

Advisory Board Meeting  
November 18, 2005  
Monona Terrace  
One John Nolen Drive  
1:30 PM -3:30 PM

Members present

Greg Nycz  
MaryAnn Lippert  
Steve Brenton  
David Riemer  
Susan Turney  
Eric Stanfield

New members present:

Bevan Baker  
Al Jacobs  
Rep. Curt Gielow  
Ayaz Samadani, MD

Staff present:

Patrick Remington  
D. Paul Moberg  
David Kindig  
Peggy Ore  
Marion Ceraso  
Bridget Booske  
Donna Friedsam  
Ben Jones (Fellow)  
Matt Landis (Fellow)

The meeting was called to order at 1:40 pm.

All Board members and staff introduced themselves.

Minutes from the prior meeting were distributed and approved.

Pat Remington distributed the Institute's new brochure and reviewed its content as a way of summarizing the Institute's programs and activities. Bevan Baker offered that the brochure can help with branding, but that most critical is the work we carry out that becomes associated with the "brand." A discussion ensued regarding the need to better define population health and to differentiate it from public health, which Tim Size suggested is often associated with governmental programs. Pat Remington suggested that "Population Health Sciences" are used to improve health outcomes and modify determinants—the outcome of "healthy people in healthy communities." Dave Kindig

referred to a brief paper he had written with Nancy Kaufman on this important semantic issue and suggested we distribute that to the Board. (NOTE: This is now posted on the Board section of the Institute website <http://www.pophealth.wisc.edu/uwphi/board/advisoryBoard.htm>.)

A discussion of Issue Briefs, past, present and “in press” followed. Priority setting for issue briefs was addressed. Gregg Nycz suggested that issue briefs could support the state health plan.

Another direction would be an annual focus on a “hot button” topic using either core or other leveraged funding. Sue Tierney indicated that the Board could give the Institute help on selecting “hot topics.” Dr. Samadani mentioned that the state health plan is a vast undertaking and suggested we should prioritize at least 3 themes spanning immediate, short-term (1-2 year) and long term time frames.

Greg Nycz emphasized that the just-ended conference provided a powerful challenge to the University to help propel the state forward. This is particularly important in light of the name change for the medical school. He suggested that there is a need to develop internal feedback to various groups as well as reach out to other groups in University.

Dr. Remington discussed the ways the Institute is doing that already. Collaborative projects across boundaries within the UW and externally include:

- RWJ State Legislative Forums safe harbor issue discussion
- Lafollette Institute links
- Legislative Reference Bureau collaboration
- Advancing Evidence-based policy in WI via the Division of Public Health and other mechanisms
- Research methods exchanges
- Other programs with multiple state agencies

Pat Remington further referenced the Institute’s organizational chart which shows many of these links. Peggy Rosensweig commented on the Institute’s links to the DHFS, good program administrative structure, and the importance of the Legislative Forums project.

Dr. Remington described the Institute’s close relationship with UW Comprehensive Cancer Center (he is Associate Director) both structurally (matrix organization) and via jointly funded projects. Tim Size asked for clarification of the role of other UW entities shown on the Institute’s organizational chart, and Pat Remington further described these roles.

Tim Size also suggested that the handout documents referred to in these meetings should be made available on the Institute’s website.

Further discussion regarding the organization chart and the linkages it shows included questions about the governance of the Institute including the roles of the dean, department chair, UWCCC, and the Executive Committee and Advisory Board. There

was also discussion of how the organizational areas within and outside the Institute relate, particularly on cross-cutting issues such as evidence-based practices. Al Jacobs described WEA trust's work with CHSRA on evidence-based drugs, which could also relate to the health outcomes work of the Institute.

Bevan Baker asked about where Community Based Participatory Research efforts would fall within the organization of the Institute. Pat Remington responded that we generally partner, rather than actually run, program efforts. The Institute's roles are to evaluate, train, educate, write; we don't run programs or projects themselves. It is more of a think tank model. Our primary expertise is in Population Health, Epidemiology, and Evaluation.

Dr. Kindig commented that the new dean will be critical to us for continued support of core funding and allocations from the Dean's discretionary funds. Centers and Institutes generally have limited core funding; the Milwaukee based Center for Urban Population Health (CUPH) has the most core funding of any UW Medical School Center.

In the context of the Institute's core mission, David Riemer suggested that we develop a strategic map of what effects health (beyond individual genetics), including individual and social decisions of individuals and families, and assess potential policy interventions to improve health with the greatest effect.

Ayaz Samadani commented on the diversity of the affiliated programs and suggested we should also consider issues of global health, including adding a link on the Institute web site to the Center for Global Health.

Dave. Kindig and Bridget Booske described a 32 year funded project titled "Making Wisconsin the Healthiest State." (See handout at <http://www.pophealth.wisc.edu/uwphi/research/healthy/hlthy.htm>). Kindig suggested the use of the term "shareholders," not "stakeholders," in reference to partners and constituents of this work. The presentation highlighted the framing of research as a comparison to other states, the method of including interviews with experts in each cell of the schematic model for the project, and the planned inclusion in the final year of an information transfer staff expert.

Tim Size asked about a crosswalk to the 2010 objectives and suggested the links should be made explicit, and look at both inter and intra-state levels. Kindig indicated that they were looking at both levels, but also trying to avoid "getting drowned in data." Size further linked this work to the County Health Rankings, and suggested we build on this Institute product. He also indicated a need to differentiate cities from rural concerns and data.

David Riemer asked for an emphasis on what government could do to influence health, especially since the major public health interventions were enacted many years ago. He posed the question: Which governmental tools involve the least investment of power and money but has the biggest return on health? What does research identify as the most

cost effective interventions leading to collectively positive health outcomes and reduce disparities? Dr. Kindig agreed that this emphasis is needed.

Marion Ceraso and Peggy Ore described the new Healthy Wisconsin Leadership Institute which has been funded jointly by the UW Partnership Fund for a Healthy Future and the MCW's Advancing a Healthier Wisconsin Program. The program has the primary purpose of building public and community health skills and leadership capacity throughout Wisconsin, with program areas of community health improvement, health policy and forums, and lifelong learning and mentoring. (See description at [http://www.pophealth.wisc.edu/uwphi/education/leadership/ldrshp\\_cover\\_page.htm](http://www.pophealth.wisc.edu/uwphi/education/leadership/ldrshp_cover_page.htm)).

Steve Brenton indicated that his association has a full-time workforce development position, and that this private sector effort could be linked to public efforts such as those underway in the Institute. Remington further reiterated that we did not want this program to be viewed as a typical governmental public health leadership program. Brenton emphasized the workforce development climate, and need to reach leaders in the community. Riemer felt it is important to reach city and county finance committee people who are in charge of budgets. However, Greg Nycz commented that county boards and city councils may be an impediment, since their goal is to avoid adding taxes and staff, and they are not interested in the evidence.

Next, the Public Health Fellowship Program was described (see [http://www.pophealth.wisc.edu/uwphi/education/Fellows/fellowship\\_cover\\_page.htm](http://www.pophealth.wisc.edu/uwphi/education/Fellows/fellowship_cover_page.htm)). Fellows Ben Johnson and Matt Landis described their experiences. They indicated the fellowship was an extension of their training, allowing application of what they had learned. A number of projects they are working on in the Milwaukee Health Department and the Division of Public Health were described

Discussion about the fellowship program ensued. Al Jacobs described his employee health research goal and the need to find ways to measure outcomes and disease risk. He expressed interest in working with institute interns or others in the Institute to measure outcomes, and/or to obtain cross training. Tim Size questioned how well we try for non-traditional placements outside traditional governmental public health settings. He urged that placements be made to non-traditional non-profit non-governmental settings. Dr. Remington commented that the Institute is committed to diversity in placement of fellows, and that it is harder to get interest in rural placements than urban.

Bevan Baker added that new talent lost to state is disaster. We will need to market fellowships on many levels for both placements and recruitment of fellows.

The meeting adjourned at 3:30 pm.