Minutes  
UW School of Medicine and Public Health (UW SMPH)  
Oversight and Advisory Committee (OAC)  
Strategic Planning Retreat  
February 29, 2012, 10:00am, 7111 WIMR

Members Present: Meg Gaines, Susan Goelzer, Cindy Haq, Chris Holmes, Katherine Marks, Doug Mormann, Greg Nycz, Pat Remington

Members Absent: Philip Farrell

Staff: Chris Blakey, Quinton Cotton, Cathy Frey, Mary Jo Knobloch, Tonya Mathison, Ken Mount, Karen Roach, Eileen Smith, Steve Smith

Guests: Norman Drinkwater (Oncology), Rick Moss (UW SMPH), Nancy Thayer-Hart (Office of Quality Improvement, UW-Madison), Karen Timberlake (Population Health Sciences)

1. Welcome and Overview

Call to order/Introductions
Remington called the meeting to order at 10:05am. He asked members and guests to introduce themselves.

Overview of strategic planning process and OAC’s role
Eileen Smith provided background and context for OAC’s strategic planning. She recalled that OAC and PERC held a strategic planning retreat in November, 2010. The retreat included assessment of the implementation of the current Five-Year Plan, and discussion on how to determine the impact of our work and our expectations for the future. Many ideas came out of that meeting, some of which have been acted upon, such as PERC’s support for the recruitment of a faculty member in maternal and child health to lead OAC’s LIHF initiative. Planning for the next five year plan will begin with each committee initiating its own strategic planning process, followed by a joint meeting later this year. The OAC’s strategic planning process begins today, whereas PERC’s process began a few months ago. PERC is reviewing its current programming and is beginning to consider requests for renewals of its large, targeted programs and new programs. Eileen Smith welcomed Karen Timberlake, Director of the UW Population Health Institute, to present data on the health of Wisconsin’s population in order to set the context for OAC’s strategic discussion.

2. Data on the Health of Wisconsin’s Population

Review Healthiest State reports
Karen Timberlake presented an overview of the draft report, Wisconsin Health Trends: 2011 Progress Report. She pointed to two additional reports: Opportunities to Make Wisconsin the Healthiest State which compares Wisconsin’s health factors to those of the U.S., and the Health of Wisconsin Report Card which examines disparities in health outcomes across specific
populations. These reports are all the result of the WPP-funded “Making Wisconsin the Healthiest State”.

*Wisconsin Health Trends: 2011 Progress Report* provides a way to assess whether Wisconsin is achieving its goal for everyone to live longer and better, a goal of Wisconsin’s State Health Plan, *Healthiest Wisconsin 2020*. The report assesses progress for 20 indicators of the health of Wisconsin by assessing trends over the past 10 years, and by determining whether current rates are better or worse than expected. After providing an overview of some of the data trends, Timberlake concluded that overall there have been improvements in the length of life in all age groups, but health disparities are pronounced and need continued, focused attention. In addition, increasing rates of obesity and worsening social and economic factors, may lead to poor health outcomes and more disparities in the future. She identified health issues of concern, including disparities in mortality, low birth weight, infant deaths, obesity, older adult death rates, adult smoking, death from falls, binge drinking, and water quality. Timberlake thanked OAC for the opportunity to present, and asked for feedback on the draft report.

Thayer-Hart opened the strategic discussion by asking OAC to share questions, comments, and ideas based on Timberlake’s presentation. Members shared the following:

- Potential criteria for selecting projects to fund/areas of focus
  - Need versus ability to impact; how to look at impact versus holding the line
  - Opportunity to improve on a downward trend
  - Return on investment assessment, can savings to the healthcare system be realized?
  - What are issues that adding funding can improve?
  - Timing, readiness, leverage
  - Evolution of the evidence base
- How much should OAC invest in influencing public policy? Seed policy changes with local investments.
- Can private sector policy be more easily changed, and result in overall improvement?
- To what extent is this information confirmed by what we hear in our communities and what we understand are the communities’ commitments?
  - Missing from the conversation: concern about mental health and dental care
- Working with public health departments

3. **Envisioning Success for OAC’s Initiatives and Programs / Working Lunch**

Thayer-Hart asked OAC to consider the following scenario: If the initiatives and programs in OAC’s next Five-Year Plan are successful in impacting the health of the state, what will that look like in 2019? Members shared the following ideas:

- WI is the healthiest state, with the fewest disparities
- More people are engaged, individually and collectively; communities come together, share accountability, model good citizen behavior
- Maintain a focus on prevention
More public spending on public health
Take good science to the street so that the public understands how to measure good population health
Populations are part of the decisions impacting their health
OAC is providing evidence, hope, and resources
People’s mind set changes; they are more knowledgeable, and understand the importance of life/health decisions at a younger age; the healthy choice is the easiest choice
Reduction in disparities

There are multiple funding sources for priority needs
~ Community foundations
~ Large national foundations/grants
~ State funding
~ OAC funds (long term versus short term use of money)
University talent and infrastructure (beyond the UW SMPH) are leveraged; connectivity with knowledge generators and with partners; collaboration between OAC and PERC
Every OAC-funded project has an engaged academic partner in a laboratory for learning; a research component for a learning model where the academic partner is learning lessons from the community work
UW SMPH alumni is organized and working in the community
We have the right formula for priority-setting; goal is to seek out community engagement; need to step up our criteria
Population Health Institute is helping with partnerships in the community
WPP is better understood... what it does, how it makes a difference
Continuum of involvement versus episodic investments – create a “pulpit” for OAC, build systems

Thayer-Hart asked OAC how this view of the future in 2019 differs from how OAC thinks about its current initiatives. Members shared the following:

It puts a greater microscope on how we invest, requires that we learn about and describe “how” at a more granular level
Investing for the longer term
Focus on more targeted / smaller pool of areas, but this needs to be balanced with where community energy is; still need a diverse portfolio
Redefine community engagement; RFP with contracts that specify deliverables for working with the community and require a specific evidence-based approach, instead of general grants (example: coordinated tobacco programs across states)
Learn our partners’ capacities and provide support
Projects have a strong evaluation component
Retain OAC’s focus on prevention
Role of academic partner strengthened
Thayer-Hart asked OAC to consider what relationships, resources, and new ideas it will need to leverage to achieve this success. Members shared the following:

- Idea to contract with counties, have them work together (Robert Wood Johnson “quick strike”)
- Bringing science to the street – fund a continuum of projects
- Focus on role of academic partner
- Leverage community knowledge – knowledge exchange is not one way
- Multi-pronged approach to obesity prevention: target communities, multiple partners
- Strategic partnerships between OAC, PERC and others

Thayer-Hart asked OAC what indicators will help it measure its successes. Members shared the following:

- Compare access to services to the actual use of those services
- New tools deployed; new knowledge put to work
- Changes in curriculum for next generation of physicians
- Use information from assessments of return on investment
- Long term versus short term changes (when to measure is important; changes are not always measurable over the short term)
- Extent to which community knowledge is used to create changes in a physician’s approach
- Funds are spread evenly across the state over time
- OAC is viewed as a partner, not just a funder – this has been important in reducing the infant mortality rate
- Fellowships; leadership development; contributions to infrastructure and engagement in the community
- Qualitative measures, particularly for research
- Highlight transformational policy changes
- Retrospective measures: the staying power and lasting impact of what OAC has done over the past 10 years (e.g., “What Works for Health” project)
- New partnerships and community groups engaged
- Capacity built

4. **Summarize Our Discussions**

Thayer-Hart summarized OAC’s discussion and outlined next steps. In order to track our successes, a focus on evaluation and outcomes of our grants will be implemented. Haq added that the committee must discuss further how OAC and the WPP as whole can do in partnership with communities what no other can, such as generating knowledge, all with the overall goal of improving health outcomes and reducing health disparities. Gaines recommended framing the next Five-Year Plan around enhancing partner capacities – the capacity of both community and academic partners.
5. **Adjourn to OAC Business Meeting**

Remington adjourned the meeting at 12:55pm.

Recorder, Tonya Mathison  
Secretary, Chris Holmes