MINUTES
Public Health Council
State Health Plan Committee
May 11, 2006, 9:30 a.m. – 3:00 p.m.
UNITED COMMUNITY CENTER, MILWAUKEE, WISCONSIN

STATE OF WISCONSIN

MINUTES OF THE MEETING OF MAY 11, 2006

Committee Members in Attendance: Richard Perry (Chair); Sandy Anderson (by teleconference); Leah Arndt; Mary Jo Baisch; Catherine Frey; Carol Graham; Peggy Hintzman; Gary Hollander; Mark Huber; Juli Kaufmann; Christopher Okunseri; Hector Torres; Pa Vang

Absent Committee Members: Michael Bell; Rachel Morgan; Patrick Remington; JoAnn Weidmann; Julie Willems Van Dijk

Bureau of Health Information and Policy Staff: Stacia Jankowski; Kelli Jones

Guests: Alison Bergum, University of Wisconsin Population Health Institute; Mary Pesik, Division of Public Health

Agenda Item	Discussion	Follow-Up Action
Welcome and introduction		
Approval of minutes	The minutes for April 4, 2006, were approved as written.	
Evaluation of the State Health Plan's transformation goal	The study *Transforming the Public Health System: a Mid-term Assessment* is an evaluation of the infrastructure priorities. Alison Bergum reviewed the transformation model and the draft of the executive summary. She provided an overview of the methods used in developing the survey and a high-level overview of the results. The main goal of this effort was to provide a baseline from which to compare future efforts. Ms. Bergum explained that the definition of "public health system" members was taken in its broadest form and the survey was sent to over 6,000 unique e-mail addresses. The results indicated that most respondents had heard of the state health plan (76%), particularly the health priorities (86%). Awareness of the infrastructure priorities was only at 37% and the implementation plans at 32%. The mean average of achievement of the infrastructure priorities ranged from 6.7 with a standard deviation of 1.8 (Competent Workforce) to 3.6 with a standard deviation of 1.8 (Public Health Financing). Ms. Bergum said that she had worked with members of the Committee that were advisory to this process, and that members will receive a copy of the final report as	Peggy Hintzman asked that the results of the survey be mapped back to the model. Carol Graham along with volunteer committee members will look at integrating this information into the model and will provide options at a future meeting.

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	soon as it is complete.	
Discuss and approve ground rules	The Committee discussed the proposed ground rules as presented, and made a few additional changes. The Committee agreed by consensus to accept and operate under the ground rules with the changes noted in the action column.	Staff will make the following changes to the ground rules: ▪ "Address in subsequent revisions of the State Health Plan Committee Charter and bylaws." ▪ "Whenever possible, explore options to reach consensus and reach agreement by consensus, and only when necessary vote on the issue."
Definition of health disparities	Kelli Jones provided a document that outlined a number of "health disparity" definitions for the Committee. The Committee discussed the options and revised one of them to state: "Health disparities are defined as differences in the incidence, prevalence, mortality, and burden of diseases and other determinants of health and adverse health conditions that exist among specific population groups in the United States. These disparities include differences that occur by gender, age, race, ethnicity, social class, education, income, disability, geographic location, or sexual orientation." This definition combines elements from the National Institutes of Health *NIH Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities* (2003) and from the USDHHS *Healthy People 2010* (2000). There was considerable discussion about the differences between "social class" and "education and income," and the need to clearly define all terms used in the definition. Peggy Hintzman suggested that a footnote be added that identifies where standards of measurement exist and where they need to be developed. The Committee acknowledged that there should be a common understanding of the terms used, but did not reach consensus about how to proceed.	When a DHFS minority health advisory group is formed, staff will bring this definition forward for its consideration and approval.
Overweight, obesity, and lack of physical activity	Mary Pesik provided an overview of the work being done related to physical activity, and gave the Committee the newly released Nutrition and Physical	Cathy Frey and Hector Torres will work together through e-mail to draft 3 to

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	Activity State Plan. Ms. Pesik noted that they are in great need of an epidemiologist to provide more detailed analysis, particularly related to social and economic factors. Following Ms. Pesik's presentation, the Committee went through an exercise to identify key elements that stood out, Committee members' thoughts on the information provided, implications this may have, and actions that could be taken. Attachment 1 provides the results of this exercise just as they were recorded for Committee members. A common theme of the discussion was the need to support local efforts, fiscally and by providing proper tools, because that is where the Committee saw changes taking place. In addition, the Committee agreed that as this topic is discussed, it needs to keep in mind issues and recommendations that would be relevant in the planning and preparation of the next state health plan.	5 recommendations on each of the health priorities that were reviewed for the Committee's consideration at the next meeting.
Adjournment	Mr. Perry adjourned the meeting at approximately 2:55 p.m.	

Recorded by Stacia Jankowski
Bureau of Health Information and Policy

Attachment 1

Observations

- Improve in some areas, but for African Americans and Hispanic there are wide disparities
- 2 – 4-year-old American Indians stand out
- Teens among Asians are obese, adults are less so. Two cohorts or real change we can learn from? Influence of acculturation possibly
- Data for objective was less meaningful - data question – what shall we measure
- BRFS and YRBS do not include essential demographic questions
- What works is unclear (relationship of)
- Research is insufficient
- Insufficient diversity in infrastructure
- Social/ecological model calls for a balance of interventions at all levels
- Access to cheap, bad food
- Hard to separate from mental health issues

Feel

- Depressing
- Where do we start to make realistic change
- Curious
- Overwhelmed
- Surprised
- Impressed (at amount in two years)
- Optimistic (climate is changing and efforts of the state visible)
- Pleased (more of a public health infrastructure than meets the eye)
- Enlightened (great list of partners)
- Concerned/worried (dichotomy of obesity and food security – us versus them, these are linked)

Implications

- More of an advocacy role on aspects of obesity and public health than originally thought (funding of research, poverty, race, gender, geography, sexual orientation)
- Types of research and dissemination of research
- For other health priorities, there needs to be a direct link to the data
- SHPC's role and responsibilities (systemic changes and policy changes)
- Give solid recommendations (3-5) on each health priority that's reviewed
- Opportunity for DPH to make recommendations/ask for assistance from PHC/PHC SHPC
- Leverage funds to match local community needs
- How does this relate to most at-risk communities
- SHPC should document and/or bring awareness to the controversial or unaddressed issues
- Focus on how to plan, create next SHP using the information we have now gained.

Actions

- Use format of IOM report/map for each section their role/responsibility/challenges (link this to bullet on implications)
- Remember who we are reporting to – the PHC
- Identify evidence-based models for disparate population and replicate around Wisconsin
- We need to assure that adequate sampling is getting done
- Need to be cost efficient (partnership)