

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

Members present:

Bevan Baker
Kurt Eggebrecht (by phone)
Rep. Chuck Benedict
Sheri Johnson
Helene Nelson
Greg Nycz
Chris Queram
Tim Size
Arvid Tillmar
Karen Timberlake
Susan Wiegmann (for Susan Turney)

Staff Present:

Patrick Remington
D. Paul Moberg
David Kindig
Judy Knutson
Bridget Booske
Marion Ceraso
Donna Friedsam
Anna Graupner
Tom Oliver

Members absent:

Steve Brenton
Curt Gielow
Nancy Kaufman
Peggy Rosenzweig
Ayaz Samandani

The meeting was called to order at 11:05 am. Minutes from the previous meeting were distributed and approved. The minutes will be posted at www.pophealth.wisc.edu/uwphi. Pat Remington reviewed the agenda and provided an opportunity for members to provide announcements.

Announcements

Tim Size: The Rural Health Cooperative has hired Jeremy Levin to do advocacy.

Greg Nycz: Marshfield has opened a new dentist clinic.

Dick Tillmar: The Wellness Council Conference in September was well-attended and a Well City Breakfast was held to honor participants.

Chuck Benedict: A Special Committee on Performance-Based Disease Management for Special Chris Populations will come out with some proposed legislation.

Chris Queram:

- 1) There is a critical need to build a bridge between public health and health care communities (perhaps they appear siloed from the current set up)
- 2) There is also a need to coordinate and recognize activities within health care, e.g., WHIO, WHA, and WHCQ, and avoid perpetuating continued silos.

New Business

RWJ MATCH project— the objectives and logic model for this new project were described:

- Increase awareness of the multiple determinants and summary measures of population health among policy makers in order to engage multiple sectors in population health improvement efforts
- Identify and examine alternative multi-sectoral governance partnerships or structures to improve population health
- Develop incentive models to stimulate multi-sectoral action toward community health improvement
- Establish mechanisms to gather input and disseminate results of project activities

Tim Size suggested that instead of referring to “models of governance” that this portion of the logic model be revised to read “develop partnership and organization models for community health”

Greg Nycz and Chris Queram both expressed a concern that this new project not detract from Wisconsin work.

Advisory Board membership – Terry Moulton was not re-elected but Chuck Benedict will continue. The Institute is looking for new legislator representation.

Healthiest State (HS) Project Update

Dave Kindig presented an update on the Healthiest State project and the draft report on *What Works: Policies and Programs to Improve Wisconsin’s Health*. He explained that the draft report and the *What Works* database would be released in beta form at the January 29-30, 2009 conference.

Tim Size suggested trying to find a way to integrate the core questions under MATCH into *What Works*, as things that we need to address. He also pointed out the need for a cross-cultural discussion about the use of the term “evidence” in business versus academia – as academics, we tend to understate our findings while others do the opposite. The key question is what “evidence” is needed to move forward? Business just does not go looking for “evidence” – they look at what others have done.

Greg Nycz pointed out that some things are “self-evident” and do not get subjected to rigorous studies, e.g., “funding for safety-net providers”. What is self-evident is that increasing funding for safety-net providers provides more care for uninsured. Pat Remington told the Board about an article in the *British Medical Journal* on the lack of studies to evaluate the effectiveness of parachutes!

Chris Queram highlighted that the fact the evidence base is still relatively sparse regarding transparency in health care, although there are some results emerging in the inpatient setting regarding quality improvement. However, some leaders increasingly willing to move ahead with little evidence. He also expressed a concern that this work will be marginalized as another “public health” effort or another academic exercise because the Institute’s work is not well known.

Dave Kindig talked about the upcoming conference in January and efforts to try to get nontraditional partners to come to conference (non-public health and non-academic). He also described his work with Helene Nelson to get the word about the project to 40-50 different types of groups across the state. Tim Size suggested the need for diverse methods to reach diverse participants (e.g. business does not go to 2-day conferences). Dick Tillmar also suggested that there was little on the proposed agenda that would appeal to employers. They initiated wellness programs because deductibles and co-pays increasing, to try to improve health of employees.

Karen Timberlake inquired as to how the team went from the 360+ programs and policies in the database to the ones included in the *What Works* draft report. She suggested the need for more

guidance for the reader about what the “best evidence” check marks mean and for sector-specific toolkits for action.

Chris Queram suggested the need to think beyond the conference, the critical need for involvement of state leadership, and the need to instill a sense of urgency. Tim Size believes that people want to know “where can I make a difference in my world” not necessarily which programs/policies can make the most important contributions and different approaches are needed for different groups. He also encouraged the use of colors and shapes in the matrix and suggested using symbols to represent different audiences.

Greg Nycz expressed concern that the draft report was “too much of a funnel”, trying to force prioritization based on evidence of what works whereas people have their individual issues that they are passionate about and so these energies need to be challenged in the best way. He also noted the important role of federal government and the fact that health care coverage is only one means to access.

Helene Nelson pointed out the need to be realistic about what the Institute can actually accomplish and what the role of the university is in stimulating action. The database will need to be upgraded to make it tool-ready. The Department of Health Services is looking to use the results from the Healthiest State project to supplement HW2020 plan efforts.

Sheri Johnson suggested that the title of the report be “Do something that works.” She expressed concern that the current draft seemed to marginalize public health --she realized that one of the goals is trying to breakdown silos but could there be a way to highlight programs that are delivered by public health? She also expressed concern that programs that are fully included were not included.

Tim Size that there are some things we know and some things we do not know and maybe some gray area in between (“promising practices”) – best practices are great but there is also a need for entrepreneurship and experimentation. He suggested reframing the reports as a response to a request from the people of Wisconsin for information on “what works” – and that the report is responding to this need but that there is no one right answer ... if there was and no one wanted to do it, then there would be no progress.

Bevan Baker expressed his belief that someone has to lead (and no one leads from the bottom) and so there needs to be a balance of top-down and bottom-up. He is willing to lead since there is a sense of urgency – this does not have to be perfect, it just has to be right. According to the latest America’s Health Rankings, Wisconsin has moved down 17th in overall health.

Director’s Report and Program Updates

Dr. Remington referred members to the program updates included in meeting materials.

The meeting adjourned at 2:00 pm.