Members Present: Philip Farrell, Susan Goelzer, Cindy Haq, Katherine Marks, Doug Mormann, Greg Nyce, Pat Remington (chair), Ken Taylor, Barbara Zabawa

WPP Staff: Quinton Cotton, Lisa Hildebrand, Mary Jo Knobloch, Jim Krueger, Tonya Mathison, Ken Mount, Eileen Smith, Amanda Price, Dane Lindholm, Richard Reynolds

Guests: Julie Willems Van Dijk (University of Wisconsin Population Health Institute), Sarah Beversdorf (Wisconsin Association of Local Health Departments and Boards), Shannon Corrcinan (ABC for Health), Pat Alea (Alea and Associates)

1. Call meeting to order

Remington called the meeting to order at 1:05 pm.

2. Discussion and decision on July 16, 2014 draft minutes

Farrell seconded a motion by Mormann to approve the draft July 16, 2014 minutes. The motion passed by unanimous vote.

3. Announcements

   a. Audit of Wisconsin Partnership Program by Legislative Audit Bureau

Smith informed the committee that the opening conference for the audit of the Wisconsin Partnership Program by the Legislative Audit Bureau has been scheduled for September 23. This audit will examine both the financial and programmatic aspects of the Wisconsin Partnership Program. An audit of the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin will be conducted simultaneously by the same audit team.

   b. OAC public member nominations

Knobloch explained that eleven nominations have been received for the vacant public member position on the OAC as a result of the retirement of Doug Mormann. The nominating subcommittee, chaired by Ken Taylor, would be meeting following the OAC meeting to review and select the candidates who will be invited to interview on September 4th. Nyce was impressed with the nominees. Remington asked how the number of nominations compares to previous years. The number is higher than previous years.

   c. Annual declaration of conflicts of interest

Remington reminded members that conflicts of interest questionnaires are required annually and asked members to complete the form included in their meeting packet. He emphasized that the OAC’s conflict of interest policy requires members to declare both actual and apparent conflicts.
4.  Presentation by Julie Willems Van Dijk on Community Health Improvement Processes and Plans (CHIPP)

This educational presentation was the first of three presentations related to the new OAC initiatives (specifically grant categories) that will occur over the next few months. Knobloch introduced Julie Willems Van Dijk from the University of Wisconsin Population Health Institute and Sarah Beversdorf from the Wisconsin Association of Local Health Departments and Boards. Both presented on their WPP funded project, “Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening and Integrating Community Health Improvement Processes and Plans (CHIPP).” The presentation outlined progress, lessons learned, and future directions. Significant progress was noted in the areas of assessment and prioritization with a need for improvement in implementation and evaluation. Van Dijk and Beversdorf explained that their newly-funded WPP project, “Building the Infrastructure to Make Wisconsin the Healthiest State: Strengthening Community Health Improvement Implementation and Evaluation for Greater Impact,” will focus on implementation, evaluation, systems/policy change specifically related to alcohol misuse.

Following the presentation, Nycz asked if incorporating data from the Survey of the Health of Wisconsin (SHOW) into the project’s dataset had been considered. Van Dijk responded that in addition to electronic health records, SHOW is a potential future source data for the project. Haq congratulated Van Dijk and Beversdorf on the great work they have done bringing together different groups working on health.

Remington commented the information presented is important to keep in mind as the OAC is preparing to launch the opportunity grants program. The OAC wants to ensure, as much as possible, wise and prudent investments, and one way to do this is to integrate into systems and practices already in place (such as CHIPP) to catalyze better health outcomes. Van Dijk agreed and explained that the implementation and evaluation components of CHIPP are an appropriate place for small opportunity grant funding to communities and their healthcare partners. Van Dijk and Beversdorf indicated they would be happy to provide input as the OAC develops the opportunity grants.

5.  Quarterly financial report on the Wisconsin Partnership Program endowment value and cash balances

Mount presented the financial report for the WPP through June 30, 2014. The projected value of the permanent endowment is $352.4 million; 25 percent over the original value. The total spendable balance, including the spendable and quasi-endowment accounts, is $43 million, $18 million of which is allocated to OAC. Mount reviewed a reconciliation of actual performance of the WPP accounts in the second quarter to the UW Foundation’s estimates and indicated that the estimates were accurate.

In addition, Mount presented financial projections for spending and cash balance for the duration of the five year plan. These projections included the current grant categories, as well as new categories described in the Five Year Plan: small opportunity grants, large implementation and dissemination grants, a convening category and the obesity initiative. The projections provided the committee with a possible scenario of expenditures during the next five year so that the members could see how this additional spending would affect the cash balance. Haq asked when the committee would be taking time to revisit these projections and discuss future budget decisions. Farrell suggested this would be a good topic for the joint OAC/PERC meeting and Remington agreed.
6. Monthly Partnership Education and Research Committee Report

a. Response to OAC’s request of information on PERC’s initiatives

Remington presented information prepared with PERC chair, Rick Moss, in response to OAC’s request of information on PERC’s initiatives. Over the past ten years the Wisconsin Partnership Program has awarded 152.4 million dollars which has been leveraged for 258.8 million dollars of additional funding. PERC has distributed 97.3 million dollars in awards, which resulted in 221.2 million dollars leveraged. These awards were made in four areas: public health, public health education and training, clinical and translational research, and basic science research. Forty two percent of PERC’s funding has gone to clinical and translational research, which includes many programs working with communities. At 31 percent, public health is the area receiving the second largest amount of PERC funding. Examples of awards from the public health portfolio include Survey of the Health of Wisconsin, Wisconsin Obesity Prevention Initiative, Optimized Chronic Care for Smokers, and Making Wisconsin the Healthiest State. Overall, PERC’s portfolio has been fairly balanced with a shift toward public health consistent with the transformation of the school to an integrated school of medicine and public health.

Goelzer mentioned that Moss’ leadership has been critical to PERC’s transformation. Haq has also been impressed with the evolution of PERC and its focus on public health. Farrell commented when developing the WPP, a mandate was to build the public health workforce of Wisconsin. The MPH program, which was launched with PERC funding is an excellent example of this because many of the program’s graduates stay in Wisconsin, working in local governmental and community agencies, schools and universities. Remington emphasized that other educational initiatives like CHIPP, the Healthy Wisconsin Leadership Institute and the Population Health Fellowship Program are also important for increasing the capacity of the workforce. He also emphasized that the committee may never know what the ideal allocation of funds should be, but the important point is the focus of both OAC and PERC on making Wisconsin a healthier state. Progress can be achieved if both committees work toward this common goal no matter what the allocation to each committee may be.

7. Wisconsin Partnership Program 2013 Annual Report

a. Discussion of 2013 Annual Report

Smith asked the OAC members if there were any comments or concerns regarding the 2013 Annual Report. Marks noted two changes to clarify the duration of the award for the Milwaukee LIHF Collaborative and that the agency should be listed as the Milwaukee LIHF Collaborative. In addition, the public comments received on the 2013 Annual Report were discussed.

b. Discussion on allocation for public health and health care provider education and research

Discussion of the allocation for public health and health care provider education and research began under 6 (a) above and continued under 7 (c) below.

Vote on 2013 Annual Report and allocation

Nycz made a motion to approve the 2013 Annual Report with the changes that Marks noted. This motion was seconded by Farrell and unanimously approved.
Goelzer made a motion to maintain the Wisconsin Partnership Program’s funding allocation of 35% to OAC and 65% to PERC. The motion was seconded by Nycz. Taylor began the discussion by expressing his concern that he was uncertain about whether he had sufficient information to make a decision on the allocation. He has been concerned with “how” do we know the appropriate or right split. He expressed his interest in more information on effectiveness –more evaluation of the funded initiatives. Remington responded that the report on PERC’s activities earlier in the meeting was intended to provide members the information on how the 65% allocated to PERC is contributing to the WPP’s mission and assist them in their decision on the allocation. Taylor clarified that he felt unsure how effectively the funds allocated to both committees contribute to the WPP’s mission.

Nycz expressed his understanding of Taylor’s comments because he has also considered this question extensively. He added that the question of how to best allocate funds to each committee is complicated by the fact that the vote on the allocation is a decision about the future use of the funds, and opportunities for each funding source may change in the future. Nycz emphasized that no matter what the allocation is both committees share the goal of improving health in Wisconsin and will make their decisions according to this goal. Goelzer agreed and felt Nycz’s description was a good reflection of how the WPP has evolved. Now the division between OAC and PERC seems to be semi-permeable, moving investments between the two committees will not change the overall mission of the WPP.

Zabawa shared Taylor’s concern and wanted more background on how the allocation was originally decided. Farrell explained that when the leaders of the UW School of Medicine and Medical College of Wisconsin met with the insurance commissioner, they wanted to use part of the funds allocated to each school to make grants to the community, but they were unsure of the best way to accomplish it. Although there was no precedent for this type of program within the University, nor mechanisms set up to implement this type of funding program, they felt it was important to allocate a portion of funds to the community. Therefore, it was suggested that 25% of the funds would be allocated for public health in the community and 75% would be allocated for the medical schools to advance the health of the public through education and research. In the final Insurance Commissioner’s Order the allocation was changed to 35% to OAC and 65% to stay within the School for health improvement programs. Due to the uncertainty regarding the methods of developing the policies, processes and procedures for funding community programs, it was later decided that a vote on the allocation should occur annually so the program could be continuously assessed and improved. Farrell concluded by saying that if there are no strong reasons and/or evidence pointing to changing the allocation, it should remain as is.

Zabawa thanked Farrell for explaining the history behind the allocation and asked if this information was recorded anywhere. Smith responded that the allocation is explained in the Insurance Commissioner’s Order. The order states 35% is allocated to OAC unless changed by a 2/3 majority vote at the time a five year plan is approved. In addition, an addendum to the first five year plan was developed to incorporate the decision that a vote on the allocation would occur annually – a decision made by OAC and supported by the Wisconsin United for Health Foundation, Inc. Moreover, the financial section of the annual report mentions the addendum along with the grant agreement between the UW Board of Regents, the UW Foundation, and Wisconsin United for Health.. Although the legal requirements were of interest, Zabawa clarified that she was particularly interested in having a written record of the WPP history.

Mormann recalled that when leaders of the schools along with the Insurance Commissioner traveled around Wisconsin to ask how the resources should be spent, community members expressed concern regarding how the two schools would spend the money. Nycz added that in the early days of the WPP an annual vote on the allocation was appropriate because it gave the OAC the ability to review PERC’s activities and helped shift PERC’s focus more to public health. However, he feels that an annual vote is
no longer needed because of PERC’s strong movement toward funding the full spectrum of research, along with public health education. Haq explained that she views the functions of a university to be research, education, and service. Based on these three functions, the allocation is appropriate and logical, 1/3 is spent on service while 2/3 is spent on education and research. She emphasized that the committee needs to think about the combined efforts of OAC and PERC instead of concentrating solely on the work of each committee independently rather than collectively. Haq expressed her comfort with and support for the current allocation.

Remington wrapped up the discussion by referencing the conditions of OAC’s funds. The money must be used for public health, be appropriately allocated to the community with reasonable access. No portion of OAC’s dollars can be allocated to education unless it is substantially for public health. Overall, there has been great progress made by both OAC and PERC in addressing Wisconsin’s public health challenges. Zabawa followed up by asking if there was a way other than the meeting minutes to capture this history and the rich discussion that occurred. Remington responded that the minutes will include extra detail and that a commentary could be drafted to record this information. This commentary would be a valuable resource for new committee members to inform them of the history of the WPP and to provide a basic understanding of the program’s requirements and decision-making processes.

Upon conclusion of the discussion, a vote on the motion to retain the allocation of 35% to OAC and 65% to PERC was made. The motion passed unanimously with no abstentions. Goelzer left the meeting after the vote.

c. Presentation and approval of nonsupplanting attestation

Mount presented his annual attestation of nonsupplanting for OAC initiatives. All OAC initiatives listed on the attestation, which lists grants that were active between January 1 and December 31, 2013, were reviewed to determine whether use of WPP funds had complied with the supplanting prohibition in the Insurance Commissioner’s Order of March 28, 2000. Mount attested that financial support by the WPP of these projects had not resulted in supplanting. Mount signed the attestation which was unanimously accepted by OAC following a motion by Taylor, seconded by Nycz.

8. Quarterly report on CAPF/LIHF grant progress

Cotton and Knobloch provided an update on grants management and monitoring. Currently, there are 56 active grants from the Community-Academic Partnership Fund, 2 for Public Health Education and Training, and 30 from the Lifecourse Initiative for Health Families. Four grants closed between April and July of 2014.

a. Notice from Board of Directors of Health First

Knobloch explained that the Wisconsin Partnership Program was notified by Health First that the organization is voluntary dissolving. The WPP is working with the organization to formally close their grants “Assessing the Nutrition Environment in Wisconsin Communities” and “Bringing Awareness to Produce Real Change: A Untied Statewide Strategy for Reducing and Preventing Risky Alcohol Use in Wisconsin.” An update on will be provided at the next OAC meeting.

b. Notice from Kenosha Community Health Center
Cotton notified the committee that the Wisconsin Partnership Program received a termination notice from Kenosha Community Health Center for their grant, “The Healthy Kenosha County Moms & Babies: Centering Prenatal Model Program.” The organization has had difficulties launching the project, including inconsistent senior leadership and the inability to find a certified nurse midwife or nurse practitioner to participate. The termination notice was submitted according to the process detailed in the Memorandum of Understanding and required no committee action. Marks asked if there had been any discussion about whether these unused funds could be reinvested in Kenosha. Cotton responded that questions regarding regional equity would be addressed by LIHF Faculty Leader, Deb Ehrenthal, as she develops priorities for the LIHF Initiative.

**Adjourn-Next meeting September 24, 2014 (10 am – 1 pm)**

Remington adjourned the meeting at 3:45 pm.

Recorder, Amanda Price  
Secretary, Ken Taylor