Minutes
UW School of Medicine and Public Health (SMPH)
Partnership Education and Research Committee (PERC) Executive Committee
February 22, 2016, 10 a.m., 4250 Health Sciences Learning Center

Members Present: Elizabeth Jacobs, Rick Moss (chair), Greg Nycz (phone), Tom Oliver, Elizabeth Petty, Jim Shull

WPP Staff: Tonya Mathison, Eileen Smith

1. Call meeting to order

Moss called the meeting to order at 10:05 a.m.

2. Announcements

   a. Additional funding leveraged by Survey of the Health of Wisconsin (SHOW)
   When PERC renewed funding for the Survey of the Health of Wisconsin (SHOW) in February 2015, the committee agreed to provide a dollar-for-dollar match of up to $300,000 in additional funding if SHOW was able to successfully leverage extramural funding. In accordance with this decision, Moss reported that PERC will provide an additional $250,000 to SHOW, bringing the total award to $4,148,569. The additional funding matches the direct costs of Corinne Engelman’s NIH R56 award for “Genotype-gUided vitamin D supplementation (GUIDE),” a project which WPP staff have confirmed fully uses SHOW’s resources. PERC will also be notified at its April 2016 meeting.

   b. Collaborative Health Sciences Program preliminary application review assignments
   Mathison reported that 28 applicants submitted Collaborative Health Sciences preliminary applications. One applicant was found to be ineligible during a technical review of the applications. The remaining 27 applications will be distributed to the Executive Committee for review. Members will complete independent reviews, due March 24, and will meet on March 28 to discuss the applications and make a recommendation to PERC on which applicants to invite to submit full applications.

3. Decision on January 25, 2016 draft minutes
The January 25, 2016 draft minutes were unanimously approved following a motion by Shull and a second by Oliver.

4. Discussion of and decision on 12-month progress report, “Building an Accessible Database of Patient Experience for the U.S.” (Nancy Pandhi, #2950)

Nancy Pandhi’s 12-month progress report for her Opportunity Grant, “Building an Accessible Database of Patient Experience for the U.S.,” was unanimously accepted following a motion by Shull and a second by Jacobs. Oliver commented on this exciting project, but wondered why the first module had not yet gone live on the healthexperiencesusa.org website. WPP staff will follow-up with Dr. Pandhi for more information on the timing of the release of the module, which staff understood is expected during year two of the grant.

5. Strategic discussion topics for further discussion and development of recommendations to PERC:

At its January and February 2016 meetings, PERC asked the Executive Committee to further vet and refine the ideas shared during its strategic discussions regarding PERC’s financial projections and health
equity. Given time limitations, Moss asked that discussion of the financial projections be deferred to a future Executive Committee meeting. He opened discussion of health equity by giving members time to review a discussion guide developed by WPP staff that summarized PERC’s discussions, including proposed definitions of health disparities and health equity and ideas shared by PERC members on how to incorporate health equity into the committee’s work.

The Executive Committee first discussed the draft definitions of health disparities and health equity. Members suggested incorporating the social determinants of health and adjusting the language to avoid comparing groups. The discussion resulted in the following revised definitions.

- Health disparities and inequalities: occur when one group is disadvantaged compared to another when it comes to health or health outcomes. These groups are typically minority communities, such as African Americans and Latinos. Differences in health and health outcomes may also exist by geographic location, gender, income and/or education.
- Health equity: is achieved when everyone has equal access to care and equally positive health outcomes.

The Executive Committee moved on to discuss the following ideas shared at the February 2016 PERC meeting:

- Design a new targeted initiative on health equity.
- Develop “mini” CMS Accountable Health Communities program focused on a particular health issue.
- Ask Strategic applicants to use a health equity lens in shaping proposals.
- Build a new evidence-base for health equity community projects funded by OAC through a PERC-funded “supplement” or “companion” research grant.
- Support health disparities assessments, like the Race to Equity report.
- Engage UW Health in WPP’s planning process.

Jacobs spoke in favor of developing a new large-scale targeted initiative to bring together those in the SMPH and others across campus who are already doing health equity work. In response to a comment by Nycz on approaches to making the greatest impact on health in Wisconsin, Jacobs clarified that focusing health improvement efforts on those who are struggling the most, i.e., those most affected by health disparities, ultimately benefits all people.

There was discussion of health disparities assessments and, in particular, how they may be used to inform the development of a targeted initiative. Oliver suggested using the “Roadmap to Health Equity” report released by the Wisconsin Council on Children and Families to help focus the targeted initiative. Worried about suppressing innovation, Jacobs instead preferred asking the experts for their ideas on the best approaches as they already understand the ways in which to make the greatest impact. Petty agreed with Jacobs especially since health equity is a new concept for some PERC members.

Moss asked Jacobs to prepare a one- to two-page proposal for discussion at the April 2016 Executive Committee meeting on the development of a targeted health equity initiative, including background, potential projects, and overall scope and scale. He noted that the funding level for such an initiative will require further discussion in consultation with Ken Mount. Oliver and Nycz offered to help Jacobs in the development of the proposal.
Regarding PERC’s Strategic Grants Program, Jacobs noted these grantees are not necessarily well-versed on health equity, therefore asking them to use a health equity lens in developing their proposals may not always be appropriate. She noted that health equity should not be an “add-on” to an existing project. Oliver stressed that health equity is certainly one of PERC’s fundamental criteria for all of its grant programs. Although not every PERC applicant will be required to address health equity, the committee agreed that “achieving health equity” must be an overarching goal of the committee and the WPP.

Smith noted that the OAC is taking the approach of incorporating health equity into its two RFPs, the Community Impact Grants and the Community Opportunity Grants. Nycz added that OAC has committed $12 million to the Lifecourse Initiative for Healthy Families (LIHF), which has as its major goal reducing disparities in African American birth outcomes.

Following discussion of the CMS Accountable Health Communities Model, Moss asked Nycz to prepare a one- to two-page proposal for discussion at the April 2016 Executive Committee meeting. Oliver mentioned Maureen Smith’s related health systems work, so Moss asked Nycz to have her weigh-in on the proposal as well.

There will be discussion and further refinement of the two proposals at the April 2016 Executive Committee meeting before they are shared with the PERC.

6. **Review updated draft Guiding Principles for Matching Funding**

Although there was not time for robust discussion, Petty and Shull commented that the draft Principles for Matching Funding look good overall. Further discussion will take place at an upcoming Executive Committee meeting. Once finalized, the principles will be presented to PERC. Moss asked members to share any suggested revisions with WPP staff.

7. **Adjourn – Next meeting March 28, 2016**

Moss adjourned the meeting at 11:05 a.m.

Recorder, Tonya Mathison