

Advisory Board Meeting Summary
University of Wisconsin Population Health Institute
September 3, 2008
11:00 am – 2:00 pm
Wisconsin Medical Society, Madison

Members present:

Bevan Baker (by phone)
Rep. Chuck Benedict
Steve Brenton
Kurt Eggebrecht
Curt Gielow
Nancy Jankivil (for Susan Turney)
Sheri Johnson
Nancy Kaufman
Helene Nelson
Greg Nycz
Chris Queram
Paggy Rosenzweig
Ayaz Samandani
Tim Size
Arvid Tillmar
Karen Timberlake

Staff Present:

Patrick Remington
D. Paul Moberg
David Kindig
Judy Knutson
Bridget Booske
Donna Friedsam
Tom Oliver
Alison Bergum
Ceri Jenkins
Lindsay Read

Guests Present:

Laura Rose (Wisconsin Legislative Council)
Dick Sweet (Wisconsin Legislative Council)
Dick Shelton (La Follette School of Public Affairs)

The meeting was called to order at 11:05 am. Minutes from the previous meeting were distributed and approved. The minutes will be posted: www.pophealth.wisc.edu/uwphi.

Director's Report and Program Updates:

Pat Remington highlighted the following Institute activities:

1. MATCH proposal submitted to the Robert Wood Johnson Foundation (RWJF)
 - a. National County Health Rankings
 - b. Engaging nontraditional health partners
 - c. Incentive models to reward evidence-based multi-sectoral interventions
2. Medicaid/Badger Care Plus Evaluation work supported by DHS and RWJF
3. Population Health Fellowship Program: Five new fellows have been placed this year (two in City of Milwaukee, three with the Department of Health Services including one with Western Regional Office). Each fellow is to have a rural experience.
4. Community teams (Healthy Wisconsin Leadership Institute in partnership with Medical College of Wisconsin)
5. Evaluation Research Program: well-funded applied evaluation research program (e.g., providing evaluation support to the Partnership Program)

Board members asked several follow-up questions and provided feedback on several topics:

- It is important for the Fellowship program to actively look for opportunities outside of state governmental public health, e.g., in rural communities. – Although fellows do step outside of governmental public health setting to work with communities, this perhaps works better in urban environments than in rural areas.

- The necessity for mentoring fellows through City of Milwaukee and DHS/DPH – the Institute learned during the early years for the Fellowship Program that other organizations are not necessarily able to provide good mentoring.
- Suggestions were made about further developing the Fellowship program to help people develop careers with community organizations outside of/in addition to governmental public health.
- Charlanne Fitzgerald, a senior member of the Institute's Evaluation team, was highly commended for the work she does with Wisconsin tribes. .

Action Items:

- 1. Send out an electronic copy of the MATCH proposal submitted to RWJF.**
- 2. Look at ways to further develop fellowship opportunities with non-governmental agencies particularly in non-urban environments – service learning is a potential topic for a focus for the next meeting?**

Healthiest State (HS) Project Update

Dave Kindig gave an update on the *Making Wisconsin the Healthiest State Project* and its three major activities:

- Report Card (multi-domain disparity index)
- Opportunities Report
- Programs and policies – reviewed evidence on 360 programs and policies that might impact health (showed example on Smoking, many board members or their staff contributed to effort by reviewing drafts), now beginning to sort, e.g., by decision maker, strength of evidence, etc.

The next steps for the project include

1. Small contract with Helene Nelson to meet with all types of decision makers to reach out, share, and get feedback
2. Conference in January 29 (pm) and January 30 (am) to talk about the results and connect with the work on the next State Health Plan and stimulate action toward improving health
3. Grant proposal for the next 5 years of the Partnership Program
 - a. Update program and policy database and report cards
 - b. Build commitment to implement programs and policies to improve grades

Board members asked several follow-up questions and provided feedback on several topics:

- How will this report be disbursed to the community level (e.g., practices)?
- How will the results be disseminated to advocates, policy makers, etc? This could be a very useful tool.
- It will be important to gather community feedback on whether anything is missing
- Missing evidence is key to areas where more research is needed, e.g., cost-effectiveness, disparities -- it will be important to document these research gaps, e.g., to help MERC identify areas for future funding.
- Finding appropriate ways to tailor the information and communicate it to different groups beyond academia and government, e.g., employers, health care providers, community groups, is key.

Action Item: The Board suggested that there be more focus on the Healthiest State findings and community engagement process at the December meeting.

Program Focus: Evidence-Based Health Policy (EBHP)

For the remainder of the meeting, the Advisory Board focused on the Evidence-Based Health Policy Project, led by Tom Oliver and Donna Friedsam. The discussion began with Tom Oliver introducing members of the project team: Laura Rose, Dick Sweet from the Legislative Council, Dick Shelton from La Follette, Alison Bergum and Ceri Jenkins, UWPHI, and Lindsey Read, a La Follette graduate student.

Donna Friedsam gave an overview of the project and reviewed the organization chart and summary of events. The project is a collaborative effort between UWPHI, La Follette School of Public Affairs, and the Legislative Council. The current funding for the project (from the Partnership Program) expires March 2009. Laura Rose and Dick Sweet provided perspective from the Legislative Council and Dick Shelton described La Follette's perspective (that the EBHP project, along with the Family Impact Seminars, is a model for outreach and partnerships. The purpose of the project is to stimulate two-way dialog to educate policymakers about research and researchers about the realities of policymaking. Methods exchange, dialogue and safe harbor discussion are important elements of the Project. EBHP currently focuses on state legislators but tries to bring in a broad range of sectors to participate in discussions. The University's role is to present the evidence, not promote a particular position.

One topic of discussion was the composition of attendance at EBHP events. For example, although there were a large number of attendees at the session on binge drinking including many legislative staff members, not one legislator attended. The need to get more policymakers to attend these sessions was stressed. The theory is to have the events on session days when legislators are in-house but timing is difficult, e.g., early in the morning can be tricky for out-of-town legislators. Several ways to increase legislator attendance were discussed:

- Visiting Standing Committees
- Branding events as Legislative Council events rather than EBHP events, since the Legislative Council is highly respected for its non-partisan, high quality work.
- Although the EBHP team did meet individually with health-focused policy makers early on, the team might want to not only focus on health-focused policy makers but those in other areas to make sure they realize that everything has a health focus

The team also noted that WisconsinEye has been covering EBHP events and link/materials from each event are posted on the UWPHI web site. So far, evaluation of the project has focused on attendee evaluations of individual events rather than the impact of events.

Action Item: Curt Gielow and Rep. Benedict will suggest ways to increase legislator participation.

In terms of the future of the EBHP project, the team posed a couple of potential additions:

1. An additional dimension similar to the California Health Benefits Review Board (CHBRB) that reviews medical effectiveness, public health impact, impact on disparities, as well as fiscal impact (which WI Fiscal Council does), to be done for some (not all) legislative proposals, allowing authors to request such a review of the University

Feedback: What would this service look like? Who would the customers be? What would customers find useful? The notion of rapid response is good but difficult to implement. Instead, maybe should think about what would make policy happen better/improved policymaking? What process is needed to ensure this? OCI does have a mandate to do fiscal and social impact of some insurance mandates.

2. Offering programming for local government policy makers/elected officials on health issues within their domain, e.g., working with the Counties Association on topics of mutual interest

Feedback: There are issues that local government has control over, such as water fluoridation, that are evidence-based. University researchers could also use their resources such as the WI Survey Center to survey registered voters adding evidence not just on effective programs but also on what registered voters think (more reliable than advisory referendums?)

Other comments from board members included the following

- What does “evidence” really mean? There is a wide interpretation of what evidence is. (CHBRB has an explicit guide for how they rank and evaluate evidence). There is no consensus among target population about what evidence is – there are courses available on what evidence is, perhaps one should be offered by UW?
- It is important to establish why evidence is important – not everyone believes this. What’s the evidence that evidence matters?
- Legislative action should be deliberative but is not always so. Legislative Council is very valuable in its review of new legislation to be sure it’s not duplicative or contradictory.
- It is important to establish common language or dialogue on evidence, even if actual evidence presented is not used
- Many people are involved in policy making in the private arena who do not self-identify as policy makers.
- Perhaps it would be good to focus on quality improvement rather than radical change. EBHP has been succeeding, so don’t lose the ground gained. Who are the users, what do they want? The EBHP team should ask existing (state legislators) and new (e.g., local government) communities what they want/need.
- Perhaps a rapid response pilot? (Relying on legislation authors to request review is not likely to be successful since the author was approached by one or more constituents to initiate the bill.)
- The Dean’s Strategic Fund is no longer supposed to be for ongoing support so the EBHP leadership should possibly consider an alternate funding stream.

The meeting adjourned at 2:00 pm. The next meeting is Wednesday, December 3 at the Wisconsin Medical Society.

Handouts for this meeting:

Agenda and Advisory Board member list

Minutes of April 2008 meeting

UWPHI Director’s Report and Program Updates

UWPHI 2007 Annual Report

Summary of MATCH Proposal Submitted to RWJF

HS Project materials:

Excerpt from “Opportunities to Make WI the Healthiest State”

Example of HS Programs and Policies Evidence: Smoking

Listing of HS Programs and Policies

EBHP Materials:

Organization Chart

Goals, Methods & Venues, Partners

Summary of Events

Summary (and Evaluation) of Events Oct 2007 to Aug 2008