

## Minutes

### UW Medical School Oversight and Advisory Committee 1:00 PM June 30, 2005 – 4201 HSLC

Members Present:

Margaret McLeod Brahm (phone)  
Philip Farrell  
Meg Gaines  
Nancy Miller-Korth

Douglas Mormann  
Pat Remington  
Susan Riesch

Guests:

Pat Boyle  
John Dowling

Staff:

Carla Eakins  
Cathy Frey  
Ken Mount  
Eileen Smith  
Karla Thompson

**1. Call Meeting to Order**

The meeting was called to order by Phil Farrell at 1:05 PM.

**2. Adjournment to Closed Session**

Farrell introduced John Dowling, UW Legal Services, and called for a motion to adjourn into closed session to confer with legal counsel regarding possible litigation. Mormann introduced a motion to enter closed session pursuant to s. 19.85(1)(g) to confer with legal counsel regarding possible litigation in which OAC is likely to become involved. The motion was seconded by Riesch and passed unanimously by roll call vote.

At the conclusion of the discussion with John Dowling, a motion by Mormann to return to open session was seconded by Riesch and passed unanimously.

**3. Approval of Minutes of May 25, 2005 and June 13, 2005**

Farrell asked if there were any changes to the draft minutes of the May 25, 2005 and June 13, 2005 meetings. Since no changes were suggested, Mormann introduced a motion to approve minutes of both meetings as distributed. The motion was seconded by Remington and passed by unanimous vote.

#### **4. Announcements**

Farrell called the committee's attention to the meeting schedule for August-December which had been distributed. He reminded members that while there is no regular OAC meeting scheduled in July, members are strongly urged to attend the WUHF Board meeting on July 22 at the Concourse Hotel. Although the start time has not been announced, it will likely begin sometime between 8:00 and 9:30 AM.

#### **5. Annual Report Presentation to the Wisconsin United for Health Foundation**

Smith announced that the Annual Report is posted on the website and a message has been sent to the email list inviting comments. WUHF Board members received the report on June 29. She indicated that Chuck Henderson, WUHF legal counsel, will prepare a list of questions to be discussed at the July 22 WUHF meeting. She reported that Farrell will initiate the meeting with a power point presentation reviewing the development of the annual report and the programmatic activities of the OAC and MERC. She expects the discussion to focus on compliance and evaluation. She urged all OAC members to attend the meeting and to be prepared to respond to questions.

#### **6. Presentation – “Making Wisconsin the Healthiest State”**

Farrell introduced Dr. David Kindig who presented a progress report on his project, “Making Wisconsin the Healthiest State.” Kindig announced that his presentation would review the first six months of his three and one-half year project. He announced that Bridget Booske has been hired as a senior scientist to work full-time on the project. He reviewed the questions to be addressed by the project: a) What does “healthiest” mean; the highest state average outcomes, or the least variance across subpopulations, or a combination of both? b) Which outcomes are of interest; mortality rates, non-mortality outcomes like fair-poor health or number of healthy days? c) How do we compare to other states in the nation and the region, both in terms of current health and recent changes? d) What pattern of public and private investments would maximize our chances of becoming healthiest state? e) How can such information be most effectively communicated to state public and private policy makers? f) How can this information aid in Partnership funding and evaluation decisions, the implementation of the State Health Plan, and the Medical School's transformation? Kindig also discussed the five aims of the project: 1) Characterize the population health of Wisconsin including disparities across the state; 2) Compare the population health of Wisconsin to the United States and other Midwestern states; 3a) Determine relationships between health determinants and health outcomes/outcome improvement across the states; 3b) Identify programs and policies that may be effective and cost-effective in altering determinants in order to guide future policy and investment; 4) Develop evidence-based practice recommendations with a goal of suggesting policy and intervention choices for a balanced health investment portfolio that may lead to Wisconsin becoming the healthiest state; and 5) Communicate the findings of Aims 1-4 using effective knowledge transfer techniques.

Kindig distributed two *Issue Briefs* entitled “How Do Wisconsin's Health Outcomes Compare To Those Of Other Midwest States?” and “How Fast Can Wisconsin Become Healthier? A Framework for Setting State Health Objectives.” He expressed concern that

in 2000 Wisconsin was ranked 16<sup>th</sup> in the US for age-adjusted mortality rates and it has been predicted that it will fall to 18<sup>th</sup> by 2010. He reported that nearly two-thirds of all states improved faster than Wisconsin between 1990 and 2000 on all three measures of health examined. He stated that the overall goal of his project is to identify a set of measurable health outcomes to evaluate the most cost effective interventions which will move Wisconsin into optimistic or ambitious rates of health improvement and increase the chances of Wisconsin becoming the healthiest state by 2030 or 2050.

During the discussion following Kindig's presentation, Farrell suggested adding adolescents (ages 13-18) as a separate group in categorizing health outcomes and including consideration of risky lifestyle behaviors.

## **7. Discussion – The Wisconsin Partnership Program Evaluation Plan**

Farrell announced that discussion of the evaluation plan would be deferred to the August meeting since several committee members are absent.

## **8. Financial Status Report**

### **• Expenditures/Inception-to-date**

Mount presented a summary of expenditures to-date, indicating that the process is going well. Thompson reported that recipients with no expenditures to-date have been contacted. Mount reminded committee members of the policy that allowable carryover is 25% of the budget.

### **• Indirect Cost Policy Discussion**

Mount reported the Great Lakes Inter-Tribal Council has requested consideration for a change on OAC's indirect cost policy. He reminded committee members that the current policy is that indirect costs are not allowed, which is consistent with MCW's policy. He asked that OAC consider Option 1, to maintain the current policy; or Option 2, some allowance for indirect costs, which could be part of the initial award amount or an addition to the initial award amount. Miller-Korth explained the rationale for the request from GLITC, indicating that the organization is funded entirely by soft money and each funding source must provide its own share of general costs. After considerable discussion, Remington introduced a motion to endorse Option 1 but add a statement that applicants must specifically state their indirect cost rate and that the proposed indirect costs would be considered a match. Farrell stated his preference for Option 1, stressing the need to be aligned with MCW. He emphasized that it is expected that the funds will be spent on programs, not indirect costs. Mormann stated that he would like to second the motion to endorse Option 1 but would like to remove the statement about indirect costs being considered a match. The amended motion passed with 4 positive votes and 1 negative vote.

## **9. Medical Education and Research Committee (MERC) Update**

Farrell stated that since neither Susan Goelzer nor Greg Nycz were at the meeting, he would provide a brief MERC update. He referred to the handout which described the six grants which were awarded by the MERC for the New Investigator Program, which is designed to support creative research or education proposals that advance biomedical

sciences, the application of science to prevention, diagnosis, and treatment of disease, or in collaboration with communities, advance the application of translational science.

Smith reported that 23 applications were received. She indicated that MERC members will discuss broadening the requirements and more targeted advertising to faculty will be done before the next funding cycle. Remington indicated that as a reviewer of the applications, he was concerned by the small number of applications from clinical and population health faculty, resulting in only one award for a community-based project. Smith asked him to submit his suggestions regarding the review process to her for discussion at MERC. OAC members also suggested including more population health scientists on the review panel during the next funding cycle. Smith indicated that MERC is committed to a balanced portfolio, supporting basic science, translational, and community-based research.

## **10. Public Health Education and Training Subcommittee**

### **• Approval of the Population Health Fellowship Program 2005-2006 Proposal**

The proposal for Community-Based Population Health Practice Fellowships for July 2005-June 2006 was distributed. Mormann reported that experiences gained by program faculty and staff in the recruitment and placement of the inaugural Fellows were applied to the development of the proposal. Program improvements include providing additional academic training and mentorship opportunities for the Fellows, incorporating orientation sessions for new Fellows as well as for agencies in the application process, and conducting Fellow recruitment and selection earlier in the year to allow for tailoring of guidelines for applicant agencies to ensure closer matches to Fellow experience and interest. He stated that four new Fellows will start on July 1, 2005. Mormann indicated that the proposal had been approved by PHET earlier in the day and approval by OAC is requested. Riesch introduced a motion to approve the proposal as distributed. The motion was seconded by Brahm and passed with three affirmative votes and two abstentions, Remington and Mormann. This motion will be re-introduced at the next meeting of OAC since only three members were eligible to vote. Funding decisions require an affirmative vote of the majority of the members.

### **• Public Health Leadership Institute**

### **• Continuing Education Proposal**

Mormann reported that proposals for the Public Health Leadership Institute and Continuing Medical Education will be brought to OAC in September.

Mormann indicated that PHET would like to add an additional member, namely Lorraine Lathen from Planned Parenthood. Mormann introduced a motion to accept Lorraine Lathen as a member of PHET. The motion was seconded by Riesch and passed by unanimous vote. Mormann indicated that there is another good candidate and wondered if the membership of PHET could be expanded further. Remington suggested that expansion of the membership be discussed at the next OAC meeting.

Remington reported that he recently attended a meeting in Chicago where everyone was impressed with the proposed transformation of the Medical School. He announced that the accrediting body has been firm about increasing credit requirements for the MPH degree

from 36 to 42, which would be very difficult to accomplish in one year. He suggested that the MPH program will need to be expanded to 15 months instead of the 12 months originally planned.

#### **11. Community-Academic Partnership Fund – Progress Reports**

Frey reported that progress reports have been received from 11 out of the 20 planning grant recipients. She has made initial visits to all of the recipients and has learned that many of them are interested in applying for implementation grants. All of the recipients are making progress. Three have a relationship with an academic partner.

#### **12. Statewide Technical Assistance Workshops**

Frey called attention to the announcement of Technical Assistance Workshops which had been distributed. Workshops will be held in Minocqua (July 6), Eau Claire (July 7), Madison (July 13), Milwaukee (July 14) and Green Bay (July 19). Frey reviewed the agenda for the workshops, and reported that she has invited an academic partner to speak and has invited DPH regional directors to talk about the State Health Plan.

#### **13. Next Meeting Topics**

Farrell reminded committee members that the next OAC meeting will be held on August 31. Major topics will be follow-up from the WUHF Board meeting, the evaluation plan and an update on the MPH program.

#### **14. Adjourn**

The meeting adjourned at 4:00 PM.

Carla Eakins  
Recorder

Douglas Mormann  
Secretary