

**MCW CONSORTIUM ON PUBLIC AND COMMUNITY HEALTH, INC. and  
THE UNIVERSITY OF WISCONSIN-MADISON OVERSIGHT ADVISORY  
COMMITTEE (OAC) FOR PUBLIC AND COMMUNITY HEALTH  
MINUTES OF THE JOINT MEETING OF THE  
BOARD OF DIRECTORS  
January 20, 2005 – 11 a.m.  
Country Springs Hotel Conference Center  
2810 Golf Road  
Waukesha, Wisconsin**

DIRECTORS PRESENT: Margaret McLeod Brahm, Terry Brandenburg , Mike Dunn, Phil Farrell, Cathy Frey, Susan Goelzer, Peggy Hintzman, Nancy Miller Korth, Randy Lambrecht, Paula Lucey, Cheryl Maurana, Doug Mormon, Pat Remington, and Susan Riesch

Absent: Mike Bolger, Doug Campbell, Tasha Jenkins, and Greg Nycz

OTHERS PRESENT: Sarah Beversdorf, Mark Henderson, Juli Kaufmann, Peter Layde, Bobbie McDowell, Ellen McKenzie, Tonya Paulson, Ellen Servais, Eileen Smith, Carla Thompson, Alicia Witten, Susan Wood, Kevin Wymore

I. WELCOME AND CALL TO ORDER

Phil Farrell welcomed everyone to the meeting. He noted that the UW Medical School Oversight and Advisory Committee had provided the chair for the previous meeting and therefore, the MCW Consortium on Public and Community Health would lead this meeting. On behalf of the Medical College of Wisconsin, Randy Lambrecht called the meeting to order at 11 a.m.

II. INTRODUCTIONS

Randy Lambrecht asked the committees, staff and guests to introduce themselves.

III. ANNUAL REPORTS

Juli Kaufmann commented on the preparation of the MCW annual report for the Wisconsin United for Health Foundation (WUHF) including the activities of both the Healthier Wisconsin Partnership Program (HWPP), representing 35% of the endowment funds, as well as the Advancing a Healthier Wisconsin through Research and Education, representing 65% of the funds.

She noted that since the annual reporting timetable stipulated by WUHF spanned from March to June of 2004, MCW would be releasing a community progress report that would detail the program activity from June 2004 to December 2004. She commented that the annual report was available via the HWPP website and that the community progress report would be available on January 21<sup>st</sup> via the site. Both reports will be presented to the WUHF Board on February 3, 2005. Juli Kaufmann noted that the WUHF Board meeting is open to the public and that a public notice of the meeting is available via the HWPP website.

Eileen Smith presented on University of Wisconsin Medical School's (UW) annual report activity. She noted that UW's reporting timetable is six months later than MCW, allowing them to report on the full calendar year of their program's activity. She noted that, as with MCW, the report would include program information on the 35% and 65% of the funds. She noted UW's intent to develop content that covers the details necessary to meet WUHF's reporting needs, but that also provides opportunities to focus on future objectives of the program.

Randy Lambrecht commended the accomplishments achieved by both programs thus far and represented by the annual reports. He requested clarification from both directors as to whether the report was available to the public. Juli Kaufmann confirmed that the annual report was available to the public via the website. Eileen Smith noted that UW would make its report available as soon as it was developed.

#### IV. PUBLIC HEALTH EDUCATION AND TRAINING WORKGROUP

Randy Lambrecht introduced Pat Remington of UW and asked him to speak on the joint MCW/UW Public Health Education and Training Workgroup activities.

##### **A. University of Wisconsin Medical School Population Health Practice Fellowship**

Pat Remington provided a brief overview on the different funding approaches of the two medical schools to support the joint workgroup activities. The UW Oversight Advisory Committee (OAC) chose to fund the public health education and training initiatives from the 35% allocation. Pat Remington stressed that the activities of the population health practice fellowship and the public health leadership institute are concentrated in direct community health improvement.

Pat Remington stressed that all programs were modeled on best practices. He described the fellowship program's accomplishments, noting that the program will promote the development of the entry and mid-level workforce for the future. Two fellows are currently participating in the program, one in Milwaukee and one in Madison. A total of five fellows would be recruited each year. The fellowship is a two-year program.

Paula Lucey asked if it was likely that the fellows will stay in Wisconsin. Pat Remington confirmed that this was a priority of the program and that both fellows had expressed their intent to stay in Wisconsin.

Peggy Hintzman asked Pat Remington to comment on how the program plans to balance the needs of the student versus the needs of the community organization. She questioned, for instance, what would happen if the ability of the site to provide quality mentoring was limited.

Pat Remington noted that it would be challenging and offered possible approaches, such as one year in an urban placement and a second year in a more rural placement. He stressed that this would need to evolve from the evaluation of the program's early experiences.

Pat Remington commented that the aims of the public health leadership institute were very much complementary to the fellowship and Master in Public Health programs. Paula Lucey inquired as to how prospective candidates would access application materials. Pat Remington responded that the recruitment process for fellows was outlined on the website.

**B. University of Wisconsin Masters of Public Health Program**

Phil Farrell described the development of a Masters of Public Health program (MPH) at University of Wisconsin Medical School, noting that Pat Remington is leading the initiative. The goal of the MPH is to implement a new degree program by fall 2005. The program hopes to seek accreditation in 2007, and to offer distance learning opportunities within the first two years.

The program will provide opportunities for medical students interested in pursuing a dual-degree and also includes complementary master of science and doctoral programs in population health that are already underway.

**C. Medical College of Wisconsin Masters of Public Health Program**

Cheryl Maurana spoke to the Masters of Public Health (MPH) developments at the Medical College of Wisconsin. She stressed that this was a priority in the 5-year plan. A task force at MCW assessed the need and possible designs of an MPH at MCW. The taskforce used many resources to inform their recommendations, including Institute of Medicine reports and the final report of the joint Public Health Education and Training Group. The taskforce identified a continuum of options including a certificate program, a Masters of Public Health program, and a doctorate program. For each option, the taskforce identified the educational focus, goals, impact on the public health workforce and the academic and financial resources required.

The taskforce recommended that MCW explore a collaboration with UW-Milwaukee's health science and nursing schools to provide a joint-degree graduate level program in public health. MCW Dean Michael Dunn and UW-Milwaukee Chancellor Carlos Santiago will meet to assess this recommendation.

**D. Public Health Leadership Institute**

Peter Layde, faculty member of MCW's Family and Community Medicine Department, reported on the development of a public health leadership institute (PHLI) in Wisconsin. He noted that Pat Remington and he are co-chairs of the joint initiative. He commented that the creation of the institute was mentioned in 5-year plans of both schools and the recommendations of

the public health education and training report. He stressed that the PHLI would work to improve health through education and training of the existing public health workforce. He commended the work of the PHET advisory group and acknowledged Terry Brandenburg, Randy Lambrecht, Pat Remington and others who provided leadership to the process.

Based on public input and the PHET report's findings, the PHLI will reflect the priorities of the state health plan, increase skills in the core competencies and embrace a broad definition of the public health workforce so as to include small grassroots organizations, community organizations, and other nontraditional public health workers. The PHLI will use innovative adult education methods.

Peter noted that an advisory group of public and community members had been formed to inform and advise on the creation of the PHLI. He commended the work of the PHLI advisory group, Pat Remington, and staff. He stressed that the PHLI advisory group consisted of community members representing diverse consistencies. Peter Layde commented briefly on the current activities underway including the review of existing national models, development of the PHLI's structure, modalities and methods of educations, core competencies and components. Pat Remington commented that components of the PHLI's first programs will be launched in the fall of 2005.

Terry Brandenburg applauded the development on these education initiatives noting the exceptional planning and the aims to implement the PHET report's recommendations so quickly and competently.

#### IV. COMMUNITY-ACADEMIC PARTNERSHIP PROGRAMS

##### A. Overview of Funded Programs

Nancy Miller Korth presented an overview of the UW Medical School Oversight and Advisory Committee's (OAC) funded programs, including the review by community and academic leaders and the OAC's decision-making process. She noted that UW received 94 planning and 131 implementation proposals of which 33 proposals were awarded \$5.8 million. This reflects 13 implementation grants for \$5.4 million and 20 planning grants for \$500,000.

Nancy Miller Korth provided a brief summary on the funded projects' target populations, geographic diversity, and health priority areas as they related to the support of the state health plan priorities.

Cheryl Maurana of MCW provided a summary of the Healthier Wisconsin Partnership Program and each of the funded projects. She addressed the review process, which included a review by 20 national experts. She noted that the Consortium review took in consideration not only the recommendations by the national review, but also the principles of

stewardship and geographic distribution. Cheryl Maurana noted that the program had received nearly 200 submissions. Fifteen planning proposals were funded representing \$383,375 and 8 implementation proposals were funded representing \$3.6 million for a total of over \$3.9 million distributed. She noted that these dollars support projects representing 88 community partners. Sixteen of the projects are in Southeastern Wisconsin and 7 are statewide or rural. She noted that the Consortium was pleased with the broad distribution among funded projects across the health improvement model.

Cheryl Maurana noted MCW's commitment to support both funded and unfunded partnerships. She offered that one of the project's directors made a suggestion to invite all participants from UW and MCW interested or working in injury prevention to come together and talk about what each group is doing. She expressed her intent to identify and support such models that foster further collaboration between the projects and leverage opportunities.

To further this end, national reviewer comments were sent to each applicant. Applicants responded positively to the feedback.

#### **B. Discussion of First Funding Cycle**

Randy Lambrecht led a discussion of the first funding cycle's performance with the aim of identifying areas of further collaboration, opportunities and challenges.

- Randy Lambrecht noted that he was pleased that two very different review processes had produced equally good results.
- Terry Brandenburg noted that this was an achievement of the joint RFP workgroup. He offered that the number of submissions further confirms that the RFP was clear and ensured reasonable access for applicants.
- Nancy Miller Korth commented that increased efforts and resources to expand statewide outreach would need to be developed.
- Pat Remington recommended revising the RFP process to include two step submission process including a more detailed letter of intent followed by a short application.
- Peggy Hintzman commented that this approach might not provide sufficient information to ensure a thorough assessment of the project's capability.
- Doug Mormon offered that a repository of sample proposals might aid applicants in the proposal process.

- Randy Lambrecht offered that without limiting the health improvement model, ways could be explored to encourage certain health areas that have not been addressed by the current funding cycle.
- Paula Lucey commented that increased coordination between the two medical schools should be initiated surrounding submissions to both schools.
- Susan Riesch suggested revising the RFP to include a logic model formula. She noted that with some applicants the executive summary was insufficient to identify the focus area of the proposal.
- Pat Remington strongly advocated for alternating the funding cycles of the two medical schools.
- Terry Brandenburg agreed. He noted that from a customer's perspective, the current process puts agencies in a dilemma as to which school to apply.
- Cheryl Maurana acknowledged that although there would be considerable advantages to the two medical schools' submission cycles not occurring at the same time, that it would be important to protect the integrity of the community – academic partnership model.
- Eileen Smith commented that UW plans to announce the next RFP in early spring with an application deadline in late summer or early fall. The review would occur in November or December of 2005. However, she stressed that this was still very much under discussion. Eileen Smith commented that UW would be requiring both planning and implementation submissions at the same time unlike this past funding cycle.
- Mike Dunn inquired as to the financial management of the endowment at UW. He asked if UW escrowed their funds. Phil Farrell replied that UW reviews the investment performance and expenditures on an annual basis and does not escrow the funds.
- Randy Lambrecht offered for consideration a third category of funding that would meet needs that are smaller than the implementation funds but larger than the planning funds.
- Terry Brandenburg reinforced Nancy Miller Korth's concern that the rural areas were unrepresented. However, he noted that those agencies with closer geographic proximity to the colleges had existing and stronger partnerships. He commended Susan Wood and Kevin Wymore of the Department of Health and Family Services for assisting with consultation and encouragement of applicants from the outlying regions of Wisconsin.

- Randy Lambrecht advised that technical assistance would significantly assist outlying state partners in encouraging submissions.
- Randy Lambrecht suggested that coordinated evaluation efforts between the two schools could use applicant data to inform future process decisions. He noted that this would also be critical in determining the best strategies for ensuring leveraging of resources.

Pat Remington described the project of UW's Dr. David Kindig, Making Wisconsin the Healthiest State, who is researching the return of investment between more medical care and other soci-economic indicators contributing to health improvement such as early childhood education, employment, environmental health interventions, and adult education. He indicated that this research would contribute significantly to determining how the changes underway at the two medical schools and their respective oversight committees will impact the health of the people of Wisconsin. He noted that this is a four year project that will be funded from UW's research and education (65%) funds.

V. ADJOURN

Randy Lambrecht thanked the members of UW's OAC and MCW Consortium for a successful and efficient meeting. He reaffirmed the intention to meet at least annually to continue coordination efforts.

There being no further business, the meeting adjourned at 1 p.m.