

ADVISORY BOARD MEETING SUMMARY
University of Wisconsin Population Health Institute

Tuesday, June 5, 2012

9:30 AM to 12:30 PM

WI Hospital Association

Staff Present: Karen Timberlake, Paul Moberg, Julie Williams Van Dijk, Liz Feder, Donna Friedsam, Colleen Comeau, Rae Hauge

Members Present: Bevin Baker (via phone), Tim Bartholow, Steve Brenton, Cheryl DeMars, Curt Gielow (via phone), Greg Simmons, Tim Size, Ayaz Samadani, Kurt Eggebrecht, Greg Nycz, Dick Tillmar

Members Absent: Sandy Pasch, Chris Queram, Peggy Rosenzweig

Review of Minutes: Correction to the minutes; Curt Gielow did attend. The minutes were approved.

Welcome & Introductions: K. Timberlake

- Introduction of the topics for the meetings
- Strategic directions, as seen by the Advisory Board, to consider. We will show the strengths and the emerging work and the impact of the Institute, both now and in the future. The Institute is looking at growth and impact.

MATCH: County Health Rankings and Roadmaps: J. Williams Van Dijk

- Ms. Van Dijk discussed the release of the County Health Rankings and Roadmaps. She explained the new additions to the website and map. Tablets and mobile devices account for 12% of the total traffic. There has been a large increase in the use of the rankings over the last three years.
- The Roadmaps part of the website allows action and resources used to move community health forward. The weekly webinar series focuses on different steps to improve community health and features different communities from around the nation.
- She explained the resources listed on the Rankings part of the website and how to access the data across a time span, how to compare counties and how to use the snapshot function. She noted the national benchmark is the 90th percentile for all counties in the nation.
- The Roadmaps now has an action center which focuses on providing additional resources for each step. Another section allows connecting people with funding opportunities. The Roadmaps to Health Community Grant is a competitive \$200,000 grant awarded to communities focusing on a policy or system change for one socioeconomic factor that affects health. Submissions totaled over 400 and the grantees will be announced in the fall. The other opportunity was the Roadmaps to Health prize which awards \$25,000 to six communities who have done health improvement work to tell their story.
- Making Connections has stories and videos of how people have used the Rankings.

Comments & Discussion

- Change of ranking: Ms. Van Dijk reminded the group that the rankings are an awareness tool based on relation to other rankings, intended to get people to talk and to utilize models for community improvement.

- Audience/Users: Cannot be completely defined but they believe that public health practitioners are the largest single group. Others include hospital leaders, grant makers, elected officials, foundations and they are reaching out to the business communities. The first national partner is the United Way.
- Raw data are available and would be useful to community health programs. Longitudinal data are available in the data drill down area of the website.
- Health outcomes are closely linked with lower education and employment depression in rural areas. There are counties, such as Taylor, which score above what you would expect. Rankings may change with bringing greater technology to rural areas. An example was given of Kansas which attracted firms to address economic development but needed to address the health factors in order to sustain this growth.
- Reporting community benefits by not-for-profit hospitals: A three-year project, targeting ten pilot communities, was proposed to the Wisconsin Partnership Program to create standard community needs assessment model. There is a link being populated on the website to tie in community assessment reports from different sources. The Institute and the Healthy WI Leadership Program partnered with WHA to bring hospitals and public health staff together for discussions.

Health Impact Assessment: L. Feder

- The Health Policy Group is implementing Health Impact Assessment (HIA) with funding from the National Networks of Public Health Institutes and the other funders, in partnership with Wisconsin DHS.
- This builds on the HIA program already initiated at DHS with previous CDC funding.
- The current HIA project focuses on transitional jobs for people who have difficulty finding and keeping employment. The decision before the legislature in the next budget cycle will be to end, continue, expand or modify the project. The project will model different health outcomes for different populations to see if there are better impacts for some so recommendations can be made. The project uses quantitative and qualitative data. A steering committee includes leaders from pertinent state agencies, legislators, and community organizations.
- Recommendations will be made to key policymakers, community members, and the steering committee. Recommendations will be available on the website, and there will be a briefing.

Comments & Discussion

- Would you classify that output as evidence or informed opinion? We would have to see the strengths of the literature first and the data but there are opportunities to have it be something else. There are some HIAs that are more quantitative, particularly on transportation projects and cause and effects on health.
- It is intellectually appealing but on the other hand it would be hard to put resources into this type of analysis; interesting and useful but not sure how it fits into the Institute overall.
- People felt that way about environmental impact assessments 20-30 years ago and they are now considered routine analyses. Some states are now mandating HIAs for certain projects. The benefit is in engaging and educating people in how determinants of health works in order to give them concrete examples. Policymakers gain an understanding of social determinants of health and HIAs allows them to see the pathway toward concrete examples of health outcomes.

- The screening phase for HIA is the most important; so they do not apply HIAs to every opportunity that is available but, rather, look at the appropriateness. Health is not the only objective. The objective is to get people education, health and jobs. The phases overlap and the goal is to get communities to understand how their systems work together, not see their goal as silos.
- Requirements for environment impact statements at times seem to divert funds away from the project toward what seem like regulatory assessments that are not essential. It will be important to avoid this.
- HIAs are designed to promote partnerships in communities, not hold up or stop projects. The question is *What are the tools we want to put in communities hands?* HIA is a tool for multi-sector engagement and conversation about health in all policies.
- This should be used as a strategic tool, pick well, and use to engage sectors and then bridge them to other areas.
- The Institute is using this opportunity to explore the benefits and uses of HIAs. The transitional jobs project and preliminary results with draft recommendations will be further discussed with the Advisory Board once they are complete. This will then allow consideration of the Institute's work in HIA going forward.

Health Policy: D. Friedsam

- This group has been working for over four years on Medicaid/BadgerCare. Final reports evaluating the BadgerCare Plus Core Plan are now complete and posted on the Institute's web site. The research team is now in line to receive new funding from RWJF to build on this work using the data from Milwaukee's Health Information Exchange (WHIE), and will also be doing a collaborative research project with Marshfield Clinic to assess changes in utilization of their services by childless adults.
- Ms. Timberlake asked the Board to think about how this work on Medicaid/BadgerCare and other work can be communicated to the right audiences.

Strategic Opportunities: K. Timberlake

- Ms. Timberlake has been interviewing members of the Advisory Board, asking how we continue to build on these strengths, who to partner with, what should be the focus and what should be the criteria that we use.
- The Institute management team has been having focused discussion on how we can address health disparities.
- Significant points of note:
 - The importance of choosing projects relevant to the state
 - Build on our existing strengths.
 - We work across the sectors of data, policy, program evaluation and action planning and this sets us apart in comparison with other Institutes.
 - We have a strong state and national reputation.
 - The Institute works to make sure that our programs have an impact on policy and practice and provide tools others can use in their own setting.
 - The Institute lacks measures for its own success and impact.
- Oft-noted weakness in connections with/relevance to some external sectors, Mr. Queram noted that, given the nature of the Institute, the identity of the University and the perceived

focus of the work, he was skeptical that the Institute would ever be credible with sectors other than health and public health - but this did not mean we should stop trying.

- Ms. Timberlake viewed this as a challenge; that some do not see the University as practical, applied and relevant to on-the-ground practice.

Comments & Discussion

- Mr. Brenton pointed out he receives emails from the Institute on particular topics that may be interesting to some, but not relevant specifically to him. He did note appreciation for the recent programming from the Evidence-Based Health Policy Project, particularly those focusing on provider performance and quality.
- Ms. Timberlake noted that our heavy engagement in the public health and health care sectors and interest in further engaging economic developer organizations, business, chambers, education, etc.
- Board members asked about the Institute's original charter, which was updated with a name change in 2003. Some suggested that another name change may be needed. The purpose will be a topic for further discussion.
- Other suggestions: Institute leadership meeting one-on-one with thought leaders statewide, asking the Governor to convene a business dialogue on the value of population health, and the Institute convening a separate business advisory coalition.
- Ms. Timberlake also noted that the Institute continues to seek relationships with faculty in other parts of campus, such as the Business School, in order to strengthen the Institute's reach and portfolio.

Next meeting: November 16, 2012 and hosted by Curt Gielow at Concordia.