



MEETING NOTES

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

August 15, 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, Stan Brysh, Tim Carpenter, Brenda Coley, Sarah Diedrick-Kasdorff, John Easterday, Seth Foldy, Judy Friedrichs, Doug Gieryn, Gary Gilmore, Mark Grapentine (for Susan Turney), Tamara Grigsby, Stephanie Harrison, Dianne Jenkins, Ken Johnson, Eric Krawczyk, Gwat-Yong Lie, Katharyn May, John Meurer, Karen Ordinans, Carol Quest, Pat Remington, Rachel Rodriguez, Ayaz Samadani, Sinikka Santala, Rick Schmelzer, Pa Vang, Kate Vedder, Kimberly Welch, Julie Willems-VanDijk

Member Attendees (via Web):

Linda Conlon, Hsing-Yi Hsieh, Kristine Seymour, Sandi Tunis

Other Attendees (in person):

Joyce Allen, Henry Anderson, Amy Bittrich, Ruth DeWeese, Kris Freundlich, Lieske Giese, Yvonne Greer, Pat Guhleman, Marilyn Haynes-Brokopp, Rea Holmes, Kate Konkle, Judith Nugent, Jennifer Potts, David C. Robinson, Jr., Johnetta Robinson, Renee Settle-Robinson

Other Attendees (via Web):

Ted Kay

Introductions, Review of Materials and Agenda (Marilyn Haynes-Brokopp)

Welcome (Terry Brandenburg)

Mr. Brandenburg shared his prior knowledge of the 2010 planning process and set the historical context. The last plan took approximately one and a half years to complete, and ultimately became a major transformational strategy used by other states. Implementation is a key component this time, and the team should make sure, here at the beginning of the planning process, that it strives toward this goal without losing momentum.

Expectations and Givens (Margaret Schmelzer)

Ms. Schmelzer acknowledged that, with new people continually added to the Strategic Leadership Team, more review is needed. She offered another review session to new members and stressed the importance of the group continuing to gel in order to get its work done. In a review of the planning model

<http://dhs.wisconsin.gov/statehealthplan/hw2020/pdf/hw2020planningmodel.pdf>

Ms. Schmelzer also noted that members are drawn from all corners of the public health system and communities in order to broaden the voice and perspective of the team, as

well as to create connections in a misunderstood and under-resourced system. Ultimately, these connections and “interfacings” should help strengthen the system to provide health for all.

Expectations

The Strategic Leadership Team must:

- Build on what works and what it knows;
- Provide leadership and the political will to bring the “soul” of Healthiest Wisconsin 2010 to Healthiest Wisconsin 2020;
- Connect implementation and planning;
 - State programs and divisions should all have the same plan
 - Consider resources needed for implementation of the plan
- Develop a learning community.

Review of “How a Great State Health Plan is Made”

<http://dhs.wisconsin.gov/statehealthplan/hw2020/pdf/makestatehealthplan.pdf>

- This year the task is planning;
- Next year the task is setting goals;
- A major difference between the Healthiest Wisconsin 2020 planning and the Healthiest Wisconsin 2010 planning, is that this time there is a **Communication Plan**.
 - Communication needs to be expanded within the Department of Health Services, and out into the communities.

Givens

The Healthiest Wisconsin 2020 plan will:

- Build upon the 2010 plan;
- Be based in science and evidence;
- Keep, but slightly modify, the 2010 vision;
- Elicit broadly represented input throughout the development and implementation of the plan.

Strategic Leadership Team Business (Margaret Schmelzer)

- Decision-making process: The group agreed that decisions would be made by group consensus, unless there is a divisive issue, in which case a formal process will be implemented;
 - Staff will work with the facilitators to determine a formal decision-making process to resolve divisive issues;
- Transparency: Ms. Schmelzer called for volunteers outside the Department of Health Services to review the agenda with department staff prior to dissemination;
 - Dianne Jenkins and Terry Brandenburg volunteered;
- Content work groups: tabled for future discussion;
- Community Engagement Forums: Call for volunteers to help Jennifer Potts and Margaret Schmelzer;
 - Carol Quest, Tamara Grigsby, Judy Friedrichs, Yvonne Greer;

- Infrastructure issues: Call for volunteers to help Lieske Giese.
 - Renee Settle-Robinson, Terry Brandenburg, Katharyn May, Rachel Rodriguez.
- Strategic Leadership Team timeline:
 - Sept. 30: Next meeting will be pivotal: the team will sign off on the 2020 priorities;
 - October and November: Jennifer Potts and Margaret Schmelzer will take the priorities to the communities via the Community Engagement Forums;
 - December 11: Meeting tentatively scheduled with the Governor’s Public Health Council to discuss priorities, community feedback, and reach consensus on priorities.
 - January 29-30: Invitation from Pat Remington to attend the Public Health Policy Conference (working title); opportunity for feedback from a broader group of stakeholders.

Healthiest Wisconsin 2020 Framework—Preparing for Small Group Work

Items to consider for the afternoon’s small group work, and subsequent large group work to discuss the Healthiest Wisconsin 2020 framework:

- Recommendations for building upon the Healthiest Wisconsin 2010 plan;
- What is the shared vision?
- What are the core principles and values?
- Who is the audience of the plan?
- What is the purpose of the document?
- How can accountability be achieved?

Example of the type of outcome expected from the group work: Ms. Schmelzer met with Minority Health Officer, Michelle DeBose, and Bureau of Health Information and Policy Director, Pat Guhleman, to fine-tune the semantic sensibility of the Healthiest Wisconsin 2010 vision and improve it for the Healthiest Wisconsin 2020 plan.

2010:

A healthy and safe Wisconsin is a place where...All **residents** reach their highest potential...

Potential 2020:

A healthy and safe Wisconsin is a place where...All **people, regardless of race, ethnic background or class**, reach their highest potential...

Ms. Schmelzer stated that this is a taste of the type of work the team needs to do: it reflects inequalities in health and the need for partners to work together. The plan really needs synergy— the power of a common message.

(It was further noted that different people have different ideas of what class system means; therefore, “socioeconomic status” might be a better semantic to use.)

Report from the Data Expert Advisory Group (DEAG) (Patricia Guhleman for Bridget Booske)

Review of the Healthiest Wisconsin 2010 process

- Used the Evans and Stoddart model for the underlying determinants of health;
- Used a data-driven process to determine the most serious health conditions;
- Prioritized those conditions;
- Looked at major causes/factors;
 - Those with the greatest impact became the health priorities.
 - Some factors were so significant that—though not risk factors as a whole—they became overarching goals.

The step-by-step process may be viewed in the 2010 plan:

<http://dhs.wisconsin.gov/statehealthplan/conditions/index.htm>

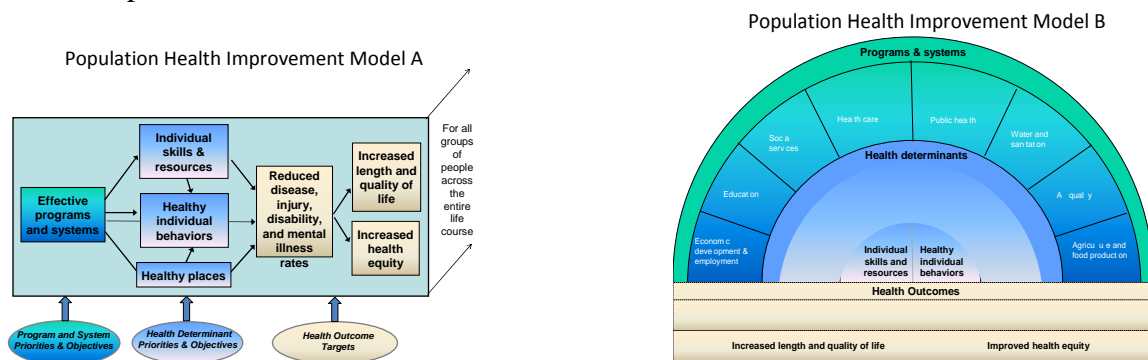
Evaluation of the Healthiest Wisconsin 2010 Process

The Data Expert Advisory Group has reviewed the Strategic Leadership Team comments pertaining to revising the Healthiest Wisconsin 2010 plan:

- Current plan is solid—comprehensive and data-driven; do not revise significantly
- Build from the current plan—it is still valid for the Healthiest Wisconsin 2020 process:
 - Major underlying risk factors are unchanged;
 - Most 2010 priorities are based on known, modifiable determinants of health;
- List of priorities is widely used but some do not see themselves included.

Discussion: What model to use for Healthiest Wisconsin 2020?

The Data Expert Advisory Group presented two model illustrations (see below) for “Population Health Improvement” to bring before the Community Engagement Forums, and asked the Strategic Leadership Team to select one. After significant discussion, the group did not decide upon one model. Pat Guhleman suggested that the Data Expert Advisory Group would modify the models and send the results out to the Strategic Leadership Team for comment.



Various points made throughout discussion re:

Model A:

- Should call it a “directional” or “operational” model;
- Assumes unidirectional, linear trajectory and this is not how it works;

- For example, it assumes people are making health/behavioral decisions on their own, but this is not true for battered women who fear seeking help, or certain communities of color that are collaborative in nature.
- Is more of a logic model, suited to audiences familiar with/working in public health systems;
- Possibly divide in half, adding effective programs, policies and efficiencies on the left-hand side, and the short-, middle- and long-term results on the right-hand side;
- Use as a working model, but add what we've learned circling back into the model.

Model B:

- Is a conceptual/visual model;
- Is a communication tool;
- Better-suited to taking to the communities because:
 - It encompasses more than public health alone;
 - It contains specifics, which legislators can work with;
 - People can relate to the visuals;
- Needs an element to indicate recursive nature of components;
- Possibly create a model showing full concentric circles, divided by a light and dark side, adding outcomes to the center, with the environment component moving outward.

Both models:

- Need to determine who the audience is, because that will determine the model;
- Should we use both models, each for different purposes/audiences?
- Need a component that indicates “bang for the buck”—effectiveness, efficiency and equity as these issues are greatly impacted by financing;
- One model cannot include all of the complexities, so think about what model works for telling people how their personal or organizational changes make a difference;
- Possibly create a simpler model that addresses things we do (causes) and results (outcomes);
- Both plans lack focus on family and social networks, both of which affect behaviors;
- Need a Family/Culture component, incorporating schools, roads, etc;
- Need an open-ended piece where people can have input;
- Need an element that shows why it matters (healthy workers, good economy);
- Need to consider translation issues for different languages—Hmong, for example, doesn't have some of the words used in the model.

Next Steps for DEAG

This work group will review again the Healthiest Wisconsin 2010 priorities, and determine a process for selecting additional priorities (if any) to focus on for Healthiest Wisconsin 2020.

Report from the Infrastructure Expert Advisory Group (IEAG) (Lieske Giese)

On July 30, the Infrastructure Expert Advisory Group gave a Mediasite Live presentation which more than 150 partner participants attended. Attendees were surveyed and asked to respond to Public Health Infrastructure priorities for Healthiest Wisconsin 2020. After a review of the five 2010 priorities (Partnerships, Data, Workforce, Community Health Improvement Planning, and Financing), the group was asked to consider priorities for the Healthiest Wisconsin 2020 plan.

Partnerships priority was presented as a priority that has improved in terms of number, but with undocumented or inconclusive effectiveness. Over 90% of the respondents stated that the partnership priority must continue.

In light of the above, the following question was put forth to the Strategic Leadership Team: **Are partnerships truly an infrastructure issue, or are they a method to get to infrastructure?**

Discussion:

- Partnerships are resources, and therefore infrastructure.
 - For example, UW and MCW Partnership for Data is a good resource for tracking data;
- Some partnerships affect capacity; for example, workforce development;
- Seth Foldy remarked on a report that indicates existing, sustained partnerships are the most effective;
 - Thinking about how people find each other, build and maintain relationships will help in creating long-lasting relationships.

Data priority was presented as an important priority. Over 97% of respondents believe Public Health Information, and not just data, should be core to the health plan infrastructure. Additional work is needed related to funding, targets, evaluation and integration.

Discussion:

- This is a critical issue; we need data measures for big system priorities;
- Data is important for both policy-making and the general public;
- There is concern surrounding privacy issues and the different ways data can be used; considerable legislative consideration and action will be required to bridge information-sharing.
- Education will be required to help people use and interpret the data accessed.

Workforce Development was presented as a critical priority which has made progress in meeting the outcome objectives in the state health plan.

Discussion:

- One area that is usually overlooked is pipelines into the workforce; focus should be on early education, and not only through schools, but through cultivating the entire realm of public health;

- This priority may be too narrowly focused—it should encompass more than public health;
- Reports on needs—particularly in the Milwaukee area—are recommended;
- Recruitment and retention of people from different backgrounds should be improved;
- It needs to be understood that this is a crisis;
- No change is going to occur unless the system rewards people (for example, in the form of tax breaks) or provides other incentives;
- With Wisconsin’s aging population, there will be an increased need for aging-care workers.

Community Health Improvement was presented as an important priority. Development needs to occur in clarity of definition, partnership strength and commitment, resources, and implementation/evaluation support.

Discussion:

- Consider how to use what is working in the system.

Financing was presented as a critical priority which is moving backwards in terms of adequate, stable, equitable funding.

Discussion:

- Implementation plan is needed for this priority;
- The current climate requires health departments to act without resources;
- Prioritize our financial needs in limited-fund climate;
- Justify the need and show impact of lack of financing compared to impact of appropriate financing;
- Need sustainable financing rather than continual 2-year cycles.

Closing Discussion on Infrastructure:

- Need to specify whether these five priorities are just for governmental public health, or for a broader audience;
- One weakness of Healthiest Wisconsin 2010 is its generality—what do we own or not own? Is the current infrastructure the right one?
- Consider nexus of leadership and performance management;
- Need to work on capacity building beyond finance;
- Ensure that people affected by the plan are at the table;
- Include in the public health conversation people who are likely to be future leaders;
- Where does health literacy fit in? Need literacy before behavior change;
- Consider public health quality improvement and accreditation.

HW2020 Framework: Large Group Discussion of Small Group Work (Kris Freundlich, Facilitator)

Below are a few examples of the ideas discussed.

Who is the audience for HW2020?

- Need committed leadership at all levels—not just business, but political as well, especially from the Governor;
- Language should be comprehensive and self-evident in order to translate to any audience;
- Constituents/communities; all citizens.

What is/are the purpose(s) of HW2020? (Beyond fulfilling a state mandate)

- To serve as a guidance system for health enhancement;
- To improve health and reduce disparities;
- To promote a paradigm shift to advocate for health, welfare and prevention;
- To stimulate high-level system change;
- To create common language between all systems;
- To develop measurable goals.

What must occur to get this plan into the “DNA” of our partners, stakeholders, and their organizations?

- Awareness, involvement, buy-in;
- Incentives to stimulate buy-in;
- Integration—into various organizations, through every stage of life, all cultures;
- Be clear about the significance—push up from the bottom, roll-out from the top;
- Communities must feel they have input.

How can accountability be achieved when the vision and plan are shared among many partners?

- Oversight by collective body;
- Group similar to Strategic Planning Team should be sustained throughout implementation;
- Clarify which issues are governmental public health and which are community public health.

Update on Community Engagement Forums (Jennifer Potts)

- Stakeholders have been identified, including traditional stakeholders and community leaders;
- A nomination form has been developed to encourage Strategic Leadership Team members to commit to engaging their networks;
- Regarding meeting locations: need help engaging the Northwest part of the state (Superior, Hayward).

Discussion:

- Need to engage CEOs in the business community to help defray cost of forums.

- For example, Milwaukee’s “Coffee Makes You Black” meetings or Madison’s Bell Street community meeting house;
- Convene various minority communities, urban and rural—use the Chamber of Commerce?
- Engage diverse stakeholders by consulting with the Wisconsin Minority Health Leadership Council to identify appropriate groups.

Closing Round-Robin Comments:

- Looking forward to Community Engagement Forums;
- Open invitation to Public Health Council meetings;
- Ongoing planning and implementation is critical;
- Doing well with limited resources;
- Appreciate the diverse representation in the room;
- Staff will facilitate appointments for Cream City Medical Society and the Black Health Coalition of Wisconsin;
- Please bring legislative issues to your representatives;
- Want all constituents to feel involved;
- Outstanding facilitation.

Next Steps (Margaret Schmelzer)

- Members need to get the Community Engagement Forums nomination forms out;
- Need help with food at forums;
- DEAG will work with you to develop a ranked list of priorities;
 - Caveat re: setting priorities within priorities—consider leaving room for agencies and communities to decide;
 - Invitation for anyone with external advice to work with DEAG.
 - Volunteers: Seth Foldy, Kate Vedder, Stephanie Harrison and Pat Remington

Meeting Adjourned

Notes taken by:

Ruth DeWeese and Judith Nugent