

Public Health Council

STATE OF WISCONSIN

MINUTES OF THE MEETING OF OCTOBER 13, 2006

LAKEVIEW TERRACE, 121 E. WILSON ST., MADISON, WI 53703

Council Members Present: Ayaz Samadani (Chair); Gary Gilmore (Vice Chair); JoAnn Weidmann (Secretary); Bevan Baker; John Bartkowski (by teleconference); Jayne Bielecki; Catherine Frey; Stephen Hargarten; Terri Kramolis (by webcast); Charles LaRoque; Loren Leshan; Corazon Loteyro; Douglas Nelson; Julie Willems Van Dijk

Council Members Absent: Rafael Acevedo; Sandy Anderson; Christopher Fischer; Stephen Kirkhorn; June Munro; Richard Perry; Thai Vue; Jeanan Yasiri

Division of Public Health Staff: Sheri Johnson, Division Administrator; Patricia Guhleman; Stephanie Ward; Kathy Jones

Guests: Helene Nelson, Secretary, Department of Health and Family Services; Randy Szlabick, Chair, State Trauma Advisory Committee; Paul Smith, University of Wisconsin Family Medicine

Call to Order

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

Follow-up from August 11, 2006 meeting

Review of minutes

Dr. Gary Gilmore made a motion to approve the minutes. Ms. JoAnn Weidmann seconded the motion and approval of the minutes passed unopposed.

Evaluation report

Dr. Samadani reported that the evaluations from the August 11 meeting were discussed at the Executive Committee meeting and that some of the evaluations expressed concerns. He indicated that two agenda items relate to these concerns. One is the resolution process, which identifies that resolutions must be in writing or stated aloud so that all members have a clear understanding of what they are voting on. The Council's Rules of Order represent the second agenda item related to concerns expressed in the evaluation. Once these rules have been adopted the Council can refer to them as needed.

Administration

Meeting times for 2007

Ms. Stephanie Ward reported the results from a member poll indicated that the majority of members prefer to keep the current Council meeting times (10 a.m. – 2 p.m.).

Dr. Gary Gilmore encouraged the Council to conduct at least one meeting outside of Madison. He encouraged members to invite people within their networks to come to Public Health Council meetings when meetings are held in venues outside Madison.

Dr. Gilmore suggested Marshfield as a location for meeting outside of Madison. Ms. Jayne Bielecki

suggested the University of Wisconsin-Eau Claire as a possible site.

Response from Legal Counsel on quorum and Wisconsin Open Meeting Laws

Ms. Patricia Guhleman reported that the DHFS Office of Legal Counsel indicated that a majority of members is required to comprise a quorum. For the Public Health Council, this represents 12 of the 23 members.

Dr. Gilmore said that according to Robert's Rules of Order, a vote on issues related to the bylaws would require two-thirds of the members for quorum. Dr. Samadani agreed that on matters concerning the bylaws, the quorum would be two-thirds of the members.

Dr Gilmore noted that deliberation and discussion on any topic can take place even without a quorum, and voting can take place later.

Ms. Guhleman addressed the question if meeting agendas were required to identify if actions were expected for specific agenda items. She reported from Legal Counsel that people external to the Council need to be able to understand before the meeting if the Council is going to take action on a given subject matter. To comply with Wisconsin open meetings law, action items need to be clearly stated as such on the posted agenda.

Mr. Doug Nelson wondered what would happen if the Council couldn't vote on something that comes up that is time-sensitive but hasn't been noted on the agenda as an "action item." Can a vote take place? Ms. Julie Willems Van Dijk stated that according to the open meetings law, an agenda could be amended up to 24 hours prior to a meeting. Mr. Bevan Baker recalled that the Council can act in times of public health emergencies or crisis and has the ability to act outside of the existing schedule. Mr. Baker said he would rather have an action questioned and overturned rather than not take action.

Ms. Weidmann indicated that it would be good to add something to the bylaws to guide the Council as to what to do in an emergency.

Mr. Baker noted that the ability to convene and act in an emergency needs to be clear agreed that procedures need to be in place for emergencies.

Ms. Wiedmann said one of the difficulties is that we don't know what the policies are that we should be influencing; we don't have a procedure for deciding the priorities; we are not systematic in selecting the topics that are addressed. The Council was created by statute to look at emergency preparedness and oversight of the state health plan. A balance is needed between broad, long-term issues and new, emerging issues, as well as a method to determine the most important issues and act upon them. She agreed with Mr. Baker that the Council needs to resolve what its role is; this points to a serious need for strategic planning so Council members can come to a real consensus regarding their common purpose.

Dr. Samadani suggested a change in the bylaws if wording could be agreed on, if that would facilitate proceedings. Additions to the agenda might address some of the problems. He said there is agreement by the majority that there are issues that the Council needs to take care of.

Public Health Priorities

Dr. Samadani introduced Helene Nelson, Secretary of the Department of Health and Family Services. Secretary Nelson opened with an invitation for questions.

Dr. Loren Leshan asked what the Council's connection to other appointed groups should be. In response, Secretary Nelson first noted that many Council members participate in multiple key groups. She said that the Governor welcomes input on how they can best work together to pursue related goals.

Highlights from Secretary Nelson's talk follow:

The mission of the Department is to keep people healthy. Prevention and public health goals can be addressed through all of the Department's activities with its partners. Five broad Department goals address

integration:

- Promote the health of population as a whole, emphasizing prevention.
- Promote access to affordable, high-quality care and treatment.
- Focus on children with KidsFirst, a key priority for the Governor.
- Help elderly people and people with disabilities live and receive supportive care where they want (in other words, long-term care reform).
- Carry out functions effectively, efficiently and accountably within the budget.

A detailed proposal for BadgerCare Plus, with more coverage for pregnant women and other targeted adults, provides an example of how prevention is integrated into all Department activities. Other initiatives with proposals that direct funding to include public health and prevention are dental access and prevention strategies in communities, and vital records modernization. Additionally, \$2 million has been requested for Aging and Disability Resource Centers.

Tobacco use among minors is at an all-time low. The Governor's budget was cut for tobacco prevention but matching funds from private sources enabled advertising campaigns to youth in the state.

The Great Lakes Intertribal Council and the Department collaborated on a grant application for AODA prevention emphasizing youth. Wisconsin got two of the five grants awarded. The grants are for prevention, needs assessment and evidence-based prevention strategies. The dollar amount is \$3.3 million for the first year, of which 85% will go to communities and tribes.

Extra money will be spent on AIDS.

Additional funds will be directed to Milwaukee to serve families where there is a risk of child abuse, not an actual allegation.

Secretary Nelson said she is working with Dr. Sheri Johnson (Division of Public Health administrator) and the deans of the state's two medical schools to see if resources can be found in the Blue Cross Blue Shield conversion funds to address broad public health goals. Overcoming racial disparities especially in infant mortality and cancer is critical.

Secretary Nelson said that public health must reach out to non-traditional partners. A more robust public health mission has to be part of the solution.

Secretary Nelson said she is proud of the Division of Public Health, and cited as examples the Division's work on pandemic influenza, foodborne illness, and core public health functions.

Referring to the Council's role, Secretary Nelson urged Council members to "own the big territory with me." She urged them to be more policy oriented and strategic. Emergency preparedness oversight and state public health plan oversight are being done. Tobacco control and oral health access are other areas of continued need. She expressed appreciation for the work already done by the Council, specifically for the School of Public Health resolution.

Following her presentation, Secretary Nelson responded to questions from Council members.

Dr. Samadani asked how access to family health care can be addressed by the Council. She said emphasized the importance of drawing attention to disparities and other current issues. In response to Dr. Samadani's question regarding her greatest fear in terms of health issues, she indicated smoking, obesity, drinking and drug abuse, all of which are preventable tragedies. She also identified concerns about pandemic influenza.

Dr. Gilmore indicated the importance of identifying and increasing protective factors (the positive factors already present in groups of people).

Dr. Loteryo said that much could be done on these issues, both in the public and the private sectors. The

Secretary noted the strength of public health is looking at health problems from the “population health” perspective, and bringing the right partners around the table to work on solutions. For example, the State of Wisconsin has joined other major health care payers to share transparent information on episodes of care. Once good information is obtained, the underlying goal is to align incentives for both health care competition and for individual consumers to improve care and lower costs.

Dr. Hargarten identified unmet dental needs as an example of a constant daily burden around the state. He also stressed the important of partnerships.

Dr. Hargarten asked the Secretary how she sees the Council’s role in leveraging policy directives that can help the Department help the state make progress. The Secretary responded that we need to figure out a way to use the knowledge and passion and time and energy of Council members to make an impact. For example, dialogues like this are important. We need to define the issues; determine what the policy piece is vs. another strategy; and ask, “How do we earn the hearts and minds of the people for policy?”

Ms. Willems Van Dijk noted that at the local level, staff are being asked to take on more and more (suicide, alcohol, children with special needs, flu, E. coli, etc.) with fewer resources. She asked the Secretary what would be most helpful as the Council considers policy: specific resolutions around the public health system or a government focus. Secretary Nelson replied that government has a range of roles, but understanding the variety of perspectives that need to be considered is important. For example, emergency room physicians, laws, prevention strategies, individual rights, law enforcement, etc., all may weigh in on an issue. Important questions include, who is going to lobby what? Who needs to be brought to the table?

Secretary Nelson advised Council members to welcome diverse dialogue, and not to define their role too narrowly, and to stay hopeful despite setbacks.

Dr. Samadani thanked the Secretary for an informative and challenging discussion. [At this point the meeting was suspended for several minutes so the Council and Secretary Nelson could have a group picture taken.]

Approve Public Health Council Rules of Order

Dr. Gilmore made a motion to approve the Council’s proposed Rules of Order, and Ms. Bielecki seconded the motion. The motion carried.

Approve Resolution Process

Ms. Willems Van Dijk made a motion to approve the resolution process as drafted, with one amendment. She asked that item 3 add the words “or by the recording secretary,” so that the revised item would read “...will be read aloud by the member that introduced it or by the recording secretary and voted on by the members.” Ms. Guhleman clarified that a vote on the resolution can be taken by e-mail as long as the content of the resolution has been discussed and posted in a public forum.

Ms. Willems Van Dijk made a motion to approve the resolution process as amended, and Dr. Gilmore seconded it. The motion carried unopposed and the resolution process was approved.

Ms. Cathy Frey said she thought it would be a good idea to include the results of resolutions in the Council’s annual report. Dr. Samadani agreed.

Emergency Preparedness Committee report

Mr. Bevan Baker, Chair of the Emergency Preparedness Committee, reported that the Committee met in Wisconsin Dells on September 19 with very good attendance. There was a discussion of the need to determine by December 12 (the date of the Committee’s next meeting) a process for finding a vice-chair for

the Committee. After discussing this with the Executive Committee, Mr. Baker indicated that he will ask for volunteers, the strategy used by the State Health Plan Committee to select its vice-chair. He requested a recommendation from the Council on this. Hearing no other suggestions, he said he will use the SHPC format and choose the vice-chair and submit this name to the Executive Committee for ratification. Mr. Baker indicated that four Council members belong to the Emergency Preparedness Committee.

Mr. Baker reported that action on a vaccine distribution resolution is scheduled for October. Division of Public Health staff briefed the Committee. With 120 million dosages available, it is unlikely that the nation will have a shortage situation. Other discussion from the Committee included the Council's presentation on stem cell research, and the needs of special populations. The Committee asked that minutes of Council proceedings be e-mailed to Committee members after they are approved and posted on the Web site. Larry Reed of Wisconsin Emergency Management submitted a report on preparedness grants and talked about NIMS compliance and what the current status is. The Committee deferred a pandemic influenza discussion because DPH communicable disease staff were addressing the emerging e. coli situation on the day of the meeting. Dennis Tomczyk and David Pluymers presented overviews of FY 2006 preparedness cooperative agreements and objectives and an update on 2007 funding. Discussions included the relationship between roles of the legislative council on emergency preparedness, the Emergency Preparedness Committee and this Council. It was expressed that there should be a key initiative from this group to ensure long-term funding for emergency preparedness by the legislature. Mr. Baker indicated that we need a line item in the budget for public health emergency preparedness, and that we must work on the sustainability of funding with the legislative council and local legislators.

Dr. Samadani wondered if there was a recommendation from the Committee for particular language on this issue. Mr. Baker said the Committee did not draft language but thought there needed to be a key initiative for funding sustainability for preparedness. He is asking the Council to help with the questions of how and when we take this issue to the legislative council to have an impact.

Dr. Samadani said that sustainable funding should be on the agenda for the next meeting.

Ms. Willems Van Dijk said she concurred with the need for addressing this funding need, but said it has to be considered in the greater context of other funding issues the Council is addressing. The State Health Plan Committee will also be coming forward with analysis of key health priorities and key policy directives for this Council, some of which will have funding requests. This comes back to our need to prioritize. She also agrees this is time urgent, but maybe the Council can better respond after it hears other reports.

Dr. Charles LaRoque asked for clarification of where the funding being discussed comes from, and Dr. Sheri Johnson responded that it is federal money that the state distributes.

Mr. Doug Nelson asked if there was a fiscal note on how much money would be needed for sustainability. Mr. Baker said that one estimate might be 20 to 30 cents on every dollar received to date. On the high end, it would be 60 to 90 percent of the dollars we've received. Mr. Baker also said that we need to know the total dollar figure. Funding needs to be pursued in cooperation with our partners—preparedness, public health, EMS, DNR, Homeland Security, etc.

Dr. LaRoque asked if we resolve this, whom are we targeting. We need sound data, a consensus with our partners, and we need to show the value of the existing dollars we already have.

Mr. Baker's report on the Emergency Preparedness Committee was accepted.

State Health Plan Committee report

Ms. JoAnn Weidmann reported the State Health Plan Committee activities to the Council. She said that the Committee has focused on four health priorities, which it will report on at the December meeting of the Council. These four priorities are Adequate and Appropriate Nutrition; Alcohol and Other Substance Use and Addiction; Overweight, Obesity, Lack of Physical Activity; and Tobacco Use and Exposure. Each of

these priorities has overriding issues related to disparities and to funding. The Committee is considering a recommendation to the Council about the need for a legislative council to look at sustainable public funding.

The Committee has worked to develop a format to make it easier for Council members to look at findings that describe the status of the State Health Plan. The report will provide the long-term objectives and where current status in relationship to those objectives. For example, some of the 2010 objectives have already met for tobacco. Others, such as nutrition, show less progress. In each area, we will also provide recommendations: which ones we want to address and how they will go forward. That will give us some work to do. We will also be proposing recommendations for transforming the public health system itself, some of which are quite difficult to measure.

Dr. Samadani said he would like to see dollar estimates from both committees, and said the Council can come up with a final resolution at the December meeting if the Executive Committee has the input prior to that. Both committees should send these to the Executive Committee. Someone asked about the time frame for the Secretary's budget request. Dr. Sheri Johnson said that the Secretary submitted the agency budget in September; the Governor considers all the agency budget requests and other factors in November and December and submits his budget to the Legislature in January, and the budget is generally passed in early to late February. The legislative study committees are formed in the spring. Staff can find out when the next round of committees is being formed. Mr. Baker said we're trying to get out in front on the maintenance of funding issue.

Dr. Samadani asked whether an advisory letter from the Council to the current legislative council on emergency preparedness would be effective. Dr. Johnson said the time for planting seeds for the next budget is now. Ms. Willems van Dijk said we have to look at all issues together, we do have the moral and fiscal duty to act, but we have to look at obesity and alcohol and preparedness and other priorities together. Mr. Baker said we may need to use the dramatic facts about the consequences of not being prepared for disasters to illustrate the funding needs for all of public health. Dr. Leshan asked that there be more time allowed on the agenda for the Committee reports at the December meeting. She would like them to focus more on the recommendations rather than background on the problems. She would like to have adequate time to discuss the recommendations.

The State Health Plan Committee's report was accepted by the Council.

State Trauma Advisory Committee (STAC)

Randy Szlabick, M.D., Chair of the State Trauma Advisory Committee, addressed the Council on the topic, "Trauma Systems and Emergency Preparedness." Dr. Szlabick is in the Surgery Department of Marshfield Clinic and at St. Joseph's Hospital. His presentation was on the importance of trauma systems for emergency preparedness. He spoke about how trauma systems (EMS) and public health come together. Many people have been involved with developing a trauma system in Wisconsin, which is still in its developmental stages. Trauma or injuries are the leading cause of death in the first four decades of life. At those ages, they cause more deaths than heart disease and all cancer combined.

Trauma occurs on a daily basis. A major disaster can tie up major trauma centers immediately. The only thing that will allow us to address these events is to have an organized system in place that includes resources and providers that work together.

The goal with a trauma system is to match EMS and hospital resources to meet the needs of injured patients. Partnerships need to be in place in order to get the right individual to the right facility in the shortest amount of time. Not all hospitals and EMS are created equal. In the smaller towns and rural areas where EMS is largely dependent on volunteers, delivery of emergency medical services becomes very complex. Wisconsin and other Midwest states are lagging behind much of the country. Our trauma systems are just in development. STAC began in 2000. We formed regional groups and moved forward on how to designate facilities. The plan is for all hospitals to be classified by their capabilities; and for patients to be identified by

the severity of injuries to determine appropriate transfers where they should be transferred. This system provides the footprint for handling mass tragedies. In such an event, there won't be time to make plans; we need to have the system up and ready to function. If we don't have an adequate EMS and trauma system all of our other health care systems will fail. We have to know where our resources are and how to get the injured to those resources in time. EMS, trauma systems, and public health need to cooperate and work together to take care of the citizens of the state. It takes 10 years for a trauma system to mature. It involves great deal of resources and the ability to work together.

Ms. Willems Van Dijk asked about the next steps needed to produce a trauma system like California's. Dr. Szlabick responded that hospitals need specific designations in terms of their capacity, and that Wisconsin in the process of doing this, although it is an expensive process. We also need an adequate EMS structure. Ms. Frey asked about workforce needs. Dr. Szlabick pointed out that many rural areas rely on volunteers for EMS providers; minimum reimbursement exists, training is expensive, and the need for training is ongoing since people burn out quickly. Funding is a big issue—looking at the entire system, how do we find a way to pay for it? Dr. Gilmore asked to what degree STAC is able to interface with other partners, such as joint meetings with public health, Homeland Security, etc., to see where we could share resources. Dr. Szlabick indicated that we need to look more closely at this issue, and to address overlap and duplication. Dr. Hargarten agreed that it is absolutely critical to work on aligning systems and resources (bioterrorism, HRSA preparedness, trauma systems, public health injury prevention/control, etc.) and there is obviously more work that needs to be done. More critical leadership needs to occur in this area around the state. This is all about adequate funding. He said that the Public Health Council should consider a resolution or recommendation that strongly suggests the alignment of systems so preparedness is integrated into trauma systems. Hospitals are public health resources. Dr. Szlabick agreed that we do need to share resources and need to do better in working together. It's a challenge, partly because often we don't even speak the same language (EMS, trauma, public health, etc.).

Ms. Willems Van Dijk commented that fire, police, and EMS are funded by local tax dollars. This makes sense for fire departments, but not for the EMS system. She pointed out that she has as much chance of experiencing a serious injury here in Dane County as at home, and yet she doesn't pay any Dane County taxes. This compels us to think about funding EMS differently when we draft the resolution. It should include a policy recommendation about the funding mechanism. Dr. Samadani said that the Emergency Preparedness Committee can take on this issue. Mr. Baker suggested a need to address information flows between providers. Dr. Szlabick indicated that communication is a struggle, even within regions of the state. Mr. Baker said that this has to be funded at least initially the same way the laboratory response system is, through federal funding. CDC could benefit from this. Katrina showed that medical records did not go with people as they were airlifted all over the Gulf Coast.

Health Literacy

Paul Smith, M.D., addressed the Council on the topic of "Health Literacy." Dr. Smith is an associate professor in the University of Wisconsin Department of Family Medicine, a practicing family physician and a Board member of Wisconsin Literacy.

What is health literacy? In 2004 the Institute of Medicine issued a comprehensive review of the literature on literacy and its impact on health and health care. Health literacy has two key parts, *understanding* and *needing to make appropriate decisions*. [At this point Dr. Smith showed a brief video, "Real People with Real Problems," showing real people talking about how their inability to read and understand written information affected their health and health care.]

The 1992 National Adult Literacy Survey (NALS, a federal survey of 26,000 people living in households and prisons) found that 47%-51% of Americans were in the lowest two levels of reading ability (levels 1 and 2 out of 5 levels). Wisconsin did not participate in that study, but based on the survey results it was estimated that "only" 39% of Wisconsin adults were in the lowest two levels of literacy. A subsequent federal survey

in 2003 indicated little or no progress.

The 2003 results indicated that the proportions of people with “below basic” literacy were much higher for people in racial/ethnic minority groups, for people over 65 years of age, for people with high school or less education, for people with poor self-reported health status, for people with government health insurance (Medicare and Medicaid). The majority of people with low literacy are white and born in the U.S.

Dr. Smith noted that 80% of people in the basic and below basic levels said they never obtain health information on the Internet. People with low literacy have poorer health status, poorer health knowledge, and more hospitalizations. Based on the NALS data, it’s estimated that \$73 billion (in 1998 dollars) is the amount of extra money spent on health care because of low literacy. Much of this is public money, for Medicare and Medicaid.

What can we do about this? Dr. Smith recommended: increased awareness; all state documents intended for the public should be written at the fifth-grade level; materials, including Web pages, should be designed for low-literate adults, not just the text level but the design. We should advocate for increased funding of adult basic education. All these programs have waiting lists; there is no funding to learn how to read. We also need to address high school graduates that are functionally illiterate—we really don’t know what is happening to cause that.

Wisconsin Literacy is planning a health literacy summit, on Thursday, June 21, 2007, at Chula Vista in Wisconsin Dells, and is seeking funding sponsors who can also be involved in planning the summit. Michelle Erickson, the director of Wisconsin Literacy, is here to answer questions. Wisconsin Literacy has hired four regional coordinators with a small amount of state funding to coordinate community-based literacy organizations, but this is not enough. They are part-time. The bottom line is that low literacy is a common problem, and low literacy affects health.

In response to a question about strategies, Dr. Smith responded that the strategies need to be multifactorial, addressing schools, people who want to learn, and making systems more aware so they are designed for people who can’t read well (signs in hospitals, health care materials, bus schedules, etc.). Dr. Samadani thanked Dr. Smith for his presentation, and said this topic would be addressed again at a future Public Health Council meeting.

Announcements

UW Milwaukee School of Public Health

Mr. Baker announced that on October 27, the planning team that has been directed by the Board of Regents to look at the feasibility of a school of public health in the City of Milwaukee will transmit its final report. This report will be presented to the education subcommittee of the Regents on December 9. The Council’s activity was part of the information that led to the Regents’ decision to look at feasibility. Mr. Baker said he does not know what the recommendation will be, but there is good data to suggest that Wisconsin and Milwaukee are poised to entertain a new school of public health.

Next Meeting

Suggestions for the next agenda included:

- Standing agenda item for possible action items
- An action item on Health Literacy
- More time for Committee reports (possibly an hour each?)
- Strategic planning discussion

Ms. Willems van Dijk asked if DHFS has facilitators to help with the strategic planning; Dr. Sheri Johnson indicated that the Department can identify resources.

Adjournment

Dr. Samadani adjourned the meeting at 2:06 p.m.

Recorded by Stephanie Ward
Prepared by Kim Gonzalez and Patricia Nametz
Bureau of Health Information and Policy

JoAnn Weidmann, Secretary

Date