Meeting Minutes
Wisconsin Partnership Program
Lifecourse Initiative for Healthy Families Steering Committee
Kenosha Civil War Museum
5400 First Avenue Kenosha, WI 53140
Wednesday March 14, 2012  11:00 a.m. to 1:30 p.m.

Members present: Fritz Broekhuizen, Georgia Cameron (by telephone), Ron Cisler, Deborah Embry, Phil Farrell (co-chair), Mark Huber, James Ivy, Cheryl Jackson, Sheri Johnson (by telephone), Murray Katcher, Katherine Marks (co-chair), Betty Stinson, Jack Waters and Lora Wiggins

Members Absent: Cindy Haq, Tito Izard, Veronica Lawson Gunn and Stephen Ragatz

Staff: Quinton Cotton, Madeline Duffy, Cathy Frey, Karen Roach and Eileen Smith

Invited Guests: Nancy Eberle, Lorraine Lathen and Paul Moberg

Guests: Clarene Mitchell, Angela Moore, Patrice Onheiber, Samantha Perry, Katie Pritchard and Crystalynn Wither

1. **Member Meet and Greet**

New and existing LIHF Steering Committee members along with staff and guests of the Wisconsin Partnership Program (WPP) fellowshipped informally prior to the start of the business meeting.

2. **Host Site Welcome**

The meeting was called to order at 11:40 a.m. Farrell provided introductory remarks to welcome members and guests, and Marks discussed the history of the Kenosha Civil War Museum. Waters welcomed meeting attendees and noted that the Kenosha Infant Mortality Delegation was formed to address the issue of healthy birth outcomes and that Kenosha was committed to raising awareness of the issue and working with partners to improve community conditions.

3. **Review of Agenda**

Farrell and Marks provide review of agenda.

4. **Steering Committee Membership**

New member introductions Farrell invited committee members to introduce themselves and describe their involvement with efforts to improve healthy birth outcomes.

LIHF Overview, planning phase reflections and future directions Farrell commented on LIHF’s progress made during the planning phase, particularly the increase in public awareness on the issue of infant mortality. Committee members were provided with informational materials to review, including a Conflict of Interest Policy and Questionnaire. Marks requested that members read and complete the questionnaire. Smith noted that the Conflict of Interest policy is a requirement of all WPP’s committee members and that conflicts should be declared at 1) a meeting or 2) on an annual basis.
5. Decision on January 11, 2012 meeting minutes

After a motion made by Stinson and seconded by Katcher, the meeting minutes were approved.

6. LIHF Collaborative updated

LIHF Site report out Lathen explained that all LIHF sites were progressing with finalizing Community Action Plans, preparing final reports and preparing to share Community Action Plans with their community in April as part of National Minority Health Month.

Update on Targeted Request for Application (RFA) for LIHF Collaboratives Cotton noted that a funding announcement was released to support community groups (collaboratives) formed during the planning phase to move forward with system level, policy, and environmental change. Available funding is up to $250,000 per collaborative, up to $150,000 in year one and up to $100,000 in year two. Cotton reported that LIHF Collaboratives in Kenosha, Milwaukee and Racine had submitted their funding applications for consideration at the March Oversight and Advisory Committee (OAC) meeting. Committee members had questions about funding support for LIHF Collaboratives. Farrell noted the difficulties in raising funds for infrastructure and noted the importance of finding sustainable ways to support the LIHF Collaborative.

7. Request for Partnerships (RFP), competitive application process for LIHF project Grantees

Cotton provided an overview of the funding model of the LIHF Program: 1) funding collaboratives to address broader community, system and environmental change and 2) funding high impact evidence based practice and promising interventions.

Farrell provided background information on the development of the Request for Partnerships (RFP). Cotton noted that the application process will be competitive and would follow WPP’s community grants process which involves a review by an expert panel to score and rank grants on merit and a review and discussion by the Oversight and Advisory Committee. It was pointed out that the RFP was being drafted and would be shared with the Steering Committee. Frey reminded the Committee that the RFP will be released in Spring 2012.

8. Update on LIHF Communication Activities

Lathen provided an overview of the communications and public awareness workgroup and shared a detailed presentation on potential communication strategies for the LIHF Program. Proposed communication strategies and tactics involve print, radio, social media and point of service communications. Lathen also identified technical support needs- templates for press releases and media alters, social media training, brand protection training, message framing. It was also pointed out that ways to position communication should reflect urgency, concern, compassion, and optimism toward the future.

Committee members had several suggestions:

- Broekhuizen noted that there are normally nurse advocates/office staff who spend more time with patients than physicians who could share information with patients about the PRAMS survey. It was noted that efforts could be made to collaborate with Medicaid HMOs rather targeting physicians.
- Broekhuizen noted the importance of focusing on spacing and planning.
- Katcher pointed out that strategies should empower people to consider family planning, develop reproductive life plan and give a voice to encourage women to think about family planning.
9. Fund Development

Farrell noted that a fund development workgroup would reconvene to discuss the creation of a fund development strategy. Farrell noted each LIHF community has special characteristics and differences. Efforts to raise funds will need to be locally tailored to reflect individual communities. Farrell pointed out that efforts to develop funds will be enhanced with a project has a greater specificity and allow of case statement to be developed. Embry asked the Committee to consider targeting local elected officials as these officials often have a direct sources to community funds/local initiatives.

10. Announcements and Updates

**Media coverage** Farrell pointed out that media coverage remains high and that sites should continue to take advantage of any opportunity available.

**Population Health Institute Seminar Series** Cotton noted that Dr. Camara Jones from the Centers for Disease Control and Prevention (CDC) would be visiting Wisconsin as part of a series sponsored by the UW Population Health Institute. Cotton pointed out that LIHF Collaboratives expressed interest in having a discussion on the topic of racism. Steering Committee members were asked share suggestions for how to most effectively use time with Dr. Jones. The discussion is scheduled on May 8th from 9:00 am to Noon. Farrell noted that the discussion will be broadcasted online.

**Women’s Leadership Luncheon** United Way of Greater Milwaukee is hosting a leadership luncheon with Dr. Magda Peck, Dean of the UW-Milwaukee Zilber School of Public Health as the keynote speaker. The luncheon will be on May 9th at the Hilton Milwaukee City Center from 11:30 am to 1:00 pm. Huber noted that a new media campaign by UW-Milwaukee and United Way that involves 30 second interviews with 100 women in Milwaukee was underway.

**Milwaukee Infant Mortality Summit** Cotton noted that the City of Milwaukee will host its Third Annual Infant mortality Summit on June 6th at the Italian Community Center.

11. Open forum

Marks opened the meeting to guests and members for comments. Remarks from guests and members:

- Katcher noted that low birth weight and prematurity and the leading contributors to infant mortality. Katcher also noted that the Medicaid division at the Wisconsin Department of Health Services would be seeking federal funds through the Centers for Medicare and Medicaid Services (CMS) to advance the strategies of centering pregnancy and medical homes. Lastly, Katcher noted that the American Congress of Obstetricians and Gynecologists (ACOG) updated practice guidelines on induction of labor and provides information on how and when a doctor may safely induce labor in pregnant women. A national media campaign through the Strong Start Initiative was recently launched to reduce the number of early elective deliveries.

12. Adjourn

After a motion made by Ivy and seconded by Huber, the meeting was adjourned.

Recorder, Quinton Cotton