

**Viral Hepatitis Council Meeting  
March 31 – April 01, 2004  
Tampa Hyatt Regency  
Tampa, Florida  
Meeting Minutes**

**March 31, 2004 - Day One**

**Council Members**

**Present**

Gina Bispham  
Susanne Crowe  
Martha DeCastro  
Charles Dennis  
Maria Eddy  
Bob Griffin  
David Nelson  
Ralph Morris  
Dianne Rechtine  
Doretha Rouse  
Sandy Roush

Barbara Rush  
Sybil Stillwell  
Andi Thomas  
William Wood

**Council Members Not Present**

Michael Amidei  
William Chen  
Gene Copello  
Margaret Gale  
Allison Nist

**Visitors Present**

Judy Bassett  
John Chamulak  
Landis Crockett  
Andrea Davis  
Sherri Giorgio  
Mary Ann Green  
Betty Jung  
Bob Keane  
Peggy St Croix  
Lisa Tobin

**Welcome and Introductions**

Sandy Roush, Hepatitis Program Administrator, Florida Hepatitis and Liver Failure Prevention and Control Program, Florida Department of Health, welcomed the Council members, and thanked everyone for taking the time to attend the meeting and serve on the Council. She pointed out that there were two draft documents (bylaws and a “strawman” strategic plan) included in the meeting materials, for the Council to use or discard. In addition, Sandy Roush asked each Council member to complete the meeting evaluation form.

**History, Purpose, and Function of Hepatitis Program**

Sandy Roush, Hepatitis Program Administrator, provided a summary of the Florida Hepatitis Program history, purpose, and function.

**Hepatitis Epidemiology in Florida**

Dr. Landis Crockett, Director, Division of Disease Control, Florida Department of Health provided a summary of the viral hepatitis epidemiology in Florida.

**Council Member Projects Updates**

Each Council member summarized their current projects and hepatitis-related work.

## **Purpose of Council**

Sandy Roush introduced discussion about the purpose of the Florida Viral Hepatitis Council (FVHC). “The Council shall provide advice and guidance to the Florida Hepatitis Program on issues related to viral hepatitis.” Dianne Rehtine moved to accept the purpose of the Council and Barbara Rush seconded the motion. Discussion followed, and Andi Thomas asked “Why just to the Hepatitis Program? Were the recommendations also for the Department of Health or is it just to the Hepatitis Program?” Sandy Roush explained that is the Hepatitis Program that is convening this Council and has the responsibility within the Department of Health to provide information to the Bureau Chief, who then advises the Division Director, who then advises the Secretary. Andi Thomas asked if this was how the HIV model works. “Does the new Florida Community Planning Network (FCPN) just go through the Bureau of HIV?” Sandy Roush explained that the Hepatitis Program reports to the Bureau of HIV/AIDS. Guests Andrea Davis and Judy Bassett, Quality Management Institute in the Bureau of HIV/AIDS, explained to the group that the FCPN does report to the Bureau, and the Hepatitis Council is following that model. Maria Eddy suggested that the words “within the Florida Department of Health” be added. Dianne Rehtine amended her motion to read “The Florida Viral Hepatitis Council shall provide advice and guidance to the Florida Hepatitis Program within the Florida Department of Health on issues related to viral hepatitis. All were in favor. The **motion passed**.”

## **Council Governance**

Sandy Roush introduced discussion on Council governance with a history of how the inaugural Council membership was developed. In keeping with other planning groups in the Florida Comprehensive Planning Network (FCPN), there will be two co-chairs, one from public health, and one from the community. The inaugural co-chairs are Sandy Roush, public health, and Maria Eddy, community. Ms. Roush explained the Council must have representation not just geographically but have representation that reflects the epidemiology of A, B, and C; infection rates; ages; sex; and experience with outcomes, physicians and providers.

The discussion began with the draft bylaws document provided by the Hepatitis Program. The draft was taken largely from bylaws of other groups and associations. Article IV Council Structure, Section I, 1., All membership terms begin January 1 of the calendar year following election through December 31. Sandy Roush proposed to the group that the Council meet twice a year in May and October, and this follows what the other planning parties are doing in the FCPN. Maria Eddy said that when planning the meetings “all Council members’ schedules will be taken into consideration.” Ms. Eddy asked why the term is calendar year and not fiscal year; Sandy Roush stated that there are many different fiscal years for the members. Ms. Roush indicated that the Council is limited to twenty members.

The Council membership representation was reviewed. Andi Thomas stated concerns about the associations and community-based organizations (CBO). Andi felt that the category is split among professional associations, and important opportunities to bring important groups to the table will be missed. “If we put in ALF, Hep-C Alert, and other CBO’s, HIV, Substance Abuse, and prevention, they will certainly fill up the four slots; there should be

additional room for FPIC, FMA, the blood bank and other organizations. Looking at the range of people that could be at the table, that is not a lot of places available for associations.” Maria Eddy stated that if in the future the Council felt the need to add more associations, the bylaws could be changed. David Nelson asked why there had to be numbers in each group and this body would change dramatically based on the evolution of the Council. Maria Eddy thought that the need for numbers to make sure that “one group should not be top heavy over another group.” Sandy Roush explained that the intention here is to balance between insuring some level of integration, but not over regulating. William Wood stated his concern that it is important to keep the voting membership to a manageable size. “As it was originally written, it states a maximum of 20, and that most of the discussion has been that there should be a minimum of 20 and lets be as inclusive as possible and make sure that every possible special interest group has a vote at the table. We do have to think for the best interest of the 17 million residents of Florida and not what’s best for what every special interest you happen to be representing on the Council.” Martha DeCastro stated that maybe some of the confusion was due to wording of Article III Membership, with the various types of members. She recommended that there should be just 20 active members and no other categories. Susanne Crowe suggested reducing “at least” number in each category so there would be room to fill a vacancy with flexibility on categories. David Nelson suggested that there should be maximum 20 and at least one member of the Council should come from each one of these categories. Andi Thomas stated that “the group should not be over populated by public health since it is advising the public health infrastructure. So in order to have some kind of arms length transaction or appearance of such we really need to make sure that it remains predominately populated from people outside public health. Or a broader statement would be to make sure that representation is that public health does not represent more than 30% of the positions and the other positions are spread broadly or the other categories.” Gina Bispham said that if they use not more than one person employed by the Hepatitis Program, Bob Griffin would not be able to be on the Council. Ms. Bispham stated that there should be someone from the state office and someone from the county. David Nelson wanted to make sure that the categories were not limited or restricted, the less restricted the better. Susanne Crowe asked Andi Thomas whether Andi wanted blood banks to be in their own specific category, or why couldn’t they fit into the association category? Andi Thomas stated that she was more so concerned with limiting the category by four and “trying to cram the CBO’s and professional associations in one category.” Ralph Morris said the Council should have 20 members. Sandy Roush summarized that if they lowered the numbers “at least” in each group there would be more flexibility to have members to meet any category (some of the 20 not automatically assigned to a particular category).

Discussion gave the following options. The Council membership shall include:

1. at least one representative in each of the following categories
2. the following representation subtracting one from the draft numbers
3. at least one with no more than x% in each category

Dianne Rehtine asked for a straw vote on the three categories, the votes were #1-3, #2-9, and #3-3. Maria Eddy motioned to accept that the representation numbers be reduced by one. David Nelson did not feel that having only one representative in a category would be in the best interest of the Council. Maria Eddy amended her motion to state: Community Members at least four, Clinical, Medical Services at least two, Public Health at least four, Other Governmental at least two, Associations, community-based organizations at least

three, Academic/Research/University at least two, with three members not assigned to a category. Ralph Morris seconded the motion, there were 14 yeas and 1 nay. **Motion passed.**

After a five-minute break, the Council started at the beginning of the bylaws, Ms. Roush again stated that the Hepatitis Program did not intend to be presumptuous in bringing drafts; the drafts were only for Council consideration for use or to be edited or discarded. David Nelson stated that he thought it was a good decision to prepare the drafts. Article I, Section I there was no discussion. Section II talked about the logo and there was no discussion. The Council looked at Article II and reviewed the new language, reviewed the new language in Article III, and reviewed the new language in Article IV through Section I, number three. Discussion began with number four. Bill Wood motioned to accept number four as it stands, Barbara Rush seconded the motion. After discussion, the vote was 14 yeas and 1 nay. **Motion passed.**

On number five, Bill Wood mentioned that sexuality and religion were not in the list. Martha DeCastro asked how socioeconomic was determined. Maria Eddy stated that the bylaws statement should call for diversity, realizing it was only to the extent possible. Bill Wood asked how we would know or not that we are diverse enough? After discussion, Susanne Crowe stated that “it’s not that the members must themselves be this diverse, but that they represent the diversity.” Maria Eddy motioned to accept as written in the draft. Gina Bispham seconded the motion. All were in favor. **Motion passed.**

For number six, Sandy Roush motioned to take the word twenty out so that it reads “Active members have one vote each.” Ralph Morris seconded the motion. All were in favor. **Motion passed.**

Maria Eddy suggested that the group go through the rest of the bylaws and not vote on each one individually, but accept them until we come to a point where there is discussion. Section II, number one no discussion; number two, no discussion. Section III, Barbara Rush stated that it is important that someone attends at least two in-person meetings and shows a desire to hold the co-chair before someone runs or is elected to chair or co-chair. David Nelson asked if the Council needed to specify the terms of the co-chair. The group went back to Article IV Section one, number one, to state that active members are elected to serve three-year terms and are eligible for reelection. Returning to the co-chairs section, the group discussed expiration of terms. Co-chairs will serve two-year terms, and term of membership will expand to accommodate the co-chair term.

Article V, Committees, Section I. Andi Thomas stated concern about the bylaws and membership/nominating committees and that she understood that we need membership but she disagreed with the statement that she has heard throughout that “we can always amend the bylaws.” She stated “we don’t want to get bogged down in trying to fix the bylaws and that’s all we end up doing.” Ms. Thomas also wanted to know “if the purpose of the bylaws committee was to mediate those issues or is it to continuously keep us embroiled in this bylaw thing?” Susanne Crowe stated that in the FPHA, when something comes up at a board meeting, the bylaws committee is in charge of making those changes, but they don’t constantly look at the bylaws. Andi Thomas wanted to make sure that this Council does not

work like other community planning meetings were the meetings are all about the bylaws and that's all that gets done. Maria Eddy stated that she agreed with Susanne that, just in case something comes up in a meeting, the committee could look at that issue and recommend changes for the Council. Barbara Rush affirmed that this is also the way the bylaws committee works at the Community Planning Partnership. Barbara Rush asked about a fund raising committee, and Sandy Roush reminded her of the purpose of the Council. Andi Thomas asked about a communication committee, ensuring the accurate output of the Council, producing documents, and wordsmithing documents. Maria Eddy stated that is the role of the Department of Health.

Andi Thomas stressed the need for a division between the Council and the Hepatitis Program, so that the Council was able to advise. Sandy Roush explained that the Council would provide their documents or communications to the Hepatitis Program in the Department of Health. The Hepatitis Program will provide office support at the council's direction, then will forward documents/communications as appropriate. Martha DeCastro stated that it was her understanding that the Council will make recommendations to the Hepatitis Program and the Hepatitis Program will do what they will with the recommendation of this group, based on appropriations, resources, other DOH issues. She also stated that not everything the Council recommends is necessarily going to be acted upon in the way the Council advises. David Nelson agreed that there should only be committees in order for the Council to function. Sandy Roush told the group that the Hepatitis Program would send out communications to the members, including items like meeting minutes, emails on CDC recommendations, and Council documents/communications. Bob Griffin stated that issues that come up during a meeting should be given to the bylaws committee or nominating committee.

Maria Eddy thought that the Membership/Nominating Committee should be only nominating. Sandy Roush suggested keeping the bylaws and "other committees" and dropping the membership/nominating committee. Barbara Rush agreed.

Gina Bispham asked Andi Thomas if she was more comfortable with the commitment from the Hepatitis Program to communicate with the Council. Ms. Thomas said she was going to let it go, she had a different thought on the communication committee and she was trying to adjust her perception of the Viral Hepatitis Council. Ms. Thomas said she hadn't been clear on what she was walking into and what had already been decided for the Council "Purpose." Andi stated that it might take her a little while to adjust. Ms. Thomas stated that she did not think "that the Council would be so Department of Health centric" and she didn't know that "this much work had been done already and that it will take a little bit of time to absorb it." Ms. Thomas said "there should be more widespread community involvement including the sharing of responsibility." She said she thought the Council "would be responsible for making comment and then feeding it upwards not that the comment would be heard right here right from our lips to their ears." Ms. Thomas stated that she thought "the concept of the Council would have more of a role of informing through process rather than this being the process. That you come here and come to some conclusion, make that a product, and feed it upwards and that the Department of Health should not be such an active player in capturing the information and making it so." Ms. Thomas said "I'm not sure how I feel

about that and I'm trying to process it and hopes that it's a good thing." Martha DeCastro stated that she has served on other advisory committees in the Department of Health, "and in my opinion each one has been a very good thing, where it was not just an act of making the appearance, that DOH was seeking input. The information that was provided was always acted on very responsibly, very earnestly." Sandy Roush asked if the concern was the act of capturing information and making sure that the Council determinations or conversations are accurately and fully communicated to the Department of Health. Andi Thomas said "yes and that we are saying what you want us to say, and that I'm not getting any sense that this is independent in any way from the Department of Health, it's very much dependent, even to the point of sharing the same logo. It's not the Florida Department of Health Viral Hepatitis Council, it's the Florida Viral Hepatitis Council, and it's not what I came in here thinking. To be honest, I thought we would be more independent with the capacity to advise. I knew it would be working in an advisory capacity but I did not know that it would be a DOH entity, which is what it is. I know that DOH is sponsoring it, and made it possible. I'm not sure if it's a good thing or a bad thing. Its just not what I was thinking when I came. And what has raised my antenna slightly is that every time there has been a discussion about like the draft bylaws, there's a high level of ownership with both Sandy Roush and Maria Eddy about what's been drafted and a substantial defense to keep what we've got and threats that if we don't get it done, or not threats but implications, if we can't get this taken care of we will be set adrift. We have just seen this for the first time and we don't have a high level of ownership and we are not really having a fair hearing here about what's going on and that I don't mean to be negative but I have concerns." Barbara Rush stated that "HIV/AIDS Community Planning works very close with DOH and if it was not for DOH they may have dissolved several times. They have received the best guidance because they are public health, they know what's going on, they know where the dollars are, they know where the treatment is going, they know what works and what doesn't work. A planning group with DOH right next to us and being integrated within us has been just spectacular." Andi Thomas said she agreed and had similar experience with her community level with viral hepatitis Council as well as several other models that public health, community, and private sector work together, but "none of them have the public health sector as such a strong lead where everything that needs to be done is taken care of by DOH. Again, I'm not saying good or bad it's just not what I had anticipated. I thought this would be more independent and I am cautious buying into it, because I see other models that have done this that are not wildly successful. The community needs or some other entities needs other than the DOH are second to DOH." Martha DeCastro asked Andi if she thought that that possibly there might be a need for some independent entity such as a Florida Viral Hepatitis Association. Ms. DeCastro stated that it was her understanding that "the DOH Hepatitis Program said we need input and created this group in order to get what they need in order to do their job to better serve the citizens of Florida." "So it is possible that some of us could decide at another point that there could be a need for some other free standing association that would serve another set of purposes/objectives for the State of Florida and the community, but the Council purpose was clear" said DeCastro. Andi said that when she was invited to come serve, "it was after the last strategic planning meeting by letter of invitation that said we are inviting you to participate. There was no communication in between, and I thought we would be more independent in the advisory capacity and that's all I saying." Martha DeCastro stated "that's why it's really good to clarify these issues as far as our purpose and that's what we

are supposed to be doing here, so that everybody at the table is on the same page with understanding the purpose and communication.” David Nelson stated that he felt “everyone here was not to be a rubber stamp for DOH, but I look at it as a means to an end. There’s no way this type of organization would have started without the DOH being the initiators and I would certainly hope that over the next three years this Council will be able to expand the scope of recommendations to actually doing things, like looking to the legislators to increase funding. I think this is our chance to get a statewide organization with this type of representation up and running. That’s why it’s the best way to go.” Andi Thomas said she concurred. Martha DeCastro said she felt it was much more open than she thought it would be. She said “I thought DOH would have written some kind of charter like ACIP, which said you’re invited to serve on this and we want your opinion, and here’s what we’re going to do, and when we’re going to do it, and thank you very much. It feels way more open of a process than I thought it would be.” Maria Eddy stated that “the way I look at it, coming from a non-profit, we do not expect things to get done. Here is the DOH, who stood up to the bat and they’re swinging already and we’re not use to that and maybe other people have different ideas how it was supposed to be coming into this. That’s good, lets all share our feelings because we are all coming from different places and that’s why we are here, to get everybody’s input.” Ms. Eddy stated that she was glad that DOH was taking the responsibilities of communication and getting the typing done, putting the paperwork together. Andi Thomas stated that she had just finished doing this for the National Viral Hepatitis Council and has been “on both sides of the fence” and she said that “when you do this work first you have to be open to allowing it to be modified. I feel a sense of resistance that every time someone has made a suggestion that there is a 30-90 second defense of what has been written by Sandy and Maria. It is impossible for me to wrap my hands around this and get a really good sense of ownership, the little things are being changed, and we are having an open dialog about it.” Maria Eddy stated “I am looking at my pages and looking at all the writing and crossing out and I am confused by what you mean by that, Andi.” Ms. Eddy stated that “I had no part in writing this and I know that the drafts came from other areas that worked before, and that’s where I feel secure in most of this.” Andi Thomas said “the bylaws are fine, and I am using the bylaws as kind of an over-all paradigm shift on how I came here and the bylaws were the example. This is a little less independent than I thought it would be, because when you didn’t say the Florida Department of Health Viral Hepatitis Council, you said the Florida Hepatitis Council, it said something different to me and I am just trying to adjust my attitude or opinion on how this would be.” Maria Eddy stated that in future years we could say something if we don’t feel our message is getting across. Gina Bispham asked Andi Thomas if she wanted this committee “to report straight to Dr. Agwunobi? Where do you see this committee communicating to directly?” Andi Thomas said, “I thought it would advise in a formal way the DOH about issues about hepatitis, not just the Hepatitis Program but the DOH.” Gina Bispham asked “So you mean the Secretary of Health? You want to report straight there?” Ms. Thomas stated “Sure, or the Bureau of HIV/AIDS or where ever the advisory work would need to be done. We could not only advise the Hepatitis Program but advise other community organizations. But the purpose stated narrowly today, which is okay for today, is that we exist to advise the Hepatitis Program. Again it’s not really what I thought it to be. It should be up to the entity to provide advice or recommendations or what ever we would do on viral hepatitis for Florida, whether it was DOH, Department of Elder Affairs, substance abuse industry, STD, so on, or so forth.”

Maria Eddy stated “it was made clear to me that the Council was here to advise the Hepatitis Program.” Barbara Rush stated “the letter that was sent stated that the Council was to advise the Hepatitis Program.” Martha DeCastro agreed and asked that the group move on.

David Nelson stated he had to leave and that he was looking forward to this group growing to be a very valuable resource for many people including the DOH. Sandy Roush asked the Council members who would not be in attendance tomorrow to review the plans and make revisions or comments to the draft plan. The talk resumed concerning the bylaws and addressed ties in voting, voting in new members, and defining a quorum and when a quorum is in effect. Bill Wood asked “how this would work, if, for example, we had six vacancies at the end of the year? Would we be looking for six nominations or are we looking for more than six nominations? Is it the top six? What if they don’t fit in the categories that we assigned under number three?” Bob Griffin stated that members would vote for positions, people in certain categories. Bill Wood wanted to know if it would be a yes/no vote, “or like judges where you vote them in or out.” Sandy Roush said the council would vote one at a time for each membership vacancy, based on the Council nomination form. The completed forms could be sent out before the meeting so the members could review each nomination before the meeting. Dianne Rechline felt that the Council would be comfortable in making the decision on which category an individual may be able to represent. Maria Eddy suggested modifying the nomination form to indicate the membership representation categories.

The final section Article VII Parliamentary Authority, Section I had no discussion. Section II was adjusted per discussion. Susanne Crowe brought up eligibility and term limits, particularly eligibility for reelection for regular members. Bill Wood suggested that people be allowed to be reelected with no limits on number of terms. There was much discussion on the eligibility, attendance, term limits, and excused absences. Ms. Roush pointed out that Article III, Section I, Number two addresses the removal of someone from office. This is the only place in the bylaws where it states 2/3 of the vote instead of majority of the vote and wanted to make sure everyone was in agreement on 2/3 of the vote. Andi Thomas asked if it was 2/3 of the Council or 2/3 of a quorum. Maria Eddy motioned for a straw vote on the 2/3 issues. Martha DeCastro restated the motion to include:

1. 2/3 of the entire Council (14 out of 20)
2. Simple majority (11 out of 20)
3. 2/3 of members present (quorum) minimum of 8

Andi Thomas seconded the motion, there was discussion on the motion, and the vote results were: number one received one vote, number two received two votes, number three received ten votes, there was one abstention.

### **April State Meeting Proceedings Review**

Ms. Roush informed the group that there was a copy of the Executive Summary for the April 2003 Planning Meeting in their notebook. This review was abbreviated to adjust to agenda timing.



## **Review Other State Hepatitis Plans and Draft Florida Viral Hepatitis Plan**

Ms. Roush pointed out that there were copies of other states' hepatitis plans in their notebook, which the Hepatitis Program reviewed and used to draft the document in section 10. Ms. Roush asked the members to take a few moments this evening to review the plans and to review the draft document, to aid for discussion in the morning.

Ms. Roush said that Hepatitis Program staff would edit the bylaws document this evening, following the guidance/discussions of the Council. The bylaws document would be provided for review first thing in the morning, for Council review and vote. Day one ended approximately at 5:07 pm.

### **April 1, 2004 - Day Two**

#### **Council Members Present**

Gina Bispham  
Martha DeCastro  
Charles Dennis  
Maria Eddy  
Bob Griffin  
Ralph Morris

Dianne Rehtine  
Dorthea Rouse  
Sandy Roush  
Barbara Rush  
Sybil Stillwell  
Andi Thomas  
William Wood

#### **Council Members Not Present**

Michael Amidei  
William Chen  
Gene Copello  
Susanne Crowe  
Margaret Gale  
David Nelson  
Allison Nist

### **Wake up Exercise**

Day two began with a PowerPoint presentation summarizing the February 17 Hepatitis Day at the Florida Capitol. The Hepatitis Program staff provided a copy of the revised Bylaws to each Council member.

### **Mission, Vision, and Guiding Principles for the Florida Viral Hepatitis and Liver Failure Prevention and Control Program**

Ms. Roush introduced discussion on planning for the next meetings and steps to writing the Plan. Ms. Roush asked Council members to send her any "interest to serve" forms they might have, to use as a model for this Council. Ms. Roush stated that the Hepatitis Program would put the nomination form and willingness to serve form on the DOH web page so we can be as inclusive as possible. Ms. Roush again summarized that the Hepatitis Program used the documents in sections 5, 6, 8, and 9 of the meeting materials to draft the "strawman" draft plan.

The Executive Summary, other state plans, and Healthy People 2010 objectives were reviewed. Ms. Roush summarized several of the other states wrote their plans with the funds (\$20,000) provided by CSTE. Ms. Roush stated that the intent of the strategic plan is to give guidance and direction for doing hepatitis prevention and control in Florida. The draft plan was composed of three sections: the first section includes the purpose, executive summary, vision, mission, background; section two includes data, objectives, and implementation activities; and the final section includes appendices. Ms. Roush asked the group if they were comfortable with starting at the beginning and working through each section. Ms. Roush clarified that the Plan will be developed by the Council and approved by the DOH. Ms.

Roush asked the Council if they would prefer to start with blank paper, or if they preferred to start with the draft for editing. Martha DeCastro stated that she was grateful that the Hepatitis Program had reviewed the literature and the other states' plans. She said she appreciated that the Hepatitis Program had the comparisons and drafts and that the preparatory work had been done so the Council could start with something to rip to shreds. Dorthea Rouse stated that reviewing the information gives us the opportunity to agree or disagree and to make changes instead of starting with a blank piece of paper. Ms. Rouse said that "If that had happened yesterday, we still would be working on bylaws." Bill Wood stated he felt that the group was getting traction now and if they delayed on getting the first version of the Plan out after October that "we will lose some of the progress we are making." Dr. Wood suggested having 90% of the plan done by the next meeting (October) and finish the final 10% at the meeting. He said that October is a reasonable goal. The consensus of the group was to work using the draft plan.

Sandy Roush explained the process for reviewing a document in the DOH, to help the members to continue planning for the document time-lines. After the discussion on time-lines, the members agreed that the plan should be finished in the fall. Ms. Roush summarized discussion that the Program would combine members' input and revisions (word-processing) and would communicate the changes to the members. Ms. Roush offered for any of the other members to coordinate these tasks. No one volunteered to do the word-processing or coordinate the revisions.

The members began reviewing the draft plan on page six. Andi Thomas asked for clarification on "public and private sectors." Ms. Thomas wanted to make sure that the non-profit organizations were not excluded. The members agreed that non-profit organizations would fall under the private sector and that in the glossary the definition for private sector would list the entities that fall beneath this category.

Discussion began on the vision for the Florida Hepatitis and Liver Failure Prevention and Control Program. Bill Wood suggested changing the section "prevent and control hepatitis and liver failure." to include the word "viral" before hepatitis. The members reviewed the vision and mission. Sandy Roush explained the background section to the members, which is the history of the Program. The objectives for the Program are from the Programs' Legislative mandate. Andi Thomas motioned to accept the Vision with the addition of the word "viral," to accept the Mission, and accept the Background as written. Dianne Rehtine seconded the motion. All were in favor, 11 yeas, and 0 nays. **Motion passed.**

The next discussion began with the guiding principles for the Florida Viral Hepatitis Strategic Plan. Martha DeCastro stated that the transition from the background to the Council to the plan was unclear, and that a summary about the process should be included in the preface. Sandy Roush said she would add the verbiage needed to make the transition to the Council clearer.

The draft Guiding Principles for the Plan were discussed by the members. Andi Thomas asked if there should be an evaluation component added to the guiding principles. The members discussed adding the evaluation component and agreed that the "continual review"

would cover the question of evaluation. Ralph Morris asked if there should be a guiding principle that determined when a person was ill. The members discussed this in great length, including issues such as what markers to use, what symptoms need to be present, the differences between A, B, and C. Sandy Roush asked the members to think about this issue while reviewing the goals and objectives and to include anything they felt would work. Each draft guiding principle was read and discussed by the members. The final decision for the guiding principles were:

- Prevention is the most effective public health strategy;
- Hepatitis prevention and treatment is a shared responsibility among public health, private sectors, and general public;
- Action steps and policies are based on principles and practices that are well established in the biomedical, social, and environmental sciences;
- Services that identify and prevent hepatitis and the complications of hepatitis are integrated into the existing prevention and care infrastructure;
- Individuals' privacy and confidentiality is assured; and
- The knowledge, expertise, and experience of each Council member are valued and contribute to the planning, implementation, and evaluation processes.

These guiding principles call for:

- Consistent partnerships between state and local organizations;
- Continual review and appropriate application of lessons learned from this and other programs;
- Building of collaborative programs that are in progress and effective;
- Input from affected target populations regarding the effectiveness of intended programs.

The members moved from the guiding principles to the goals and objectives of the Plan. Andi Thomas suggested that adding a basic list or table of each goal and objective before the overarching goals section would be helpful to the reader. Sandy Roush stated that this would be added with other revisions. Ms. Roush explained to the members that in the process of reviewing the goals they would also need to look at the implementation activities that correlate to the goals. The members should “not only state the goals, but state the objectives, and the plan for action.”

The members began with overarching goal number one: “Improve hepatitis case surveillance and reporting.” The members reviewed the draft objectives and had discussion. The talk centered on timeliness of reporting, completeness of epidemiological data reported, and clarification on what is to be reported. The members agreed to add objectives to include timeliness of reporting, completeness of surveillance, and completeness of investigation. In the activities, revisions would include clarification of what is reported and standardized forms.

Discussion began on goal 2 “Increase Provider Education.” Ralph Morris suggested that education for health care providers, laboratories, and educators be mandatory, putting the responsibility in the hands of the providers. “That way, a baseline could be established and people would know they have to report.” Andi Thomas suggested that there should be changes made to the Administrative Code to add a requirement that all licensed professionals obtain annual CEU's and be required to have training in viral hepatitis diagnosis,

transmission, treatment, prevention and reporting requirements. The members discussed educational issues, including provider education. Sandy Roush reminded the group to write down any objectives and activities they felt needed to be added related to this goal. The members broke for lunch at this time.

Upon returning from lunch, the members reviewed the revised Bylaws. There was only one change. Bill Wood stated that in Article III Membership, Section II Active Members, the word “shall” should be changed to “may.” Martha DeCastro motioned to accept the bylaws with the change of “may”. Maria Eddy seconded the motion. There was no discussion. All were in favor. **Motion passed.**

Sandy Roush suggested that to accomplish as much as possible today, “we should address the objectives under the goals, concentrating on what we want the objectives to be.” The discussion began with Goal 2, “Increase Provider Education.” The members agreed that objective 2a and 2b should be moved to Goal 3 “Improve hepatitis A and hepatitis B vaccination and testing among targeted high –risk adults.” Bill Wood opened discussion on objective 2a, “Mandating continuing education.” Dr. Wood wanted the group to be prepared for other organizations such as American Cancer Society and Diabetes to say that “they don’t mandate continuing education, why should hepatitis? We should have good answers to these questions.” Martha DeCastro stated “there are behaviors we are trying to alter to minimize risk of the disease.”

Sandy Roush proposed that objective 2b read “Education Awareness for Providers.” After discussion on who should receive the education and awareness, Maria Eddy proposed to change the goal to “Increase Education and Awareness.” Maria suggested that objective 2c be “Education and Awareness for School Systems.” The members agreed that objective 2d should address “Targeted Populations.”

There was a brief discussion on improving hepatitis A and hepatitis B vaccination and testing among targeted high-risk adults. During the last agenda session, the discussion moved from the goals and objectives to other topics on the agenda. Andi Thomas brought up the issue of duration of future meeting. Barbara Rush stated that with all the work the Council has to do, the in-person meetings should be two days. Gina Bispham suggested that, when possible, materials for future meetings should be sent prior to the meeting for the members to review. Martha DeCastro suggested that “the meals not be so elaborate, that possibly box lunches would be better since there is so much work to be done and we could work through lunch with several breaks.”

There were no other comments. Sandy Roush reminded Council members to complete the meeting evaluation forms, and the meeting was concluded at approximately 3:00 PM.