A Dialogue on Priorities for Population Health Research in Wisconsin
November 30, 2007

The Population Health Institute's conference: Improving Wisconsin's Health: Prevention, Policy and Priorities for Research included an opportunity for conference participants to highlight areas they believed deserved more attention in academic public health research. The session included a two-part process. Individuals present were asked to fill out a form listing their own recommendations for areas of public health research that should be given a high priority. Then individuals discussed these priorities in small groups, and each small group reported to the full group. There was no attempt to ask the full group at the conference to "vote on" or otherwise select a few top "agreed upon" priorities.

The research themes from the small group report, as well as the list of all the individual input from the forms that were submitted afterwards are summarized below.

The purpose of this summary is to provide input to researchers and state leaders in public health about the interests of public health practitioners and others who participated in the conference. The input is advisory. We hope it is useful to those that fund academic research intended to improve the health of the people of Wisconsin.

Research Themes from Group Reporting

Socioeconomic Determinants

- Access and barriers to education
- Employment and education as determinants of health
- What does it take to change the policy agenda regarding education? Importance of social investment for long term change. Focus on measurable outcomes.
- Focus on upstream socio-economic determinants of health by defining which determinants are most important and amendable to impacting health
- Identify ways that are effective in helping policy makers and individuals act on information about how important education and income are in having a healthy life.
- What is the link between education attainment, educational environment and health, health disparities, managed care?

Disparities

- Is it possible to eliminate disparities without eliminating poverty or highly uneven distributions of wealth? Relationship between poverty and health?
- Factors contributing to disparities in health outcomes
- Disparity reduction
- Diversity and cross cultural issues: more effective community and education focus on recent immigrant ethnic groups.
- Collection of health outcomes and health status in disparate populations. (How to collect data on race/ethnicity)

- Create the public, policy communities awareness and buy in to a true understanding of the challenges facing Milwaukee, include resource allocation.

Health Literacy

- What approaches are most effective for getting people to absorb health information (health literacy)? Visual, classroom, interactive?
- Health literacy: the role of education is both accessing Rx, compliance, etc. How to improve?

Access/Health Insurance/Cost Effectiveness

- Will access to health insurance improve health outcomes (universal health care)?
- How much would 100% insurance coverage contribute toward reducing health disparities?
- Access (e.g., do medical homes "work"); cost effectiveness/analysis of models for access
- Increased consumer demand, how to reach out effectively
- Value for dollars spent in programs (throwing money at issues doesn't always fix problem)
- Affordability and accessibility to public health insurance programs.

Behavior Change

- How do we incentivize people to want to take care of themselves? Often people know smoking is bad, drinking is bad, eating McDonald's is bad but we do it anyway. How do we get the general population to take charge of their health?
- What are the reasons for "non compliance" by individuals with medical or public health recommendations for care of one's own health? Are there causes or barriers to "compliance" that could be addressed (myths or beliefs, barriers such as language, transportation, child care, or others)? Must do qualitative research (focus groups and key informant interviews with communities. What are effective means to effectively work in support of healthy behavior change in underserved minority populations?
- What behaviors/interventions really make a difference and how to implement them on the ground?
- Incentives on individual level to make changes - what works with individuals and with the practitioners that serve them?
- What other systems affect change and how can they be supported (e.g.. faith based organizations)?
- Research focusing on children and young adults to help them know what they need to know to stay healthy and most importantly provide effective tools for each of them to act on what they know.
- Investigate education/information barriers and the cross over to personal health behavior change
- Education alone not the answer—supportive environment essential—how to do that change environments:
    - Children: encouraging lifelong activity in school and related to after school activities
    - Youth: engaging youth through school based health and wellness, nutrition, physical fitness, sexual health, mental health
    - Adults: encouraging workplace healthiness and wellness

- What is the role of the provider or who is the most appropriate as a provider to educate and deliver effective preventive messages.
- What are the most effective ways to communicate knowledge to promote "take-up" in practice?
- Public policy**,** how do we create more effective policies to induce change

Community Issues

- Bridging the gap between community work and public health policy, research, university; increased community input in needs assessments and how they can use what policy makers are doing to access care and improve health
- Community engagement in process of research
- Define the community as the provider—community inter/intra family as well as community normal. How does the community use the medical model as one component of addressing its health?
- Community input, involvement
- Leadership: what are the most effective catalysts for community change?
- What do members of the public worry about?
- Where do we start with public health interactions? Worksites, schools, agriculture, holistic approach?

Specific Health Issues/Populations

- Mental health issues: is there a relationship to health disparities?
- Research focused on individuals with multiple chronic diseases including mental health and depression.
- School based STD intervention: at least education if not dispensing and testing…
- Provide research on strategies that help criminal offenders live a productive life and related life style.
- Obesity: media to counteract the food industry and more research on genetic vs. behavioral influences.

Public Infrastructure and Funding

- Adequate sustainable public health funding.
- How to standardize data collection to improve sustainable funding for public health, specific to the state of Wisconsin. Ex. Funding of infectious disease vs. chronic disease.
- Potential impact of expanded use of community health workers in addressing public health issues in specific populations: why types of programs make a difference, documentation of savings in cost of care and improved health outcomes. How to sustain these programs in absence of federal investment in communities.
- Expanding the role of public health workforce to perform services at a local level.

General Evaluation/Research

- What methods are most effective for measuring community and county health needs (i.e. community health improvement plant, technical assistance, qualitative, quantitative)
- Evaluate collaborative models (funding? Records? Patient acceptance? Possible disease adolescent mental health)

- Research best approaches for implementation: research to applications.
- Evaluating public health programs effectively. (e.g."we" know it works but state data is less certain understanding how education is translated into practice and why policy is not.)
- What research interventions lead to sustainable changes in interventions?
- Investigate programs to determine outcomes
- Pay for performance outcomes research
- What interventions are most effective in changing the attitude of the public from believing that individuals are solely responsible for their own health outcomes to having a greater awareness of upstream determinants?

Research Themes from Individual Reporting

Access and Care
What is preventing those eligible for public health coverage from accessing currently available (future) resources- how can we improve access?
Is there a way to quantify/identify how removing barriers (cultural/language, geographic/transportation, health insurance) to health care (preventative/screening) would improve population health. I.e. Dr. Remington's ex. of removing disparity. And then what best practices would help remove those barriers?
Access to health care and models (addressing barrier to accessing health care) that all providing for health outcomes.
Dental health access for the poor.
What would 100% healthy insurance coverage, based on a standard commercial plan, contribute toward reducing health disparities and improving WI's overall health status?
Does ensuring insurance ensure improved health outcomes?
Universal health care, better for individual? Reduce disparities? Increase access?
Does access to health care result in care being delivered? Just because you have a card that says you're covered, doesn't mean there is someone to see you.
Which is most effective way of improving HC access and reducing disparities, insurance coverage or direct health services (and for which populations)?
How can we change the medical system to give more priority to primary care and prevention? Reimbursement structure change? Length of appointments? EBM practice base that is supported by multidisciplinary teams.
Engage non-dental professionals on the status of oral health and lack of access to create a base of people with knowledge- Translational research.
How can we get universal health care for all people living in WI? The P.R. campaign to get lots of people on board to get this medical coverage is important, doing research on how to do this is necessary.
Most effective approaches to provide all residents with health insurance and choices that improve lifestyle choices leading to better health.
Optimal chronic disease management (asthma, diabetes).
Utilization of self management programs through health care, local community, and word of mouth referral- attaching the outcomes with these courses to changing health determinants.
Education on health resources available to low income residents to decrease use of emergency rooms.
Most practice guidelines (algorithms) have to be extended beyond the diagnostic medical and pharmaceutical interventions, to include logarithms that address pt teaching and post discharge care (e.g. research needs to be done on who gets what kind of teach

Individual Behaviors/Behavior Change
All of these questions will hopefully lead to people taking better care of themselves, leading to prevention of chronic diseases and associated compilations.--We need businesses/employers to take more initiative to carry out worksite wellness programs to encourage people to lead healthier lives.
We have information on people's reporting of their health behaviors, but do we understand people's perception of the health risks of these behaviors?
How do we get more employers to "buy into" worksite wellness programs?
How to get people to care about their own health?
How do we get "at risk" populations to care and take responsibilities? What works best?
What are we doing to find out why healthy behaviors are difficult for some individuals- moving health education to individual/pop. change- why don't people practice what they know?
How to make environmental changes in education, employment and other factors that would then make more people receptive to health behavior changes. People who are living in poverty have more important things on their mind and health behaviors are a luxury.
Research on how education (early age programs throughout school) on changes in lifestyle, ex. improved diet and exercise effect improved grades in school- to be used to get physical education and improved lunches (up nutrition) seen in schools- all school age kids- a successful program could show decreased DM and decreased obesity, maybe increase grades.
How do we (what incentives) effectively persuade the citizens to make better health decisions?
Incentives- what are the elements of health improvement campaigns targeted @ lower SES target groups- rural and urban.
Engaging women/men (20-64) of reproductive age in health promotion across the life span.
Disseminate information to adults in care-giving settings- education being done with school-aged children but not getting home to parents, etc...
What can we do to structure environment and policies that support behavioral health changes (substances, tobacco, diet, activity) - beyond educational solutions.
Research RIT when intentions work to change behaviors and decrease HR specifically RIT to cut loss.
Best practice research on practices the will help individuals act on what they know to practice a healthy lifestyle.
How do we get children to engage in healthy eating and physical activity?
The same people that resort to negative behaviors don't use positive behaviors. How can we turn this around? It comes down to poor coping skills dealing with issues like low literacy and poverty.
Education in high school-look at impact of any programs in high school directed towards promoting healthy behaviors- if they work- what else could we be doing.
School-based wellness centers (and fitness centers)- nutrition- physical health/fitness-tobacco and other drug use- mental health, suicide prevention- sexual health- peer education- classroom education- community based organization liaison for students and their families.
Which public policies are most effective in improving critical health behaviors (reducing risky behavior).
Healthy life-style. How can we improve healthy life-style? Why is obesity such a big problem? What do we need to target? Is it looking for a gene? Or is it a matter of education?
Obesity/ Sedentary lifestyles- diabetes- wellness programs from employers.
What interventions reach and modify behavior in a multicultural/diverse community?
What can public health do to encourage increased activity in children in our school systems? These are critical because of the interesting rate of obesity and diabetes in our population.
What are effective interventions to deliver/enable behavioral change? (means) What are effective interventions to facilitate behavior change for employers?
What are the reasons that "non-compliant" individuals choose not to comply (myths, beliefs, barriers, transportation, and language).
Preventative education in the school systems . The current generation in primary education will not live as long

Individual Behaviors/Behavior Change
as my generation (age 65). Prevention is up to 70% of illness is attainable.
Self-efficacy of public benefit recipients for "wellness"/interest in and opportunities for involvement in system processes.
We need to reward (through incentives/lower premiums) people who engage in healthy lifestyles (exercise, healthy BMI, no smoking, eating well). Pay-for-performance for patients. Patient empowerment.
Looking at factors to explain the gap between people's knowledge of health promoting behaviors and actual ability to implement behavior and attitude change.
How can we influence insurers to add prevention initiatives for children to re-learn how to be more physically active. For example, there is a whole group of kids who feel inadequate and would never go out for school sports, or if they do they are not cho
How do we get more people to eat more fruits and veggies?
How to transform public school system PreK-12 into wellness environment for students and staff.
Nutrition and physical activity being taught to children and how that affects their lifestyle devices later in life.
Ways to lessen the impact of cultural influences (Rapetes, Goth) on school kids and show through research that these negative influences during school years interfere with positive experiences and future life plans- middle school and high school- school p
Many health priorities are linked to nutrition, and one priority itself was food insecurity, how can these issues- food security and healthy nutrition be integrated more effectively?
How/who will educate the patient about preventative care and lifestyle factors that affect health (self care mgmt).
How do we get adults to engage in healthy eating and physical activity?
How can we engage young people in becoming a part of improving their own health/adopting a healthy lifestyle.
What are the best methodologies for inducing people to change their lifestyles in order to prevent future illness?
Psychological and environmental levels to making healthy personal choices (personal responsibility in health outcomes).
What research interventions leave substantial change in patient behavior?
What is the most effective delivery/technique of information to facilitate behavior change?
What are the most effective means to achieve behavioral change in underserved/minority populations.
Self advocacy- how to create an atmosphere to educate and foster individuals to become advocates.
Lack of trust- oppressed, low income, disabled, mental health, myth believers and lack of providers being able to reach them internally to create change and compliance.
We need to change environments to enable people to lead healthier lives (more parks, bike/walk trails) and make healthier food (fruits and veggies, whole grains) less expensive through coupons or work with food industry.
Understanding societal and cultural barriers to implementing behavior change--these questions can be applied to any one of the health priorities and can be driven by looking at community health improvement plans at each county level- these plans/processes
How can we get employer groups, schools, etc. to encourage more physical activity? What works best?--Education campaign on Dental Health and its affect on reducing dental caries.
How are high risk communities addressing environmental issues around barriers to healthy behavior (score card and indicators). Smoking ordinances, safe walkways, partners in nutrition and more money for produce, etc.--Research media models to campaign for
How best to get nutritious local foods to low income people that often must rely on filling.
How do we keep children from starting smoking?
Graduated wellness.
Employer lifestyle programs- employees on pd. time will respond to all the needs of becoming a healthy indiv.
"Toxic environments," encouraging imitations of "lifestyle" physical activity in appropriate environments (sidewalks, bike paths, condensed communities).

Communities and Community Engagement
What are people's community homes (places where people identify/congregate)? For people who have difficulty accessing care, how can we reach out and integrate with these community homes?
Community as a provider, community is family inter/intra and cultural comm. norms- how does the community (and family) respond to disease? The community is the provider and the medical health care system is a tool that the community uses or doesn't use to get "well".
Community-wide intervention strategies- effectiveness in moving people forward in Beh Chg model, re: phys act and nutritional habits at a low cost.
Ask people in community(ies) what will make their lives better? How focus on info exchange?
Overcoming the stigma of community participation in population based research efforts.
How do we best engage community members in identifying their own health priority issues?
Methods of engaging affected communities to address priority health needs.
What is the process (qualitative or quantitative?) for the engagement of communities directed toward top-priority problem.
Community engagement in research.
Validate effective grass roots efforts that are currently leading to health outcomes and mobilizing social capital already in effect.
Gap between communities (actual people) and PH work. CBPR is often not taken to the next level- community ownership of research. Public health is about people, and although that sounds simple, it is often forgotten.
Nutrition, diet, exercise program implementation in communities. What works, how to create a supportive environment- moving beyond the tri-fold brochure and the posters at the county fair.
Effectiveness of community coalitions- what good does it do for the kids to not participate in binge drinking if parents do it? Dealing with culture.
What is the position community organizations have in community public health information.
Allow research to be a part of community wide implementation programs but not interfere with the overall performance of the initiation.
Research that engages multi-system disciplines and simultaneously empowers community participation in improving their health.
How sick care/ health care systems can work with CBOs and communities, activities to refer patients for health improvement skill building/adoption.
Effectively engaging business in addressing healthy issues in community (education, employment).
What works to increase the consumer demand and uptake of evidence-based treatment.--Access to health care- current model doesn't work. How to translate- getting people into summary prevention0how to make this a priority- how to provide access for people w
More, more community based research on barriers- talk to the parish nurses re: barriers, talk to House of Peace, Lions and Lioness clubs.
What is the impact of personal religious commitment and religious communities (i.e. local congregations) on population health?- Such commitments and communities vary widely and there may be certain dynamics that have more favorable impacts than others.

Disparities
Data on sub-ethnic groups in terms of health status and services are needed for better planning of program and policy allocation of resources.
Disparities as it relates to attitudes towards cancer screening.
What are the factors contributing to the disparities in birth outcomes? Important due to our poor rankings, re: disparities and infant mortality. Also know there is interest from funders.
Effective strategies to decrease cultural barriers in healthy outcomes- language, citizenship, etc. (promoting healthy outcomes).
More accurately reflect the changing demographics of WI's population- esp. racial, ethnic, linguistic diversity. Current data does not adequately or accurately reflect diverse populations. Has impact on funding and care strategies- public and sick care.
Capturing correct data (involves education) at the initial process regarding, culture, race, ethnicity and data collection.
Collection approaches for variables relating to disparities in health outcome and stats data (race, ethnicity and sexual orientation).
Find how to address change disparities, what works- engaging youth.
Methods to address disparities in health care.
Data on City of Milwaukee, stratified, same reason as above.
The educational barriers of students that may fall through the cracks?
Public awareness and views on determinant of health/relationship to Health Disparities- what matters to the public.
Health disparity linkage between race and setting (rural vs. urban).
What interventions increase both overall average population health and reduce disparities?
How does WI close its health disparity gaps?
Racial disparities in infant mortality.
Translational research to diverse population, cross-cultural communication among providers and patients.
How can we reduce income/economic disparity? What programs or approaches would be worthwhile?
Is it really possible to eliminate disparities without eliminating poverty or even the vast maldistribution of health?
Disparities- health education and communication for Hispanic immigrants and the uninsured.
Improving communication w/ non-English-speakers. Understanding cultural differences.
What are effective means to involve organizations and individuals to contribute money and/or human resources to eliminate of health disparities?--PHP evaluations.
Research into causes/development/prevention of racism in schools and family systems/societal factors.

Effectiveness/Cost-Effectiveness of Programs and Policies
How/if wellness programs and preventative practices can impact health care costs across the state. Or if they can. ex. insurance rates, treatment costs, disease diagnosis.
The effectiveness of public health programs- difficult to evaluate. Example- PNCC, health education.
Cost-effectiveness analysis of having a primary care medical home- no access.
How cuts in community programs meant to directly, or indirectly, improve the health/wellness result in increased public cost burden for health care, in a believable and understandable way for the tax payers.
What are the most cost-effective policies and programs for improving health and reducing disparities?
What behavioral treatments are effective in preventing and treating diseases? And which are cost effective enough to be paid for by insurers? Importance is to redirect reimbursement to "upstream."
Primary care medical home-cost effectiveness. Advertising/Marketing Health Care Issues (Media attention). Peer outreach programs, etc.
What is the cost-effectiveness of having a primary care home? Cost-benefit?
How do we optimize (redirect) use of (limited) resources for health care to improve population health (in addition to) individual sickness care.
Cost-benefit of actual P.H. practice inventions- show policy makers the money.
Cost-benefit analysis of various programs and effectiveness.
How do we rejuvenate the notion that each individual has financial/personal responsibility for their health.-- Does spending greater money where public health is most challenged cost effective.
What is the relational cost effectiveness of candidate priority interventions.
What policy strategies work when the objectives aren't about regulating a product (ex. physical activity).

Social Determinants of Health
Employment- how can public health influence the need for sustainable jobs?
How do we make neighborhoods safer (what steps do we take) that people can take walks, go outdoors to exercise? Researching what has been effective in other communities?
Why is there such a poor high school graduation rate for blacks in Wisconsin and how does poor literacy impact the infant mortality for black babies?
Social determinants of health- access to health care.
Education in public schools (city of Milwaukee).
The economic disparity in the African American community and how to target racial factors and etc.?
There is substantial evidence pointing to education as a determinant for health, but what is known about health as a determinant for education? If the latter is critical, it would provide an important shift in how strategies are implemented, especially for young people.
What are the most important specific socioeconomic factors that influence health in Wisconsin? (Education? Employment? Housing? Transportation? Income? Childcare? Other?)
Education- K-12, what happens to kids?
How can policy makers and gen. public better understand and act on the role of social determinants in increase health outcomes?
Links between poverty and health.
What interventions are the most effective in changing the attitude of the public from that individuals are responsible for their own health outcomes to a greater awareness of the upstream determinants?
Ways to improve retention of students in school and increase graduation rates of high schoolers.
How to increase rates of keeping low socioeconomic and/or minority students in high school in order to graduate- started as a problem in rural counties (Juneau) and City of Milwaukee.
Study/assessment of effective models that focus on empowerment/independence for impoverished neighbors.
Competitive paying jobs for inner-city men and its impact on health and/or rural qualities of life.
Housing- slum landlords taking control of the low income, disabled, oppressed and creating health problems.
Neighborhood level effects- how housing policies, employment programs, social capital-building efforts affect the health of neighborhood residents?
What can be done in the city of Milwaukee to focus and incentive the importance of education?
Community involvement...
How can increase of educational level improve health outcomes?
Most effective interventions that begin to impact the interrelated cycle of poverty and poor health status.
Combinations of upstream factors that combine to affect health and health behaviors (structures that limit health behaviors).
Low income and low educational attainment. Which is more significantly related to poor outcomes? Dealing with each at the community level is different.
The link between health and education.
What more can be done to keep children in school through high school graduation? How can the community be engaged?
What does it take to get jobs and education into our highest need communities?
If education (or in actual level of education) is a key determinant of health how can we communicate this and leverage this knowledge? Perhaps through shared funds of public/private do class?
What really works to increase health and wellness of the poor and poorly educated. (i.e. increasing SES, health education, improving safety, etc.).
Evidence based interventions in cycles of poverty within communities and between generations.

Social Determinants of Health
Focus on pre-causative factors that contribute to population health challenges, thus primary prevention affects.
Impact of health issues such as obesity (CSHCN) on elementary aged school children's attendance and achievement. (Probably too big to address).
We need to move away from "medical model and treatment" research and tackle health determinants. As Dr. Zahner stated- we need to move CBPR to be more effective and also connect research with actual Public Health Practice.
What aspects of education are most important to subsequent health- the degree itself, content of the education, or the process of education (how to think, how to have control of your life, and support from teachers).
Upstream best percentages for addressing SES issues.
Teach (educate) people at large how to be parents (from childhood on) to raise own children in a safe, sound manner. Hopefully, this can address low socioeconomic determinants that will reduce crime, promote economic development.
What is the impact of changing family structure on population health?

Literacy
How to increase health outcomes for low literacy patients?
...Connections between illiteracy rates... decrease educational attainment, implications for.. "compliance"... (health) care of the health of the public.
Prention--> Health priorities
What approaches are most effective for getting people to absorb health information? How do you get them to care?
What are the key skills parents need to raise healthy children? How can this list be used to level the difference between 2-parent and single-parent families?
? relationship of high literacy with high self-advocacy and how do you measure this?
What is the frequency of low health literacy in Wisconsin and how much impact does that have in health care costs and health outcomes?
Research on health literacy and limited English proficiency population.
How do we improve health literacy and personal health advocacy among the general population?
How to measure and communicate / interpret of high health literacy with self advocacy?
Health literacy.

Specific Conditions/Populations
Responsible alcohol use- why do we have such a huge problem, how can we reduce binge drinking, reduce drunk driving.
How does WI approach its binge drinking issues? What are upstream determinants?
How to change the culture of WI regarding alcohol use?
How do we lower binge drinking among young adults? How do we reduce drunk driving?
Despite ADA and WI DM Essent. Care Guidelines, why are people with diabetes still not getting required lab test, health checks, education and screenings to assist with early detection and prevention of complications and lack of self management skills to strive for optimal glycemic cantual.
Accommodating Wis. changing demographics, school-based STD education/intervention and contraception administration, activity/availability for adolescents and kids, alcohol related statistics for state of WI. Sustainability continuation-->including funding. #1 for alcohol abuse in the US. Tobacco use and education and implementation. Access to care- health literacy (self-advocacy).
Depression in older adults with multiple chronic diseases- how to better assist.
STI prevention.
Research conselation between abstinence/safe sex education and resultant behavior and STDs/AIDs/Teen Pregnancies.
Teenage pregnancy and need for comprehensive sex education.
Teen pregnancy- what to do?
How to convey the importance of family planning and birth control policy makers.
How can we educate young pregnant girls regarding importance of PNCC, need for medical home, Dr. visits, healthy diets, vitamins, behavior.
How to decrease new offending rates of African American males incarcerated who are released. Changing the current system to one of rehabilitation where the males actually have "technical skills" and "life skills" and can actually get a job once they are released.
Youth violence (gangs) and ill-informed behaviors. I find it important (Madison) because of ramification and future community well-being.
Gun violence.
Violence as a public health issue.
How can we decrease rate of suicides (and homicides) in our state? Important because of injury prevention use of guns.
Diet- how do food sources more readily available to segments population that suffer from greatest threats (blood pressure, heart disease, hyper tension).
The effect of food/diet on behavior and academic performance.
Evidence-based approaches to childhood/adult obesity; one health priority that is steadily getting worse and is related to many other negative health conditions.
Obesity and the food industry.
What is causing obesity in Wisconsin? What is causing depression?
Childhood obesity and school-based programs).
Obesity and socioeconomic status.
Obesity among youth (prevention tactics).
How does PH approach and change environmental determinants in obesity epidemics?
CBPR on effective intervention that will decrease disparities in birth outcomes.
Causes of preterm birth, preterm birth affects health across lifespan.
Determining least efficient pre-natal care programs to reduce disparity in birth outcomes.

Specific Conditions/Populations
Infant mortality rates.
How do we achieve health birth outcomes in the city of Milwaukee? (Are other programs in similar cities working?)
With numerous interventions focused on infant mortality and still the struggle to improve rates, what is the obstacle, what programs have shown the most promise and why? What is missing?
How can we decrease the pregnancy rate of African American teenagers in Milwaukee? Important because of the high infant mortality rate in our city.
Social factors related to infant mortality- poor health at the beginning of life leads to costly health problems over the life span.
Cost-effective processes for sharing evidence past infants across care delivery sites - e.g. N.A.
What are the specific WI barriers to getting legis passed for MH parity in WI.
Effective mental health screening took for risk. Medical and social determinants of high emergency room care.
Can collaborative models for adolescent mental health work in rural settings?
Mental health and disease process/progress- Arthritis affects in Wisconsinites, but is not a priority.
Integrating and Medical health and primary health care- how to raise mental health as an issue/priority.
What methods work to reduce obesity and depression?
Tobacco cessation and prevention.
Quitting smoking- motivation, adherence.
Focus among children and young adults. Each particular area has different needs- What is most effective and accurate way to evaluate and address this?
School-health creating healthy lifestyle factors in youth to carry into adulthood.
Public schools as a starting point- community health improvement plan- problems in communities, how to address- keeping people engaged to focus on problem as needed.
CBPR for impoverished families of young children to address social, emotional, cognitive development.
Expanding aging population- risk factors for domestic needs and prevention strategies.
Strategies to maintain functional independence in the elderly.
Educating our population on the emotional aspects of death and dying relative to last clutch efforts of saving our chronically (elder) ill loved ones. The money spent can be used to improve quality of life for all.
End of life execution- reduces family and patient illness at that time also reduces excessive costs- health care systems.

Public Health and Health Care Workforce/Funding
How can we assure sustainable funding for public health? (What do other states/countries do to assure adequate funding? Do they exist?)
Funding public health in Wisconsin- to assure equitable service delivery- i.e. local inspection of restaurants. Interdisciplinary community coalitions.
Variety of different health professionals to address several different issues-wider focus.
How can we encourage medical students to become primary care doctors?
Role and effectiveness of lay educators/outreach workers (in community based prevention and screening or access to health care)- potential for workforce development and increased screening- prevention and access to care.
PH work force- make sure our county PH workers have skills to work with population change issues, not just individual change issues.
Gap between disciplines. PH is a discipline of silos and I think networking and partnership building is key; Especially working within other disciplines- we need more focus on transdisciplinary work. This includes work with youth.
Who is needed in the public health workforce to move health priorities forward? What skills do they need to have? (Educators, doctors, nurses, epidemiologists, etc.)
Potential impact of expanded use of community health workers in addressing public health issues in specific populations: what types of programs make a difference, documentation of savings in cost of care and improved health outcomes, how to sustain these programs in the absence of federal investment through providers-based incentives.
Delivery of public health services, capacity and outcomes. Why?- assumes current structure is working.
How to incentify primary care physicians to devote time to preventative aspects of care.
Evidence based models of collaboration w/ nontraditional partners in addressing public health issues.
What are primary care physicians doing with their patients to encourage healthy behaviors- is there a treatment guidelines for "healthy behaviors"?
What stake holders do we assemble to/or how do engage citizens to determine priorities we fund?
How to train local community workers to evaluate their own work and figure out "what works."
What is the optimal allocation of resources across sectors to improve health?
Public health research- alternative- community health workers (multidisciplinary) care models announcing policy change; reproductive health processes.
Mobilizing the tremendous capital of the professionals and research highlighted 11/29 and 30 to much better health outcomes for people of WI than we are currently seeing.
Role of midwives (or providers) in better birth outcomes
How to integrate accountees of public health personnel with perspective of individual health care providers.
Effective education of non-providers, i.e. health educators, community health workers. What works in incentivizing change/improvement. We need to teach people to read and keep them in school! Partner with education researchers.
Providers- educated verses compromised. How can we get them connected to create change?

Other
Relationships-bringing decision makers that affect policy/system change.
How can we get policy makers, politicians, corporations, etc, to share and apply pop health knowledge? In a word, how do we overcome segment's interest for the benefit of the collectivity is important.
How do we educate the public, the people of Wisconsin about the knowledge we already have about achieving a forum of population health?
Educating the public about the importance of public health issues. Especially targeting the under privilege and un-educated. Start on the young.
Industries, commerce, employers to be educated on information and concern.
What kinds of leaders (clinical, business, government, advocacy) are most effective in addressing community health determinants?
We need to get our population at large to understand the population health in our state. Hopefully, this will persuade more to accept responsibility for our counties in need and leverage resources to make our state healthier.
Stories of P.H.- alternate ways to communicate the stories of P.H. besides mass media- hard to prove the negative.
Who is not here- broad-cross section of individuals and why- barriers to their involvement.
Education alone vs. not the answer- research based programs- sustainability, measureable outcomes, etc.
Knowledge--> Behavior --> Outcomes
A comparison of health determinants and health outcomes from different health care models like socialized medicine and pay-for-performance.
Understanding destructive cycles and finding ways to stop them.
Based on governmental PH traditional areas of intervention, MCH, CD, school health.-- New community research models- IRB does not work.
Programs and efforts integration to reduce silos in terms of risk factors associated with chronic diseases, environmental health, etc.
Measures reflecting effective infrastructure development. X-sectorial sharings, etc.
How do we best facilitate collaboration across sectors? E.g. community-academic "partnerships." E.g. medical, governmental public health, business?
"Systems research"- Need to address issues as, "How do we know/measure effective partnerships?"- What= outcome measures.
What is the appropriate metric for ranking such priorities?
What do people worry about? If you only ask your questions, you don't know what people think/worry/want. I.e. the "public" is not involved in the research process.
Interview people/citizens about when the health care system does not listen to them, esp. with comorbidities, prevention (e.g. doctors, workers in loop, etc.).
Asking consumers what they really need.
Assess the gaps in "public health knowledge."
Incorporating people from the direct area of research.
Connecting faculty and others in PH, Med, Nursing with interests in building capacity community partners to participate effectively in research endeavors. Esp. for underserved communities/others who have not traditionally participated/been represented.
Outreach methods that allow us to "embody" the "WI Idea" or extend our academic knowledge across the state.--What elements of community assessment and reportable disease follow-up could be done consistent statewide manner.
What are "best practices" in various aspects of population health and how can they be reproduced?
How to create a holistic approach- gov.- non-profits-schools-clinics-citizens (work together more effectively)-

Other
more buy in once needs are identified.
Go beyond dialogue between the public health and health care sectors (esp. hospitals) and begin to develop strategies for collaboration.
Implementation of programs/education- engage target population- make it important to individual, health understanding- literacy.
Will "pay-for-performance" lift all boats or promote risk-avoidance and reductions in the provision of care for the most at-risk?
Best practice research on assisting people at risking of specific disease to learn of their risk and act on it.
Meshing public health principles with clinical practice.
Integrated data systems that produce usable data.
A systematic prioritization of inventory of data that we have, the health priorities, and the research that is needed.
Standardization of data collection that includes LPHD and external partners to identify best practice models and gaps/needs. Outcomes- evaluation.
Greater evaluation/assessment of utility/application of research findings with pop's not represented in study. Samples- Contextualizing/re-defining/reconsidering applicability to address mill. Health disparities.
Data collection and analysis- who, what, when, where, how? Epidemiological studies.
What key pieces of 2008 community health assessment can be done statewide?--what works to improve health literacy?
How can we better target specific community needs- what data, which stakeholders to improve pop. health.
Measures of outcomes for pop.-based prevention.
How do we speed up the implementation of new research findings?
Gap between what we know and what we do- this is the "usefulness" piece of our work. How is what we know translated into action? How do we use our knowledge to influence decision makers? How does this impact people’s lives?
Research on how to incorporate the medical community into the population research and get input from people working with patients as to what research issues they see.
Best approaches to move from research to application.
How to translate research into clinical practice- effective methods of dissemination/implementation.--why such poor high school graduation rate among our black youth? How does poor literacy affect uptake of care? What works to increase health literacy?
Methods of dissemination and implementation of "what works" in community health improvement. Evaluation methods, skills, techniques.