Members present: Fritz Broekhuizen, Georgia Cameron, Ron Cisler, Phil Farrell (co-chair), Cindy Haq, James Ivy, Sheri Johnson, Murray Katcher, Katherine Marks (co-chair), Stephen Ragatz and Lora Wiggins

Members Absent: Tito Izard, Steve Ragatz and Jack Waters

Staff and Consultants: Quinton Cotton, Nancy Eberle, Cathy Frey, Donald Gray, Paul Moberg, Patrick Remington, Eileen Smith and Stephanie Veazie

Guests: Jim Addison, Shawn Green, Patricia McManus, Clarene Mitchell, Samantha Perry, Angela Rohan, Pamela Smith, and LaShawndra Vernon

1. Welcome and Introductions
Farrell and Marks called the meeting to order at 11:35 am. Members and guests introduced themselves.

2. Review Meeting Agenda and Distributed Materials
Farrell reviewed the meeting agenda and handouts with the committee.

3. Decision on May 8, 2013 meeting minutes
The committee approved the May 8, 2013 meeting minutes.

Remington thanked committee members for their service and partnership with the UW School of Medicine and Public Health. A review of the August Oversight and Advisory Committee (OAC) meeting was provided.

- The OAC is committed to supporting the Lifecourse Initiative and we anticipate the OAC will continue this commitment into the WPP’s 2014-2019 Five-Year Strategic Plan.
- The OAC had an extensive discussion on the Request for Applications (RfA) for Collaborative Implementation Grants to support the four LIHF collaboratives in Milwaukee, Beloit, Kenosha and Racine, including funding scope and duration, sustainability and expectations.
- The OAC has communicated its appreciation to the Milwaukee LIHF Transition Team members for their work. The OAC was rather responsive to Transition Team Report and many of the recommendations of the Milwaukee LIHF Transition Team have helped to inform the RfA.
- In July 2013, the OAC established a Regional Program Office administered by the Center for Urban Population Health (CUPH) under the leadership of Ron Cisler and has received positive feedback about this decision. CUPH will play a major leadership role to the support the Lifecourse Initiative moving forward.
- The LIHF Steering Committee has been an important advisory group to the OAC since its inception in 2009 and made significant contributions. With the establishment of a Regional Program Office to more closely connect with local stakeholders, it makes sense for us to take a look at the structure of the overall Lifecourse Initiative. The LIHF Steering Committee has
fulfilled its original charge with CUPH now in place, a new committee structure is being established.

- On September 18th, the OAC will make a decision on the sun setting of the LIHF Steering Committee. We would like to continue working in partnership with members of the Steering Committee in mutually beneficial and impactful ways. The Regional Program Office will discuss future opportunities for Steering Committee members to stay engaged.

Farrell provided an overview of the history and accomplishments of the committee. Since 2009, the committee has met 32 times with over 50 individuals serving on the committee or a workgroup. Farrell noted that the committee formed to help guide the planning phase and noted the important achievement of the group.

- Increased public awareness about the issue of infant mortality and lifecourse.
- Development of community action plans in target communities with prioritized recommendations.
- Established collective action model for change with four collaboratives positioned to leverage additional resources.
- Development of comprehensive evaluation plan and investment in the Pregnancy Risk Assessment Monitoring System (PRAMS) survey.
- Establishment of Regional Program Office to guide the implementation phase.

5. Center for Urban Population Health, Regional Program Office Report
Cisler provided an overview of the role and responsibilities of the Regional Program Office. Current activities include assistance with drafting the RfA, input into LIHF Faculty recruitment, a review of funded project grants to ensure alignment and participating in community discussions. Cisler distributed a draft position description for an Administrative Program Specialist, the lead staff position at the Regional Program Office, and informed the committee that the recruitment process was initiated. Cisler also mentioned the formation of a regional working group that would focus on regional impact and that this would be one opportunity for Steering Committee members to stay engaged.

6. Fund Development Feasibility Assessment
Gray presented the Lifecourse Initiative for Health Families (LIHF) Fund Development Feasibility Report, emphasizing his charge of gauging interest in raising funds in each of the four LIHF communities. The main points highlighted in the report were: 1) there is potential to raise private funds, 2) individual donors want gift dollars to stay in local communities, 3) collaboratives will need assistance in raising funds, and 4) the recommendation of having a central point person who can assist local groups with the task of fund development.

7. Discussion on Request for Application (RfA) for LIHF Collaborative Implementation Grants
Frey provided a program overview for the 2013 RfA for Collaborative Implementation Grants with discussion on how the RFA fits with OAC strategic interests and priorities going forward. Cotton provided background for three RFA goals: 1) infant health and survival, 2) improved health status of African American Women, and 3) elimination of racial disparities. New criteria require applicants to identify the communities and neighborhoods to be served. Funding for five-year awards and multi-site applications will be accepted. Due to the urgency of reestablishing the Milwaukee collaborative, efforts would be made to expedite the RfA release for late September.
8. Evaluation Workgroup Update
Eberle reported on collaborative activities, included earned media and findings from a semi-annual survey on collaborative functioning.

9. State/Federal Maternal and Child Health Update
Cameron and Rohan provided information on the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (COIN).

10. Open Forum
Guests provided information on key activities and asked clarifying questions about future participation.

11. Adjourn

The meeting was adjourned at 1:30 pm.

Recorder, Quinton Cotton