

DIRECTOR'S REPORT

On January 1, 2005 the Wisconsin Public Health and Health Policy Institute completed its third year in operation. The Institute has continued to undergo organizational changes and growth, with the merger in July with the Center for Health Policy and Program Evaluation (CHPPE). The merger brought the addition of D. Paul Moberg as the new Institute Deputy Director as well as several new senior level research and administrative staff.

The merger will expand the Institute's emphasis on translating public health and health policy research into practice to include more program evaluation and evaluation research projects in substance abuse prevention and treatment, maternal and child health, behavioral health services in corrections and geriatric services. The changes will contribute to the Institute's overall focus on stimulating, creating and communicating useful research and analysis and translating research into practice from our base within the academic environment of a major research university.

The Institute has accomplished the **three goals** it had established for 2004:

1. Contribute Applied Research and Analysis:

During 2004, Institute staff published nine *Issue Briefs* addressing public health and health care policy issues, including consumer involvement in health care, Medicaid coverage of children of illegal immigrants, school health policies, and approaches to measuring population health. Feedback from the Institute's readership has been very positive regarding the value of the *Briefs* to practitioners.

The Institute also published its second annual "*County Health Rankings, 2004.*" This year better measures of environmental health were included, and a special section was including on educational health disparities within counties. Most local public health

officials thought that the report was helpful to their work and of interest to local policy makers and the media.

Applied research projects resulted in journal publications by Institute staff in many substantive areas of public health and health policy. Publications were completed in the areas of tobacco control, breast cancer, health care quality and financing, ranking of population health outcomes, diabetes quality of care, and outcomes of behavioral health treatment in correctional institutions.

2. Strengthen Outreach Initiatives:

The Institute sponsored *monthly seminars* on a wide variety of topics, including GIS and health, urban development, the state's Turning Point initiative, social marketing, the public health workforce, Alzheimer's disease, and employer-sponsored wellness programs. A "*State Policy Forum*" on health literacy was supported by a grant from the Robert Wood Johnson Foundation.

In addition, the Institute implemented two new outreach education programs. The *Wisconsin Public Health Leadership Institute*, a joint program with the Medical College of Wisconsin, is intended to build skills and leadership capacity within the state's public health workforce. The *Population Health Practice Fellowship Program* is a 2-year program placing up to 5 recent master level graduates in service and training opportunities in community based, non-profit, governmental or health service organizations. These programs are funded by the Partnership Fund for a Healthy Future and are intended to enhance the workforce dedicated to improving population health in Wisconsin.

3. Strengthen Community Partnerships:

The Institute focused on health disparities in its work with Wisconsin's *American Indian communities* and the *Great Lakes Inter-Tribal Council*. The Institute continued to convene the UW Native American Health Work Group and the second UW American Indian Health and Science Symposium. In addition, staff worked closely with tribal communities in community-based research and program evaluations.

Results from the *Wisconsin Diabetes Quality Improvement Project* showed continued improvement in the quality of diabetes care—greater than that observed in the rest of the U.S. The results of this study will be published in the *Journal of Managed Care*, and the methods will be applied to other chronic disease programs in 2005.

Our progress during 2004 could not have been achieved without the ongoing contributions of the members of our Community Advisory Board and our Executive Committee. We are grateful for their continued commitment and dedication.

Patrick Remington, MD MPH, Director

D. Paul Moberg, PhD, Deputy Director

David Kindig, MD PhD, Senior Advisor