



MEETING NOTES

Healthiest Wisconsin 2020 (HW 2020) Strategic Leadership Team (SLT)

June 25, 2008

9:00 A.M. – 2:00 P.M.

Room 751, 1 West Wilson Street, Madison, Wisconsin

Member Attendees (in person):

Lori Bowman, Terry Brandenburg, Charles Brokopp, Richard Brown, Stanley Brysh, Frank Byrne, Tim Carpenter, Sarah Diedrick-Kasdorf, J.A. Hines, Hsing-Yi Hsie, Jim Johnston, David Kindig, Katharyn May, Maureen Oostdik, Karen Ordinans, Tom Petri, Sue Schuler, Sandra Tunis, Susan Turney, Janelle Wells, Doug White

Member Attendees (via phone):

Gary Gilmore, John Meurer

Member Attendees (via Web): Susan Riesch, Kristine Seymore

Other Attendees

Joyce Allen, Amy Bittrich, Bridget Booske, Marina DePablo, Ruth DeWeese, Kris Freundlich, Lieske Giese, Pat Guhleman, Linda Hale, Marilyn Haynes-Brokopp, Murray Katcher, Loraine Lucinski, Nancy McKenny, Judith Nugent, Jennifer Potts, Margaret Schmelzer

Primary Meeting Objectives:

- **Group consideration of the Healthiest Wisconsin 2020 plan and improving the health and well-being of people in Wisconsin building from the Healthiest Wisconsin 2010 plan**
- **Shared understanding of roles and processes for developing Healthiest Wisconsin 2020**

Background Reading:

Dave Kindig has asked that people read in advance of this meeting the Journal of the American Medical Association article by Kindig, Asada, and Booske (May 7, 2008), titled *A Population Health Framework for Setting National and State Health Goals*.

Welcome and Introductions (Pat Guhleman)

- Messages from Secretary Karen Timberlake and Deputy Administrator Tom Sieger sending regrets for their inability to attend
- Review of agenda
- Introductions of members and staff

Meeting Principles and Facilitation (Kris Freundlich and Marilyn Haynes-Brokopp)

- Facilitator introductions
- Review of meeting principles and procedures

Moving Toward 2020: What Needs to Happen to Improve Wisconsin's Health Outcomes?

(Presentation by Dr. David Kindig)

Dr. Kindig presented a graphic associated with the Journal of the American Medical Association article titled *A Population Health Framework for Setting National and State Health Goals*.

Discussion of Dr. Kindig's presentation and paper

- Measurements/Evaluation Tools:
 - If a Kindig-inspired reporting tool is used, modify “Medical Care” heading to read “Health Care” in order to address disparities and access issues.
 - Measurements associated with 2010 success focus on detail; there is no measurement for overall health improvement.
 - Need a sound evaluation system/infrastructure; Data Expert Advisory Group is a good start.
 - Changes in health improvement trends are too subtle to warrant yearly release of a report card type tool, however:
 - SHOW (Survey of Health of Wisconsin) will be helpful in measuring health improvement in a few years.
 - Suggest midcourse review of 2020.
 - Kindig model is similar to that used for 2010; helpful to compare and contrast the two models to see how things might move forward.
- Genetics/Genomics:
 - Know they will have impact at the individual level, but questionable re: populations and disparities.
 - Too early in research phase to use with practical impact; other data-use approaches are more feasible, e.g., comparing trends from 2000, 2005 and 2010 using current, available data.
- What is preventing forward movement? How should we address the issues (underscored in the documentary series *Unnatural Causes*) of poverty, racism, economics and environment?
 - Need to use the public health infrastructure that is already in place.
 - Example: It is well-known that public health nurses officially dedicated to families in poverty significantly reduce health problems in that population;
 - Public health needs to capture a workforce from the 30 nursing programs in the state—just 10% would have a meaningful impact.
 - Address both rural and urban poverty.
 - Restructure objectives to afford better and more realistic measurements.
 - Make midcourse review a formal objective to create data for sound evaluation and allow midcourse adjustment of the plan.
 - Disparity is an issue often framed on race/poverty; consider instead a multi-domain tracking model.

Operating Relationships: Healthiest Wisconsin 2020 Model and Group Working Relationships

(Presentation by Margaret Schmelzer)

Summary

- Healthiest Wisconsin 2020 is an enterprise project—it has the full resources of the Department of Health Services behind it.
- Wisconsin Statutes, Section 250.07, drives the process (Public Health Planning, which requires a new state health plan agenda at least every 10 years).
- It will build upon positives from preceding health plans. Public Health planning is more than government; it's about building partnerships and a sustainable social network for 2020.
- Workgroups:
 - Infrastructure Expert Advisory Group will give Strategic Leadership Team recommendations pertaining to infrastructure.

- Costs associated with infrastructure issues will be included in the workgroup dialogue.
 - Data Expert Advisory Group will give Strategic Leadership Team recommendations to ensure a scientific grounding.
 - Correction to the planning model: the Data Expert Advisory Group reports directly to the Strategic Leadership Team.
- Priorities:
 - Think today about what works and what is missing.
 - By September, the Strategic Leadership Team should decide what the priorities are.
 - Community Engagement Forums:
 - In October and November, Jennifer Potts and Margaret Schmelzer will seek community input on the priorities through Community Engagement Forums.
- Public Health Council (PHC) involvement:
 - Drs. Ayaz Samadani, Julie Willems VanDijk, and Gary Gilmore of the PHC will join Dr. John Meurer as Public Health Council representatives to the Strategic Leadership Team.
 - December 2008 meeting will be framed as a “fellowship meeting”—an opportunity for the PHC and SLT to mingle and get to know each other and then work together to reach consensus on the framework, model, and priorities.

Workgroup Updates

Data Expert Advisory Group (Presentation by Bridget Booske with Murray Katcher)

Summary

- Overview of membership (members statewide; department-wide; academia; community groups) and open invitation to new members.
- Process for establishing 2020 priorities includes:
 - Review of 2010 priorities:
 - How they were established (prioritized major health conditions; identified underlying risk factors; made recommendations based on risk factors);
 - The progress we’ve made toward 2010 objectives (presented a chart of 11 health priorities; numbers of objectives met for each; summaries of progress).
 - Considering potential criteria for 2020; questions for the Strategic Leadership Team:
 - Should plan address core public health functions? Should we assume these things continue as is?
 - What is the intersection between the state health plan and the health care system?
 - We expect a high level of engagement with these questions, for example:
 - While using risk factors as criteria rather than specific health conditions has been good, certain things nevertheless get lost (e.g., Maternal and Child Health; Elder Health; Disparities)—how can we address this issue?
 - May need to specifically address some things such as age;
 - Model from Kindig and separate disparities from health outcomes.
 - Consider how various components might influence one another:
 - E.g., genetics testing is extremely expensive, would create disparity in access.

Infrastructure Expert Advisory Group (Presentation by Lieske Giese)

Summary

- Reviewed the five 2010 infrastructure priorities (data resources, community health improvement; state and local public health partnerships; competent workforce; financing).
- Presented shared understanding that infrastructure priorities should be the foundation of the plan.
- Definition from the Centers for Disease Control and Prevention: “Infrastructure is the resources needed to provide essential public health services to every community.”
- Currently this workgroup is looking at priorities nationally, regionally and statewide to see what the current issues are.

Discussion

- Add review element that states how infrastructure has affected the HW 2010 priorities;
- Expand not only view of public health systems, but partners, too.

How the 2010 Plan Has Been Used (Presentation by Pat Guhleman)

Summary

- Provided a shared language, common referent across institutions;
- Provided structure for communication information to and among the public health system partners;
- Informed the creation and organizational structure of two key policy bodies in the Department of Health Services: the Public Health Council and the Minority Health Leadership Council;
- Provided strong state-federal linkage between staff at the federal and state level and between plans: “Healthy People 2010” and “Healthiest Wisconsin 2010”;
- Has been a criterion for local health department improvements;
- Provides a basis for distributing funds;
- Informed how Division of Public Health programs define priorities;
- Helped in success of Division of Public Health and Department of Health Services grant awards;
- Provided organizing principles for some curriculum planning;
- Informed the creation of the community grant programs known as the Healthier Wisconsin Partnership Program at the Medical College of Wisconsin, and the Wisconsin Partnership Program at the University of Wisconsin.

Stakeholder Survey Results (Presentation by Marina de Pablo)

Summary

Ms. DePablo provided an overview of the results of the “Healthiest Wisconsin 2010 Community Stakeholder Survey.” This report is on the Department’s Website: <http://dhs.wisconsin.gov/statehealthplan/hw2020/pdf/stakeholdersurvey.pdf>. Key findings: don’t reinvent the wheel; keep partners informed electronically.

Discussion

- Think about how to include the underserved and others outside the plan:
 - *How* have these communities/populations used the 2010 plan—*have* they?
 - Consider using a lay reviewer of communications.
- We probably have more data that shows we’ve had more of an impact—consider how to use/collect.
- Politics is a difficult issue; state mandates a state health plan, but there is no money to implement it.

Dialogue: Are the 2010 core principles and values sufficient for the healthiest Wisconsin?

(Facilitation by Kris Freundlich/Marilyn Haynes-Brokopp)

Members were given time to review the Core Principles handout.

Discussion

- Health literacy or some form of education should be part of the plan:
 - Address the issue of how “public health” is interpreted (how should we deal with “oh, that’s not me”?).
 - Define the audience(s) of Healthiest Wisconsin 2020.
- Oral Health:
 - Needs to be a stand alone health priority or
 - First priority should include it; for example:
 - “Access to primary and preventive health and oral health services.”
- Bring to the table the cost it takes to get things done:
 - Acknowledge that we are spending money on things that don’t work.
 - Build the plan with this caveat in mind: we can’t assume that any program will continue at current capacity while moving forward.
 - Bring priorities to the governor (as the Public Health Council did) and plead for more funding.

Dialogue: What needs to happen for 2020 to be effective?

(Facilitation by Kris Freundlich/Marilyn Haynes-Brokopp)

Discussion

- Health care delivery should be tied to public health partners to expand resources:
 - Include in our conversation schools that turn out providers (workforce).
 - Create a matrix of potential partners who can help us implement the framework, priorities, and agendas.
 - The State should be clearinghouse for identifying priorities while partners own different pieces and broaden reach/impact.
 - Engage communities’ knowledge of their populations to help with communication issues and behavior change.
- Plan should assist, facilitate and guide public health:
 - We should come prepared to the public policy arena.
 - Infrastructure Expert Advisory Group should consider a research agenda.
 - Include a component that evaluates how we use limited resources.
- Possibly consider private policy as well as public.
 - Improvement is often related to finances available to support a given program.
 - Consider prioritizing based on the evidence of an objective’s effectiveness:
 - Use financial outlay as the basis for evidence;
 - Include both private and public sector spending in research;
 - This could serve as a guide for spending in both public and private sectors.
- Explore public health marketing to address communications issues.
- Remember the Division of Public Health and Department of Health Services as potential audiences.

Operational Issues (Presentation by Margaret Schmelzer)

- **Timeline (2008)**
 - Meet again on August 15, 2008 and September 30, 2008.
 - By September 30th, the SLT should sign off on the provisional framework, priorities, outcomes, and how implementation planning should take shape.
 - The framework, priorities, outcomes, and the body of work known as “Bridging Systems” will be taken to Wisconsin communities and the public health system

partners during October and November 2008 through Community Engagement Forums.

- The Strategic Leadership Team must help make the Community Engagement Forums a success by:
 - Widely circulating the “Nomination Form” in your networks around Wisconsin to assure participation by all sectors represented on the Team at all Forums held in Wisconsin;
 - Helping to host meetings at your site;
 - Providing amenities;
 - Attending and participating in the Forums.
- **Timeline (2009)**
 - Conference at Monona Terrace (January 2009) – under development by the University of Wisconsin (lead), Medical College of Wisconsin, Wisconsin Public Health Association, and the Wisconsin Department of Health Services.
 - Develop tracking measures for the goals and priorities.
 - Determine process and leadership structure to develop an implementation plan that is linked to Healthiest Wisconsin 2020.
 - Hold second set of Community Engagement Forums during May-June, 2009.
 - Hold a joint meeting with the Public Health Council to present findings and recommendations to Secretary Timberlake.
 - Publish Healthiest Wisconsin 2020 by December 2010.
- **Communications**
 - There is now a 2020 website in response to your request for electronic access to all materials related to the work of the Strategic Leadership Team. The URL is: <http://dhs.wisconsin.gov/statehealthplan/hw2020/slt.htm>;
 - The Webcast for this meeting can be accessed at the following URL: <http://media1.wi.gov/DHFS/Catalog/Front.aspx?cid=8b3c1d79-8878-4b13-8a18-c2945bf6bf3a> (click on Healthiest Wisconsin 2020 Strategic Leadership Team);
 - Data Expert Advisory Group (DEAG) has an online presence at <http://dhs.wisconsin.gov/statehealthplan/hw2020/deag.htm>;
 - These Web pages will develop over time.

Next meeting: Friday, August 15, 2008, (9:00 a.m. – 3:00 p.m.)

1 West Wilson Street, Room 751

Distance communications will include Webcast and teleconference technologies

Notes taken by:

Ruth DeWeese and Judith Nugent