

**MINUTES**  
**Public Health Council**  
**State Health Plan Committee**  
**September 21, 2005, 10:00 a.m. – 2:30 p.m.**  
**MEDICAL COLLEGE OF WISCONSIN**

STATE OF WISCONSIN

MINUTES OF THE MEETING OF SEPTEMBER 21, 2005

**Committee Members in Attendance:** Catherine Frey; Carol Graham; Gary Hollander; Juli Kaufmann; Sally Nusslock (by teleconference); Patrick Remington; Doris Schoneman; JoAnn Weidmann; Julie Willems Van Dijk (by teleconference)

**Absent Committee Members:** Richard Perry, Chair; Sandy Anderson; Mary Jo Baisch; Peggy Hintzman; Mark Huber; Greg Nycz

**Bureau of Health Information and Policy Staff:** Susan Wood; Patricia Guhleman; Margaret Schmelzer

**Guests:** David Kindig; Bridget Booske

Agenda Item	Discussion	Follow-Up Action
Welcome and introduction	JoAnn Weidmann served as chair.	
Approval of 6/17 and 8/19 minutes	The minutes were both approved as written.  Dr. Hollander expressed concern about lack of progress in appointing ethnic/racial minority members to the SHPC. He recommended the Department and Committee take this issue up in earnest and quickly diversify the SHPC.	The Committee requested that Richard Perry ask about ethnic/racial minority members for the SPHC at the next Public Health Council Executive Committee meeting on October 7, 2005.
Progress Report: Measurement of the Two Overarching Goals of the State Health Plan	Dr. David Kindig and Dr. Bridget Booske provided a PowerPoint presentation to the Committee on their work on the two overarching goals, which is a three-year funded effort from the UW Medical School Partnership Fund entitled “Making Wisconsin the Healthiest State.”  Key points of the presentation follow:  <ul style="list-style-type: none"> <li>▪ The secondary aim of this grant concerns how Wisconsin compares to other states in both health status and health disparities. The grant focuses on both measurement and improvement strategies.</li> <li>▪ What does “healthiest” mean? Do you look at average outcomes, variance, or both? One way is to compare mean health. While our placement is good we are lagging in improvement in years of productive life lost (YPLL). Currently we are the lowest in the Midwest – other states are getting better faster. Conclusion: “Nearly 2/3 of all states</li> </ul>	Given time demands on the SHPC, Patricia Guhleman volunteered to serve as the link to both the Division of Public Health and the SHPC. It was agreed that she will meet every couple of weeks with core UW staff and bring products back. UW will establish the workgroup. If ethnic/racial minorities are not on the workgroup then we need to maintain trusting relationships with these communities. Be aware that there will be an outcry and a large affective response. Let’s work on understanding the data,

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	<p>improved faster than Wisconsin between 1990 and 2000 on all three measures of health.” An “issue brief” has been published about a framework to set state health objectives.</p> <ul style="list-style-type: none"> <li>▪ Age-adjusted mortality would require a 24% drop to be number 1 in the nation.</li> <li>▪ With regard to disparities, there are methodological issues. There’s a striking education gradient for males. How is the mean improving or declining and what is the disparity?</li> <li>▪ Dr. Booske was brought into this effort to include developing a balanced health investment portfolio.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Drs. Kindig, Remington, and Booske said they have reviewed the SHPC work plan and invited discussion on how UW and SHPC can work together. Suggestions included building off the state health plan and the determinants, using selected outcomes and health measures (summary measures of health status and health disparities), and going back to leading causes to identify the health status and health disparities occurring in Wisconsin.</li> <li>▪ Selected measures of health status need to be identified and then measured. Is there a choice between mean and variance? Can you have both?</li> <li>▪ Summary measures (indicators) are critically needed and an agreement must be reached on what they are. What goes into driving the indicators? We are measuring how well we are doing on the objectives. We want to use evidence to drive decision making. How then to connect evidence to county rankings?</li> <li>▪ Getting these indicators to the public and policy leaders is important as it informs policy and investments. Knowledge transfer in media that get this information to the public and policy leaders is important and resources have been approved (in relation to this grant) to add this work to the Kindig/Remington grant.</li> <li>▪ If funded, the RWJF transition grant would be a great platform to include a report of findings in the Policy Horizons Conference. This grant will be submitted by the Department on September 30,</li> </ul>	<p>resolving difficulties, and working together.</p> <p>Carol Graham offered to contact Mark Huber to invite his participation in the UW workgroup.</p> <p>Carol Graham added that Scientific American 9/05 is focused on the future of public health. She will look into obtaining a PDF copy of this and Margaret will disseminate it electronically.</p>

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	<p>2005.</p> <ul style="list-style-type: none"> <li>▪ Dr. Hollander complimented the UW on their work. SHPC could help make these terms more understandable using footnoting and advise on improvements.</li> <li>▪ The UW group invited the SHPC to work collaboratively in preparing a set of recommendations. SHPC could be advisory.</li> <li>▪ The SHPC work plan timeline is flexible. Knowing this, it will make it easier to work with UW. The UW group currently does not have an advisory committee and has been working with the Institute Advisory Committee. This work is so important that the full SPHC should be engaged in the UW work. David Kindig would be willing to commit resources and provide technical support to help the SHPC achieve its data reports/timeline.</li> <li>▪ Dr. Hollander stated that minority health community input is critically important and the community voiced this to the State Health Officer and Division of Public Health Administrator, Dr. Sheri Johnson, during an August 2005 meeting in Milwaukee. They expressed concerns about always using the “white standard” for data comparisons. Five of the HRSA cultural competency goals intersect (e.g., governance, investment, communication). Empathy for the groups we are concerned about needs to be shored up.</li> <li>▪ Catherine Frey stated that summary measures and recommendations would be needed in May 2006. This is a workable timeline for UW.</li> </ul>	
<p>Framework Subcommittee report</p>	<p>Catherine Frey distributed the minutes from the Framework Subcommittee. She suggested that the Framework Subcommittee dovetail the SHPC data reports with the State Health Report. Cathy reviewed the timeline to report back to the PHC in 5/06. What we are looking at is an annual report on HW2010.</p> <p>Patricia Guhleman shared a graphic entitled “Overview of Key Statewide Reporting on HW2010.”</p> <p><b>Recommendation:</b> Carol Graham asked that the three priorities and the one goal specifically charged to the SHPC be identified on the graphic and include: Social and Economic Factors that Influence Health;</p>	<p><b>Recommendation:</b> Add a component to the reporting framework that includes recommendations. SHPC just wants information that is useful and would like recommendations included as part of these reports.</p> <p><b>Recommendation:</b> DPH should provide an example using one priority.</p> <p><b>Decision:</b> Use the Power-</p>

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	<p>Partnerships; Financing; and elimination of health disparities.</p> <p>Lead accountability reports on each priority are being developed for a broad audience and there is a schedule to report them within the DPH. Patricia Guhleman walked the SHPC through the components of the planned report. She stated that what is missing is the report card data and the SHPC could help improve the format and help advise on nongovernmental data.</p> <p>Following the internal report the next step would be to schedule them for a report to the community using MediaSite Live technology. Aggregated data from these lead accountability reports will inform the production of the “2005 State of Wisconsin’s Health Report.”</p> <p>Catherine Frey suggested that during February - March 2006 the SHPC work should begin in earnest. This involves rating the progress and moving away from rubber stamping. What is the value added by the SHPC? There is a critical need for evaluation and determining whether we are on our way to accomplishing the objective.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>▪ In addition to the “2005 State of Wisconsin’s Health Report,” the SHPC recommended that the Moberg group and the Kindig/Remington/Booske group use a format compatible with the DHFS format for the templates.</li> <li>▪ Where there are missing data or no progress it will be important to communicate this as a problem of Wisconsin’s public health system not exclusively a problem within the DHFS, as the DHFS is one of many partners.</li> <li>▪ Use the people power of the DPH to get the work done. Use the UW work and dovetail it with the SHPC report.</li> </ul> <p><b>Additional Discussion:</b></p> <p>The PHC needs this report to set direction and this report can do it. The SHPC favors the idea of the PHC convening public health partners in geographically sensitive ways.</p> <p>Feedback should be sought from a wide audience on what’s happening with <i>Healthiest Wisconsin 2010</i>. Susan Wood stated that this was a chief reason for</p>	<p>Point reporting mechanism to discharge our SHPC duty to assess and report on the state’s progress on achieving <i>Healthiest Wisconsin 2010</i> and advise the governor and the citizens through the “2005 State of Wisconsin’s Health Report.” This analysis should be undertaken between 2/06 – 3/06, to provide a report to the PHC in 5/06. SHPC will synthesize it and create a big picture to include a set of recommendations. Give the PHC time to digest it, engage the partners, and develop formal recommendations.</p> <p><b>Decision:</b> Suspend the current work plan and use the DHFS template and subcommittee framework model as the priority of the committee. (Graham made the motion; Kaufmann seconded; motion passed.) Susan recommended a first draft in November for SHPC review.</p>

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	<p>pursuing the MediaSite Live approach to getting input from a broader audience.</p> <p><b>Unresolved Issue:</b> How will the Division of Public Health and the Division of Supportive Living invite partners to join in the MediaSite Live broadcasts, including how they will be announced? The SHPC requested more detail on this at the next meeting.</p>	
Evaluation of the SHP Transformation Goal	<p>Ms. Graham reported as a member of the “Evaluation Advisory Team.” Ms. Graham provided an update on the “Evaluation Advisory Team,” including: a definition of transformation; pre-testing efforts concerning the survey instrument; and the data collection process. UW intends to publish a technical report. It is envisioned that many reports could be developed. It is possible that, over time, graduate students will be engaged to write issue briefs and other public reports.</p>	
Tracking System	<p>A formal presentation of the HW2010 Tracking System was deferred as the SHPC is familiar with it and its navigation.</p>	
Demonstration of the PHC Web site	<p>A formal presentation of the PHC Web site was deferred as the SHPC members are familiar with it.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>▪ Explore the option of posting draft PHC minutes on the Web Site to decrease delays in disseminating minutes.</li> <li>▪ Formally disseminate PHC minutes to the SHPC.</li> </ul>	

Recorded by Margaret Schmelzer  
Bureau of Health Information and Policy