made by Mr. Hippensteel and seconded by Mr. Keeton. All were in favor, the motion carried and the meeting was adjourned.</p>
<b>12:55pm – 1:00</b> (5 Minutes)	<b>Wrap-up and Adjourn</b>	Terry Brandenburg, <i>Chair</i>	

*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](mailto:DHSPublicHealthCouncil@wisconsin.gov). You must make your request at least 7 days before the activity.*