

**University of Wisconsin Population Health Institute
ADVISORY BOARD MEETING SUMMARY**

Friday, November 22, 2013
10:00 AM to 1:00 PM
Joseph J. Zilber School of Public Health
University of Wisconsin Milwaukee

Staff Present: Bridget Catlin, Elizabeth Feder, Andrew Fisher, Donna Friedsam, Robin Lecoanet, Paul Moberg, Karen Timberlake

Members Present: Tim Bartholow, Steve Brenton, Cheryl DeMars, Kurt Eggebrecht, Greg Nycz, Rep. Sandy Pasch, Chris Queram, Ayaz Samadani (via phone), Annette Severson, Greg Simmons, Tim Size,

Members Absent: Bevan Baker, Curt Gielow, Sen. Julie Lassa, Dr. Demond Means, Sen. Terry Moulton, Peggy Rosenzweig, Jeff Stone, Dick Tillmar

Review of Minutes: The minutes were approved.

Welcome & Introductions: Karen Timberlake

Karen welcomed members of Advisory Board. Dean Magda Peck of the Joseph J. Zilber School of Public Health gave a brief overview of recent activities of the School and noted the need for greater collaboration among academic leaders in public health.

Health Policy Discussion – Donna Friedsam

Presentation slides from this discussion can be found [here](#).

Donna Friedsam led the health policy discussion, beginning with an overview of recent activities of the Institute. She is running a UW Health Policy Twitter account, @UWHealthPolicy for research, analysis and dialogue. The Institute, along with other sponsors such as Covering Kids and Families WI convened a state-wide webcast in November aimed at educating UW system and technical college students about the Affordable Care Act. Covering Kids and Families WI, for which Donna is policy and research advisor, is involved in Enrollment for Health Wisconsin, and continues to provide tools and information about the Affordable Care Act.

Now that the ACA is up and running, and despite troubles with Healthcare.gov, everyone is tracking enrollment, watching take-up rates, and looking for trends.

BadgerCare Eligibility Changes

Currently, about 54% of those in Wisconsin get coverage through their employer, while 10% are uninsured, and 16% get Medicaid/BadgerCare. In Wisconsin, since Governor Walker declined to support Medicaid expansion through the ACA, eligibility for BadgerCare will be cut for some and expanded for others. With eligibility changes, there will be about 77,000 transitional members, or about 56,000 households. About 15,000 parents and caretakers will start paying premiums on January 1, 2014. BadgerCare Basic will be terminated. About 164,000 people on Core Plan waitlist and some will go to Medicaid, some to the marketplace, not all will be uninsured. Donna reviewed the major impacts

of these changes and also provided detailed information in presentation slides, attached to these meeting notes for reference.

The Marketplace

There are 13 insurers offering plans on the Marketplace and those with income below 400% FPL can qualify for tax credits if they do not have access to employer-sponsored insurance.

During discussion, it was pointed out that in some rural areas; the 2nd lowest cost silver plans are not available, which raises questions of network adequacy. There is much debate about whether rating areas should be county based, or even zip code based. This is an area where Institute could do more research.

Wisconsin vs Minnesota

Citizen Action released a report recently (http://www.citizenactionwi.org/report_mn_wi) showing that premiums will be less expensive in Minnesota than Wisconsin. For example, the report shows that average bronze plan costs 99% more in Wisconsin than Minnesota, while the average silver plan costs 79% more.

However, it may be too early to draw conclusions and place blame. There many differences between the approach MN and WI have taken. There is an environment of uncertainty in pricing; there are differences in the kinds of networks in each state. Wisconsin's high risk insurance pool is closing a year earlier than Minnesota's, which may also explain part of the difference.

Enrollment

There are several local and regional enrollment networks across the state working to enroll and educate individuals on the ACA. Many types of enrollment assisters are active across the state, with varying sources and amounts of funding, including Navigators, Agents and Brokers, and Certified Application Counselors.

In Wisconsin in the first month, there were about 35,000 people who applied for coverage and completed applications and 877 actually selected a plan. Considering the state of the website during this time, this is not too bad. For comparison, in Washington State, which is enthusiastically implementing the ACA, 19,000 people applied and completed application, with 7,000 selecting a plan. Minnesota is stumbling, with 31,000 that applied and completed applications, and about 1,700 selecting a plan. The best state by far has been Kentucky, which had over 76,000 applying and completing applications and 5,600 selecting a plan.

Conclusions

It is too early at this point to say whether the ACA has failed or is successful. The Institute does not have funding for studying the ACA specifically; we are stretching resources and personnel from other projects to accomplish this work. To do the intense, analytic work that the Institute is known for, dedicated support will be needed.

Discussion

Advisory board members observed that there is a need for high quality work on ACA. It is possible that WPP-PERC/OAC could provide short term funding for time-sensitive research. The need for independent, bias-free research is critical. Much of the data and studies that are out there at the moment are designed to support a message rather than understand what is happening. What exists now is not useful for decision-making. The Institute should be in the position to be one of the entities in the state doing research on the ACA, as well as act as a convener, a provider of clear information in print and on the web.

Health Impact Assessment Progress Report – Liz Feder

Presentation slides from this discussion can be found [here](#).

Transitional Jobs Program

Liz reviewed her recent projects involving Health Impact Assessments. Her presentation slides are attached for reference.

Working with health impact assessments is a new direction for the Institute and it part of the new thinking on the social determinants of health. Feedback and advice on new directions for the Institute is appreciated.

The purpose of HIAs is to bring a systematic approach to a project or a plan and bring consideration of health affects to non-health areas. Health inequities are highlighted and recommendations are provided. The process of carrying out HIAs builds relationships and collaboration and encourages engagement and community empowerment.

The first HIA done by the Institute was an NNPHI award to do a national demonstration project on Transitional Jobs Programs. These programs had received ARRA funding to provide jobs support and training to help low-income WI residents to re-enter the workforce. The decision point was whether the legislature should decide to continue, or end, the program.

Surveys of program participants found that that there were positive health changes and improvements in health and family cohesion and social capital, particularly among men, and there were more increases for blacks over whites. Improvements in self-perceived health were reported in a very short time window. The recommendations made to Legislature were to extend opportunities for participation to a large group, to focus on lasting employment, and to assure priority for parents for participants in the program since the effect on children was so positive. Initially, the budget was going to transform the program from being state-wide to exclusively Milwaukee in scope and use \$8.8 million in TANF funding. After report came out, the final program was called Transform Milwaukee and allowed for some funding to be used outside the city to serve 100-200 people.

It is hard to tell at this point if the HIA made an impact. Representatives of the Community Advocates Public Policy Institute said the HIA informed better policy decisions. The state Department of Children and Families also evaluated the Transitional Jobs program, and this HIA was cited in their report. Some challenges that were encountered included poor partner engagement, rigid HIA template, and few staff. It was a learning exercise. The grant provided national visibility for the Institute, in addition to allowing

for engagement with “real-world” problems and demonstrate how social and economic determinants of health operated.

Second HIA: Addressing high-risk drinking in the Greenbush-Vilas Neighborhood

The second HIA was a neighborhood study that looked at limiting retail alcohol outlets as a policy to deal with outcomes of excessive drinking in the Vilas Neighborhood (near Camp Randall Stadium in Madison).

Neighborhood surveys showed differing views by age, with students asking “What problem?” Older residents were concerned about property crime. Overall, people did not agree with limiting alcohol outlet density because they think “people are going to drink no matter what.” Crime data clearly showed that the problem is fall football weekends, with 93% of alcohol related problems occurring on those dates.

The report explored possible interventions, including limiting or eliminating temporary licenses and improving regulation of house parties by enforcing nuisance party ordinance. Other options that are used in other countries include establishing alcohol disorder zones or staggering closing times, but those options are illegal under state law.

The presentation of the report to the Alcohol License and Review Commission was very positive – Alders found the topic very interesting. They were interested in learning about future HIA work and how it could be funded.

Discussion

There is a goal of building a Wisconsin HIA collaborative comprised of academia, government, and non-profits that would provide technical assistance, training, analysis and assessment. The Institute has a role to play in this in that it can provide more nuance and rigor and is recognized as a credible partner. The challenge is finding partners who are willing to support this work financially as no one is required to do an HIA.

Looking Ahead to 2014 Advisory Board Meetings – Karen Timberlake

Discussion

Karen asked the Advisory Board for its feedback on Board meetings: Are the meetings at the right level? Is enough time being dedicated to the topics?

Board members advised that if Institute staff are looking for guidance or discussion, it is helpful to highlight that in advance, in the agenda. Board members can bring ideas for discussion at meetings to Institute staff.

Future topics

At the February 2014 meeting, there will be a preview of the County Health Rankings and Roadmaps. In addition, several board members have had conversations about creating standards for healthy

communities (in same way buildings are LEED certified, so to should communities be certified). The post-ACA healthcare landscape will need to be further examined.

Prevention Research Center Update

The Institute was involved in a grant application to CDC for a PRC, with a focus on obesity prevention. It is a 5 year grant, with heavy involvement in evaluation and dissemination of work, which are strengths of the Institute. Unfortunately, the PRC application was not funded, although the Institute remains involved in the Wisconsin Partnership Program's development of a comprehensive obesity prevention initiative.

Collaboration

Board members advised the Institute to collaborate more with the Milwaukee area. Medical College of Wisconsin has the Institute for Health and Society and works with SMPH on the Healthy Wisconsin Leadership Institute. Zilber School and SMPH do not currently collaborate.

Board members were interested in further exploration of the current state of the MPH job market. Questions remain about where recent graduate are ending up, how they are using their skills, and how well current training programs are aligned with current workforce needs. Board members observed that collaborative leadership skills may be more marketable than core public health training, and they would like to better understand whether these skills are being well-taught in current programs.