

# Advancing a Healthier Wisconsin

*A five-year plan submitted to the  
Wisconsin United for Health Foundation, Inc.  
for funds from the conversion of  
Blue Cross & Blue Shield United of Wisconsin  
April, 2003*





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## The Medical College of Wisconsin

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# **ADVANCING A HEALTHIER WISCONSIN**

## **I. Introduction**

At the beginning of the 20<sup>th</sup> century, U.S. life expectancy at birth was 47.3 years. Today, the average life expectancy is 77 years, and has increased for persons of every age group, largely due to improvements in public health and medical research. The 20th century brought both major health advances, such as the eradication of polio, and new health challenges, such as AIDS. As we begin the 21st century, Wisconsin will continue to be faced with both challenges and opportunities in its efforts to improve life expectancy and quality of life. Funding from the conversion of Blue Cross & Blue Shield United of Wisconsin provides a unique opportunity for the Medical College of Wisconsin to meet these challenges to improve the health of the public.

## **II. Background**

Upon the conversion of Blue Cross & Blue Shield United of Wisconsin to a stock insurance company (Cobalt Corporation), the Medical College of Wisconsin, together with the University of Wisconsin Medical School, became the beneficiary of the value of Blue Cross & Blue Shield United of Wisconsin. The Medical College of Wisconsin intends to use funds derived from this conversion in accordance with this five-year plan.

On June 3, 1999, Blue Cross & Blue Shield United of Wisconsin announced its intention to convert to a stock insurance corporation and to establish a foundation dedicated to improving the public's health with the proceeds from that conversion. The State's two medical schools, the Medical College of Wisconsin (MCW) and the University of Wisconsin Medical School (UW Medical School), were designated as the beneficiaries of the new foundation.

The conversion application was approved, with modification, by the Wisconsin Commissioner of Insurance on March 28, 2000, with the issuance of Findings of Fact, Conclusions of Law and Order (the Order). Wisconsin United for Health Foundation, Inc. (the Foundation), which received the proceeds from the conversion, shares of common stock of Cobalt Corporation, was established on October 21, 1999. The Foundation is required to sell the shares of Cobalt Corporation and to distribute the proceeds of the stock sale(s) (the Funds) equally between MCW and UW Medical School.

As a part of its responsibilities, the Wisconsin United for Health Foundation board must approve an updated five-year plan from each school for the use of the Funds, and assure that the plans conform to the Order of the Commissioner of Insurance. This is the revised five-year plan for

the Medical College of Wisconsin. The plan has two primary sections, the first of which delineates the use of 35% of the Funds, designated for public health and public health community-based initiatives. The second section outlines the use of the remaining 65% of the Funds, designated for health care provider education and medical research.

The MCW Public and Community Health Oversight and Advisory Committee (PCHOAC) approved the section of the five-year plan relating to public health and public health community initiatives, as defined by the Order. This committee is organized as a Wisconsin non-stock, non-member corporation named MCW Consortium on Public and Community Health, Inc. By approving this Plan, the Consortium has determined that awards of the public health percentage approved by the Consortium will be used for public health, that the allocation for public health community-based initiatives is appropriate, and that the standards for access to the Funds for public health community-based initiatives, including matching requirements are reasonable, all as required under the Order. The Consortium also made its advisory recommendation to the MCW Board of Trustees on the remaining portion of the plan. The MCW Board of Trustees approved this Five Year Plan.

This document represents the updated five-year plan. The plan will guide the use of the Funds designated for the improvement of the health of the public through community-based initiatives, research and education.

### **III. Key Health Status Issues and Trends in Wisconsin**

The Medical College of Wisconsin's five-year plan describes how we will strive to improve the health of the public through public and community health partnerships, research and education. To provide a context for these efforts, the following section provides an overview of key health status issues in Wisconsin and future health trends.

#### **A. Key Health Status Issues in Wisconsin**

The health of the public in Wisconsin is affected by multiple determinants. The following health risks and outcomes represent major, statewide issues:

- **Smoking.** The prevalence of tobacco use has significantly affected the decline of Wisconsin's health ranking compared to other states. About one in five deaths from cardiovascular diseases are attributable to smoking (*American Heart Association, 2002; U. S. Treasury Department, 1998*).
- **Injury.** The leading cause of death in 1999 among young people in Wisconsin aged 1-34, was intentional and unintentional injuries (*Wisconsin Department of Health and Family Services, 2000; Center for Disease Control, 2000*).

- **Alcohol and other drug abuse** is the fourth leading cause of death in Wisconsin behind heart disease, cancer and stroke, and it is the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer (*Healthiest Wisconsin 2010*).
- **Adequacy in prenatal care.** Since 1990, adequacy in prenatal care and reduction in infant mortality in Wisconsin has not kept pace with the nation, resulting in a significant decline in the state's ranking.
- **Overweight and obesity.** Almost one of every five adults in the state is obese, and the percentage of children who are overweight also continues to increase. Obesity exacerbates the effects of many diseases, complicating treatment, and frequently triggering an early onset of symptoms (*Center for Disease Control 1999-2000; U.S. Department of Health and Human Services 2002*).
- **Mental health.** In the United States, mental disorders collectively account for more than 15% of the overall burden of disease from all causes, and slightly more than the burden associated with all forms of cancer (*US Department of Health and Human Services, 2001*).
- **Cardiovascular diseases (CVD), cancer and stroke** are the leading causes of death for the citizens of Wisconsin, and result in approximately 60% of all deaths in the state. If all cardiovascular diseases were eliminated, average individual life expectancy would increase nearly seven years (*American Heart Association, 1998, 2002; US Department of Health and Human Services, 1999; Healthiest Wisconsin 2010*).

**Cardiovascular disease** claims almost as many lives each year as the next seven leading causes of death combined.

**Cancer**, the second most common cause of death in Wisconsin, accounts for 23% of all deaths, and is most prevalent in the southeastern section of the state. Lung cancer continues to be the leading cause of cancer mortality for Wisconsin men and women (*Wisconsin Department of Health and Family Services, 2002; Center for Disease Control 1999*).

**Stroke** is the leading cause of serious, long-term disability in the United States. When considered separately from other cardiovascular diseases, stroke ranks as the third leading cause of death (*American Heart Association, 2002*).

- **Alzheimer's Disease** is the fourth leading cause of death in adults in the United States and more than 100,000 people living in Wisconsin have Alzheimer's. Given our aging population, the magnitude of Alzheimer's as a health problem is steadily increasing (*Evans, 2001; Alzheimer's Association, 2000; National Institute on Aging, 2000*).
- **Diabetes.** New evidence signals the unfolding of a diabetes epidemic in the United States. In 2000, an estimated 222,000 adults in Wisconsin had diagnosed diabetes (*Center for Disease Control 2002*).

## B. Key Health Trends of the Future

As we proceed into the 21<sup>st</sup> century, there are a number of trends that will have an impact on the health of our residents.

- **Changing demographics.** The changing demographics of the State and nation will result in an older population. Projections indicate that by the year 2025, the segment of the population 65 and older will increase by 50 percent. Diseases associated with aging, such as Alzheimer's and cancer, will likely become more prevalent. In addition, the population will become more ethnically diverse. With a larger minority population, there will be an increasing need to expand efforts to address the specific health concerns of these groups.
- **Expanded knowledge through research.** Research into the causes, prevention and treatment of disease and disability will gain increasing emphasis and generate new opportunities to advance health. The field of genetic research will greatly expand our knowledge of the body and how it functions. This knowledge will increase our ability to prevent many diseases. There will also be greater emphasis on translational research, hastening the application of laboratory discoveries into clinical practice.
- **Increasing emphasis on prevention.** In some cases, prevention will require lifestyle changes that are relatively inexpensive, but may be difficult for individuals to accomplish. However, many diseases are a combination of environmental, behavioral and genetic factors. Consequently, additional research will be needed on how people live and the lifestyles they embrace. Additional health research on major population groups will be needed to provide a framework for public policy changes that could prevent and/or alleviate certain medical conditions.
- **Changing nature of health professions education.** Health professions education will be modified to reflect a greater emphasis on health promotion and disease prevention and an understanding of the genetic basis of disease. Providers will be better prepared to collaborate with their patients on lifestyle changes that produce improved health. Distance education, including teleconferencing, will become increasingly important in educating health professions students and maintaining the skills and knowledge of health care practitioners. Information technology will profoundly increase the health care resources and information available to consumers and health care providers.
- **Increasing need for partnerships.** Expanded interdisciplinary collaborations between public, private and academic partners will be necessary to address the challenges of improving health.

Sections VI and VII of this five-year Plan describe how the Medical College of Wisconsin will address these health issues and trends through research, education and public and community health partnerships.

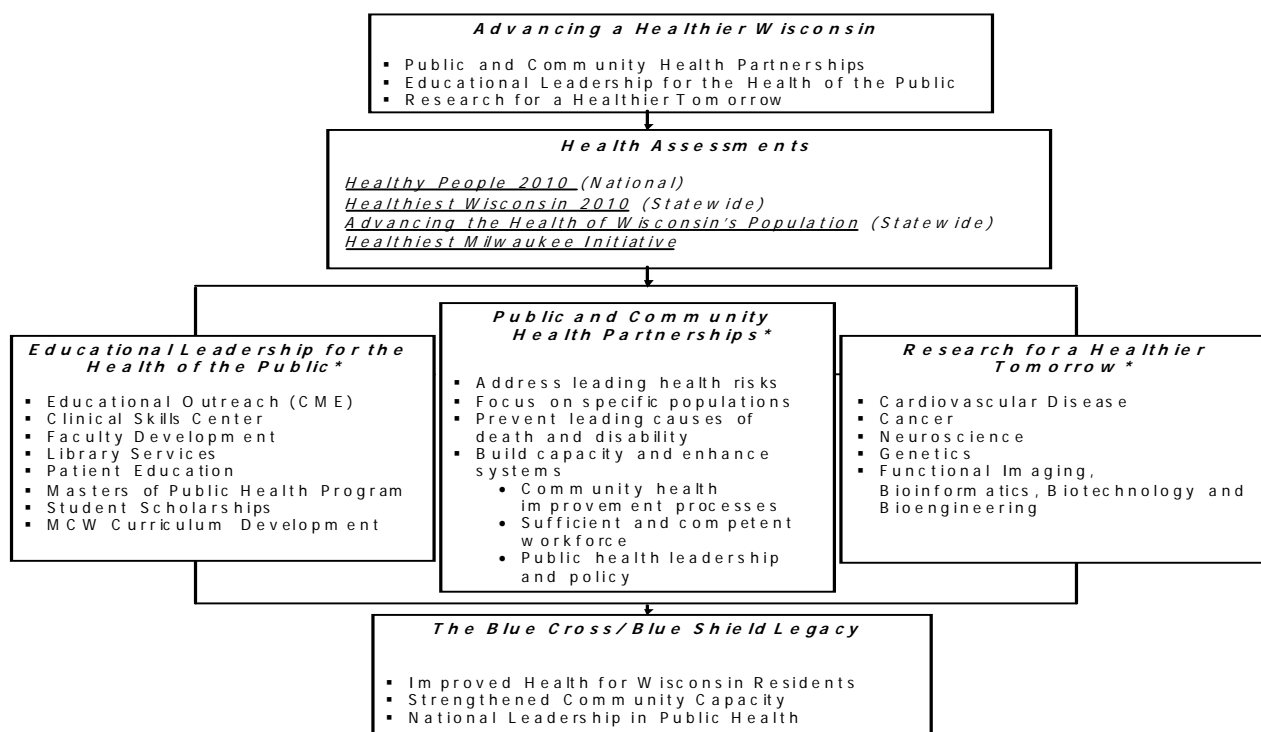
## IV. MCW Plan Overview

### A. Framework

The plan contains two major components:

- **MCW Public and Community Health Partnerships (35%);**
- **Health Improvement through Research and Education (65%).**

In accordance with the Insurance Commissioner’s Order, 35% of the Funds are allocated to public health and public health community-based initiatives, and 65% to research and education. The following figure provides an overview of these key components.



\* The Research and Education components of the plan are funded by the 65% component of the fund. The Public and Community Health Partnerships are funded by the 35% component of the fund.



## **B. Process Used in Plan Development**

Public input into the development of the overall plan has been obtained at a number of different stages, and will be an ongoing process. Additionally, MCW and UW Medical School have worked closely together and coordinated efforts in plan development. When the conversion process was initiated in 1999, a preliminary plan was prepared by MCW and UW Medical School. Before developing the original 1999 plan, MCW and UW Medical School obtained input using a three-fold approach:

- **Multiple opportunities for public comment.** Listening sessions (public hearings) were held at nine sites, both urban and rural locations, throughout Wisconsin. These sessions were well attended by more than 500 people, with approximately 200 individuals providing oral testimony on health concerns and priorities. President T. Michael Bolger of MCW and Dean Philip Farrell of UW Medical School were present at all sessions to hear these Wisconsin voices. More than 500 additional comments were received from individuals via e-mail, a toll free phone and US mail.
- **Survey of a random sample of Wisconsin's population.** MCW and UW Medical School contracted with the St. Norbert College Survey Center, which is unaffiliated with either medical school, to conduct a random survey on public perceptions of the state's health care needs and priorities and recommendations for use of the funds derived from the conversion of Blue Cross & Blue Shield United of Wisconsin. This random survey of 451 Wisconsin adults, aged 18 and older, provided the opinions of a representative cross-section of the residents of the state who might otherwise not have responded to our request for comments.
- **Analysis of existing data on health status and needs.** Considerable federal, state and local health care data are available, and were gathered and reviewed. This information complemented the more subjective data gathered through the first two approaches. In addition, we also reviewed the progress of the Wisconsin Department of Health and Family Service's "Turning Point" initiative.

Several clear priorities emerged from this process:

- helping to meet recognized public health needs in communities;
- desiring to focus more resources on preventing and treating specific disease/population health needs;
- supporting research to eradicate disease;
- promoting expanded community-based clinical research trials;
- expanding support for educating and training health professionals;
- building collaborations between community health professionals and MCW faculty and staff.

This original process continues to underpin this five-year plan. In addition, since the initial needs assessment and publication of the 1999 Plan, the State has prepared a comprehensive

document, Healthiest Wisconsin 2010, further articulating a plan to improve the health of the State’s residents. This document provided a foundation for MCW as we established our goals to advance public health in Wisconsin. The process used to specifically develop each component of this plan is discussed further under each subsequent section.

### C. Timeline of Accomplishments

<b>The Five-Year Plan</b>	<b>Completion</b>
1999 Plan developed	1999
2003-2008 Plan	September 2002 – April 2003
Plan components developed	September 2002 – February 2003
Draft outline of research and education components completed	January 28, 2003
Draft outline of public and community health component of plan completed	February 13, 2003
Public comment solicited	February 14 – March 13, 2003
MCW Consortium on Public and Community Health made advisory recommendation on components of five-year plan related to education and research initiatives to the MCW Board of Trustees	February 27, 2003
MCW Consortium on Public and Community Health unanimously approved the five-year plan related to public health and public health community-based initiatives and affirmed advisory recommendations on remaining portion of plan	March 13, 2003
MCW Board of Trustees approved five-year plan	March 21, 2003
UW Medical School and MCW submit plans to Wisconsin United for Health Foundation for approval	t.b.d.

## **V. MCW Consortium on Public and Community Health**

*(Public and Community Health Oversight and Advisory Committee with oversight for the 35% Public Health portion of the Funds)*

This section of the Plan includes a summary of the public and community health oversight and advisory committee, including details on board membership, vision and principles of stewardship, and responsibilities.

Under the Order, the Public and Community Health Oversight and Advisory Committee, known as the MCW Consortium on Public and Community Health (Consortium), was required to approve the public and community health component of the plan and make advisory recommendations regarding the research and education section to the MCW Board of Trustees.

### **A. Membership**

Public representation on the Consortium board of directors includes one independent, statewide health care advocate and three independent, community health advocates, each qualified to represent health issues of particular concern in one of the following areas:

- minority community;
- women;
- senior citizens;
- children;
- non-profit or local government rural community health organization;
- non-profit or local government community health organization other than a rural community health organization.

The Consortium also includes four Medical College of Wisconsin representatives and one Insurance Commissioner appointee.

In selecting the initial board, MCW sent requests for nominations to more than 200 community organizations. MCW received nominations for 47 individuals for the four health advocate positions representing the public. MCW created a screening committee composed of MCW administration and faculty that sent an initial set of questions to the nominees and developed subsequent criteria for selecting thirteen of the nominees for personal interviews.

Based on the interviews, the requirements of the Commissioner's Order, and references, four advocate nominees were recommended and the initial MCW Consortium board was appointed by the MCW Board of Trustees in August of 2002. The board ratified its articles of incorporation and adopted its bylaws, and began meeting in the fall of 2002. The board includes the following nine individuals.

Terry Brandenburg, MPA, MBA, a statewide leader in public health, is the Insurance Commissioner's appointee. For the past 13 years he has directed and managed all public health programs for the city of West Allis and the village of West Milwaukee, communities with a total population of about 65,000.

Peggy Hintzman, MBA is past president of the Wisconsin Public Health Association and represents statewide health interests. Hintzman is associate director of the Wisconsin State Laboratory of Hygiene. With more than 20 years experience in public health, she is a statewide advocate for Wisconsin's public health needs.

Tasha Jenkins is executive director of Fighting Back, Inc. Jenkins has focused her career on serving as an advocate for children and children's health issues. As executive director of Fighting Back, Inc., she addresses substance abuse prevention for Milwaukee youth.

Randall S. Lambrecht, PhD is dean of the College of Health Sciences at the University of Wisconsin Milwaukee. Dr. Lambrecht is an advocate for Wisconsin's senior citizens. He helped launch UWM's Age and Community Initiative, which takes a comprehensive approach with regard to the health and quality of life of seniors.

Paula A. Lucey, RN, MSN is director of Milwaukee County's Department of Health and Human Services. Lucey is one of Wisconsin's leading advocates for urban health including minority communities and the special health care needs of the poor. She helped develop and continues to implement Milwaukee County's General Assistance Medical Program, a safety net of medical care to over 25,000 Milwaukee County residents.

T. Michael Bolger, JD is president and CEO of the Medical College of Wisconsin. Bolger has led the College through a period of unprecedented growth in research, patient care activity, and the expansion of the Medical College's academic programs and outreach efforts in the community.

Douglas R. Campbell is senior vice president for finance and administration at the Medical College of Wisconsin. Campbell has more than 25 years experience in academic healthcare fiscal oversight and management.

Michael J. Dunn, MD is executive vice president and dean of the Medical College of Wisconsin. Dr. Dunn oversees all academic, research, patient care and public and community health programs for Wisconsin's only private medical school.

Cheryl A. Maurana, PhD is senior associate dean for public and community health at the Medical College of Wisconsin. Dr. Maurana has received national recognition for her work in public health research and community partnerships.

## **B. Vision and Principles of Stewardship**

The MCW Consortium on Public and Community Health exercises its responsibilities based upon its adopted vision statement and principles. These guiding parameters are designed to provide a foundation and framework for stewardship.

**Vision:** Improve the health of the people of Wisconsin.

### **Principles of Stewardship**

**Collaboration.** The board will facilitate effective collaboration between MCW faculty and community partners to capitalize on the strengths that each brings to the table. The board will build upon Healthiest Wisconsin 2010, the state health plan, and will coordinate its efforts with the UW Medical School.

**Prioritization.** The board will strive for maximum impact to improve the health of the people of Wisconsin by implementing a deliberative prioritization process that balances state and local needs.

**Leverage.** The board will work to leverage funds, with an emphasis on pooling existing resources, attracting additional dollars, and encouraging sustainability. The board will also facilitate the expansion of community capacity and leadership through the initiatives.

**Accountability.** The board will insure public accountability for the use of the funds and the impact of the programs on improved health. This will include both oversight responsibility and rigorous evaluation. The board will communicate with, and welcome input from, the public.

**Transformation.** The board will work to effect change by emphasizing prevention, expanding the Medical College's focus on the health of the public, and encouraging innovation.

## **C. Responsibilities**

As part of its oversight responsibility, the Consortium participated in the development of the five-year plan and approved the public health portion of the plan by unanimous vote.

Once funds are distributed by the Wisconsin United for Health Foundation to the Medical College of Wisconsin, funding decisions can be considered by the Consortium. By approving this Plan, the Consortium determined that expenditures of public and community health funds will be expended for public health, the allocation is appropriate and the standards for accessing

these funds for community-based initiatives, including matching requirements, are reasonable. The Consortium will establish specific funding criteria.

The Consortium also provided advisory recommendations to the Medical College of Wisconsin Board of Trustees on the education and research components of the five-year plan. As advisors, the Consortium will annually review and provide a report to MCW Board of Trustees concerning the expenditure of Funds for education and research.

The Consortium conducts itself in accordance with standards consistent with Wisconsin public meetings and public records law. Additionally, the Medical College of Wisconsin provides administrative services, supported by the Funds, to ensure adequate staffing and budget for the operation of the Consortium.

#### **D. Timeline of Accomplishments**

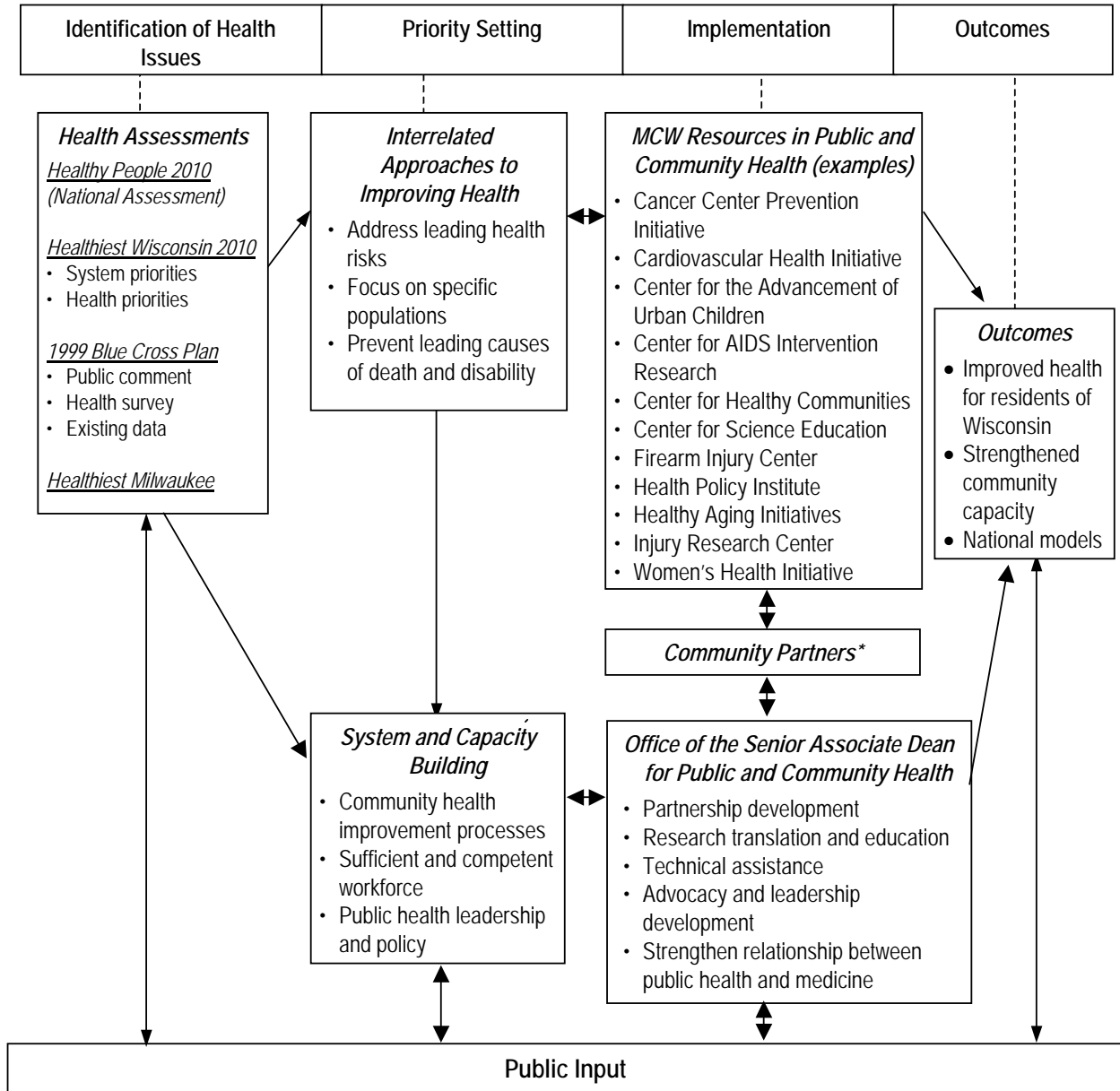
<b>MCW Consortium on Public and Community Health</b>	<b>Completion</b>
Board candidates considered	June – August 2002
Board of directors appointed by MCW Board of Trustees	August 16, 2002
Articles of incorporation ratified	October 17, 2002
Bylaws adopted	October 17, 2003 Revised – January 28, 2003
Conflict of interest policy adopted	December 4, 2002
Stewardship principles adopted	December 4, 2002
Plan for communication and public input adopted	January 28, 2003
Vision statement adopted	February 13, 2003
Health improvement model adopted	February 13, 2003
Conducted initial review and comment on research and education components of plan	January 28, 2003
Draft outline of public and community health component of the plan completed	February 13, 2003
Solicited public comment	February 14 – March 13, 2003
Made advisory recommendation on components of five-year plan related to education and research initiatives to the MCW Board of Trustees	February 27, 2003
Unanimously approved five-year plan related to public health and public health community-based initiatives and affirmed advisory recommendations on remaining portion of plan	March 13, 2003

## VI. MCW Public and Community Health Partnerships

(To be funded from the 35% Public Health portion of the Funds)

### A. Framework

The MCW Consortium will support public and community health partnerships using the framework that follows.



\*Community partner is broadly defined to be inclusive of statewide, regional and local partners, e. g. public and private organizations, voluntary associations, health care organizations and providers, churches, schools, citizen groups, etc.

## **B. Process for Plan Development**

As of March 13, 2003, the MCW Consortium has held nine public meetings beginning in October of 2002. The Consortium has also developed a communication plan that aims to provide statewide communications to build broad public awareness of the work of the Consortium and encourage public input. As part of this plan, in December of 2002, MCW created a website for the Consortium and now hosts this site located at [www.mcw.edu/bluecross](http://www.mcw.edu/bluecross). The site provides access to public documents and encourages public feedback to help develop the Plan. Minutes of each meeting are available on the web site.

Shortly after its February 13, 2003 meeting, the Consortium posted a detailed outline of the five-year plan for public review and comment. The Consortium then considered comments at its February 27, 2003 meeting. After the February 27, 2003 meeting, the Consortium posted a draft of the five-year plan for public review and comment. At its March 13, 2003 meeting, the Consortium reviewed and assessed every written comment provided on the public and community health portion of the plan. The Consortium incorporated adjustments into the final plan as appropriate. The following general audiences were targeted for feedback:

- General public –statewide
- Public and community health professionals, organizations and associations
- Public health system partners
- Health advocacy organizations
- Institutions of higher education
- Medical College of Wisconsin faculty, staff and students
- Financiers of public and community health
- Friends and supporters of the Medical College of Wisconsin
- Elected officials in Wisconsin (federal, state, county, community)
- Wisconsin news media outlets

Electronic e-mail bulletins were used as the primary communication vehicle, directly connecting to thousands of individuals and organizations statewide. In addition to electronic bulletins and open meetings, print media was also used to ensure individuals without access to the web site or the meetings had opportunity to participate.

## **C. Rationale**

It is widely recognized that there are multiple determinants of health. Considerable information was available to help the Consortium review these health determinants and establish public health areas of emphasis. The following four sources provided the majority of the health assessment data.



### Healthy People 2010

Healthy People 2010 represents the 10-year national health plan. The report was issued by the U.S. Department of Health and Human Services and represents input from a broad cross-section of people. The plan includes 467 health objectives and 28 focus areas that create a comprehensive, nationwide health promotion and disease prevention agenda for improving health.

### Healthiest Wisconsin 2010

Healthiest Wisconsin 2010 is the comprehensive state health plan developed under the leadership of the Turning Point Transformation Team. The plan identifies five system priorities and eleven health priorities designed to protect and promote the health of the people of Wisconsin.

### Healthiest Milwaukee Initiative

The Healthiest Milwaukee Initiative is a partnership of many community organizations working to improve health in Milwaukee.

### Advancing the Health of Wisconsin's Population

The 1999 Plan submitted to the Board of Directors of Blue Cross & Blue Shield United of Wisconsin includes a comprehensive assessment of health concerns and priorities conducted by the Medical College of Wisconsin and the UW Medical School. The plan is based on extensive, statewide listening sessions, a random sample survey of Wisconsin's population and analysis of existing data on health status and needs.

In addition, the health care and community health advocacy groups recognized by the Insurance Commissioner were considered. The focus areas of these groups include independent, statewide health care advocacy and independent, community health advocacy, with representation of health issues of particular concern in the following areas:

- minority community;
- women;
- senior citizens;
- children;
- non-profit or local government rural community health organization;
- non-profit or local government community health organization other than a rural community health organization.

The meaning of public health, as defined by the Insurance Commissioner, was also considered as an important source for development of the health improvement model. In the Order, public health is defined as “population health, rather than population medicine, focused on the broader determinants of health in communities, such as prevention efforts to promote healthy life styles

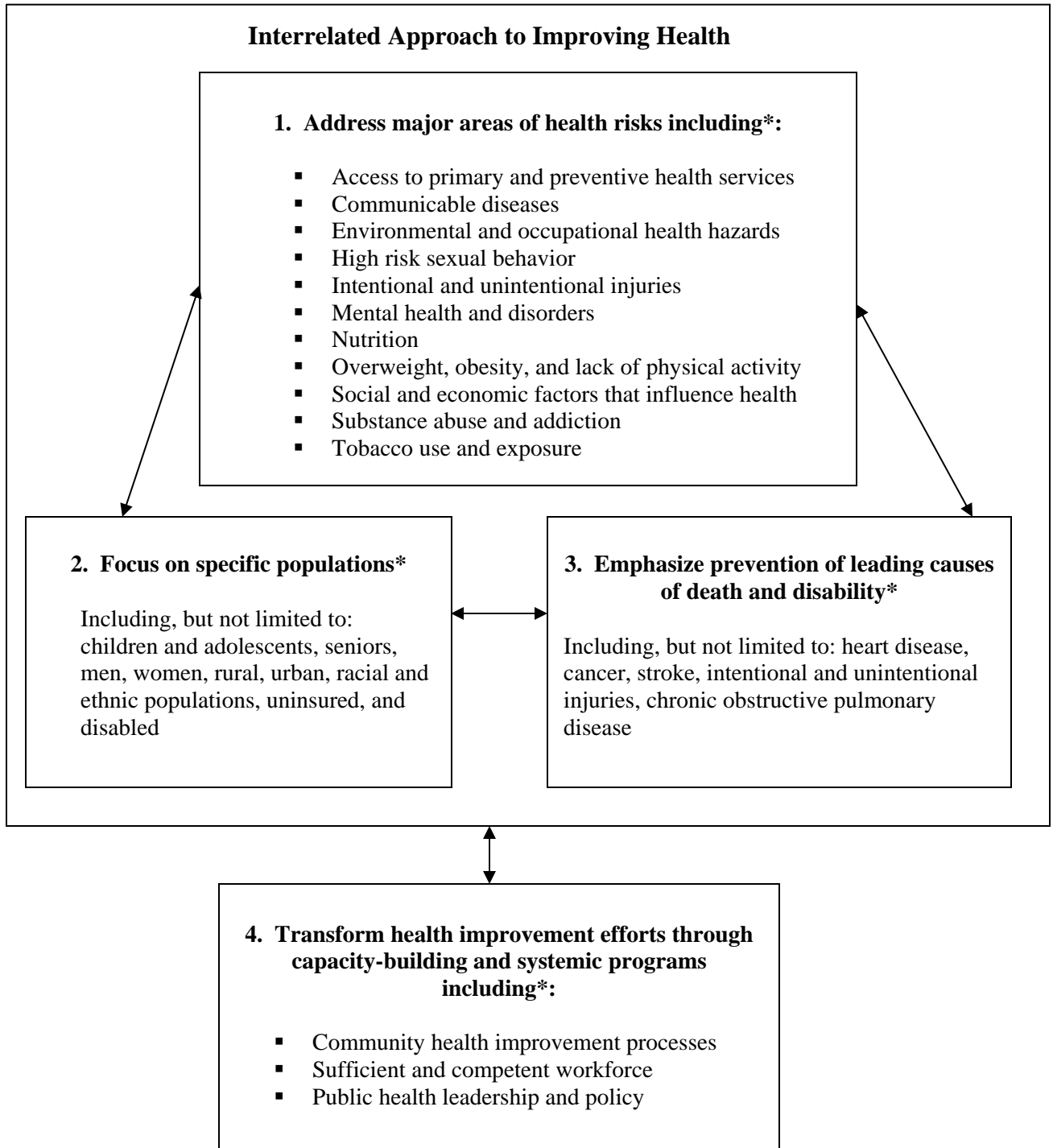
for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health.”

#### **D. Health Improvement Model**

Taking these extensive data and public input into consideration, the MCW Consortium on Public and Community Health has adopted a health improvement model that recognizes three major, interrelated approaches to improving the health of the public: health risks, populations affected, and prevention of death and disability. The model, which is focused on health promotion and disease prevention, also recognizes the significant role of building capacity and strengthening systems in an effort to reach those ends.

Using this model, prevention, intervention and research programs to improve health can be developed from any one of the three perspectives as a starting point, with the requirement that the design incorporates each of the three perspectives. The program outcomes must emphasize capacity-building and system change.

# Health Improvement Model



\*Drawn from sources cited in Section C

- 1. Health Risks.** It is well documented that addressing health risks is a key component of improving both individual and community health. Healthy People 2010, Healthiest Wisconsin 2010, and Healthiest Milwaukee each identify the major health risks facing our residents, and provide compelling evidence regarding populations affected and health impact. The eleven health risks outlined in the health improvement model (in alphabetical order) are the top priorities determined by the Turning Point Transformation Team using a detailed methodology documented in the state health plan.
  
- 2. Populations affected.** As would be expected, health care needs and concerns in the state vary by age, gender, race, ethnicity, and place of residence. For example, changing demographics create an older population resulting in a higher prevalence of diseases associated with aging. As the population becomes more ethnically diverse, there is an increasing need to expand efforts to address health concerns and disparities among these groups. Children and adolescents also face many health challenges including intentional and unintentional injuries, immunizations, and tobacco, alcohol and substance abuse.
  
- 3. Prevention of death and disability.** Research and intervention on effective methods of preventing the major causes of death and disability, including, but not limited to, cardiovascular disease, cancer, stroke, intentional and unintentional injuries, and asthma will result in a significant positive impact on the health of Wisconsin residents.
  
- 4. Building capacity and strengthening systems.** As stated in Healthiest Wisconsin 2010, focus on capacity-building and system enhancement moves us away from reactive “fix it” approaches to proactive “build it” approaches in creating healthier communities. This emphasis, integrated with the focus on the three interrelated health components of health risk, population and prevention of death and disability, will build capacity that will endure well beyond initial program funding.

The transformation of health improvement efforts is sought in three ways.

**a. Community health improvement processes**

(Taken from Healthiest Wisconsin 2010)

- Define a healthy community vision.
- Identify strengths, assets and resources in people, families, neighborhoods, agencies, organizations, and in the community as a whole.
- Define the data and information needed to help identify and prioritize current and emerging health and system problems facing the community.
- Identify community partners and determine how to work together to help one another and the community.

- Evaluate community programs to determine if results make a difference for individuals, families, neighborhoods, and the community as a whole.

**b. Sufficient and competent workforce**

(Eight core competencies from Healthiest Wisconsin 2010)

- Analytic and assessment skills
- Policy development and program planning skills
- Communication skills
- Cultural competency skills
- Community dimensions of practice skills
- Basic public health sciences skills
- Financial, planning and management skills
- Leadership and system thinking skills

**c. Public health leadership and policy**

As stated in Healthiest Wisconsin 2010, leadership and system thinking skills are core competencies for public health professionals. In addition, research and informed decision making is critical to support key public health policy issues facing our state. MCW will collaborate with UW Medical School and other statewide partners to develop public health leadership.

**E. Public and Community Health Partnerships and Partnership Development**

The conversion of Blue Cross & Blue Shield United of Wisconsin provides us with a unique opportunity to combine the strengths of MCW and community organizations to develop innovative partnerships to improve the health of the public. The public and community health initiatives developed as part of this program will be built on a model of community-academic partnerships. These partnerships will be built on the foundation of community health development, a concept that is analogous to economic development. Just as it is important to develop the economies of our cities and towns, it is also important to develop the health of our communities. Partnerships must be built on the premise that, working together, communities, public agencies, organizations, and the Medical College of Wisconsin can accomplish more than working separately. A community-academic partnership makes it possible to capitalize on the strengths that both groups bring to the table.

One hundred percent of the 35% component will be used for planning, facilitating, developing and funding of partnerships between the Medical College of Wisconsin and community

organizations. In some cases, the community partners may take the lead in program development and implementation, with the Medical College of Wisconsin providing evaluation and technical assistance as required. In other programs, the community and Medical College partners will have equal involvement. And, in others, the Medical College of Wisconsin may take the lead in an initiative with community input and involvement as required.

Health improvement will be implemented through three principles: leadership, partnership, and empowerment. Leadership is key to sustained health improvement, and there are many different types of leaders, both community and academic, who must be cultivated. These include health care and provider organizations, schools, churches, voluntary associations, public agencies and citizen groups, among others. Second, more can be done by working together as partners and pooling limited resources than by working separately and often duplicating each other's work. Third, although communities have many needs, they also have many strengths, and individuals must become empowered to capitalize on those strengths to build community and individual self-sufficiency.

**1. Model for Partnerships.** Each public and community health initiative supported by the Funds must be a partnership between statewide, regional or local community organizations and the Medical College of Wisconsin. Community organization is broadly defined to be inclusive, e.g. public and private organizations, voluntary associations, health care organizations and providers, churches, schools, citizen groups, among others.

Development of partnerships will be facilitated by the Office of the Senior Associate Dean for Public and Community Health at the Medical College of Wisconsin. These partnerships will be guided by a framework that includes three elements: (1) commitment to an agreed-upon set of principles; (2) recognition that partnerships go through various stages; and, (3) creation of a written programmatic agreement.

- **Principles of partnership.** Making a commitment to an agreed-upon set of principles is a critical first step for the long-term success of a partnership. These principles include developing common goals, building trust and respect, and understanding and emphasizing strengths and assets. Open communication and feedback are also critical, as is flexibility to evolve, mutual benefit and shared credit.
- **Stages of Partnership Development.** When community organizations and academic institutions build relationships, it is important to understand that the partnership development goes through several stages. These stages allow partners to become better acquainted, build trust, define common goals and objectives, and develop ways to sustain the partnership and expand progress. Identifying and sharing resources is also a key element.
- **Written Programmatic Agreement.** A programmatic agreement template using the principles of partnership described above will lay the groundwork for success. This agreement clearly identifies goals and objectives, and roles and

responsibilities of each partner. Also included are well-defined, measurable outcomes, evaluation plans, and mutual benefits.

- 2. MCW Resources in Public and Community Health.** Each partnership will rely on the linkage of both community and academic strengths. MCW will match its significant resources to those that exist in communities throughout the state. MCW has broad programmatic and methodological expertise in public and community health in areas that include:

- Aging
- Cancer prevention
- Cardiovascular health
- Children's health
- Community capacity building
- Drug-free communities
- Environmental health
- Epidemiology
- Evaluation
- Health promotion
- HIV/AIDS intervention
- Information systems
- Injury prevention
- Medical student-initiated health programs
- Outcomes research
- Science education
- Violence prevention
- Women's health

Opportunities for partnership are broad, and may include the public and community strengths developed through MCW's major Centers and initiatives such as:

- Cancer Center Prevention Initiative
- Cardiovascular Health Initiative
- Center for the Advancement of Urban Children
- Center for AIDS Intervention Research
- Center for Healthy Communities
- Center for Science Education
- Firearm Injury Center
- Healthy Aging Initiative
- Health Policy Institute
- Injury Research Center
- Women's Health Initiative

MCW created the Office of the Senior Associate Dean for Public and Community Health as a focal point for coordinating the college-wide commitment to public and community health.

The Senior Associate Dean chairs the MCW Strategic Council for Public and Community Health that includes twelve senior faculty and staff who have:

- Visible and credible connection to community;
- Experience as interdepartmental collaborators;
- College-wide perspective;
- Institutional credibility.

The MCW Strategic Council for Public and Community health responsibilities are to:

- Strengthen collaboration among MCW departments and centers in the area of public and community health;
- Expand public and community health partnerships;
- Serve as advisors for development and implementation of the public and community health portion of the plan.

## **F. Technical Assistance and Support**

The Order of the Commissioner of Insurance requires the Medical College of Wisconsin to establish and maintain a reasonably accessible and effective program to provide information and training on the proposal process for projects or programs submitted by community-based organizations in partnership with the Medical College of Wisconsin. As part of this component, the Office of the Senior Associate Dean for Public and Community Health will provide technical assistance and management. In addition, the Office will provide leadership for the infrastructure building component of the plan. The Office will also serve as a link between potential community partners and the Medical College of Wisconsin.

The infrastructure component will have four major goals developed during the five-year period:

1. Partnership development;
2. Research translation and dissemination of best practices;
3. Technical assistance in local program development and evaluation;
4. Education, advocacy and leadership development.

## **G. Proposed Next Steps**

The health improvement model is intentionally broad and will rely on the creativity of partners to propose transformational programs to improve the health of the public. The Consortium plans to proceed with implementation of its funding plan over approximately a six to eight month period following the approval of the five-year plan. The next step will be development of key criteria for evaluating proposals. The Consortium will ensure that the public and community health



funds will be expended through community-academic partnerships according to standards consistent with its vision, principles of stewardship, and model of health improvement. The MCW Consortium will ensure that proposal criteria for access to the funds for public and community-based initiatives, including matching requirements, are reasonable.

<b>Implementation of the Public and Community Health Component of the MCW Blue Cross Plan</b>	<b>Completion</b>
Develop proposal criteria	t.b.d.
Develop proposal review process	t.b.d.
Develop Request for Partnership (RFP)	t.b.d.
Develop and implement technical assistance program	t.b.d.
Issue Request for Partnerships (when funds are available)	t.b.d.
Medical College of Wisconsin and community collaborate on proposal development	t.b.d.
First round of proposals due	t.b.d.
Conduct review	t.b.d.
Projects begin	t.b.d.

## **VII. Health Improvement through Research and Education**

*(To be funded from the 65% Research and Education portion of the Funds)*

The 21<sup>st</sup> century will be a time of profound scientific discovery. The explosion of knowledge from laboratories around the world has yielded a wealth of insights into the fundamental nature of human health and disease. Translation of that knowledge into new cures and medical practices will increasingly require interdisciplinary collaboration, requiring specialized teams of health professionals and clinician-scientists.

Progress in medical research has always drawn upon insights from other fields of science including basic biology, physics, chemistry, mathematics, computer science, and many fields of engineering. Now, more than ever before, progress in medical research is being enhanced by research from other disciplines. This century will be a time of change and discovery, yet the essential reality of human suffering due to health-related problems will surely persist.

The education of health professionals is also a continually transforming, dynamic process. New programs are offered, while others are revised to respond to the ever-changing challenges in health care. Educational programs must be constantly evolving to assure the transfer of new knowledge into the health professional workforce. Health professionals need easy access to educational and training programs to assist in improving the health status of our residents. Recent advances in information technology have provided expanded opportunities for distance education and teleconferencing to provide this educational access. In addition, technology will profoundly increase the health care resources and information available to consumers.

This document serves as a guide to reaching our goal of improving the health of the residents of Wisconsin. This goal is not static, and this plan is intended to be flexible to meet the needs of the residents of this State. The Funds will be used to leverage our expertise and assets to promote discoveries and educational opportunities that will translate into improvements in health status. Successfully integrating future opportunities and challenges into the plan will be the key to achieving this goal.

## **A. Principles for Stewardship**

MCW has established a set of guiding principles to govern the stewardship of the Funds derived from the conversion of Blue Cross & Blue Shield United of Wisconsin to a stock insurance corporation as the Funds are used to support research and education initiatives. These principles include:

Prioritization. Aim for the maximum impact to improve the health status of the residents of Wisconsin. These funds will be focused on diseases and conditions that most affect people's health, longevity, and quality of life. This will require a prioritization of initiatives that have the best potential to significantly improve health.

Build on strength. Identify initiatives that utilize the programmatic strengths available at the College and within the state to maximize success.

Leverage Assets. Leverage these funds by pooling resources whenever possible, thereby providing potential for increasing the level of funding available for the activities described in the plan.

Prevention through research. Emphasize activities, including research, that seek to prevent disease, injury and disability. Activities or initiatives should also be responsive to public and community health needs and priorities.

Collaboration. Emphasize academic/community partnerships to broaden program impact throughout the state and to enhance the translation of knowledge into community practice.

Outcomes research. Assure effectiveness through rigorous program evaluation and monitoring of program outcomes.

The development of the research and education component of the five-year Plan was drawn from several components including Healthy People 2010, Healthiest Wisconsin 2010 and the 2001-2006 MCW strategic plan. The College's strategic plan was developed by a Coordinating Council and several Strategic Issues Groups that included a diverse collection of more than 100 faculty and staff. Ongoing discussions with faculty committees regarding health priorities and MCW's strengths have also occurred. In addition, the College recently completed an extensive self-study for the Liaison Committee on Medical Education (LCME) accreditation process, which provides detailed information on future educational priorities in the health care field. The research and education components also builds on the comprehensive assessment of the health status and needs of Wisconsin's population prepared for the 1999 plan, described in Section IVB.

An outline and draft plan of the research and education sections of the draft five-year Plan were posted on the MCW website in February 2003 to solicit additional faculty and external feedback. Additionally, the MCW Consortium on Public and Community Health provided review and advisory recommendations.

## **B. Research for a Healthier Tomorrow**

The annual permissible distribution from the endowment Funds will be used to support research initiatives in Cardiovascular Disease, Cancer, Neuroscience and Genetics. These Funds will also be used to support imaging, biotechnology and bioinformatics projects that emphasize and support these four research priorities.

Proceeds will be used to support both basic and clinical research. The translation of biomedical research findings from the laboratory to the bedside is critical to improving the health of the residents of the State. Strengthening clinical research collaborations and expanding patient access to new treatment protocols will be included in the Cardiovascular Disease, Cancer, Neuroscience, and Genetics initiatives.

MCW and UW Medical School will continue to pursue a complementary approach to biomedical research into the leading causes of death in Wisconsin, emphasizing the strengths of each organization. This pluralistic approach towards research into the major causes of death and disability leverages the assets and capabilities of both institutions and their collaborating research organizations. In addition, MCW will enter into interdisciplinary collaborations whenever appropriate.

### **1. Cardiovascular Disease (CVD)**

Nationally, and in Wisconsin, Cardiovascular Disease continues to be the number one killer. The College's Cardiovascular Center (CVC) is a nationally recognized leader in hypertension research and is one of the premier cardiovascular research centers in the nation. Researchers at MCW have made important contributions to recent advances in understanding diseases of the heart and vascular system. The CVC focuses on the causes, treatment, and cures of heart disease, stroke and other cardiovascular diseases through prevention, research, education and clinical care.

Areas of strength within the CVC include an interdisciplinary disease focus with an emphasis on human and molecular genetics. The CVC has produced significant accomplishments, among them:

- Identified genes linked to hypertension in African-Americans
- Identified the role of blood sugar in predicting heart attack damage
- Found a new role for nervous tissue, suggesting therapies for stroke

Over the next five years, cardiovascular research at the CVC will focus in specific areas, including:

- Identifying genes linked to high blood pressure
- Identifying genetic and molecular control of cerebrovascular circulation (stroke)
- Identifying genes that control coronary blood vessel growth
- Studies that focus on blood flow in the heart in patients with diabetes
- Identifying new strategies to reduce injury after heart attack
- Studies of arrhythmia, heart-valve replacement, cerebrovascular disease and stroke

This approach targets our efforts to specific components of cardiovascular disease. This selective strategy will focus on enhancing the ability to identify and control factors that lead to heart disease.

## **2. Cancer**

Cancer is more prevalent in southeastern Wisconsin than in other parts of the State, and Milwaukee County has the highest cancer death rate per capita of any county within the State. Studying the genetic and molecular basis for cancer and developing better treatments are areas of emphasis for MCW cancer researchers. MCW faculty are committed to the identification and treatment of cancer as a human health problem through a coordinated research, clinical treatment, control and education effort.

Areas of strength within the Cancer Center include an interdisciplinary disease focus with an emphasis on human and molecular genetics. The Cancer Center has produced significant accomplishments, among them:

- US leader in the development of gene therapy to counteract complications of donor-related bone marrow transplant rejection
- Identified variations in the use of breast conserving treatment for breast cancer patients
- First tests of photodynamic therapy (using light-sensitive dyes to kill tumor cells) for inoperable pediatric brain tumors

- Ranked as one of the top five institutions in the US and Canada, by the Radiation Therapy Oncology Group, for the enrollment of patients in radiation therapy cancer clinical trials in 2001
- Home of the International Bone Marrow Transplant Registry
- Innovative programs in adult and pediatric palliative medicine

Over the next five years, cancer research at the College will focus in specific areas, including:

- Cancer control and prevention
- Breast cancer, including genetic screening tests for hereditary forms
- New treatment approaches for ovarian cancer
- Studying the mechanisms of gene regulation and expression in cancer cells
- Leukemia/lymphoma, including studies of matched and unmatched bone marrow donors
- Predictive profiling of prostate cancer by DNA micro-arrays
- Immunotherapy of diverse cancers

Strategies to enhance our ability to diagnose and treat cancer will have a significant positive impact on the residents of the State. Research efforts are particularly important because they are the keys to finding new treatment and curative therapies.

### **3. Neuroscience**

Neuroscience is the study of the nervous system – including the brain, the spinal cord, and networks of sensory nerve cells throughout the body. Neuroscience research investigates diseases of the brain as well as brain mapping and understanding the brain’s response to stimuli. Research progress in the Neurosciences will help to alleviate the long-term cost and impact on the quality of life of diseases such as Alzheimer’s, Parkinson’s, epilepsy and stroke.

Neuroscience research may also provide insight into a variety of mental health disorders such as schizophrenia and addiction. Converging evidence suggests that many, if not all drugs of abuse, including “legal” drugs such as alcohol and nicotine, have commonalities in their modes of action, which implicate the brain dopamine system. Neuroscience research provides keys to the brain’s response to various substances, thus facilitating advancements in treatment programs for addiction.

Neuroscience research at MCW utilizes various approaches in the quest for knowledge, including sophisticated imaging equipment. MCW scientists are using functional magnetic resonance imaging (fMRI) as a way to diagnose Alzheimer’s disease much earlier than traditional methods. Earlier diagnosis means patients can benefit from therapy to slow disease progression.

MCW faculty have made important progress in the neuroscience discipline, including:

- Identification of brain function relating to tobacco and cocaine addiction
- Application of functional imaging technologies to brain disorders, such as Alzheimer's disease, Parkinson's disease, stroke, epilepsy, and brain tumors
- Delineation of genetic factors leading to macular degeneration and color blindness

Over the next five years, neuroscience research at the College will focus in specific areas, including:

- Early detection and treatment of Alzheimer's disease and dementia
- Studying the fundamental disorders of Parkinson's disease
- Investigating brain mechanisms related to addiction
- Understanding mechanisms of pain circadian rhythm, macular degeneration and color vision
- Investigating the role of harmful molecules called free radicals in damaging brain cells
- Vehicular impact safety and head trauma

Expanding our understanding of the function of the brain will increase our ability to detect and manage these diseases successfully.

#### **4. Genetics**

Variations in genetic makeup are associated with almost all disease and can be used to target interventions. Knowing a person's genetic identity will aid in taking available precautions to avoid risk factors for contracting disease and may help in reducing the occurrence of diseases like breast cancer, colon cancer, and Parkinson's. We all carry genetic variants that increase our susceptibility to some diseases. By identifying and characterizing these variations, we have more opportunities to identify and design targeted intervention strategies effectively.

Genetic differences have already been found to play a role in:

- Childhood diseases such as asthma, early development of heart disease and certain forms of cancer
- Chronic diseases such as cardiovascular disease, diabetes, cancer and Alzheimer's disease
- Infectious diseases including HIV/AIDS and malaria
- Occupationally related diseases such as bladder cancer and lung disease

Finding the different forms of important genes in a population is the first step in identifying genetic risk factors. Genetics underpins the research at MCW in cancer, neuroscience, and cardiovascular medicine.

MCW faculty have made important progress in our understanding of the human and rat genomes and genetics research including:

- Discovery of a chromosome region that harbors genes potentially responsible for obesity and its health risks
- Development of a rat model to study the function of particular genes related to heart, lung and blood diseases
- Identification of genetic markers for juvenile and adult diabetes

Over the next five years, genetic research at the College will support key research areas in cardiovascular diseases, cancer and the neurosciences through various research initiatives including:

- Identification of genes that either protect against or predispose to hypertension and heart attack
- Identification of genes that regulate diabetes, prostate cancer and obesity
- Genetic and molecular control of cerebrovascular circulation
- Identification of genes that control coronary blood vessel growth
- Genetic screening for cancer

Genetics brings the power of modern molecular biology to focus on medical research. Genetic make-up is associated with almost all disease and can be used to target interventions. Increasing our knowledge of genetics expands our opportunities to effectively target intervention strategies.

## **5. Additional Research Priorities**

These funds will also support imaging, biotechnology and bioinformatics projects that emphasize and support the four research priorities described above.

**a. Functional Imaging.** Advances in functional magnetic resonance imaging (fMRI) now allow clinicians and scientists to explore virtually every aspect of brain function and disease. We can now utilize imaging equipment to study the brain systems activated when individuals perform sensory, motor and cognitive tasks. MCW scientists have begun to apply the technique to diagnose and monitor patients with a variety of neurological and psychiatric disorders, including brain tumors, stroke, epilepsy, drug abuse, Alzheimer's disease, Parkinson's disease, Huntington's disease, attention deficit disorder, multiple sclerosis, head injury, visual disorders, gastrointestinal disorders and schizophrenia. The results have lead to

earlier disease detection, closer monitoring of brain conditions, and improved abilities to assess the effectiveness of investigational therapies.

Refinements in imaging science will contribute key tools in the advancement of neuroscience research. MCW faculty have made significant contributions to imaging science including the demonstration that magnetic resonance imaging could be used to measure brain function.

Over the next five years, imaging research at MCW will support the College's focus in cardiovascular, cancer, neuroscience and genetic research.

**b. Bioinformatics.** Bioinformatics is an emerging science that brings together vast amounts of genetic data and high-performance computing hardware. MCW seeks to use bioinformatics to translate basic molecular genetics information into improved health care. The computing power enables researchers to accelerate complex data analysis and take on large-scale projects that promise to increase our ability to identify people at risk for life-threatening conditions and develop new treatments.

MCW's bioinformatics research center is one of the nation's largest. MCW researchers are developing software programs and databases that are used around the world to delve into the biological data created by the human genome map and the rat genome database.

MCW faculty have made significant scientific contributions through the bioinformatics center including the identification of a region on human chromosome 14 containing genetic markers that indicate a predisposition to develop heart attacks. They have also begun creating a thorough map, linking the occurrence of clusters of genes in rats to physical characteristics that contribute to cardiovascular disease.

Using the tools of bioinformatics, scientists can probe the function of a gene or a cluster of genes. They can also model potential new drugs and predict how patients with particular genes may react to the drugs. The expertise and tools available within the MCW Bioinformatics Research Center will be used to support the College's research emphasis in cardiovascular disease, cancer, neuroscience, and genetics.

**c. Biotechnology and Bioengineering.** Biotechnology and Bioengineering initiatives foster translational research and provide a migration path for research results to reach the bedside of patients. Researchers will focus on the development of new systems for remote sensing of physiological variables such as blood pressure, metabolism and other mechanistic pathways for use in experimental and clinical findings. Technologies will have a wide variety of applications, including high-throughput screening for genomic studies. The primary focus will be on angiogenesis and rapid biochemical analysis.



## **C. Education and Leadership for Public Health**

Improvements in health are achieved not only through medical research but also through the training of health care providers and educating the public on how to improve and maintain health. Technology will allow education to become more personalized. Lifelong learning will become a normal part of living as technology-based delivery of information becomes the rule, not the exception. These Funds will support investments in healthcare education for both providers and consumers that will provide positive benefits for decades to come.

### **1. Clinical Skills and Learning Center**

Rapid advances in new technology and scientific discoveries require their integration into curricula and training experiences for providers to prepare for a contemporary health care practice. The development of a clinical skills training center will provide a consolidated program and facility for their training. The center will include standard exam rooms, procedure rooms and a patient simulation area for training. The center will provide training programs and facilities to demonstrate new procedures, develop critical thinking skills, and provide opportunities to learn new techniques in a controlled, simulated environment. The center will also provide training opportunities for medical students and residents, physicians, nurses, medical technicians and other allied health professionals.

### **2. Faculty Development**

Faculty with substantial experience and ability in research, authoritative knowledge and proficiency in their fields of specialty and distinction and reputation in clinical practice and education are critical to ensuring that MCW achieves excellence in education, research, community service and patient care. To achieve this excellence, faculty must continuously expand their knowledge and skills in their roles as educator, clinician, and researcher. For educators to provide high quality, innovative educational programs, they must have dedicated time to acquire new knowledge, and translate that understanding into effective teaching and evaluation. Development of tomorrow's clinical investigators is also imperative, as rapid advances in the sciences basic to medicine must be translated into improved care for our patients. Faculty must build upon their basic research skills to design rigorous studies that are responsive to scientific advances, patient privacy, and the expansion of informatics. Additional faculty development will enhance the College's ability to accomplish its goal of improving health status.

### **3. Library Services**

Keeping current with new medical discoveries, practice guidelines, and drug information is a never-ending challenge for all health professionals, especially those located in the more rural and remote areas of the State. The MCW Library continues to update its electronic resources to make it easier to link to medical resources and tools. The MCW Library provides links not

only to MCW electronic resources, but also to other reputable medical information sites, including electronic journals and books, practice guidelines, drug information, and patient handouts. These offerings will be expanded to provide additional resources to health professionals.

#### **4. Student Scholarships**

The number of applications to medical school continues its national decline while projections of future physician shortages increase. Two key components listed by students regarding their lack of interest in medical careers are the time commitment and cost of education. MCW will offer increased scholarship support in an effort to stem the decline. Funding will be provided for student scholarships with an emphasis on underserved areas and merit.

#### **5. Educational Outreach through CME**

Throughout the 21<sup>st</sup> century, medical knowledge and treatment modalities will continue to change and expand. Medicine of the future will require significantly different skill sets than taught today. Medical research will offer immense potential for cures to many diseases as we take advantage of rapid developments in our understanding of the human condition. Controlling this explosion of information will require complex systems of data management and an interdisciplinary approach to treat the patient. Health care providers must position themselves for a more interdisciplinary, information intensive future.

MCW is committed to providing quality continuing professional education to meet the needs of health professionals. Our Office of Continuing Medical Education (CME) offers education on diverse clinical topics and organizes activities with a focus on professional responsibilities related to patient safety and advocacy, new technologies, research, health care policy, ethics and compliance.

The CME Program at MCW encompasses seminars, workshops, review courses, lecture series and conferences, grand rounds and mini-preceptorship programs, journal and Internet CME, self-study opportunities, remediation and other innovation educational activities with an emphasis on relevance, personal effectiveness and scientific integrity. These offerings will be expanded, new distance learning initiatives implemented, and teleconferencing program opportunities will be provided.

#### **6. Patient Education**

The pursuit of knowledge must be shared. Translating our discoveries to the community is a vital component of our mission. As medicine becomes more complex, making informed health decisions becomes more difficult for the public. MCW currently offers *HealthLink*, an Internet data resource and companion newsletter, which contains many health-related articles, at no cost to readers. *HealthLink* promotes the health and well-being of our

community and strengthens the relationship between patients and their health care providers. *HealthLink* empowers patients with accurate, timely, impartial and authoritative medical information. *HealthLink* offerings will be increased to broaden the information offerings to the public and expand their ability to make informed health choices.

## **7. Masters of Public Health Program**

The Medical College of Wisconsin's existing Masters of Public Health program offers degrees in Occupational Medicine and Preventive Medicine to individuals with a medical degree. The current curriculum is under assessment and will be modified as needed to ensure its relevancy within the discipline. Expansion of the curriculum, which would confer the MPH degree for other health professionals, is under discussion. Public health leadership programs are also being considered. Factors such as demand, faculty capacity, and development of programs within the University of Wisconsin System and at other Wisconsin academic institutions will be taken into consideration in making decisions.

## **8. Medical College Curriculum Development**

Changes in the financing and delivery of health care require physicians to address the health care needs of populations as well as individuals. Integration of public and community health key concepts and skills into the Medical College curricula will be necessary to prepare future physicians. Included in these key concepts are the ability of physicians to practice prevention, promote healthy lifestyles, understand the interaction between socio-economic status and health status, understand health disparities and provide culturally appropriate care, and learn how to enhance community responsiveness.

# **VIII. Governance**

MCW will use the Funds for education, for research, for public health purposes and as otherwise permitted by the Order and this Plan.

The Order requires the formation of a public and community health oversight and advisory committee. MCW Consortium on Public and Community Health, Inc. (the Consortium), a Wisconsin non-stock, non-member corporation was formed on July 5, 2001 with its purposes limited to the fulfillment of the obligations of the public and community health oversight and advisory committee. The board members of the Consortium were appointed in accordance with the Order and include three public members who represent special issues as defined by the Order, Minorities, Women, Senior Citizens, Children, Rural Communities, and Non-rural Communities. An additional public member is a "statewide advocate," chosen from a list approved by the Office of the Commissioner of Insurance. The Office of the Commissioner of Insurance appointed the fifth public member. Four members represent the Medical College of

Wisconsin. These representatives provide coordination of activities between the College and the Consortium. The Consortium has authority over the application of Funds allocated for public health.

The Order requires that 35% percent of the Funds shall be used by MCW for public health purposes. The public health percentage may not be increased or decreased except as permitted by the Order. This Plan incorporates the definition from the Order of the term “public health” to mean population health, rather than population medicine, focused on the broader determinants for health in communities, such as prevention efforts to promote healthy life styles for women, children and families; disease prevention and control; and control of environmental agents that negatively impact health. The Consortium governance structure provides a single point of contact for all matters relating to public health and public health community-based initiatives, thus facilitating access by external constituencies.

The Bylaws of the Consortium delineate the responsibilities of the MCW Consortium on Public and Community Health Board and conform to the Order of the Commissioner of Insurance.

Oversight of the remaining Funds designated for health care provider education and medical research is provided by the Medical College of Wisconsin.

## **IX. Fund Management**

These Funds afford the Medical College of Wisconsin a notable opportunity to create a healthier Wisconsin. To accomplish this, MCW proposes to designate up to 10% of each distribution of Funds received from the Foundation as available to launch new programs and expand existing centers, while investing and managing the remainder as a permanent endowment. The momentum of these initiatives will be maintained with the annual permissible distribution from the endowment.

The endowment Funds will support activities in two major areas: (1) MCW Public and Community Health Partnerships; and (2) Health Improvement through Research and Education. This endowment will allow for on-going support of programs to enhance the health and well being of the residents of Wisconsin. We do not expect to use any portion of the Funds to replace or fund those programs for the public’s health that have traditionally been the responsibility of government. Rather, we provide an ongoing medical knowledge and manpower resource to organizations as a part of the solution to improve the health of all residents of our State.

### **A. Endowment Policy**

In accordance with our Board of Trustees’ policy for all endowed funds, the greater of one-half of the prior three calendar years average investment return or three percent of the Funds’ market value will be available annually for awards or budgets. Portions of the permissible distributions from the endowment Funds that are not awarded or not allocated to budgeted programs or projects will remain invested with the endowment funds.

## **B. Fund Management**

MCW will manage or direct the management of the Funds, in accordance with the requirements of the Order. MCW will invest the Funds according to its internal investment policies, and may commingle the Funds with other funds invested, managed, or held by or through MCW. However, the College will, at all times, maintain separate financial accounting and reporting for the Funds and the public health percentage of the Funds. The College's policies and procedures regarding management of sponsored programs will apply to all uses of the Funds.

MCW will, for each approved distribution, make a written determination that the award or budget supported out of the funds will not supplant federal, state or local government appropriations, or internal MCW non-grant funds. These determinations will be filed with the Consortium as a part of the College's annual written report. MCW's Board of Trustees will review the Consortium's advisory report regarding the written determinations, and the action of the Board of Trustees with respect to the Consortium advisory report, if any, will be final.

MCW will not use a material portion of the Funds directly or indirectly for real property, or for the purchase, capital lease or construction of a facility, or committed as collateral, or in any other way for such a purpose without the prior approval of two-thirds of all members of the board of the Consortium.

## **C. Fund Distributions**

Annually the MCW Budget Committee will determine the amount of permissible distribution from the endowed Funds and the portion of such permissible distribution allocated for public health, in accordance with the endowment policy of the College and the Order and this Plan. Funds will be awarded or allocated to budgets in accordance with the priorities identified in the current five-year plan and the Principles of Stewardship outlined in this Plan. The 35% allocation for public health and public health community-based initiatives will be awarded according to the strategic directions outlined in the relevant section of the current five-year plan. The 65% allocation for research and education will be budgeted according to the strategic directions in the related section of the plan.

The Order requires that 35% percent of the Funds shall be used by MCW for public health purposes. The public health percentage may not be increased or decreased except as permitted by the Order. MCW may make an award of the public health percentage only if:

- The College implements the program or project as described in this Plan;
- The MCW Board of Trustees approves the proposal for the program or project; and
- A majority of the members of the board of the Consortium approves the award in a manner appropriate for the management of the Funds.

By approving this Plan, the Consortium has determined that awards out of the public health percentage approved by the Consortium will be used for public health, that the allocation for public health community-based initiatives is appropriate and that the standards for access to the Funds for public health community-based initiatives, including matching requirements are reasonable, all as required under the Order. The Consortium may authorize expenditures on a multi-year program basis, on a project basis, or in any other manner appropriate for management of the funds. All awards will be managed in accordance with MCW policies and procedures regarding management of sponsored programs.

All Funds with a public health priority are to be awarded in collaboration with the Medical College of Wisconsin. The College will develop and maintain a program to provide information and training on the process for community-based organizations to propose collaborations with MCW on projects to be supported by these Funds. The expenses of this community-based training and information program will be paid out of the Funds allocated for public health and public health community-based initiatives.

The Consortium will be provided adequate staffing and budget for its operation. MCW administration may provide staffing and administration for the Consortium. Funds to support the staffing, administration and operating budget for the Consortium will be paid from the 35% allocation for public health and public health community-based initiatives commencing from the appointment of the Consortium Board.

Oversight of the remaining Funds designated for health care provider education and medical research is through the Medical College of Wisconsin. MCW may make a budget allocation of the provider education and medical research percentage only if:

- The College implements the program or project; and
- The MCW Board of Trustees approves the budget.

Funds to support MCW's preparation for and compliance with the Order and submittals to the Foundation Board may be expended from the 65% allocation for research and education at the discretion of MCW.

#### **D. Budget Process**

The Medical College of Wisconsin engages in a budget development and approval process on an annual basis. Consistent with the Bylaws of the College, the Budget Committee is responsible for recommending to the President and the Board of Trustees the allocation of funds to the various professional, academic and administrative programs of the Medical College and for overseeing the implementation of the adopted budget. Allocations of the Funds for research and education will be recommended to the President and the Board of Trustees as part of the annual budget. Recommended allocations will be made in accordance with the priorities identified in the current five-year plan. The Medical College of Wisconsin will determine whether use of the Funds for any recommended proposal would supplant federal, state or local government appropriations or internal MCW non-grant funds.

## **E. Reporting**

MCW will annually report to the Consortium on uses of the Funds relating to the research and education allocation (65%). The Consortium will review this information for the purposes of preparing an advisory report to the MCW Board of Trustees on the use of the Funds for research and education (65%). The Consortium will also prepare an advisory report to the MCW Board of Trustees regarding the use of the funds allocated for public health (35%). The Consortium report will include an evaluation of the programs or projects funded; whether the Funds are supplanting federal, state or local government appropriations or internal MCW non-grant funds; the extent of funding of community-based initiatives with respect to the portion of the Funds allocated to health care provider education and medical research; whether the public health percentage of the Funds is awarded for public health community-based initiatives as required by the Consortium standards described in this Plan; whether the Funds are awarded or budgeted in accordance with this Plan; and the financial status of the Funds. The Consortium is not required to evaluate each program or project annually but will determine and report on the timeline and means of evaluation of each program and project.

MCW will, at least every five years, engage in a planning process to develop a five-year plan for the application of the Funds with participation of the Consortium and the public. The Consortium must approve the portion of the five-year plan that addresses public health. The Consortium will make an advisory recommendation to the MCW Board of Trustees concerning the remaining portion of the plan. A copy of each five-year plan that is approved by the MCW Board of Trustees will be provided to the Consortium and the Wisconsin United for Health Foundation (so long as the Foundation exists).

The Order requires that at least every five years, MCW will obtain a program and financial audit of the Funds from the Legislative Audit Bureau, or in the alternative, at the sole discretion of the College, from an independent firm approved by, or selected under standards approved by, the Office of the Commissioner of Insurance. The Audit Report will be submitted to the Consortium and the Foundation (so long as the Foundation exists). To comply with this requirement, the College will cause the Funds to be audited in accordance with an audit plan consistent with the Order and subject to standards approved by the Office of the Commissioner of Insurance. The audit will be performed by independent auditors nominated by the Audit Committee and appointed by the Board of Trustees of the Medical College of Wisconsin.

## **X. Conclusion**

The future will provide both challenges and opportunities for our efforts to improve health. Medical research will continue to progress, and cures will be found for some diseases. Enhanced public education on health issues will have a positive impact on health status. At the same time, new health concerns will arise that cannot yet be anticipated. MCW's plan to improve the health of Wisconsin will be reviewed and revised periodically, so that these Funds will also serve future generations by effectively addressing their health care needs and priorities. At least every five years, MCW will collaborate with UW Medical School on a reassessment of the State's health needs and priorities. This information will be synthesized, and used to evaluate our plans to improve the health of the public.

Approvals:

Wisconsin United For Health Foundation, Inc.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

MCW Consortium on Public and Community Health, Inc.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The Medical College of Wisconsin, Inc.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## **XI. References**

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