

Public Health Council

STATE OF WISCONSIN

MINUTES OF THE MEETING OF AUGUST 11, 2006

STATE EMERGENCY OPERATIONS CENTER, 2400 WRIGHT STREET, MADISON, WI 53708

Council Members Present: Ayaz Samadani (Chair); Gary Gilmore (Vice Chair); JoAnn Weidmann (Secretary); Rafael Acevedo; Bevan Baker; John Bartkowski (by teleconference); Jayne Bielecki; Christopher Fischer (by Internet); Catherine Frey; Terri Kramolis; Charles LaRoque; Corazon Loteyro; Richard Perry (by teleconference); Thai Vue; Julie Willems Van Dijk

Council Members Absent: Sandy Anderson; Stephen Hargarten; Steven Kirkhorn; Loren LeShan; June Munro; Douglas Nelson; Elizabeth Raduege; Jeanan Yasiri

Division of Public Health Staff: Herb Bostrom, Deputy Administrator; Patricia Guhleman; Stephanie Ward; Gerald Gabor; Diana Ditsch; Jeff Jelinek

Guests: Elizabeth Donley, WiCell, Wisconsin Alumni Research Foundation

Call to Order

Dr. Ayaz Samadani called the meeting to order at 10:06 a.m., and introduced Council members present by teleconference.

Administration

Review of minutes from the June 9, 2006, meeting

The June 9th meeting minutes were reviewed. Dr. Gary Gilmore made a motion to approve with corrections on the spelling of John Bartkowski's name. Amended minutes were approved with Dr. Corazon Loteyro's second.

Report on motions from the June 9, 2006, meeting

Dr. Samadani reported that the motion on the health disparities definition and the Influenza vaccine distribution recommendation presented at the June 9, 2006 meeting passed.

Influenza Vaccine Distribution Recommendation update

Mr. Gerald Gabor of the Division of Public Health gave a briefing on the influenza recommendation. Mr. Gabor reported that Joe Cardoba, the strategic national stockpile coordinator, will work with and identify local agencies in which to conduct tabletop exercises and proceed with the tabletop exercises as soon as possible. Since the problems with vaccine distribution have occurred since 2001, the Division has created a prioritization plan that defines recommended groups that will receive vaccines and which groups take priority over other groups in the event of distribution and shortage problems.

Mr. Gabor reported this document will be co-signed by Dr. Jeff Davis, Chief Medical Officer in the Division of Public Health; Dr. Jay Gold, Wisconsin Adult Immunization Coalition; and Dr. Jon Temte, Chair of the Wisconsin Council on Immunization Practices. This plan should go out in the next two weeks and will provide direction to agencies on priority groups. Mr. Gabor also reported that the Department has looked at the clearinghouse that they have used in past years and have identified contacts to include census information to help agencies determine priority groups within a jurisdiction. This year, manufacturers have agreed to

provide, through the CDC secure data network, information on influenza vaccine distribution to Wisconsin. The limitation is that it is by zip code, but the program will be able to identify areas that have received the vaccine and those areas that are still in need.

Mr. Gabor stated that the program has experience with using emergency orders. In 2004, the Department issued emergency orders to limit how the vaccines were distributed and used and we will continue to have weekly updates from the CDC on the production of vaccines in 2006-2007 and any delays in shipment. The program expects that 100,000,000 doses will be manufactured, which is 16% higher than in previous years; however, based on the recommended priority groups, 218,000,000 people nationwide will need the vaccine.

Dr. Gary Gilmore asked whether or not the program can project now what dosage level Wisconsin will receive. Mr. Gabor responded that they have not received any distribution information from the manufacturers as of yet.

Dr. Charles LaRoque asked if it is the same problem every year that causes shortages and/or delays with the vaccine. Mr. Gabor responded that there are different reasons why there are shortages and delays each year. Many of the problems occur because of delays in shipment due to production problems by the manufacturers.

Dr. Cora Loteyro asked if there was a mechanism in place to provide the vaccine through health care providers first as opposed to retail shops or non-health care providers. Mr. Gabor reported that there is not a mechanism in place at this point that would control who the vaccine is being sold to.

Ms. Julie Willems Van Dijk asked if the program has the ability to assess the level of community providers withdrawing from the program and if they anticipate any access issues on that level. Mr. Gabor stated that there has always been a concern that these types of providers are withdrawing from the market. The program has not been able to get distribution data up until this year and now that the data is available, they should be able to get a sense of where these vaccines are distributed and when.

Mr. Thai Vue expressed his concern that there needs to be better communication for all populations including those who primarily speak languages other than English. He asked if there were any mechanisms in place to effectively communicate to all populations. Mr. Gabor replied that the program does have some information sheets translated, but there is no mechanism in place so these populations are made aware they are eligible for the vaccines and to help address pre-conceived notions they may have regarding the vaccine. Mr. Herb Bostrom added that there are a number of communication efforts at local community levels and the Division's role at this point is to provide the translated materials, but noted that the Division would be receptive to any ideas the Council had for improving this communication. Mr. Vue suggested that it would be very helpful if the State would keep these communication issues as a priority and recognize that this is an ongoing problem that needs to be addressed and stressed at the local community level.

The prioritization plan will be available on the Department's website and the Division will make a copy available to the Public Health Council.

Evaluation report

Dr. Samadani stated that one of the purposes of conducting the evaluations is to provide feedback on agenda items and whether or not the agenda was appropriate. He reported that while the participation in completing these evaluations is not high, this effort will continue and two e-mail reminders will be sent to Council members.

Calendar for 2007

The proposed 2007 Public Health Council calendar was presented by Mr. Bostrom. This includes meetings for the Executive Committee. Dates for the State Health Plan Committee and the Emergency Preparedness Committee will follow. The locations have not yet been selected and Mr. Bostrom suggested that perhaps the Council would like to comment on whether or not they would like to hold a meeting outside of Madison as was done in the past.

Dr. Samadani suggested that the Council take a vote on changing the meeting time for the full Public Health Council meetings. The proposed times are 8 a.m.-12 p.m., 12 p.m.-4p.m., or hold the meetings at the same time as this past year (10 a.m.-2 p.m.). Ms. Stephanie Ward will send a survey to the Council members via e-mail. Mr. Bostrom stated that the Division will accommodate the Council's needs in terms of reimbursement should it be decided that they will need to stay overnight prior to meetings or for inclement weather.

Open Forum

Dr. LaRoque reported that the Bad River Chippewa tribe in Ashland County had a fire in their tribal clinic, which destroyed almost everything in the facility. They were able to save their medical records but the clinic is now inoperable. Dr. LaRoque, on behalf of the tribe, thanked everyone who helped out after the fire for providing support and supplies. Ms. Terri Kramolis stated that she was able to contact the Tribal Health Director to notify her of the fire. Ms. Kramolis reported that she was able to get community health nurses to come into the local Health Department and take whatever necessary supplies they needed such as bandages and an exam table and baby scale for going out into the community. They put together a list of supplies that they needed in order to set up a clinic in the days following the fire. Ms. Kramolis reported they were able to set up a clinic in the local tribal school as well as in the community center. Through the Northern Regional Office, they were able to put the list of supplies out there and have the state and other local health departments contribute supplies. In addition, the Tribe received very generous donations from Marshfield Clinic and St. Mary's Duluth Clinic out of Duluth, Minnesota. Dr. LaRoque reported that modular units for this clinic will be available shortly. In the meantime, one clinic in Ashland has offered an exam room so that they can start seeing patients immediately, otherwise the patients are being seen on the reservation and people with more urgent needs are going to urgent care in Ashland. Dr. LaRoque reported that they have 4,300 members and see 20-60 patients per day with two full-time providers and a nurse practitioner to provide services. Dr. LaRoque will provide contact information to Ms. Ward on how people can provide donations for this rebuilding effort.

Ms. JoAnn Weidmann gave a report on the PHAC (Public Health Advisory Committee). The Committee no longer exists; however, there is a group working to facilitate which direction the former members should take. A committee is working to develop an organization of organizations, which the PHAC felt it was very important to continue to maintain. Ms. Weidmann indicated that this group does want someone from the Division of Public Health to serve on this new committee.

Mr. Bostrom informed the Council that the Wisconsin Public Health Association is moving forward with its interest in forming a Public Health Institute. WPHA is in the process of looking into the formation of a non-profit entity. Ms. Patricia Guhleman stated that two board members have been identified: Gretchen Sampson and Susan Turney. One of the directions that they are hoping to go is bringing an alignment between medicine and public health. Dr. LaRoque asked if anyone was aware of what the mission and policy statements are. Mr. Bostrom replied that at this point the board is in the formative stages.

Ms. Catherine Frey announced that the Wisconsin Partnership Program, which is one of two programs formed out of the conversion from the Blue Cross Blue Shield money where \$300 million went to the two medical schools, has an Oversight Advisory Committee. This Committee has an opening for a public member to represent minorities, women and children. Ms. Frey stated that this is a rare opportunity because the members of this Committee have four-year terms. She asked that the members communicate this opening to their partners; nominations are due August 31, 2006.

Mr. Bostrom announced his upcoming retirement, which will take place in the mid-January or February. The person who replaces him will have some overlap before Mr. Bostrom leaves.

Dr. Samadani raised the issue of quorum noting that a lack of quorum creates more administrative work. He suggested to make a change that quorum should be the majority of members present. This way the proceedings of the Council would be expedited. Ms. JoAnn Weidmann suggested thinking about it and voting on it at a later date. The Council agreed.

Executive Committee Report

A report on the proceedings from the July 21, 2006 Executive Committee meeting was given by Dr. Samadani. He reported that Mr. Bevan Baker said that it was important that the Council keep abreast of issues in stem cell research. It was suggested at the Executive Committee meeting that there be a presentation on stem cell research at the full Council meeting. Dr. Samadani then held up an article from an issue of TIME magazine and stated that he will have these articles sent to Council members.

Dr. Samadani also reported that a teleconference took place on July 11 between Mr. Bostrom, Dr. Sheri Johnson, Ms. Guhleman, Mr. Perry, Mr. Baker and Ms. Ward. The purpose of this teleconference was to discuss staffing of subcommittees and the availability of speakers for the subcommittee meetings. Dr. Johnson assured the group that the Division will consider the Council and its committees a priority and will make every effort to accommodate them.

The Committee also discussed Public Health Council resolutions and how the Council can get feedback on what is happening with these resolutions.

Dr. Samadani reported that the Committee also discussed a proposal of a voluntary national accreditation program for state and local health departments put forth by the Exploring Accreditation Steering Committee. Feedback from the Public Health Council was given to this Accreditation Committee via the Internet. Dr. Samadani and Dr. Gilmore will write a letter to the Exploring Accreditation Steering Committee on how essential and necessary this is. Dr. Gilmore stated that this program provides an opportunity for a type of credentialing that goes above and beyond individual certification. Because it would be on a voluntary basis for both the local and statewide level, it provides opportunity for organizations to have external review and input into operations and strategic plans. It is a voluntary program and no organization should feel compelled to go this direction unless it is ready. The Executive Committee felt that there was a need to include a global perspective in this proposal as well as the Institute of Medicine's eight areas of focus. Both of these recommendations were included in the feedback that was provided via online survey. Dr. Gilmore moved that the Council endorse this proposal. The motion was seconded by Mr. Baker. The motion passed unopposed.

Dr. Samadani reported he received a letter from the Wisconsin Council on Physical Disabilities requesting a liaison from the Public Health Council to keep them abreast of Council activities. Ms. Guhleman reported that she has spoken with them and indicated that we are interested in providing continued communications with them. Members of the Wisconsin Council on Physical Disabilities will get back to her if they have any specific requests for a liaison from the Public Health Council.

Emergency Preparedness Committee Report

Mr. Baker reported that Committee members met and discussed their concerns to make sure that there was some sort of action on the resolutions that have gone forth. He stated he was pleased to learn from Mr. Gabor that things are moving forward in the Department. Committee members looked at their policies and understood that they had identified six policy statements of priorities and that for the current effort they would focus on only three of these priorities and deal with the remaining three later due to workload issues. The Committee agreed that there were things that were current and need to be prioritized over other policy statements that will be addressed at a later date.

Mr. Baker reported the Committee had a vigorous discussion on exercises and how there needs to be synergy, in particular with regional platforms or more coordination, because in order to keep the funding, everyone was exercising and exercises were overlapping. In addition, regional platforms also may not be working; what is happening in the Northern Region may not be happening in the Central Region and these have to connect. Mr. Baker stated that someone needs to have that role of providing the connection. This has

typically been the Homeland Security Council. The hope is that the Emergency Preparedness Committee can make recommendations on this issue in the future even though the funding dictates how some of that is going to work.

Mr. Baker reported that there was also a presentation from Division of Public Health Staff on pandemic influenza. Following that presentation, there was a hardy discussion that the Committee would serve in a greater capacity to the Department and that there will be synergy among what is being implemented by the Department through what the Committee is recommending through the Public Health Council. The Committee and Division staff agreed that there would be greater information-sharing and that by the end of July, staff would provide updates regarding vaccine distribution and there would be an executive summary that would be put together.

Mr. Baker reported that there was an overview presented on the FY06 Hospital Preparedness Application, which is something that needs to be done for the cooperative funding. It appears that we will see a little fluctuation on what that application funding will look like but for the most part the activities there will be somewhat stable.

A report was also given by David Pluymers on the analysis of a restructuring of the Public Health Preparedness Consortia, how those determinations were reached by the Department, what the consortia are going to be and what the options are in 2007. Mr. Bostrom reported that the Department is in the process of looking for ways to reduce the administrative overhead in this project. The Department will have one-third less funding next year and we expect to have another 14% or 15% decrease in funding the year after that. These reductions are at the state level and less money is going to local health departments. There has been persistent interest in different structures in some areas. When the consortia were formed there were several different models looked at, including a model for the five regions that the Department uses, the footprint for the trauma regions; and part of the problem was not being able to add state staff at that time. Another part of the problem was that we didn't have enough resources so that the local public health departments could expand their epidemiology, training and communications. It was thought at the time the best way to do this was with some sort of grouping. We now have 12 consortia and that is what has been in place. There is some discussion now that perhaps this model is not working for some local public health departments while others have functioned under this model very well. 2007 is going to be the planning year in which the entire public health system will have input into the decisions that are made, recognizing the limitations we have in funding. The opt-out provision will be available in 2007. There are some consortia that want to disband. Some agencies want to join other consortia or they do not want to belong to a consortium anymore. The Department's difficulty is to make sure there is still regional coordination between agencies; the division of funding is also problematic. Staff are looking at many different models. Mr. Baker pointed out that the goal will be to ensure regional collaboration absent of funding because we know that funding may not be available. Some of the collaboration that has taken place and partnerships that have been made were strictly due to funding and we have to find logical collaborations that are not forced because of funding.

The next Emergency Preparedness Committee meeting is scheduled for September 19. This meeting had to be rescheduled as the previous time had conflicted with the 4th Annual Statewide Partners' Conference on Public Health and Hospital Emergency Preparedness. The Committee hopes to pick up the priority areas at the statewide meeting. The Committee's first priority is vaccine distribution and whether the distribution for the 2006-2007 season will finally be "right" this year. As much as pandemic flu and emergency situations are important, the Committee felt that the influenza vaccine distribution was a priority this year.

Mr. Baker also reported there was some discussion on bird flu and how the Department would be testing birds from Alaska. The Department received data in June on this. Mr. Bostrom added that the DNR is very active in testing waterfowl for this fall's hunting season. This is part of a nationwide network of testing birds that can succumb to avian influenza. The coordinating team that the Governor appointed, which has a

variety of members from various departments including the Department of Public Instruction, the Department of Agriculture, the Department of Natural Resources and the Department of Health and Family Services, has been meeting on a regular basis. The Division has a subgroup that focuses on communication. Mr. Bostrom then distributed a handout and stated that one of the things the Department has been concerned about is that it needs to be consistent in its messages to the public. The effort to do that has resulted in what the Department calls "message maps." The handout describes the current status of bird flu, surge capacity and isolation and quarantine. These handouts are posted on the HAN and the Department's website. Mr. Bostrom announced that there will be a Governor's website on influenza. This site will tell the public about annual influenza, how to get vaccinated on an annual basis, pandemic influenza (what the threat is), and avian influenza.

Mr. Baker then stated that the Committee is always looking at its membership and for the most part attendance has been robust; however, some members are consistently unable to attend meetings due to being over-taxed on many different preparedness groups. The Committee may look at this issue this fall and Mr. Baker may make recommendations to the full Council about this.

Issues in Stem Cell Research

Elizabeth L.R. Donley, Executive Director of WiCell Research Institute, presented information on issues in stem cell research.

Ms. Donley reported that WARF has been around for 80 years. In 1998 Professor James Thomson discovered embryonic stem cells in Wisconsin and WARF patented that technology. WARF is a separate 501c3 corporation that does patent and licensing for the University of Wisconsin. Research is not conducted at WARF but research is conducted at WiCell, which was established in 1999.

The stem cell is a cell that has the ability to reproduce itself and is also capable of giving rise to a more specialized cell. An hES cell, derived from the inner mass cells of an embryo, is capable of giving rise to any cell type in the body and is immortal, i.e., continued, indefinite, replication without differentiation under proper culture conditions. There are three types of hES cells: adult stem cells, which are tissue-specific cells; fetal derived germ cells; and embryonic stem cells.

Ms. Donley stated that this area of research is heavily regulated at the University by an Institutional Review Board. An ESCRO committee was also established at the University under National Academy of Sciences guidelines. There are three types of experiments that are prohibited, restrictions that came from the IRBs: 1) cannot intermix Wisconsin ES Cells with an intact embryo, either human or nonhuman; 2) cannot implant Wisconsin ES Cells or products of Wisconsin ES Cells in a uterus; 3) cannot attempt to make whole embryos by any method using the Wisconsin ES Cells.

WARF was issued two patents on ES Cells. One patent was issued for primate, non-human ES Cells and a method of their derivation, and another patent was issued for human ES Cells and a method of their derivation. These patents were recently challenged by the California Taxpayers Alliance and they most likely will be reexamined at the patent offices. WiCell does not believe that these patents will be revoked, and should be informed in the next three months. The patents cover anything that falls under the definition of a stem cell, which means all lines of stem cells are covered by Wisconsin's patents resulting in various organizations needing to obtain a license. The license fees that are paid to Wisconsin fund further WiCell research.

On September 4, 2001, WiCell agreed to provide WiCell ES cells to U.S. Public Health Service (NIH) researchers at low cost and with few restrictions. The intent of this was to make ES cells widely available.

WiCell has distributed 745 vials of cells to various research groups. Each research group contains 20-25 researchers, which means there are approximately 4,000 researchers using WiCell cells. WiCell also has

trained 310 researchers in 21 different countries in the Intro to ES Cell Culture class. They hold a one-day short course and a three-day long course, which is available to everyone free of charge.

Members of WiCell were disappointed by President George Bush's veto of expanded federal funding for stem cell research. His decision was based on a constituency that believes this research to be immoral to sacrifice an embryo for scientific research. Ms. Donley reported that the embryos are obtained after a couple seeking *in vitro* fertilization decides they have had as many children as they would like or are no longer pursuing it any further. WiCell hopes that eventually federal funding will be expanded regardless of the recent compromise that has been made. Ms. Donley stated that 69% of Wisconsinites support stem cell research with the understanding that the embryos will be thrown away regardless of whether or not they are used for scientific research.

Ms. Donley stated that anti-ES Cell research legislation is still a threat on the state level and that such legislation would have a devastating effect on Wisconsin's biotechnology industry and research efforts at the University. The science facility would be lost. Ms. Donley encouraged the Public Health Council to contact legislators in support of stem cell research as it is important in the health care industry and is economically important to Wisconsin.

There is also legislation that has been proposed to ban all DNA transfer including therapeutic cloning. Ms. Donley stated that there are important distinctions that need to be made between cloning to create another genetically identical human and therapeutic cloning. Therapeutic cloning involves creating genetically identical cells for therapeutic treatment of the donor.

Ms. Donley reported that the promise of hES Cell research is that it provides a study of basic developmental biology. hES cells have excellent potential to provide drug screening, toxicity and target data in a human model and can provide cell therapies for treatment of diseases caused by destruction or dysfunction of certain tissues of the body. Ms. Donley highlighted some of the specific cell therapies that WiCell is working on. These include neural cells (dopamine producing neurons, myelin and motorneurons), pancreatic islet cells, cardiomyocytes and red blood cells. This research has an impact on Parkinson's disease, multiple sclerosis, spinal cord injuries, diabetes, heart disease and blood diseases.

Dr. Loteyro asked how they determine what diseases and conditions get priority over the others. Ms. Donley replied that at WiCell they focus on conditions that are common priorities to the entire research field. The specific cell therapies that are being developed are being done through University researchers whom WiCell supports. Their focus is chosen based on their area of interest and expertise and funding. WiCell does not direct the researchers as to which disease state they wish to pursue.

Ms. Weidmann referred to a Milwaukee Journal Sentinel article stating that researchers in Japan have taken an adult stem cell and given it all the qualities of an embryonic stem cell in mice. She wondered that when something like that is developed in Japan and if it should be applicable to humans, if that would be protected by a patent so that WiCell would not be able to work on similar research. Ms. Donley replied that she is not sure if their research would be covered under the WARF patents, but the researchers would be able to patent their process on how they were able to derive those cells.

Ms. Frey asked what collaborations and relationships WiCell has with other researchers and institutes to make the learning and sharing process more efficient. Ms. Donley replied that they have collaborations with researchers at many different universities, other research institutes as well as industry researchers. WiCell does not do a whole lot of collaboration itself given that the operation is mainly to distribute vials to various researchers. However, the University scientists collaborate with other scientists throughout the world.

Dr. Gilmore referenced research on dopamine-producing neurons and how the examples were disease related. He wondered if there is any research being done on addictions, like tobacco addiction and the dopamine connection there. Ms. Donley replied that she is not aware of any research currently being done in that area but agrees that this would make a lot of sense.

Dr. Loteyro asked about the business side of stem cell research; for example, companies that advertise they can harvest umbilical cord blood for future research. How does WiCell protect the public from the business side of this? Ms. Donley responded that there are legitimate companies who are doing this as well as those companies who make it difficult to track what exactly happens to cord blood after it is collected. She stated that they will make sure that any licensee of theirs does not do something that would be inappropriate.

Dr. LaRoque asked who has the HeLa Cell patent and if it is possible that the HeLa Cell process is the same as the stem cell process. Ms. Donley replied that these are two different processes.

Mr. Baker thanked Ms. Donley for giving her presentation and said it was very thought provoking for the Public Health Council. He commented that to the extent that WiCell continues to have research that is translational, it is great and is going to move us to new frontiers. To the extent that WiCell can make the research relate to the public's health this is going to make all of us better. Mr. Baker said that he hoped WiCell can partner with public health to make sure that this research can relate to the general public. Much of the marketing on both sides of the ledger has skipped over the notion that research has to be relational.

Dr. Samadani asked if the Council was ready to endorse the Governor's position on stem cell research. He wondered if the Council was in a position to send a letter of endorsement to the Governor encouraging him and supporting him in his effort on the national level to support the research and keep it going in Wisconsin. Ms. Weidmann referred to the agenda and pointed out that this item was listed as "informational" and asked if the Public Health Council was allowed to take action on this item. Mr. Bostrom indicated that he did not know the answer to this question and suggested that if the Council did want to do something it should be tentative until the Council knew the answer to this question. Dr. Loteyro stated that the public should be well informed of this issue so the Council acting on this particular informational item would not be problematic. Dr. Samadani agreed. Mr. Baker stated that the Council can deal with the administrative part of this discussion later and that the more pressing issue is that if we are not in the position to look at current events that affect public health both now and in the future and the Governor that appointed us made a speech to a national audience, why are we here if we can't endorse? Mr. Baker asked to resolve to support the Governor, support the state of Wisconsin and the continued advancement of stem cell research and that we recognize that there is legislation in place that could affect the future of this research. Dr. Samadani stated that he took this as a motion and Dr. Loteyro strongly seconded the motion.

Ms. Jayne Bielecki noted that this research is very expensive and yet the public health system is always dealing with lack of funding and resources. Dr. Samadani stated that while this is expensive research the expense really lies with the disease. Ms. Bielecki then expressed her concern that there would be a loss of emphasis on prevention if people have the option of being healed after spinal cord injuries, for example.

Ms. Julie Willems Van Dijk concurred with Mr. Baker that stem cell research is an important issue and that it is important that this Council take prompt action on pending issues; however, she felt that the Council needs to be very clear about what it is they are saying. Ms. Van Dijk proposed to have a one-page resolution that clearly delineates what it is we are saying, we send it through the e-mail editing function used in the past and if there is an administrative issue with the agenda item as informational then a meeting or a special session would be called where there is an e-mail or teleconference vote where we can properly notify the public. Dr. Samadani stated that as Chair he did not feel that it was necessary to delay a vote on this issue.

Dr. LaRoque stated that he feels the Governor is ahead of the Public Health Council on this issue and that the Council probably should have been doing something proactively many months ago. He also stated that he supports this resolution.

The motion to write a letter of endorsement supporting the Governor's position on stem cell research carried with 13 for and 2 against.

Mr. Bostrom stated that the Council needs to provide staff with direction on what they would like done, such as a letter to the Governor, and how it is to be distributed. Dr. Samadani assured the Council that he would provide staff with direction before the end of the meeting.

State Health Plan Committee Report

Mr. Richard Perry began his report by discussing the Robert Wood Johnson Horizons Conference that will be taking place December 11 at the Waukesha Technical College and December 14 at the Northcentral Technical College in Wausau. It is funded by the Robert Wood Johnson Foundation. The purpose of the conference is to improve data resource knowledge by providing information on the status of the State Health Plan, ehealth priorities, using data, etc. Ms. Weidmann reported that the Public Health Council is encouraged to attend either of these meetings and staff organizing the events are looking for an endorsement from the Public Health Council. An endorsement would entail using the Public Health Council's name on conference materials. Ms. Weidmann moved the State Health Plan Committee recommends that the Public Health Council endorse this conference. Ms. Catherine Frey seconded. Dr. Gilmore asked who is putting this conference together. Ms. Willems Van Dijk replied that DHFS applied for the grant with Turning Point as the initiative and Margaret Schmelzer is the staff person organizing this. The motion carried unopposed.

Mr. Perry also reported that the State Health Plan Committee will be proposing four recommendations to the Executive Committee and the full Council by the end of 2006. Ms. Weidmann added that the presenters that provide information at the Committee meetings have been following a format, which follows the four priorities that the Committee is working on and the indicators that the Committee wants them to address. These include the socioeconomic factors, elimination of health disparities, etc. This makes it very easy for the members to see where they are in addressing all of these issues.

Health Literacy

At the last Public Health Council meeting, Dr. Samadani charged the Council with coming up with ways to possibly incorporate health literacy in schools. He welcomed those suggestions for discussion. Dr. Samadani stated that there are groups of people who do not understand the medical terminology as used by their physicians. The first group, children, may look for information on the Internet, which is written at several different levels and may not be correct. The second group, the older population or those 65+, about half of them do not comprehend what doctors say. Health literacy also depends on poverty status, education and employment status. Dr. Samadani stated that he felt that the Council has a task to improve public health and access to care, implementation and health outcomes. Without knowledge this cannot be achieved. The cost associated with health literacy are escalating. He stated that the Council's approach to health literacy has to be multifaceted.

Dr. Gilmore referenced the "Literacy in Wisconsin" handout that was provided to members. He stated that in 1992, 39% of Wisconsin's adult population is operating on a level one or two level of literacy. He suggested looking at the data from the 2003 survey to see if this percentage has increased, decreased or stayed the same. That might give the Council a better indication of the potential issue and whether or not the problem is increasing.

Ms. Bielecki informed the group that as part of training to become a nurse, emphasis is put on health literacy and education of the patients. This is a longstanding charge in nursing as a profession. She expressed her

concern that many nurses are being taken out of positions that help patients interpret diagnoses and instructions for their care and they are replaced with less educated staff who are unable to answer questions that the patients ask. Part of health literacy is to have educated staff, and RNs are one way to ensure that.

Dr. Loteyro expressed her belief that health education should be part of the school curriculum, especially at the elementary level. If the state can require that vaccination is needed to go to school, health education should be part of the curriculum before the students graduate. Ms. Bielecki added that she thought that colleges and universities should be included in this education piece.

Dr. Samadani concurred with Dr. Loteyro and stated that 65% of the elderly do not understand medical terminology so the system has failed even with nurses providing interpretation and education. We have to find something very innovative in how we can regenerate the interest and get some results. If there is a program in schools from the beginning, then children will already know terminology and about various illnesses and other conditions when they are older and be able to ask their physician informed questions. If the Public Health Council can come up with some sort of recommendation and sell it to the legislators and school boards then schools will have to implement it. Schools will not take this on individually because of their budgets.

Mr. Vue expressed his concern that health literacy also needs a focus on language barriers. He stated that he would like to know more about this issue and what has been done so far and then he would feel comfortable making some recommendations.

Ms. Weidmann would like to know more about what the survey is based on that is referenced in the meeting handouts. She stated that many of the people over 60 have multiple health problems; they may hear the first thing that is said and tune out every other part of their diagnosis. She stated she would like to know more if that is included in this health literacy discussion. Many people do not hear all they need to hear when they have a critical illness diagnosed. She also stated that pharmaceuticals need to have larger and clearer instructions.

Dr. Samadani agreed with Mr. Vue in that the Council should get more information on this issue with a focus on the school curriculum before we can make a decision.

Dr. Gilmore concurred with gaining more information and stated his belief that it needs to be comprehensive from the professional training aspect, from the family aspect, the school related aspect and the language barriers. He suggested accessing other forms of literature so that the Council could take a more comprehensive look at the issue of health literacy.

Mr. Baker stated that he was struck by the statistic that 790,000 people in Wisconsin who are 16 and older are not in high school and do not have a diploma or a GED. He said that it would behoove the state of Wisconsin to come up with a preamble of the ten things every citizen in Wisconsin should know about their health and market that the same way the state markets tourism, etc. This would be at a third or fourth grade level and let this be the preamble for our focus on health literacy. There also needs to be an emphasis on why it is important to know about your health. Most preambles are the precursors to all the action that spurs success.

Dr. Gilmore stated that the preamble should include the fact that citizens have inalienable rights.

Dr. Samadani stated he would like to see this topic on the next agenda. This presentation should have two aspects, a discussion on a school curriculum point of view and health literacy from a medical viewpoint. After that discussion, Dr. Samadani would like to come up with a resolution and that resolution would be directed towards educators.

Announcements

Mr. Baker reported that the development of a Wisconsin School of Public Health is well under way. Experts from across the nation have been meeting to discuss the feasibility of a School of Public Health at the

University of Wisconsin – Milwaukee. There will be another listening session on August 21st. The planning group must make a report back to the Regents for the November meeting.

Mr. Baker also gave a report on the eHealth Board. He stated that it met last week and is poised and ready to issue its report in late fall. It must be to the Governor by December. Most of the eHealth Board’s focus is now on its subcommittees and workgroups. They are grappling with the issue of how much information is enough information for the public to have access to, and will everyone in the “system” work together to have this in a repository so that this can work? The Board or its subcommittees are meeting almost weekly; this Board is chaired by Secretary Helene Nelson.

Ms. Patricia Guhleman extended an invitation to participate in Wisconsin’s National Public Health Performance Standards Assessment, which is going to happen September 27th and 28th, 2006. This is a standardized assessment that many states have participated in as a way to evaluate what the current status of public health in Wisconsin is.

Ms. Willems Van Dijk encouraged Mr. Baker’s Committee and the Council to identify what we have already achieved and use that in an advocacy effort to sustain funding. She feels that it would be an appropriate role for this Council to advocate for sustaining those funds by being able to demonstrate what has been achieved.

Mr. Baker agrees that this may need to be brought up at the next EP Committee meeting. If the Council is to act on this and advocate it will need to be done quickly so that the Governor and the Legislature will understand that this funding needs to be sustained for this and the next biennial budget. Mr. Baker said he would be willing to take this issue to his Committee and work with Division staff to craft a summary of what has been done with federal compliance data, bring this back to the Public Health Council and then the Council can engage legislators and market the issue of sustainable public health funding.

Dr. Gilmore also noted that there are three systems addressing emergency preparedness in the Wisconsin. There is the public health system, we have health care through HRSA and then there is Homeland Security. None of the regions match. The Council needs to explore the current systems we have and whether or not there can be better synergy among the various funding streams. Dr. Samadani said he would like to have more discussion on this and would like to see this as an agenda item.

Next Meeting

Suggestions for the next agenda included:

- A presentation on health literacy and possible resolution
- A discussion on synergy of health care
- Ms. Frey suggested that for a future meeting it would be a good idea to discuss sustainability of public health funding in general.
- Dr. Samadani would like to see a page on the agenda, as a standing item, “PHC Making a Difference” with what has been achieved so far.
- Ms. Weidmann would like to see the annual report to the Governor on the next agenda.

Adjournment

Dr. Samadani adjourned the meeting at 1:36 p.m. The Public Health Council then took a tour of the State Emergency Operations Center.

Recorded by Stephanie Ward
Bureau of Health Information and Policy

JoAnn Weidmann, Secretary

Date