



**The University of Wisconsin-Stevens Point  
Healthy Communities Initiative Study**

May, 2012

Prepared by



and

Dr. Joan North, Dean Emerita, UW-Stevens Point

Madison, Wisconsin

## **Acknowledgements**

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**April 10, 2012**

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Zach Vruwink – Mayor elect, Wisconsin Rapids  
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Scott Larson – Executive Director, Marshfield Chamber of Commerce & Industry  
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Scott Krug – Wisconsin State Representative  
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Julie Lassa – Wisconsin State Senator  
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**February – April, 2012**  
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## **Executive Summary**

NorthStar Consulting, in cooperation with retired UW-Stevens Point dean, Joan North, were engaged by the university to review and assess the feasibility of the “Healthy Communities Initiative.”

The Healthy Communities Initiative will be a public-private partnership, intended to capitalize on the existing strengths and array of UW-Stevens Point’s professional health care and wellness programs. The Healthy Communities Initiative has three primary goals:

1. Create a variety of health care pathways for students by partnering with the North Central Wisconsin Higher Education Alliance.
2. Assure the best health care education possible by expanding health care curricula, workshops, summer camps, tutoring, counseling, and practicum experiences.
3. Assist graduates in returning to central and northern Wisconsin to serve their communities as health care and wellness professionals.

During the course of the project, the consultants explored the Healthy Communities Initiative by conducting both primary and secondary research.

Primary research consisted of both on and off campus interviews. Over 40 UW-Stevens Point students, faculty, and staff were interviewed. In addition, extensive focus group sessions were held with educational partners, health care providers, and elected officials. Overall, there was a great deal of positive support and encouragement for the Healthy Communities Initiative.

Secondary research indicates the demand for health care in north central Wisconsin will increase dramatically in the next two decades due to a number of reasons, including:

1. An aging population
2. New and more complex health care treatment options
3. Increased demand connected with the Affordable Health care Act
4. Increased demand to both diagnose and recognize diseases such as autism, diabetes, and asthma.

A recent Wisconsin Hospital Association annual report suggests that by 2020-2030, the health care professional workforce will experience dramatic shortages in nursing, personal care physicians, surgeons, psychiatrists, and occupational/physical therapists.

The consultants offer several recommendations regarding the UW-Stevens Point Healthy Communities Initiative. Key recommendations include:

1. The university should begin the Healthy Communities Initiative in the fall of 2012.
2. The university should view the Healthy Communities Initiative as a strong public-private partnership.
3. The university should consider an organizational structure that creates high level visibility for the initiative.
4. The university must explore additional funding for the initiative, including grants, differential tuition and a capital campaign.
5. The university needs to develop an organized marketing and communication plan that appropriately positions the initiative and builds upon the existing campus strengths in health care.
6. The university should develop an assessment, evaluation, monitoring and feedback system for the health care initiative.
7. The university must deal with the academic program capacity and bottleneck issues. The campus will need to formulate a plan to assure appropriate capacity in the science and other critical program areas through additional funding, use of educational partners, and other means.

## Chapter I: Purpose and Scope

NorthStar Consulting Group in conjunction with Dr. Joan North, University of Wisconsin-Stevens Point Dean, Emerita, were engaged by the University of Wisconsin-Stevens Point to provide a review and assessment of the “Healthy Communities Initiative.”

The University of Wisconsin-Stevens Point is embarking on a Healthy Communities Initiative which capitalizes on its existing strengths in order to highlight its premiere array of professional programs in health care and wellness in the central and northern regions of Wisconsin.

The initiative is intended to be a public/private endeavor and is built upon two primary principles.

First.....A healthy population is essential for the growth and sustainability of any community.

Second.....The program will build upon the existing strengths of UW-Stevens Point and its educational partners.

Key goals of the program initiative are:

1. To create a variety of academic health care pathways for students in the central/northern regions of the state by partnering with the North Central Wisconsin Higher Education Alliance.
2. To assure students receive the best education possible by enhancing health care curricula, providing students with focused support including workshops, summer camps, tutoring services, counseling, and practicum experiences.
3. To assist graduates in returning to central and northern Wisconsin to serve their communities as health care and wellness professionals.

The consultants were asked to focus their work on the following key areas:

- Review regional demographic health care data
- Conduct stakeholder meetings and interviews
- Determine the feasibility of Healthy Communities Initiative.
- Provide UW-Stevens Point recommendations and implementation strategies
- Prepare a final report and presentation by May 31, 2012

The Healthy Communities Initiative aligns itself with two important aspects of the university. They are: 1) the UW-Stevens Point mission and values and 2) the recent university strategic plan. As illustrated in the UW-Stevens Point vision statement, the Healthy Communities Initiative will promote the preparation of students and development of citizens for the local, regional, and

global world. In addition, the values speak to professional preparation and community involvement as a means of achieving the university mission.

### **UW-Stevens Point Mission, Vision and Values**

“Through the discovery and dissemination of knowledge, the UW-Stevens Point stimulates intellectual growth, provides a liberal education, and prepares students for a diverse and sustainable world.”

#### **Vision**

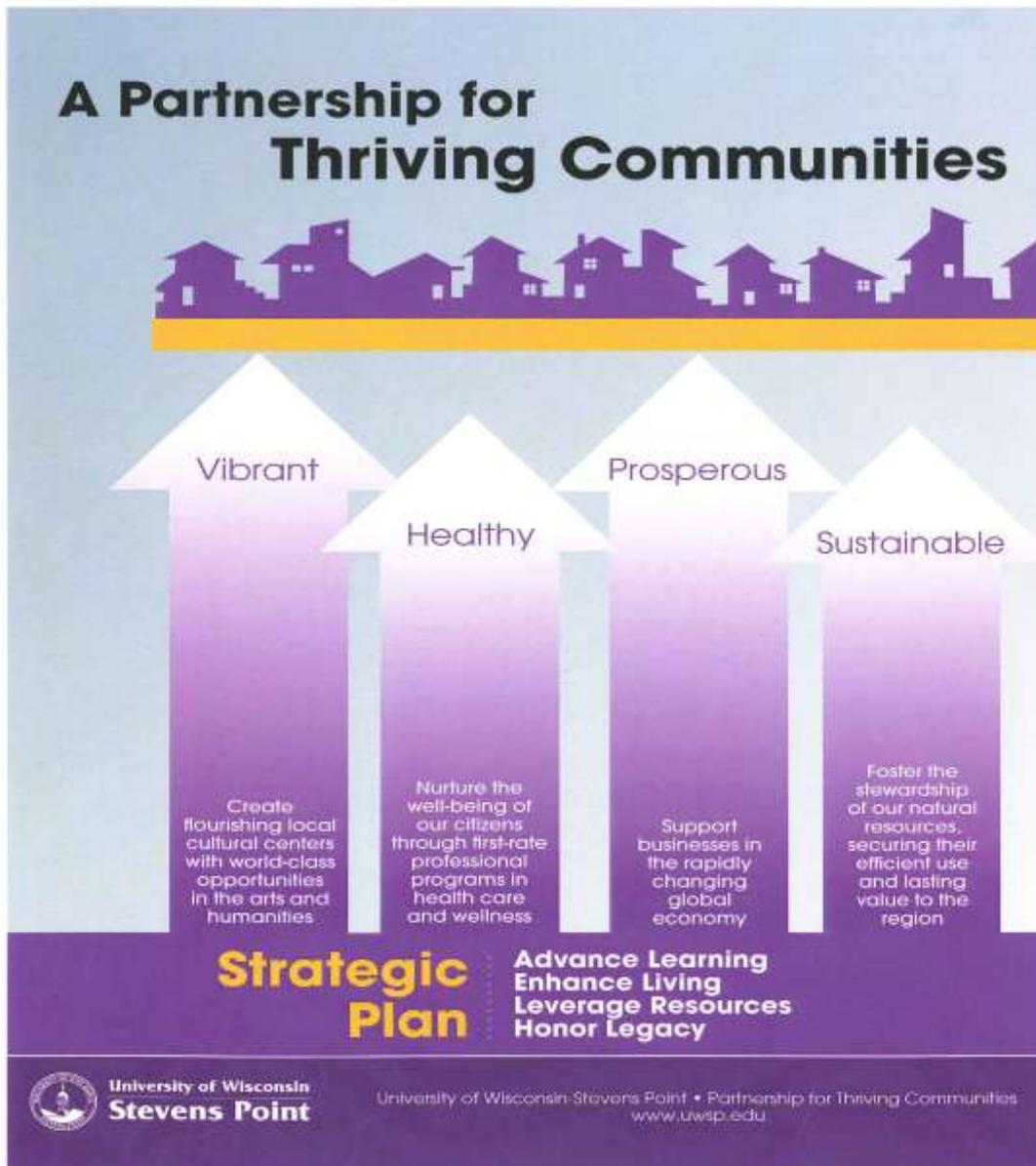
“The University of Wisconsin-Stevens Point will be recognized for its preparation of students and development of citizens who will affect local, regional, and global affairs and engage with the concerns of the world.

#### **Values**

- Student-centered environment
- Critical thinking, creativity, and lifelong learning
- Professional preparation
- Community involvement and outreach
- Ecological stewardship

The Healthy Communities Initiative also aligns itself with the recent strategic planning document approved by the university in 2011. One of the four pillars of “A Partnership for Thriving Communities” includes:

**Healthy:** “Nurture the well-being of our citizens through first-rate professional programs in health care and wellness.”



As illustrated above, the Healthy Communities Initiative will be built upon a solid foundation of UW-Stevens Point’s mission, values, vision, and strategic planning.

## Chapter II: Background Research

The demand for health care in North Central Wisconsin will increase dramatically in the next two decades. The need for additional health care professionals in communities served by UW-Stevens Point will be driven by multiple factors including:

- the demographic shift in the population structure to older age groups due to the baby boom generation entering the retirement years;
- the health effects of the obesity epidemic and rise of other lifestyle related non-communicable diseases in the population;
- the expected development of increasingly effective but complex health care treatment options requiring closely coordinated and integrated health care teams;
- the increased demand connected with the Affordable Care Act that will likely increase the number of insured residents in the region;
- increased demand from better diagnosis and recognition of disease such as autism, diabetes, and asthma;

As the demand for health care grows, the need for health care workers will grow as well. The health care workforce in North Central Wisconsin will need new entrants to replace a large number of expected retirees. In addition, the growing demand for health care will require additional health care workers. As the need for health care workers grows, the need for post secondary education and training will also grow.

### Demographics

An aging population will need a wide range of health care services in a wide variety of living settings. That demand will be accelerated by the aging of the Baby Boomers, the largest population cohort in the history of the United States.

Population data for the State of Wisconsin and for North Central Wisconsin illustrate the coming wave of retirements and seniors who will drive the demand for health care.

**Table 1.**  
**Projected Population Age 65+ in Wisconsin**

<b>Year</b>	<b>65+ Population</b>
2010	782,810
2015	900,170
2020	1,060,620
2025	1,243,600
2030	1,402,900
2035	1,485,570

Source: Wisconsin Department of Administration

The population cohort of persons 65 years of age and older in the State of Wisconsin will increase 89.8% in the period from 2010 to 2035.

In the region served by the North Central Workforce Development Board (NCWDB) which includes Adams, Forest, Marathon, Langlade, Lincoln, Oneida, Portage, Vilas and Wood counties, the growth in the 65+ age cohort in the period 2010-2035 is 86.8%, slightly lower than the state average. The table below shows the total 65+ population in the nine county NCWDB region.

**Table 2.**  
**Projected Population Age 65+ in the NCWDB Region**

<b>Year</b>	<b>65+ Population</b>
2010	71,423
2015	81,759
2020	96,089
2025	112,348
2030	126,697
2035	133,430

As the 65+ population cohort increases, there will be a corresponding increase in demand for health care services. That increase in demand will in turn increase the demand for wide range of health care workers.

**The Regional Need for Health care**

A good illustration of how the overall demand for health care and the regional community needs for health care intersect is found in the *Life Report* of the Marathon County United Way. The report has a comprehensive Health and Wellness section which outlines the following successes, challenges and opportunities:

Successes

Wisconsin’s Smoke-Free Air Law was implemented July 5, 2010, prohibiting smoking in indoor places of employment and any place open to the public or where the public may be invited.

The percentage of low birth weight babies born to Marathon County families continues to be lower than the state or the national average.

Marathon County individuals and families have access to high-quality health care services.

Surveillance systems are in place to readily detect and respond to communicable diseases.

Marathon County's childhood immunization rate continues to be higher than the state or the national average.

LIFE Survey respondents are engaging in healthy behaviors, being physically active, and using alcohol responsibly.

#### Challenges

The percentage of children and adults who are overweight or obese in Marathon County has not decreased in three years.

Alcohol consumption in Marathon County and Wisconsin continues to be higher than the national average.

Dental care is not affordable for all residents.

Tobacco use has not decreased among high school students and pregnant women.

#### Opportunities to Improve

Continue collective action between the private and public sectors in order to create healthier communities where the health of both individuals and families is supported at home, at work, and at play.

Dedicate resources and target collaborative efforts at reducing negative health outcomes and practices such as childhood and adult obesity, alcohol and other drug misuse and abuse, and tobacco use.

Invest in new and creative ways of harnessing community resources by multiple partners to ensure all residents have access to affordable dental care.

Source: Life Report for 2012, Marathon County United Way

The challenges of obesity, alcohol consumption and tobacco use are major health care issues which the United Way of Marathon County seeks to address.

A Life Report done for Wood County also identified significant community needs in the area of mental health. The report made the following observations:

Mental disorders are real and treatable health conditions. They exact a staggering toll on affected individuals and their families. Mental illness can affect people of any age, gender, ethnic or racial group, educational, or socioeconomic level.

The Wood County report went on to establish specific mental health treatment goals for the county. With increased numbers of veterans returning from military service in Iraq and Afghanistan, demand for mental health services is likely to grow.

A more comprehensive assessment of the status of health care for Wisconsin counties is available from the Wisconsin Office of Rural Health (WORH) in Madison, Wisconsin. The Wisconsin Office of Rural Health compiles a county by county profile of health care for Wisconsin. The profiles are compiled and county rankings are determined. The rankings for each county are based on mortality and morbidity.

The table below shows rankings for a number of North Central Wisconsin counties. The following are some observations from the data shown below:

- For the six North Central counties shown, there is a wide variance in the overall health outcomes score. Several of the counties (Portage, Marathon, and Wood) rank fairly high while several close- by counties (Adams and Lincoln) have relatively low rankings.
- In general, most counties in this sample have high scores on clinical care.
- The motor vehicle crash death rate was higher than the state average in 5 of the six counties in the sample.

	Wisconsin	Adams	Lincoln	Marathon	Portage	Vilas	Wood
<b>Health Outcomes</b>		<b>69</b>	<b>57</b>	<b>24</b>	<b>12</b>	<b>37</b>	<b>22</b>
Mortality		65	55	24	12	59	23
<a href="#">Premature death</a>	6,124	7,642	7,090	5,652	5,264	7,270	5,614
Morbidity		71	56	30	12	8	28
<a href="#">Poor or fair health</a>	12%	17%	14%	12%	12%	6%	12%
<a href="#">Poor physical health days</a>	3.3	3.3	4.0	2.7	3.3	3.2	2.7
<a href="#">Poor mental health days</a>	3.0	4.3	3.1	2.3	2.6	1.9	3.1
<a href="#">Low birthweight</a>	6.9%	8.2%	6.3%	6.4%	5.2%	5.8%	6.0%
<b>Health Factors</b>		<b>70</b>	<b>57</b>	<b>29</b>	<b>7</b>	<b>25</b>	<b>8</b>
Health Behaviors		69	57	37	11	8	12
<a href="#">Adult smoking</a>	20%	26%	27%	18%	17%	16%	20%
<a href="#">Adult obesity</a>	29%	33%	29%	31%	28%	26%	27%
<a href="#">Physical inactivity</a>	23%	27%	24%	27%	23%	25%	20%
<a href="#">Excessive drinking</a>	24%	21%	25%	24%	23%	22%	21%
<a href="#">Motor vehicle crash death rate</a>	15	28	17	17	16	19	15
<a href="#">Sexually transmitted infections</a>	372	143	227	168	246	146	142

	Wisconsin	Adams	Lincoln	Marathon	Portage	Vilas	Wood
<a href="#">Teen birth rate</a>	31	49	31	26	19	29	27
Clinical Care		64	40	14	10	56	3
<a href="#">Uninsured</a>	11%	13%	11%	10%	10%	15%	9%
<a href="#">Primary care physicians</a>	744:1	2,536:1	720:1	716:1	1,030:1	868:1	377:1
<a href="#">Preventable hospital stays</a>	59	56	78	67	54	60	55
<a href="#">Diabetic screening</a>	89%	87%	89%	91%	94%	89%	92%
<a href="#">Mammography screening</a>	73%	70%	73%	78%	75%	74%	77%
Social & Economic Factors		69	49	35	10	55	20
<a href="#">High school graduation</a>	86%	90%	92%	92%	90%	92%	92%
<a href="#">Some college</a>	63%	44%	52%	60%	65%	61%	61%
<a href="#">Unemployment</a>	8.3%	11.1%	11.5%	8.8%	7.2%	10.5%	8.6%
<a href="#">Children in poverty</a>	19%	29%	17%	19%	14%	25%	18%
<a href="#">Inadequate social support</a>	17%	20%	18%	19%	12%	14%	14%
<a href="#">Children in single-parent households</a>	29%	35%	23%	22%	19%	38%	25%
<a href="#">Violent crime rate</a>	275	140	152	204	99	105	39
Physical Environment		33	18	55	29	2	22
<a href="#">Air pollution-particulate matter days</a>	5	4	2	4	4	0	4
<a href="#">Air pollution-ozone days</a>	1	0	0	0	0	0	0
<a href="#">Access to recreational facilities</a>	11	5	7	10	7	19	14
<a href="#">Limited access to healthy foods</a>	6%	4%	2%	12%	1%	4%	2%
<a href="#">Fast food restaurants</a>	41%	27%	31%	41%	35%	13%	38%

## **The Health Care Workforce**

The Wisconsin Hospital Association (WHA) does an annual report on the Wisconsin health care workforce. The current situation with respect to health care workforce has been heavily influenced by the weak US economy. As the economy recovers, there is widespread expectation of heavy turnover in the health care workforce as workers change jobs or retire.

In its 2011 report, the WHA made the following recommendations:

To ensure an adequate future health care workforce, Wisconsin should:

- Address the aging of Wisconsin's population and related reduction in number of individuals in the workforce with an emphasis on workforce planning.
- While current vacancy rates are relatively low now and most positions can be filled in today's economy, economic recovery will result in a large number of retirements and a likely return to workforce shortages.
- Not reduce educational capacity or cease efforts to interest students in health care careers.
- Continue to collect workforce data on health care professions. That collection, which has included registered nurses, licensed practical nurses and physicians, should be expanded, at a minimum to those professions with the greatest proposed future demand/supply disparities.
- Utilize national minimum data sets currently in use for nursing and physicians to allow for state and regional comparisons and reporting.
- Address current and future nurse faculty shortage by increasing the supply of nurses with advanced academic preparation and by making academic positions more attractive to those candidates.

The recommendations in the WHA report address the future demand for health care workers and what needs to be done to develop enough health care workers to address future demand.

The 2011 WHA report presents an analysis of the current hospital workforce situation and the future supply and demand for major categories of health care workers. In general, the current health care situation is driven by the 2007-2009 US recession. As a result of the recession, the vacancy rates for clinical positions have remained stable and manageable. It is important to note that prior to 2008, the health care industry struggled to cope with growing vacancy rates.

As the recession fades and the impact of the Patient Protection and Affordable Care Act begins to affect the health care industry, there is an expectation that the health care industry will return to the challenges of high vacancy rates in health care occupations. Based upon future workforce

demand and supply, the following summarizes the need for health care workers as reported in the 2011 WHA Report:

- The base model reveals a dramatic future need for nurses with a gap of 5,000 full time equivalent (FTE) of nurse employees by 2020 and 14,800 FTEs by 2025. Because the model can calculate in several ways, those numbers can be translated to over 5,500 nurses by 2020 and 17,600 nurses by 2025.
- The projections show a shortfall of over 2,000 physicians by 2030, or the cumulative effect of not filling more than 100 physician vacancies per year. This equates to 20 percent of the current Wisconsin physician workforce. Primary care physicians will be most in demand, with general surgeons and psychiatrists also in short supply. There is a need for 100 additional physicians per year in the period 2010-2030 (*100 New Physicians a Year: A Wisconsin Imperative*, Wisconsin Hospital Association, 2011).
- Occupational therapy (OT) and physical therapy (PT) positions have been particularly difficult positions for hospitals to fill for the last six years.

### **Health Care Provider Response to Present and Future Demand for Health care Workers**

Health care providers in Northern Wisconsin are acutely aware of current and future demands for health care workers. Seven health care providers have formed the Northern Wisconsin Initiatives to attract, recruit, and retain workforce.

A recent report from the “Northern Wisconsin Initiative” summarized here but reported in greater detail in Appendix A, shows the action of seven health care providers and demonstrates the range of programs aimed at increasing retention and increasing the number of health care workers.

In general, health care providers are trying to reach students who might be interested in careers in the health care professions. Programs are aimed at junior and senior high students and range from health care career fairs to presentations in schools. In addition, health care providers are looking to the existing health care workforce to improve skills and to seek higher levels of training.

### **Responses and Offerings of Regional Higher Education Institutions to the Demand for Health Care Workers**

Higher education institutions in the North Central region including UW-Stevens Point are responding to the need for more health care professionals. Post secondary health care education is a dynamic field with programs and plans for programs emerging. The following are a few of the excerpts from recent program proposals and/or new programs created by North Central higher education institutions:

- Northcentral Technical College (NTC) has announced a new online dental hygienist degree program. This program is based on an articulation agreement with the University of Louisiana at Monroe and allows a student to complete an associate degree at NTC and complete the requirements for a bachelor degree online.
- Northcentral Technical College also offers associate degrees in Health Care Business Services, Nursing, Medical Laboratory Technician, Radiology Technician, Paramedic Technician and Dental Hygiene. In addition, Northcentral Technical College offers technical diplomas related to dental hygiene, emergency medicine, and medical coding.
- Mid-State Technical College (MSTC) now offers a Biomedical Informatics Technician associate degree. The degree is an Associate in Applied Science (AAS) Degree and is offered at the Marshfield campus of MSTC. However most classes are offered online.
- MSTC offers Associate Degree programs in Nursing, Paramedic Technology, and Respiratory Therapy. MSTC also offers technical diplomas related to practical nursing, pharmacy technician, phlebotomy technician, medical assistant, and several levels of EMT training.
- UW-Marshfield and UW-Marathon are working with four-year UW campuses and the regional technical colleges, NTC and MSTC, to offer needed science and other courses needed for students pursuing health care careers.
- The Medical College of Wisconsin (MCW) has announced plans to establish 5-6 regional campuses aimed at expanding the educational offering to educate and train new physicians. Current discussions have focused on possible regional campuses in Wausau and Green Bay. These regional campuses would involve regional partnership and would draw on regional resources for laboratory and instructional space and talent.
- The Marshfield Clinic has announced plans for a school to train dentists for practice in rural and underserved areas continues. Marshfield Clinic plans to start with post-baccalaureate training programs targeted at students from rural and underserved areas. Marshfield Clinic is bringing together medical and dental care in order to improve patients' health and reduce costs, as oral health issues are identified and treated before they become major health issues. The rural dental education facility, along with seven dental centers operated by Marshfield Clinic and Family Health Center of Marshfield, is aimed at addressing a lack of access to dental care in remote areas of Wisconsin.
- UW-Stevens Point has an array of health care degree programs. Further detail on these programs is laid out in the next chapter.

## Chapter III: Review – UW-Stevens Point

### Geography

The University of Wisconsin-Stevens Point is strategically located in the heart of the state connecting with students and communities from Portage to Canada and from Waupaca to Neillsville. The University of Wisconsin-Stevens Point along with Mid-State Technical College, Northcentral Technical College, Nicolet Technical College, UW-Marathon County and UW-Marshfield-Wood County comprise the North Central Wisconsin Higher Education Alliance (NCWHEA), which is committed to serve this area. This is a large geographic area with many rural communities, which typically have greater than average challenges for providing health care and prevention services to citizens.



### **Notable Aspects of UW-Stevens Point History and This Project**

*Serving First Generation Students.* The University of Wisconsin-Stevens Point has always served first generation students, even with the growing levels of tuition increases. The percentage of UW-Stevens Point students who are first generation was 53% in 2002 and 46% in 2011. The Undergraduate Enrollment map in the Appendix shows the counties from which 2010 undergraduates originated.

*Strong Science Majors.* The University of Wisconsin-Stevens Point has had a long history of strong science programs, which are a fundamental requirement for most health-related positions. For instance, since 1970 more UW-Stevens Point alumni completed doctorates in STEM fields than any other University of Wisconsin comprehensive campus.

**Number of Alumni from UW Regional Universities Completing Research Doctorates  
1970 to 2009**

Institution		Timeframe Doctorate Completed								TOTAL
		1970-74	1975-79	1980-84	1985-89	1990-94	1995-99	2000-04	2005-09	
Stevens Point	STEM	39	51	46	53	62	75	64	92	482
	<b>TOTAL</b>	<b>92</b>	<b>99</b>	<b>102</b>	<b>117</b>	<b>132</b>	<b>133</b>	<b>122</b>	<b>149</b>	<b>946</b>
Eau Claire	STEM	39	42	34	50	58	58	53	41	375
	<b>TOTAL</b>	<b>99</b>	<b>100</b>	<b>99</b>	<b>119</b>	<b>148</b>	<b>142</b>	<b>144</b>	<b>126</b>	<b>977</b>
Green Bay	STEM	0	4	18	23	14	22	16	21	118
	<b>TOTAL</b>	<b>0</b>	<b>6</b>	<b>32</b>	<b>44</b>	<b>48</b>	<b>45</b>	<b>46</b>	<b>55</b>	<b>276</b>
La Crosse	STEM	21	21	19	21	28	38	35	55	238
	<b>TOTAL</b>	<b>101</b>	<b>75</b>	<b>67</b>	<b>79</b>	<b>96</b>	<b>113</b>	<b>90</b>	<b>106</b>	<b>727</b>
Oshkosh	STEM	21	31	31	23	39	39	21	24	229
	<b>TOTAL</b>	<b>95</b>	<b>90</b>	<b>87</b>	<b>72</b>	<b>111</b>	<b>100</b>	<b>83</b>	<b>66</b>	<b>704</b>
Parkside	STEM	1	2	10	8	14	13	17	11	76
	<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>18</b>	<b>21</b>	<b>36</b>	<b>29</b>	<b>41</b>	<b>33</b>	<b>183</b>
Platteville	STEM	35	26	16	20	30	21	21	28	197
	<b>TOTAL</b>	<b>100</b>	<b>63</b>	<b>48</b>	<b>33</b>	<b>55</b>	<b>44</b>	<b>40</b>	<b>45</b>	<b>428</b>
River Falls	STEM	50	32	28	33	50	44	32	41	310
	<b>TOTAL</b>	<b>102</b>	<b>74</b>	<b>52</b>	<b>61</b>	<b>84</b>	<b>74</b>	<b>54</b>	<b>68</b>	<b>569</b>
Stout	STEM	2	2	1	4	6	8	5	7	35
	<b>TOTAL</b>	<b>64</b>	<b>53</b>	<b>44</b>	<b>39</b>	<b>48</b>	<b>48</b>	<b>30</b>	<b>37</b>	<b>363</b>
Superior	STEM	20	10	6	5	5	5	12	7	70
	<b>TOTAL</b>	<b>49</b>	<b>32</b>	<b>20</b>	<b>27</b>	<b>26</b>	<b>22</b>	<b>28</b>	<b>20</b>	<b>224</b>
Whitewater	STEM	14	23	20	11	12	5	17	20	122
	<b>TOTAL</b>	<b>69</b>	<b>86</b>	<b>76</b>	<b>64</b>	<b>70</b>	<b>68</b>	<b>95</b>	<b>76</b>	<b>604</b>
<b>STEM Total</b>		<b>242</b>	<b>244</b>	<b>229</b>	<b>251</b>	<b>318</b>	<b>328</b>	<b>293</b>	<b>347</b>	
<b>TOTAL</b>		<b>772</b>	<b>682</b>	<b>645</b>	<b>676</b>	<b>854</b>	<b>818</b>	<b>773</b>	<b>781</b>	
<b>UWSP percent of STEM</b>		<b>16.1%</b>	<b>20.9%</b>	<b>20.1%</b>	<b>21.1%</b>	<b>19.5%</b>	<b>22.9%</b>	<b>21.8%</b>	<b>26.5%</b>	
<b>UWSP percent of Total</b>		<b>11.9%</b>	<b>14.5%</b>	<b>15.8%</b>	<b>17.3%</b>	<b>15.5%</b>	<b>16.3%</b>	<b>15.8%</b>	<b>19.1%</b>	

Source: National Science Foundation Survey of Earned Doctorates

Research doctorates include Ph.D., Ed.D., D.M.A and exclude professional degrees such as M.D., D.D.S., O.D., D.V.M., and J.D.

STEM fields include Engineering, Geosciences, Life Sciences, Math and Computer Sciences, and Physical Sciences.

- Strong history in the Clinical Laboratory Science at UW-Stevens Point now has the second largest major instate behind UW-Milwaukee.
- Strong history in Speech/Language Pathology and Audiology at UW-Stevens Point produces more master's degrees than any other campus and has a joint doctorate degree with UW-Madison in audiology.
- Pioneer in the Wellness Movement from the early 1970's at UW-Stevens Point and the National Wellness Institute are seen internationally as early inventors of wellness concepts and research. Not surprisingly, the campus has both a major in Health Promotion and a general appreciation/belief in the wellness concept.
- Recent Transfer Articulations with local technical colleges in health fields allow students to easily transfer to UW-Stevens Point.
- Recent Creation of the North Central Higher Education Alliance (NCHEA) collaboration
- Collaborations with Marshfield Clinic, Ministry Health Care and Aspirus Hospital.
- New UW-Stevens Point Majors in Biochemistry, Health Sciences, Social Work, Health and Wellness Management (on-line with others), Health Information Management and Technology (on-line with others) and Nursing (planning to begin fall 2013)

### Growth in Student Enrollment in Health-Related Majors

All campuses in the NCWHEA report increased enrollments in health-related fields. Although the average household in the middle of Wisconsin might not automatically associate UW-Stevens Point with health fields, student enrollment in those fields is booming at UW-Stevens Point much like the other NCWHEA campuses. For example, in the last ten years, students who declared pre-medicine intent rose from 29 to 184 and the new major in health sciences grew from 0 to 237 in five years. There are approximately 2,300 students currently enrolled in health-related fields Fall 2011 compared to 1,250 in 2002.

<b>UWSP DECLARED HEALTH-RELATED UNDERGRADUATE MAJORS RELATED MAJORS</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Athletic Training	78	77	85	103	109	107	111	110	111	97
Biochemistry						20	48	76	90	132
Clinical Lab Science	74	97	110	118	126	124	133	135	130	139
Communicative Disorders	93	96	102	119	125	129	136	131	127	128
Dietetics	58	80	95	86	103	124	115	114	116	124
Health & Wellness Management (online, shared degree)								Beg.	Spring	2012
Health Information Management & Technology (online, shared degree)								Beg	Fall	2012
Health Promotion	195	199	216	197	207	215	218	210	246	247
Health Science*					5	94	141	169	188	235
Physical Education	137	147	107	126	120	138	130	127	125	123
Pre-Chiropractic	11	12	19	25	24	20	20	23	26	26
Pre-Dentistry	8	15	19	19	25	26	31	35	43	38

Pre-Medicine	29	30	39	51	70	92	127	142	168	184
Pre-Mortuary Science	1	1	1	3	3		1	1	2	3
Pre-Optometry	2	2	1	5	7	10	9	8	6	10
Pre-Physician Assistant	1	1	7	10	14	20	29	42	45	50
Pre-Veterinary Science	26	26	29	27	21	30	47	57	68	68
Pre-Pharmacy	47	51	50	46	49	53	48	43	45	32
Pre-Nursing	68	94	130	133	139	146	100	103	118	122
Psychology	337	359	389	413	431	391	362	353	400	421
Social Work									49	122
<b>Total Health-Related Undergraduate Majors</b>	<b>1165</b>	<b>1287</b>	<b>1399</b>	<b>1481</b>	<b>1578</b>	<b>1739</b>	<b>1806</b>	<b>1879</b>	<b>2103</b>	<b>2301</b>
<b>% of Total UWSP Majors</b>	<b>12.3%</b>	<b>13.4%</b>	<b>14.6%</b>	<b>15.5%</b>	<b>16.0%</b>	<b>17.5%</b>	<b>18.2%</b>	<b>18.7%</b>	<b>19.8%</b>	<b>21.4%</b>
<b>10 Year Trend</b>										

<b>DECLARED HEALTH-RELATED GRADUATE MAJORS</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Audiology				9	7	3	6	15	15	15
Communicative Disorders	49	45	55	49	47	53	49	52	57	62
Human & Community Resources	25	22	24	27	17	17	18	20	30	16
Nutritional Sciences	2	3	4	5	4	2	2	4	12	14
<b>Total Health-Related Declared Graduate Majors</b>	<b>76</b>	<b>70</b>	<b>83</b>	<b>90</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>91</b>	<b>114</b>	<b>107</b>
<b>% of Total UWSP Graduate Majors</b>	<b>14.3%</b>	<b>14.0%</b>	<b>20.6%</b>	<b>24.3%</b>	<b>18.4%</b>	<b>17.9%</b>	<b>16.6%</b>	<b>22.2%</b>	<b>26.0%</b>	<b>26.2%</b>
<b>10 Year Trend</b>										

\*Health Science majors include health care administration, health care informatics, pre-occupational therapy, and pre-physical therapy options

## University of Wisconsin-Stevens Point Organizational Structure Related to Health/Wellness Majors

- College of Letters and Science
  - Science preparation (biology, chemistry, mathematics, physics) is required for the science side of health careers.
  - Social science preparation is required for the social science side of health careers (professional psychology, professional social work)
  - Humanities courses of general interest in health fields (e.g., medical ethics, health philosophy)
  - Minor in Gerontology
  - Minor in Social Science and Health
  - Major in Social Work
  - Major in Health Information Management/Technology (on-line, shared)
  - Programs leading to entrance competitiveness in pre-professional health care fields of pre-medicine (including psychiatry), pre-dentistry, pre-chiropractic, pre-optometry, pre-veterinary, pre-mortuary and pre-physician's assistant. Students in these programs have traditionally been declared Biology or Chemistry majors, with most advising done by the Biology Department.
  
- College of Professional Studies
  - Overview courses for health professions (e.g., Medical Terminology, Overview of Health Occupations, Health Risk Reduction)
  - Programs leading to entrance competitiveness in pre-professional health care fields of pre-occupational therapy, pre-physical therapy, and pre-nursing. Students in these programs have traditionally been declared Health Science majors, with most advising done by that School.
  - Major in Clinical Laboratory Science
  - Major in Health Science
  - Major in Communicative Disorders
  - Major in Athletic Training
  - Major in Health Promotion
  - Major in Dietetics
  - Major in Physical Education
  - Major in Health Information Management/Technology (on-line, shared)
  - Major in Health and Wellness Management (on-line, shared)
  - Major in Nursing (BSN completion, permission to plan approved)
  - Master's in Speech/Language Pathology
  - Master's in Nutritional Sciences
  - Master's in Human and Community Resources
  - Doctorate in Audiology (with UW-Madison)

- College of Fine Arts and Communication
  - Health Communication
  - Vibrant, culturally enriched communities support healthy citizens.
  
- College of Natural Resources
  - Sustainable environments support healthy communities.

## Chapter IV: Interviews

The Consultants interviewed over 40 UW-Stevens Point staff, students and faculty members from February 2012 through April 2012 to hear reactions to and ideas for a Healthy Communities Initiative. A list of those interviewed is found in the Acknowledgements.

### General Responses to the Idea

Most respondents were positive about establishing a focus on Healthy Communities, mentioning UW-Stevens Point's strengths in the sciences and allied health majors. "We have pieces of the puzzle here already," said one respondent. Another summed it up, "This initiative is obvious and the timing is right. It builds on our strengths in the sciences and on the needs of our region." Many also believe that UW-Stevens Point is little known for its science and health-related programs and that a new public focus would help raise visibility with the public. Another pointed out "UW-Stevens Point is increasingly dependent on its enrollment and students are flocking to health areas."

### Scope and Terminology

Some respondents conceptualized the Healthy Communities Initiative to encompass primarily clinical, hospital-based positions, but most preferred a larger picture of health care that also included health promotion/public health positions and supporting social science positions such as social work.

### Educational Partners

Many respondents recognized that a strong, visible path for students who take courses among the technical colleges, the two-year colleges and UW-Stevens Point is becoming more and more important and will be critical for the Healthy Communities Initiative. This group has organized into a new North Central Higher Education Alliance (NCHEA). Several respondents also suggested that UW-Stevens Point form a strong bond with the Northern Wisconsin Area Health Education Center (NAHEC), the local agency that promotes the education of health care professionals in the UW-Stevens Point area.

### Current or New Students?

Respondents had varied opinions and assumptions about who might be the target for the Healthy Communities project. While many could understand the wisdom of recruiting cohorts of new students, especially from targeted populations, they wondered how UW-Stevens Point could handle more students in some majors and especially if those majors required certain science courses. However, if new students or new cohorts are considered, the follow might be considered, respondents said,

- a. rural and/or diverse backgrounds (specifically mentioned were Hmong and Native American students who are underrepresented in the health management workforce and who would probably stay in the region)
- b. non-traditional students, some of whom may want to re-train in new fields
- c. foreign students whose higher tuition might contribute to funding new initiatives.

## **Challenges To Adding New Students**

Challenges mentioned that are inherent to adding more students to the University's current population include

- a. the difficulty of ramping up the required classes, especially in the sciences (staffing and space);
- b. expanding support services especially in tutoring and advising;
- c. monitoring and solving any transfer problems;
- d. expanding scholarships and practicums.

In any case, UW-Stevens Point should monitor data on supply and demand in various health fields and make that data available. Several also said that regardless of the scenario, we must create more on-line/hybrid classes in high demand courses needed for health-related fields.

## **Seats in Science Courses**

Virtually every respondent highlighted the current and potential problem with students getting seats in science courses, specifically Biology 130, 160, 285, 387 and Chemistry 105 and 106. The University of Wisconsin-Stevens Point Records Office data shows that the declared majors in biology chemistry, and physics increased over the same period that demands for support courses for health majors increased. For example, biology majors increased from 582 students to 799 students in 2011. Biology was mentioned most often with frustration expressed by both biology staff and faculty from other programs. Of all issues uncovered in the interviews, this was the biggest hot button.

## **What Programmatic Elements Might Be Considered for Students in Health-Related Majors?**

Respondents suggested creating a sense of community and common experiences among students across various health majors at UW-Stevens Point (coordinated with the educational partners).

Ideas included:

- students taking some of the same overview or enrichment courses, such as medical terminology or medical ethics;
- students having practicum/short-term/internship experiences in appropriate, local health settings;
- students having a central advising office, if they are not actually in a health major or are undecided;
- summer bridge programs;
- student mentors;
- more exposure to health settings;
- having more faculty and staff with health backgrounds.

One UW campus individual identified a chemistry professor who served as an advocate for health students. Another respondent mentioned the Noel Scholar model. Someone mentioned that although UW-Stevens Point participates in WIS-CAMP, an NSF grant to increase the number of minorities in STEM fields, additional UW-Stevens Point faculty participation would be a boost.

### **How Might We Facilitate Students' Transition to Local Health Jobs or Post-Baccalaureate Study?**

Respondents noted that job placement and acceptance into professional schools were good overall, with some variation among programs.

Some people noted that UW-Stevens Point might take a more active role in preparing students for applying to professional schools (e.g., MCAT review sessions) and negotiating agreements that might reduce number of years needed for program completion (3+3 programs) and working with communities to create programs of forgivable loans from certain locations in need of specific health care personnel.

### **What UW-Stevens Point Structure/Organization Might Be Needed for Success of This Idea?**

Almost everyone believed that some new organization or umbrella home for the Healthy Communities project would make sense. Although various offices and departments have done a good job with students so far, many opportunities still remain for maximizing these efforts.

The current decentralized approach to health-related programs is consistent with many UW-Stevens Point traditions and keeps decision-making at the local level, but some did worry that a "coordinator" type of organization might lead to the "hat in hand" approach that some interdisciplinary coordinators dislike.

Factors supporting university-wide leadership include the need for more visibility, coordination of scattered efforts, facilitating new university-wide efforts (such as recruiting new populations), interfacing with hospitals, health-related agencies, and professional schools. Some respondents mention that they preferred a coordinator with a Ph.D. and experience in a health setting. One respondent said, "Be structurally clear. Create a scaffold on which to hang the various services available."

Regardless of the approach, all agreed that there is need for an inventive, flexible approach to faculty and departments, one that taps into their creativity early on.

### **Are Facilities Adequate for This Structure?**

The most challenging space issue will be adequacy of class and lab space for current and future students if new sections are needed. Many suggested that the new Science Building (probable occupancy January 2017), would create adequate space for additional science labs, but not all respondents were sure.

Consideration might also be given to offering high demand classes in new time periods such as evenings, weekends, on-line, WinTerm, and summer.

**Conclusion**

Respondents expressed enthusiasm about the Healthy Communities Initiative, along with some worries about how about it might be funded and integrated into UW-Stevens Point life. The issue of science sections overshadowed the conversation in more than a dozen interviews.

## Chapter V: Funding Opportunities

Health care research reveals a large number of funding opportunities in Wisconsin. The opportunities are found at both the federal and state government levels, as well as from health care providers and pharmaceutical companies. Following is a listing of several of these funding opportunities. It should be noted that each opportunity will need to be carefully reviewed as to specific requirements, timelines and appropriateness for UW-Stevens Point Healthy Communities Initiative. Overall, the consultants believe there are many sources of available funding and which will serve to enhance the Healthy Communities Initiative public-private partnerships.

- **Rural Health Care Services Outreach Grant Program.** The Office of Rural Health Policy's Outreach Program supports projects that demonstrate effective models of outreach and service delivery through collaboration, adoption of an evidence-based or promising practice model, demonstration of health outcomes, replicability and sustainability. Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective health care in rural communities by tracking specific health indicators that will demonstrate the impact of their project at the end of their grant period. They will be based on evidence-based or promising practice models in order to avoid "reinventing the wheel" and demonstrate health status improvement in rural communities. Proposed Outreach projects can take the framework of an evidence-based or promising practice model and tailor it to their community's need and organization.
- **Telehealth Network Grant Program (H2A).** This announcement solicits applications for the Telehealth Network Grant Program (TNGP). The primary objective of the TNGP is to demonstrate how telehealth programs and networks can improve access to quality health care services in rural and underserved communities. Grants made under this authority will demonstrate how telehealth networks improve health care services for medically underserved populations in urban, rural, and frontier communities. Telehealth Network Grant Program networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decisionmaking. However, as noted below, because of legislative restrictions, grants will be limited to programs that serve rural communities, although grantees may be located in urban or rural areas.
- **Congressionally-Mandated Health Information Technology Grants (D1B).** The Health Information Technology (HIT) Special Congressional Initiative Grants (HIT-SCIGP) will be funded through Health Resources and Services Administration's (HRSA) Office of Health Information Technology (OHIT). To receive funds, an organization must have been specified by Congress as a project to receive funding in accordance with the Fiscal Year (FY) 2009 Consolidated Appropriations Act (Public Law 111-8). The HIT-SCIGP requires applicants to formulate projects for the purposes specified by congress. Generally, projects funded will encompass one or more of the following three general areas: 1) Telehealth. Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health

administration. Such projects may focus on: Telemedicine, providing or supporting clinical care at a distance, supervision/preceptorship of medical residents and health professions students which such supervising/precepting involves direct patient care, patient counseling, case management, mental health, or other clinical services.

Telepharmacy: Distance Learning, providing education of health care and/or public health; Tele-Homehealth Care/Home Monitoring, remote vital sign monitoring of patients or delivery of health care services to patients in their respective place of residence by a health care provider(s); or Disaster/Emergency Response, 2) Electronic Health Records (HER). The HER is a real-time patient health record that can be used to aid clinicians in decision-making. The HER can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The HER can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting. 3) Other Health Information Technology (HIT). Such projects may focus on the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. Common examples of Other HIT projects may include disease registry systems, care management systems. Computerized Physician Order Entry, or clinical messaging systems. This category will also include Health Information Exchanges, which facilitate the exchange of health care information electronically across organizations within a region or community(ies).

- **Wisconsin Academy for Rural Medicine Funding.** The Wisconsin Academy for Rural Medicine (WARM) has been fortunate to have the support of the Wisconsin Partnership Program. The Wisconsin Academy for Rural Medicine has benefitted from a Collaboration Planning Grant in 2004 and was awarded a Strategic Initiatives Grant in 2005. Funding was also awarded to the Wisconsin Academy for Rural Medicine in 2006 and WARM received an implementation grant in 2007. Each of these opportunities has allowed WARM to further its planning and, eventually, its formation within the University of Wisconsin School of Medicine and Public Health.

“Scientific studies available to health educators and policy makers show there are predictable factors that influence recruitment and retention in rural areas. Policies should be aimed...both selecting the right students and giving them during their formal training the curriculum and the experiences that are needed to succeed...in rural settings” (Brooks et al., 2002).

“Medical schools must continue to make efforts to interest their students in careers as rural practitioners. And they must also try to enroll students for whom the advantages of being rural doctors outweigh the problems and who thus will make long-term commitments to rural care...” (Whitcomb, 2005).

From Rural Assistance Center “Funding in Wisconsin”

- **Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals.** Provides basic information and skills to enable the health care professional to function in the anticipation, diagnosis, treatment, and prevention of occupational illnesses and injuries in the farm community.
  - Geographic Coverage: Iowa, North Dakota, Wisconsin, Vermont, North Carolina
  - Application Deadline: Applications accepted on an ongoing basis
  - Sponsor: Iowa’s Center for Agricultural Safety and Health
- **Assistance to Needy Veterans and Family Members.** Grant program for veterans that provides limited financial assistance to those in need and who have exhausted all other sources of aid.
  - Geographic Coverage: Wisconsin
  - Application Deadline: Applications accepted on an ongoing basis
  - Sponsor: Wisconsin Department of Veterans Affairs
- **Gannett Foundation Community Action Grants.** Community action grant priorities include education and neighborhood improvement, economic development, youth development, community problem-solving, assistance to disadvantaged people, environmental conservation, and cultural enrichment.
  - Geographic Coverage: Limited to certain areas of 35 states and U.S. territories, see sponsor’s website for more details
  - Application Deadline: August 17, 2012
- **Humana Foundation Community Grants.** The Humana Foundation supports charitable activities that promote healthy lives and communities.
  - Geographic Coverage: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nevada, Louisiana, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, and Wisconsin
  - Application Deadline: Applications accepted on an ongoing basis
  - Sponsor: Humana Foundation
- **IFF.** IFF is a nonprofit community development lender providing affordable, flexible and accessible loans to nonprofits serving low-income or special-needs populations.
  - Geographic Coverage: Iowa, Illinois, Indiana, Missouri, Wisconsin
  - Application Deadline: Applications accepted on an ongoing basis
  - Sponsor: IFF
- **Low Cost Denture Program.** This program provides low-cost dentures to Wisconsin residents who have no remaining teeth.
  - Geographic Coverage: Wisconsin
  - Application Deadline: Applications accepted on an ongoing basis
  - Sponsor: Wisconsin Geriatric Education Center
- **Medica Foundation Cycle 2 Funding priorities.** Grants designed to improve primary care and preventive health services for people with disabilities, early childhood health, and organizational core mission support.
  - Geographic Coverage: Minnesota, western Wisconsin, North Dakota, South Dakota
  - Letter of Intent (Required): May 25, 2012

- Application Deadline: May 25, 2012
  - Sponsor: Medica
- **Otto Bremer Foundation Grants.** Funding to help build healthy, vibrant communities.
  - Geographic Coverage: North Dakota, Minnesota, and Wisconsin
  - Application Deadline: Applications accepted on an ongoing basis
  - Sponsor: Otto Bremer Foundation
- **Weyerhaeuser Company Foundation.** Provides grants in communities where the company has operations.
  - Geographic Coverage: 31 states
  - Application Deadline: August 1, 2012
  - Sponsor: Weyerhaeuser Company Foundation
- **WHEDA Foundation Housing Grant Program.** Funding to support the development or improvement of housing facilities in Wisconsin for low-income persons with special needs.
  - Geographic Coverage: Wisconsin
  - Application Deadline: May 4, 2012
- **Wisconsin Dental Association Foundation Grant.** The grant program's main objective is to provide financial support to efforts aimed at providing dental care to the underserved and other philanthropic endeavors related to dentistry throughout Wisconsin.
  - Geographic Coverage: Wisconsin
  - Application Deadline: July 31, 2012
  - Sponsor: Wisconsin Dental Association
- **Wisconsin Seal-a-Smile Program.** Grants for professional staff compensation, transportation expenses for staff and volunteers, major equipment, and disposable materials for dental needs.
  - Geographic Coverage: Wisconsin
  - Application Deadline: June 15, 2012
  - Sponsor: Children's Health Alliance of Wisconsin
- **Tylenol Future Care Scholarships.** Tylenol is awarding \$250,000 in scholarships to forty future health care providers. Ten applicants will each receive \$10,000, 30 applicants will each receive \$5,000.
  - Application Period: March 12 – May 31, 2012
  - Sponsor: McNeil Consumer Health care Division
- **American Dental Association.** As part of its mission, the ADA Foundation provides grants for sustainable programs in dental research, education, access to care and assistance for dentists and their families in need.
- **Bureau of Health Professionals Nursing Programs.** HRSA nurse education and practice grant programs.
- **Center for Health and Health Care in Schools (CHHCS).** States across the country may be able to increase alcohol and other drug treatment services as a result of a new national grant program. Core support for CHHCS is provided by The Robert Wood Johnson Foundation. Additional funding comes from the Bureau of Primary Health Care, U.S. Department of Health and Human Services.
- **Community-Campus Partnerships for Health.** Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health through partnerships

between communities and higher educational institutions. Founded in 1996, we are a growing network of over 1000 communities and campuses. CCPH has members throughout the United States and increasingly the world who are collaborating to promote health through service-learning, community-based research, community service and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic responsibility and the overall health of communities.

- **Healthier Wisconsin Partnership Program.** The Healthier Wisconsin Partnership Program is a component of the Blue Cross Blue Shield United of Wisconsin conversion endowment fund established at the Medical College of Wisconsin. The vision for the Healthier Wisconsin Partnership Program is to improve the health of the people of Wisconsin through community-medical school partnerships.
- **Indian Health Service: Loan Repayment Program.** Indian Health Service announces the loan repayment program for health professions educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. Applicants sign contractual agreements with the Secretary for two years and fulfill their agreements through full-time clinical practice at an HIS facilities or approved Indian health program. In return, the LRP will repay all or a portion of the application's eligible health professionals educational loans for tuition expenses. Applicants are eligible to have their educational loans repaid in amounts up to \$20,000 per year for each year of service. In addition, the LRP will pay up to 20% of Federal taxes directly to the Internal Revenue Service (IRS) – incurred as a result of payments made on behalf of recipients.
- **USDA Enhanced Educational and Health Care Service to Rural Communities.** USDA Rural Development is accepting applications for grants to support access and improve telemedicine and distance learning services in rural communities. The Distance Learning and Telemedicine (DLT) Program provides financial assistance for the purchase of eligible telecommunication equipment to advance educational and medical applications into rural areas. Distance Learning and Telemedicine grant applications are now being accepted and must be received by April 25, 2011. Applications must provide 15 percent matching funds; and awards range between \$50,000 and \$500,000. For additional eligibility information, please visit [http://www.rurdey.usda.gov/UTP\\_DLT.html](http://www.rurdey.usda.gov/UTP_DLT.html). Funding is contingent upon the recipient meeting the conditions of the grant agreement. The program is competitive. In 2010, USDA Rural Development provided grants for 106 projects in 38 states and one territory. Since inception of the DLT program, 1,269 projects in 49 states, four territories and the Commonwealth of Puerto Rico have been funded.

## Chapter VI: Conclusions and Recommendations

The University of Wisconsin-Stevens Point Healthy Communities Initiative study has revealed findings critically important to the support and success of this program. The researchers would ask the Healthy Communities Initiative stakeholders to consider the following points:

- The researchers believe UW-Stevens Point is already a major player in the health care arena, however, this perspective is not always reflected in the minds of either the external or internal stakeholders. For many years, the university has provided leadership in health care education and research. The university also has great depth in its health care course offerings and preprofessional programs. This unique strength has been one of the best kept secrets in the UW System and the researchers strongly suggest it is time to position the campus as the health care leader that it truly is.
- UW-Stevens Point is strategically located to serve the regional health care needs of both students and communities in the northern and central regions of the state. This geographic advantage will allow the Healthy Communities Initiative to be supported by a variety of technical colleges, two-year campuses as well as a significant number of major health care providers in this region.
- In the region served by UW-Stevens Point, there will be a growing demand in the next two decades for additional health care professionals. Implementation of the Healthy Communities Initiative will position UW-Stevens Point as a leader in providing the health care workforce of the future – especially for the rural areas of northern and central Wisconsin.
- Strong support for the Healthy Communities Initiative was found in all stakeholder sectors. Focus group listening sessions with the educational partners, health care providers, elected officials, economic development professionals, and the on-campus students, faculty and staff revealed widespread support and encouragement for the initiative to move forward.

Therefore, the consultants offer UW-Stevens Point the following pathways or recommendations for moving forward on the Healthy Communities Initiative:

1. **Move forward on the Healthy Communities Initiative in the fall of 2012.** The consultants encourage UW-Stevens Point to move forward with the Healthy Communities Initiative for the following reasons:
  - The initiative aligns itself with the university mission, vision and strategic plan
  - The initiative will serve the needs of students in northern and central Wisconsin
  - The initiative will better position the university as a major player in health care education
  - The initiative will serve the growing demand for additional health care professionals
  - The initiative will assist health care professionals to return to northern and central Wisconsin

- The initiative has received widespread support from both on and off campus stakeholders
- The initiative will provide for more focused federal and state grants opportunities as well as the implementation of a capital campaign

## 2. Public-Private Partnerships

The university can help to create *public-private partnership or alliance* of health care providers, educators, insurers, and users that can address health care *access, cost and quality* at a regional level. A primary focus of this partnership would be on educating students from the region and providing career opportunities and links to induce those students to stay in the region. Specific recommendations include:

- Help to create a public-private partnership of health care providers, educators, insurers, and the business community
- Consider hosting and providing a centralized office location for the regional public-private partnership on the UW-Stevens Point campus
- Consider providing paid internships for UW-Stevens Point students to help staff the public- private regional health care alliance
- Align with regional economic development groups such as Centergy and Grow North and with workforce training and education organizations such as the North Central Workforce Development Board and the North Central Area Health Education Center.
- Strengthen the North Central Higher Education Alliance partnership.  
The University can serve as a health care education knowledge hub and a builder of knowledge and data systems that can help in the issues of health care access, quality and cost in the region. Consider building a regional health care needs database by collecting, compiling, and analyzing the Medicare needs assessments required of regional health care providers. Every health care provider in the region is now required by the federal government to do a community health care needs assessment and work toward implementing identified needs. To our knowledge, no one is pulling this information together on a regional basis. This is a great opportunity to fill this gap with UW-Stevens Point talent and students in the IT programs.

## 3. Structure

The university should create a program focus around its existing health care offerings and any new programs that assure opportunities for students in the region and a supply of health care professionals to provide quality care and access. Such an initiative would primarily build on existing programs and create links with the regional health care providers. To accomplish the academic program focus, the University needs to create an office of Healthy Communities, a focal point for spearheading and coordinating the various aspects of this initiative while serving as a visible symbol of the commitment and a “homeroom” for the wide array of activities. Specific recommendations include:

- Vest the leadership of the Healthy Communities Initiative in the Vice Chancellor’s Office.

- Creating a University Task Force to help shape the implementation of the Healthy Communities Initiative. This Task Force should include many members from the departments who will be most involved in the delivery of the health care curriculum, student advisement and grant writing. Their creative, innovative and flexible approach to the implementation of this initiative will be critical to the success of the endeavor.
- Determining what might define common experiences for students in Healthy Communities majors that would make them attractive to potential employers or professional schools. Medical schools and health care providers mentioned a) common experiences and courses among students in different health programs, b) general humanities courses applied to health settings, c) considerable first-hand experiences within health/wellness/social service settings especially if they are located in rural areas.
- Assuring that elements for student success are in place, working with the UW-Stevens Point Retention Task Force. Possible issues of concern will be adequate seats available in science courses, large student loan debts and credit transfer among partner campuses.
- Establishing a central advising office to augment faculty advising would benefit the campus and the various program areas that advise large numbers of students who are not majors. Consider expanding the mission of the Central Wisconsin Nursing Education Center to serve this role.
- Focusing first on the 2500 or so UW-Stevens Point students currently preparing for careers in health/wellness fields, UW-Stevens Point should consider creating, with the advice of the Enrollment Management Committee, special pathways for recruiting targeted groups into Healthy Communities majors, perhaps in cohorts, from specific rural locations and/or underrepresented groups.

#### **4. Funding**

The university can serve as a locus for seeking federal/state grants to carry out the initiatives described above. With its broad community impact and wide University involvement, the Healthy Communities Initiative may also be a good match for fundraising efforts, both from individual and corporate sources. Financial impacts of potential increases in enrollment and/or differential tuition should be explored. The biggest funding challenge is staffing, but also of note are scholarships, library needs, lab equipment, summer internships and practicum.

- Best prospects for funding UW-Stevens Point efforts are consortial, regional applications to federal agencies such as NIH. UW-Stevens Point needs to lead these efforts based upon the needs assessments.
- Focus fund raising on rural health issues.
- Some federal sources of funding: US Department of Health and Human Services – Health Resources and Services Administration; US Department of Agriculture
- Consider a Healthy Communities Initiative multi-million dollar capital campaign including the “naming” of various programs, laboratories, scholarships and faculty training opportunities.

## **5. Marketing and Communications**

The Healthy Communities Initiative builds on the strengths of UW-Stevens Point that are already in place. Much of what needs to be done is a matter of organization and communication to all the stakeholders served by the university. The success of the Initiative will require an organized and coordinated marketing and communication plan. This plan will have a number of targeted groups including: current and potential students; faculty and staff; health care providers; the business community; regional educational partners; legislators, and local and regional citizens. Key components of these efforts will include:

- Establishing specific marketing and communication goals.
- Update campus promotional efforts. i.e.: website, promotional literature, press releases.
- Develop Memorandums of Understandings (MOU) with all state and regional health care and educational institutions.
- Develop and deliver presentations to local and regional community groups regarding the health care initiative. (Chambers, Rotary, etc.)
- Arrange media events with radio, newspaper, television stations.
- Develop statewide recruitment efforts with K-12, Technical colleges, four-year campuses, and tribal colleges.

## **6. Assessment**

The assessment, evaluation, and monitoring of the Healthy Communities Initiative should begin early and be viewed as an on-going process. By establishing a process to regularly review the initiative, it will provide the campus the opportunity to identify problems and issues early and take appropriate corrective actions. An assessment program would include the following steps.

- The task force should establish regularly scheduled meetings with published agenda, and meeting minutes.
- As much as possible, look to evaluate the health care initiative with specific metrics, goals, and timetables.
- Establish feedback loops with all the stakeholders: students, faculty, educational partners, health care providers, and donors.
- Develop a mechanism to celebrate the successes of the Healthy Communities Initiative

See Appendix E for a detailed listing of action options for the Healthy Communities Initiative.

## **Appendix A**

### **Northern Wisconsin Initiatives to Attract, Recruit, and Retain Workforce**

## **Northern Wisconsin Initiatives to Attract, Recruit, and Retain Workforce**

### **Hudson Hospital: Registered Nurses – Recruitment, Retention, and Training**

Hudson Hospital's registered nurse turnover rates for the past three years – 25% (2005), 20% (2006) and 5.8% (2007) reflect the success we've had with our *Registered Nurse – Recruitment, Retention and Training* initiatives. Three years ago, long shifts, staff fatigue, staff retention, and a nurse shortage were primary concerns for nursing leadership. Realizing staff satisfaction and retention directly impacted patient care delivery, and ultimately patient satisfaction; turnaround efforts began both on organization-wide basis.

### **Burnett Medical Center: Acute Care Orientation Program**

Due to a desire to improve the Acute Nursing Orientation Program, Burnett Medical Center in Grantsburg is in the process of radically improving their process. Implementation of a Nurse Preceptor Program is underway. It is anticipated that implementation of the Preceptor Program will improve staff relationships to increase retention. With the Preceptor Program also comes the development of a Mentor Program, which will follow the preceptor period to allow new nursing staff to consult with their "nurse champion."

### **St. Joseph's Hospital: Attracting Students to Health Careers**

Each year, St. Joseph's Hospital professionals are lecturers in the local public high school's Health Careers Class. This class is an elective course available to Juniors and Seniors at the school who are serious about their interest in a health care career. Hospital staff provide a thorough description of their job functions, diversity of jobs in their field, educational requirements for their job, best schools to attend, job demand, salaries, etc. Middle School requests are interested in a general introduction into the job possibilities in health care. Area Catholic Junior and Senior High Schools also request hospital speakers to share their advice with students.

St. Joseph's Hospital also works with area high schools to arrange for job shadowing opportunities for students who have demonstrated a significant interest in health care careers.

### **Luther Midelfort Chippewa Valley: Investing in Staff**

Luther Midelfort Chippewa Valley in Bloomer has a tuition reimbursement program for half and full-time employees to pursue further education leading to a degree, license or certificate from an accredited institution or professionally recognized association.

### **Luther Midelfort: Attracting Students to Health Careers**

In 2007, more than 50 students participated from 12 Chippewa Valley high schools. More than 20 presenters talked about their personal career path, the role their career plays in health care, school requirements and earning potential. Many give "hands-on" presentations, such as hand surgeon Dr. Jose Ortiz who shared the career path he took to become a physician and the need to study hard and surround one's self with a positive support system.

### **Sacred Heart Hospital: Summer Student Nurse Internship Program**

Student nurses study biology, chemistry, anatomy and physiology in the classroom, but many times don't have the opportunity to put their clinical skills into practice while still in school. Sacred Heart Hospital's Summer Student Nurse Internship Program is changing that for student nurses in western Wisconsin and surrounding areas. The eight-week summer program, which is sponsored by the hospital, enables qualified student nurses enrolled in an accredited nursing program to experience clinical patient care – such as rounding, assessing patients, charting, IV therapy and more – under the direct supervision of an experienced registered nurse employed by the hospital. Approximately 72 students have taken part in the program, now in its eighth year.

**Rusk County Memorial Hospital: Health Care Academy of Ladysmith-Hawkins School District**

The Health Care Academy (HCA) is a public charter school authorized by the Ladysmith-Hawkins School District. The Academy curriculum and programs are specifically tailored to students with an interest in pursuing a career in the health care field. Many Academy classes allow students to earn both HCA and technical education credits through our partnerships with WITC-Rice Lake and CVTC–Eau Claire. This allows our students to get a head start on their post-secondary education while being engaged in rigorous and relevant coursework. In addition, students may take courses that result in complete certification and direct employability skills as a Certified Nursing Assistant and as a Dental Assistant. While many courses and labs are held at the HCA campus housed within existing district buildings, the program also draws on the facilities of Rusk County Memorial Hospital and Nursing Home, Marshfield Dental Clinic – Ladysmith Center, and many other local partners.

**Spoooner Health System: High School Health Career Fair**

With the shortage of health care workers in all areas of the health industry, Spooner Health System decided to hold a Health Career Fair for High School Students. The objectives of the Career Fair were to:

- Introduce the students to the many careers that are available in health care.
- Provide the student with the opportunity to speak with staff about their personal job experiences.
- Inform students of the educational requirements needed for each career and to guide them as to what courses they should take in high school.
- Encourage the student to participate in our job shadowing program.

The managers in all departments at SHS did a great job of creating display boards with information about each of their departments meeting the above objectives.

**Appendix B**  
**Interview Questions**



<p><b>1. Is there a need for additional health care professionals in Northern/Central Wisconsin?</b></p> <p><b>If so, can you identify any specific areas or needs?</b></p>	
<p><b>2. Would you suggest UW-Stevens Point focus on a few health care professions or proceed in a more broad, general approach to health care careers?</b></p>	
<p><b>3. Do you have any ideas or suggestions on how to make the UW-Stevens Point health care initiative successful?</b></p> <p><b>Do you see any barriers or pitfalls to the initiative?</b></p>	

<p><b>4. What national, statewide legislation or regulations should UW-Stevens Point be aware of as it begins its health care initiative?</b></p>	
<p><b>5. What health care partnership opportunities would you suggest UW-Stevens Point explore?</b></p>	
<p><b>6. Are you aware of potential grants, gifts, or programs that would support the UW-Stevens Point health care initiative?</b></p>	

<p><b>7. Is there an individual within your organization UW-Stevens Point could contact for further information or assistance?</b></p>	
<p><b>8. Other suggestions or comments?</b></p>	

**Appendix C**  
**Minutes from Listening Sessions**

**Tuesday, February 7**  
**10:00 a.m. - 12:00 p.m.**  
**Dreyfus University Center, Laird Room North**

**Meeting Notes**

Overview of Project

UWSP's Strategic Planning process overview and summer retreat produced "A Partnership for Thriving Communities" and its four initiatives. The initiatives are in response to how we can be more relevant to the communities of central and northern Wisconsin.

- Partnership for Thriving Communities
  - Sustainable-foster the stewardship of our natural resources, securing their efficient use and lasting value to the region
  - Vibrant-create flourishing local cultural centers with world-class opportunities in the arts and humanities
  - Healthy-nurture the well-being of our citizens through first-rate professional programs in health care and wellness
    - The focus of today's brainstorming session
    - The goal is to create a collaborative approach to healthy communities by preparing students to work in health promotion and health care in our region, including pulling students from northern Wisconsin, planning outreach to high school students, and aggressive advising. The focus could be on under-represented, under-challenged, under-financed students who are more likely to go back to rural areas to work. UWSP is asking attendees to be partners with this initiative. A strategic planning committee is coming online, with retired UWSP Dean Joan North and NorthStar Economics Inc. personnel David Ward and Bruce Siebold leading the task. (some changes were made here) This initiative was discussed at the Chancellor's Advisory Committee and with UW System.
  - Prosperous -support businesses in the rapidly changing global economy
- Health Care Initiative
  - Proposed Timeline
    - Phase I: now through May
    - Phase II: 2012-2013
    - Phase III: Implementation in Fall 2013?

Higher Education Partners

- North Central Wisconsin Higher Education Alliance

*Open floor for questions, comments, etc.:*

- Is there a vision of a niche, targeted recruiting? What are northern Wisconsin's needs and how do we ensure their regional needs are going to be met? (K. Montgomery)
  - This will be sorted out in the blueprint

- Northern Wisconsin is 65% seniors needing long-term care. There is a hurdle of initial science courses. We will need to work with high schools because students are not prepared. (L. Burmaster)
- We need to design a pipeline for more seamless transition from K-12 to a technical college to a four-year college. There are financial aid limitations and the need to make resources available. (S. Budjac)
- Health care professions that are needed right now are allied health positions: dental assistants, medical terminology. Nursing is also going to rise as baby boomers begin to leave the workplace. (L. Weyers)
  - Seniors will be using the services they used to provide.
- How do we do a better job recruiting for diversity and minority populations? Health care has the lowest unemployment percentage rate (5%). (L. Weyers)
- We need to find creative ways to finance then obligate them to come back. With the pre-professionals, can there be something that will bring them back? (C. Thomas)
- With the shrinking workforce, we need to continue to ease pathways to a four-year college from a technical college. Returning adults should be a focus. (L. Weyers)
  - We need to have/create more articulation agreements. (B. Patterson)
  - We already have the North Central Wisconsin Higher Education Alliance in place. If we recruit together (technical colleges, two-year campuses, and four-year colleges), we can be more powerful. (K. Montgomery)
- What is the timeline for the medical schools that are planning to move to this area? (T. Bertz)
  - According to the papers, the first class will begin in 2014. The blueprint needs to be completed by May so implementation can begin next year (B. Patterson)
- We need to get creative with student aid and financing. In the technical college, 70% of students require financial aid. In order to get more/new students, we need to eliminate barriers like financial aid, childcare, etc. (S. Budjac)
- There is currently a transitional program at UW Oshkosh, CAPP, that allows students to receive college credit while in high school (J. Morin)
  - <http://www.uwosh.edu/cols/aggregator/special-programs/capp/>
  - SPASH is beginning a pilot program next year for physics and chemistry for students to gain college credit at UWSP. We need to expand this idea to other high schools (G. Summers)
- In Marshfield, faculty are dual teaching in the high schools. We also need to get courses on board that crossover from the technical colleges to the four year campuses. The underemployed population is another example of students returning to school. Currently 43% of students at UWMC are nontraditional students. Medical technologies cross all boundaries. (P. Stuhr)
- We need to team up more, stop competing with each other and compete against the for-profit colleges. (L. Weyers)
  - The for-profits have it right, they are attracting the place-bound, nontraditional students who are paying a premium for associates degrees and bachelor degrees. (B. Patterson)
- We need to start with the HLC, get with the right people: major tribal communities are building clinics and need people to staff them (L. Burmaster)

- We need to compete with the for-profits and partner up, leverage faculty and facility resources. We need to start at the middle school level working with parents, teachers, and students so they are prepared to enter these science professions. (P. Puyleart)
- We need to show that opportunities are here, so we can keep them here. (K. Montgomery)
- There are models that exist but have been eroded to keep them here. DPI has grant moneys available. (L. Burmaster)
- With community support, the legislature is less likely to cut funding. (B. Patterson)

#### Defining a Scope of Work

- What needs to be done? Who will do what? When it should be done? Where it should be done? How contract performance will be judged?

#### Outline of the scope of work (D. Ward)

- We have a message prepared
  - To assure the growing needs of the medical needs of northern Wisconsin
- Develop a strategic plan (steering committee for implementation headed by Ward, North, Siebold)
  - How to accomplish this, timeline, define metrics
- Communication
  - Internal and external
    - Academic staff needs to be included in on these conversations (Business Affairs, Registrar, Advising, etc.)
- Impact to be measured
  - We may find things on the side to be added
- We will never be done if we do this right (P. Puyleart)
  - By creating a blueprint that adapts easily to other areas, this can create lifelong learners
- What resources will be needed? Do we have what we need in place now? (G. Diemer)
  - The blueprint will outline opportunities for fundraising to
    - UW System, Foundations, legislature,
  - Get all involved to fundraise. Ideally, an endowment raised by all (technical colleges, two year and four year colleges).

#### Who to talk to in the next three months:

- Internally-faculty, deans, department chairs
- Health Care Leaders
  - Health care executives
    - Medical College of Wisconsin
    - UW School of Medicine-Bob Golden
    - D.O. School (expanding)
  - WI Rural Health Coop (Tim Size)
  - Aspirus
  - Ministry Medical (St. Michael's)

- Delta Dental
- La Clinica - Wild Rose
- Area Health Education Center (AHEC)-Wausau
- Family Health Care (FHC) Greg Nycz, Director of Health Policy
- Marshfield Clinic
- Insurance community
  - Security
  - Sentry
  - Wausau
  - Church Mutual
- Community Leaders
  - Centergy-we don't want a duplication of efforts
  - Native American leaders
  - Latino population - 1/2 of college student will be Latino and first generation. Contact through The Neighbor's Place, Wausau.
  - Community leaders/mayors-contact Towns Association for smaller towns, Keith Langenhas)
  - Hmong community-Wausau Area Hmong Mutual Association (WAHMA), Peter Yang
  - Local foundation leaders
  - High school principals and counselors
  - Chuck Nason
  - Paul Jadin
  - Grow North
  - Fritz Wenzel
  - Jan Clancy, technical school system president
  - Central Wisconsin Regents
  - Legislators

### Next Steps

Come up with 2-3 questions or talking points for each of these groups. The questions/talking points can be different for each group (health care leaders, community leaders)

### Components in the blueprint

- Recruitment
- Academic preparation
- Financial aid
- Placement (endpoint-keeping our own, residency options)
- Undergraduate internships -connect with providers, careers, and communities

Follow-up is not planned yet, but will meet again at the NCWHEA

**ATTENDEES:**

UWSP:

Bernie Patterson, Chancellor  
Greg Summers, Provost  
Greg Diemer, Vice Chancellor of Business Affairs  
Al Thompson, Vice Chancellor for Student Affairs  
Kathy Buenger, Interim Vice Chancellor for University Advancement  
Dona Warren, Assistant Dean, College of Letters and Sciences  
Todd Good, Interim Associate Dean, College of Letters and Sciences  
Marty Loy, Dean College of Professional Studies  
Christine Thomas, Dean College of Natural Resources  
Jeff Morin, Dean College of Fine Arts and Communications  
Randy Olson, Chair Faculty Senate  
James Sage, Associate Vice Chancellor for Teaching, Learning, and Academic Programs  
Kate Worster, Executive Director – University Relations & Communications  
Shari Ellertson, Planning and Policy Analyst  
Rob Manzke, Executive Assistant to the Chancellor

Pat Puyleart, Chair of Chancellors Advisory Council  
Tom Bertz, Member, Chancellors Advisory Council  
Jim Schuh, Member, Chancellors Advisory Council

David J. Ward – President & Founder--North Star Economics  
Dr. Bruce Siebold – Senior Associate--North Star Economics  
Joan North, Retired Dean, College of Professional Studies  
Keith Montgomery, Dean-UW Marathon  
Pat Stuhr, Dean – UW Marshfield/Wood Cty  
Lori Weyers, President – Northcentral Technical College  
Libby Burmaster, President – Nicolet College  
Sue Budjac, President – Mid-State Technical College  
Ann Marie Krause, Vice President of Academic Affairs – Mid-State Technical College  
Janet Newman, Dean of Service & Health Division – Mid-State Technical College

Tuesday, March 6  
10:00 a.m. – 12:00 p.m.  
Dreyfus University Center, Laird Room North

## MEETING NOTES

Welcome and Introductions

Overview of Project

We are seeing the birth of an initiative that will change central and northern Wisconsin. The UWSP Strategic Planning process and summer retreat produced “A Partnership for Thriving Communities” and its four initiatives. The initiatives re-position UWSP to be more responsive and relevant to the communities of central and northern Wisconsin.

- Partnership for Thriving Communities
  - Sustainable-foster the stewardship of our natural resources, securing their efficient use and lasting value to the region
    - We are already national leaders, continue to maintain that status.
  - Vibrant-create flourishing local cultural centers with world-class opportunities in the arts and humanities
  - Prosperous-support businesses in the rapidly changing global economy
    - We need to do a better job helping the state build a better economy
  - Healthy-nurture the well-being of our citizens through first-rate professional programs in health care and wellness
    - UWSP has a long history of wellness and health majors, along with extraordinary strength in sciences
    - UWSP has a \$75 million science building project that can be ground zero for this health initiative.
    - The goal is to have the best pre-professional programs in the U.S. by pulling students from northern Wisconsin, planning outreach to high school students, and aggressive advising. The focus is on under-represented, under-challenged, under-financed students who are more likely to go back to rural areas to work. We have asked NorthStar Economics staff along with retired Dean Joan North to meet with internal and external partners to advise us on the best ways to proceed leading the task. This initiative has been discussed at the Chancellor’s Advisory Committee, UW System, and at a meeting with other higher education partners (UW Colleges, regional technical colleges) and another meeting is being scheduled with community leaders.
    - The focus is to target rural students from northern and central Wisconsin, as they are more likely to return to the area. Nontraditional rural students are even more likely to return/stay in the area.
    - Special advising, tutoring, low student-to-teacher ratio and an outreach plan to develop money for loan forgiveness are some things we will pursue.

We are operating by a different mode of business, we have asked stakeholders to come this meeting to help craft the health care program. The goal is to create a premier array of health programs. UWSP has chosen to shape the healthy community initiative first because:

1. There is a need for a health care solution and we want to play a role in it.
2. We have a lot of existing strengths as highlighted in the handouts.

There are three core projects that will enhance and/or maintain healthy communities

1. Create and/or enhance academic pathways in to UWSP programs. We have reached out to other educational partners (North Central Wisconsin Higher Education Alliance) to expand and create articulation agreements, working with high schools on a K-12/16 initiative in STEM charter fields.
2. The education received at UWSP and partner institutions can offer a more focused program of academic support: focusing on STEM courses, workshops for students to prepare for professional exams, counseling and advising support.
3. How do we get those students to return to central and northern Wisconsin to serve the region? Locating incentives, training and developing relationships.

Programs like nursing, where students attend both a technical college and UWSP, or clinical lab technician whose initial training at a local technical college seamlessly transfers to UWSP's clinical lab science major, medical technology, where they get trained at a technical college and have a seamless transfer to UWSP, it is important to get students in and out of the pipeline more quickly. We need to devise a plan where students who meet certain requirements, after their third year can be accepted into medical school and get their undergraduate degree sooner. Taking one year off their path will save them money.

Open comments and suggestions:

- C. Nason: Have you thought of the role of Continuing Education for those who are already in the profession?
  - This is something UWSP can explore, along with exchange of faculty with other institutions
- B. Golden: This is exciting and on target but, public health needs to be added. It is an under-recognized niche at UWSP. Also, mental health, dental, and gerontology. “dental, mental, prevental.”
- F. Wenzel: We need to target students at a younger age, not just as juniors and seniors in high school. We also need to expand the idea to the business of health care – including the School of Business
- C. Maurana: We need to bring community leaders to the table sooner rather than later.

B. Siebold

The consulting group is designing a business plan to include: background research, partners, curriculum, budget and funding, facilities, faculty expertise, reports and recommendations for how to proceed with this initiative. Today we have nine questions that fall into four buckets: Demand, Programs, Partnerships, and Funding.

1. Is there a need for additional health care professionals in Northern/Central Wisconsin?
  - Absolutely, especially with 30-40 million more individuals to be covered by Obama care.
  - No question about it. The need is in all areas of health care and its delivery. That includes public health. There is ebb & flow in health care. There is a need now, but it changes.
  - The pace of change in health care is rapid and dramatic; it outpaces academics
  - Pharmacy workforce. WI Hospital Association has good data available, but more and better data is needed.
  - Key areas: primary care physicians, pockets of specialty needs, pharmacy, BSN, MSN, geriatrics, nurse practitioners, physician's assistants, and clinical informatics, mental health professionals, dentists, optometrists, public health workers, emergency medicine, hospitalists, internal medicine, geriatrics, change management, more well rounded graduates who understand systems design and team work. True shortage plus maldistribution.
  - Yes, look at HPSA maps.
  - Be aware of need vs. distribution, and the support system.
  - Underserved population, remote areas will always be an area of concern.
  - Health care reform (Obamacare) will put a stress on the existing system; due to large amount of uninsured people who will have care now available.
  - An adaptation of health care needs to occur because of changes in finances: a team based approach to care and infrastructure to cover areas that are lacking.
  - There is a need for more experienced dentists, not just those right out of dental school, when a dental clinic is first offered in a community
  - UW needs to become more agile in this changing workplace. A concern might be length of time to add or change a degree program. It can be up to two years at a UW, whereas a technical college may be able to do it in a matter of weeks.
  - Is it an unmet need compared to metro Milwaukee? Yes
    - i. It's not a rural vs. urban problem, it's an economic problem. The economic driver is a high proportion of poverty.
  - UWSP could take on the community aspect to make it more attractive, export fine arts & humanities to these rural areas.
  - Sources of health-related supply/demand- WI Hospital Association—WHA Workforce studies—American Association of Medical Colleges workforce studies
2. What ideas might make the UW-Stevens Point initiative more successful?
  - The key is raising the bar for high school students-tutoring and outreach will make this successful. We don't want dual track of qualified vs. local students.
  - Resist the temptation to raise tuition or provide assistance.
  - Competition should be limited, collaboration with other universities and technical colleges
  - Make sure initiatives are sustainable over time
  - The undergraduate support structure-need to have better communication and work together so help students navigate the path
  - Earlier support-require job shadowing, internships, etc.

- In Alabama, they target junior high students which has yielded tremendous success, give the curriculum to students in advance.
  - Continue collaborative meetings and involve legislators.
  - Tailor educational programs to workforce needs of future.
  - Branding: well rounded graduates; alignment with WI providers (internships/shadowing)
  - Partnering with UW Oshkosh
  - 3+3 MD, 3+3 DNP, 3+2 PA, public health tracks, incentivizing Marshfield dental school to work with existing medical schools.
  - Introducing health care training programs in central WI that can be fed by UWSP—MP, NP, PA, dental, pharmacy with responsible, sustainable growth. Collaboration among faculty across several schools.
  - Developing community champions and ownership; integrating focus on relationship of medicine/dentistry/pharmacy/and public health in pre-pre-professional; establish strong relationships with professional schools; explore inter professional training readiness initiatives (focus on mentor groups); consider health policy issues.
  -
3. In undertaking such a health care program, what pitfalls/barriers might UW-Stevens Point need to address?
- Residencies-students need a clear beginning and a clear ending. Undergraduate is in the middle of the path. Show the students where they will end up, sell the end product.
  - Clinical rotations with rural physicians should be integrated with the organization
  - Students from lower income households are a good group to target
    - i. Arizona has this focus in a hometown program of community health
    - ii. Create a similar program to get their foot in the door to interview for medical school. Follow the AZ program, no residency training.
  - Health care competition-need joint ownership to develop residency and training programs, collaborating with Marshfield and Wausau as a “regional school”.
  - Failure to institutionalize this program
  - Constrained resources-to make this new plan, other programs may have to be cut back or eliminated. It is a time to make tough decisions.
  - Be proactive with communication and public relations. There will be blowback, so get the message out to the political arena, education partners, and lobbyists.
  - How can we promote this? Jointly consider system implications. Make Stevens Point a destination, throughout the system—branding.
  - Location-center of the state, not too close to other campuses.
  - Competition and the medical schools and health care system levels.
  - Cost, state funding, residency availability.
  - UW System bureaucracy, branding of UWSP, neutrality of medical colleges.
  - \$\$, failure to institutionalize the imitative.
  - Economics, residency slots
  - Clinical competition might limit collaboration in education; duplicative infrastructure; cost of medical residencies may be prohibitive; making model sustainable.

- Be clear about the need drivers-the need to be compelling; initiative must be driven by a collaborative group of champions from business to practitioners; community support for initiative and also for the individual student; people must feel like they belong.
  - Community readiness (good literature on this and will send); competition or fragmentation; sustainability over time; health care reforms; communities' willingness to work together
4. Would you suggest UW-Stevens Point focus on a few health care professions, or proceed in a more broad or general approach to health care careers?
- Broad, well rounded, with management theory and informatics as part of the program.
  - Narrow-find a willing partner with clear needs then build on that success.
  - Build on UWSP strengths. Create a program that is inter-professional education. Bring students in health programs together at the undergraduate level (team taught).
  - Pace ourselves. Accreditation bodies, curriculum will hold us back. Get the right type of students into the right careers first
  - Can get broad but have to have the right partners and students.
  - Broad-coursework for different health disciplines are similar for a lot of pre-professional majors.
  - A meaningful experience in the field is needed for admission and advancement to medical and other schools. Build relationships now.
  - Special undergraduate research experience-need long term research experience.
    - i. Health care economics, health care delivery systems
  - Broad base of experiences are valuable to medical school-athletes, volunteer work, research experience, and other involvement.
  - Broader background; clinical informatics; public health; intra-professional education; social studies and sciences; management; humanities
  - Depending on funding, broad approach is best.
  - Broader approach; more well-rounded and prepared graduates, graduates that are sought after. But if they are successful they are more likely to leave the state. Also informatics, management theory, change management, working in teams.
  - Broad
  - I would focus on the sciences so our students can compete.
  - Start with focused articulations in areas of need and with willing partners..then expand.
  - Focus on a few to start and build a strong, sustainable model that can be applied to future expansion. Don't stretch too thin or too broad. At the same time, be specific and targeted. Build a reputation for a few key areas. As a link to the concept of preparing students for interprofessional practice, undergraduate students are already attending class together with varied professional interests but their interests are typically not well facilitated. Consider introducing an active learning teaching methodology in courses where you likely have future MDs, NPs, pharmacy, IT, etc. Identify student interests, and then create learning teams with diverse groups. Consider "inter-sessions" that link students from communication or business with health-related students. Consider linking IT

students too. KEY build core competencies in students that will apply to our emerging health care needs—business acumen, communication skills, informatics, community engagement/public service. Consider creating sub-internships with local businesses to apply learning. So often volunteer, shadowing opportunities are not linked to classroom work. Leverage both experiences to strengthen the more global competencies that will make students attractive to grad schools. Have someone on the faculty who know the MCAT and other HC entrance exams by heart adapt curriculum in basic sciences to teach to the requirements.

- Build on strengths that depend on partnerships that you develop; consider inter-professional career focus.
5. What national or statewide legislative issues should UW-Stevens Point be aware of as it begins this program?
    - Obama care
    - Blue Cross and Blue Shield conversion funds
    - Reduced state funding
    - Get the state to help folks to stay within the state-loan programs
    - Pay attention to evolving regulations with residency payment
    - Loan repayment for health professionals serving underserved populations; pressure to cut funding from federal sources for residencies (graduate medical education)' possible expansion of scope of practice of non-physician providers.
    - Health care reform; state funding; under-and uninsured.
  6. What partnership opportunities would you suggest UW-Stevens Point explore?
    - Early acceptance programs for those students who have a demonstrated record, who know what they are in for.
    - Diversity in economic status, first generation students
    - Humanism in medicine – training of students
    - Track programs with current and developing medial/osteopathic/dental/pharmacy etc. schools; rural health care cooperative federally qualified health centers, primary care associations; faculty sharing.
    - Other state colleges and UW Madison; technical colleges; health care systems
    - Chamber of commerce; native American groups; cultural organizations; WI Primary Care Council; Rotary International; Dept. of Public Instruction
    - Marshfield dental school; MCW medical program, PA, Pharmacy; health economics, UWM/MCW public health
    - Medical School w/MCW; dental school; nursing with Bellin College in GB
    - Identify key stakeholders to determine that.
    - Tim Size at Rural WI Health Cooperative
    - WI Primary Care Association
    - Informatics programs
    - WI Hospital Association
  7. Are there any new health care regulations that could influence the UW-Stevens Point health care initiative?
    - Obama care
    - Medicare/federal regulations on graduate medical education
    - Shift in payment from fee for service to capitated or bundled payments.

- Changing face of health care reform; reimbursement.
- 8. Are you aware of any challenges/opportunities in grants, support, or gifts for this program?
  - Debt repayment-collaborate with legislators.
  - Campaigns and other foundations are activities that would rate high
  - Robert Wood Johnson Foundation
  - Blue Cross and Blue Shield conversation funds; ACA Funds for Development of New Primary Care Residency Programs.
  - More opportunities for external funding for inter-professional education programs.
  - HCOP programs through HRSA. Other states seem to be successful with philanthropists; HWPP; WPP.
  - Josiah Macy Foundation has grants available
  - Health Care WI Partnership - endowment
- 9. Is there an individual within your organization UW-Stevens Point could contact for further information or assistance? Thank you for the names.

10. Additional comments.

Is it a pitfall that there has been a change in districts? It was suggested to B. Patterson to have a face-to-face meeting with Ron Kind about UWSP's plans before Congressman Kind attends the upcoming health care initiative meeting.

Chancellor Patterson thanked everyone for their insights and suggested that we will all look back on this day and marvel at what we were able to accomplish in the years to come.

Note:

Several attendees also left responses in writing on the question sheets. These are integrated into the notes.

From the Region and the State

- Celse Berard – President/CEO, Riverview Hospital Association
- Dennis Brown– President/CEO, Delta Dental
- Nick Desien – CEO, Ministry Health Care
- Duane Erwin– President/CEO, Aspirus Inc.
- Bob Golden – Dean, UW-Madison School of Medicine and Public Health
- Joseph Kilsdonk – Division Administrator, Marshfield Clinic
- Mara Lord – Chief of Staff, Medical College of Wisconsin
- Jeff Martin –CEO, Ministry Health Care; President, UWSP Foundation
- Cheryl A. Maurana, PhD. – Senior Associate Dean for Institutional & Community Engagement, Medical College of Wisconsin
- Greg Nycz– Director, Health Policy for Marshfield Clinic; Director, Family Health Center of Marshfield Inc.
- John R. Raymond, Sr., M.D. – President/CEO, Medical College of Wisconsin
- Jeanette Roberts – Dean, UW Pharmacy

From UW-Stevens Point

Bernie Patterson, Chancellor  
Greg Summers, Interim Provost and Vice Chancellor for Academic Affairs  
Greg Diemer, Vice Chancellor of Business Affairs  
Al Thompson, Vice Chancellor for Student Affairs  
Kathy Buenger, Interim Vice Chancellor for University Advancement  
Chris Cirmo, Dean, College of Letters and Sciences  
Marty Loy, Dean, College of Professional Studies  
Christine Thomas, Dean, College of Natural Resources  
Jeff Morin, Dean, College of Fine Arts and Communication  
Randy Olson, Chair, Faculty Senate  
Rob Manzke, Executive Assistant to the Chancellor  
James Sage, Associate Vice Chancellor for Teaching, Learning and Academic Programs  
Kate Worster, Executive Director, University Relations and Communications  
Nicole Kraft, Secretary Confidential, Chancellor's Office

Friends of the University

Fred Boehm, M.D.  
Reed Hall  
Chuck Nason  
Fritz Wenzel

Consultants to the Project

Joan North, Professor Emerita  
Dr. Bruce Siebold — Senior Associate--NorthStar Economics  
David J. Ward — President and Founder--NorthStar Economics

Tuesday, April 10  
10:00 a.m. – 12:00 p.m.  
Dreyfus University Center, Laird Room North

## MEETING NOTES

### Welcome and Introductions

This is the third meeting for the Health Care Initiative. On February 7, 2012, educational partners from around central and northern Wisconsin joined us for the first meeting. The attendees included leaders from 2 year campuses, technical colleges, and the Chancellors Advisory Council. On March 6, 2012, Health care providers from around the state joined us for the second meeting. The attendees included leaders from Riverview Hospital, Delta Dental, Aspirus, Ministry Medical, Marshfield Clinic, Medical College of Wisconsin, UW Madison School of Medicine and Public Health, WI College of Osteopathic Medicine and the UW Pharmacy.

We will be having a fourth meeting in late May/early June. Let us know if there are other people who should be invited to attend.

UWSP is looking to reposition the university, following its new strategic direction. With high school graduation rates dropping, that means that we will need to increase the percentage of students seeking degrees. The state budget has changed funding of higher education (UWSP currently receives 17% of its budget from state appropriated funds). There needs to be a change in how education is delivered, following a model along the lines of the for-profit universities. Because of this change in funding, there is a cost-shifting that has occurred—tuition is rising. This affects accessibility. In fall 2010, the chancellor asked that the university design a strategic plan with two requirements: 1) be inclusive 2) complete it by May 1. A strategic planning steering committee completed this with the input of university faculty, staff, students, community members, and other partners.

### Overview of the Strategic Planning Project

A summer retreat following the steering committee's work produced "A Partnership for Thriving Communities" and its four initiatives. The initiatives are in response to how we can be more relevant to the communities of central and northern Wisconsin.

- Partnership for Thriving Communities
  - Sustainable-foster the stewardship of our natural resources, securing their efficient use and lasting value to the region
    - For 40 years we have been national leaders, continue to maintain that status.
    - UWSP's College of Natural Resources is unmatched.
  - Vibrant-create flourishing local cultural centers with world-class opportunities in the arts and humanities
  - Prosperous-support businesses in the rapidly changing global economy
    - We need to do a better job helping the state build a better economy

- The chancellor created a position, Vice Chancellor for Economic Development. This position will be responsible for a new business model, finding new and creative ways to fund higher education. Working with businesses, we need to become more entrepreneurial.
  - Healthy-nurture the well-being of our citizens through first-rate professional programs in health care and wellness
    - UWSP has a long history of wellness and health programs.
    - UWSP has a \$75 million science building project that can be ground zero for this health initiative.
    - The goal is to have the best pre-professional programs in the U.S. by pulling students from northern Wisconsin, planning outreach to high school students, and aggressive advising. The focus is on under-represented, under-challenged, under-financed students who are more likely to go back to rural areas to work. A strategic planning committee is coming online, with David Ward, Joan North, and Bruce Siebold leading the task. This initiative has been discussed at the Chancellor's Advisory Committee, UW System, and at a meeting with other higher education partners (UW Colleges, regional technical colleges).
    - The focus is to target rural students from northern and central Wisconsin as they are more likely to return to the area. Nontraditional rural students are even more likely to return/stay in the area.
    - Special advising, tutoring, low student-to-teacher ratio and an outreach plan to develop money for loan forgiveness are some things we will pursue.
- Charged with the blueprint for this Health Care Initiative are consultants Bruce Siebold, David Ward, and Joan North. The deadline for the blueprint is May 19, 2012.

#### Introduction of Congressman Ron Kind

- There is a health care crisis with a pipeline needed to recruit and retain WI residents. The demand for nursing is increasing. This initiative makes sense and the collaboration could provide a model to the US on how to get it done.
- The Affordable Care Act has created a momentum that is already occurring.
- We need to change the system. The way we pay, should not be based on volume but level of care. Health care is the largest and fastest growing spending-locally and nationally. With the rising health care costs, people want better value for what is being spent.
- There are already incentives to retain health care professionals, with Title VII and Title VIII. What is needed is a pipeline of workforce development. Whether the Affordable Care Act goes through or not we need to incent people to choose HC prof as long term career goals.
- This conversation is the right approach to start this

Question 1- Is there a need for additional health care professionals in Northern/Central Wisconsin? If so, can you identify any specific areas or needs?

- Psychiatrist
- Psychologist
- Internal medicine, general medicine
- RN's and support staff

- Dermatology

Question 3-Do you have any ideas or suggestions on how to make the UW-Stevens Point health care initiative successful? Do you see any barriers or pitfall to the initiative?

- Talk to individuals who grew up in Stevens Point and stayed and also those who did not grow up here but chose to come here. Find out what draws them to the area.
- With the % of HS graduates decreasing, develop strong partners with high schools, technical colleges, and 2 year campuses
  - Take curriculum off UWSP to those sites to expand to more rural area
- Career Development- what are the prospects after graduation? Work with private sector, make sure fits employee need- produce the right type of health care professional
- Geriatrics
  - People move to Marsh for quality of health care
  - Some areas lack programs – due to no one to staff
- Advanced manufacturing-better coordination in K-12
  - What opportunities are there? We need to have a better process and career path that fills the need
- In K-12, 90% graduate and matriculate to college
  - We need to remove barriers to get credits at the high school level
  - Students go to more marketed schools. We need to attract the best and brightest.
  - Work closely with high school; be explicit and intentional in offering STEM programs. Offer labs, etc. on high school campuses to attract more to the field.
  - The high schools should work with parents more closely to ensure career preparation
- Health professionals for the future should be a community based resources
  - Practicums-consider where in Portage County we can partner to serve our people
  - Where is the trend as it encounters and increasing aging population?
    - Train lay professionals-those who stay at home to care for those who do not go to a nursing home.
- Geriatric needs a more proactive approach-encourageing healthy lifestyles
- Increase and include diverse populations (Hmong, tribal communities, Spanish, ASL)
- In our area, we are seeing an increase in high school graduates
  - The new normal is a 2 or 4 year degree. It is no longer a high school diploma like it was 40 years ago
  - Change the mindset of high school kids – show them that they are capable of doing work. Offer them serious internships.
- Oral health care access is needed in the northern part of state
  - Use those in place to recruit students
    - We know that the community and service to others is a big part of their choice to come.
- Take students and make them recruiters
- Adult learners→ need assistance and a support system
- Northern counties-the 60+ age population is largest. It also has one of the largest declines of young people.
  - The percentage has stayed the same, but the number has decreased.
  - Demographic. Issues equal a workforce issue. We are losing young families

- Concentrate on Veterans
  - They need to be convinced this is the place to go
  - Reintegrate them into economic
- We need to retain foreign student who graduate.
  - Attach a visa to keep them, quit sending them back home.
- Integration of medical technology (info systems)
- Adult learners-there is an increased need for remediation. To broaden that base, partner with two year campuses or tech partners.
- Veterans are a huge responsibility and a huge opportunity. They are also more ethnically diverse than previously seen. We need to have programs and an atmosphere is welcoming, offering them a holistic experience.

Question 3-Do you have any ideas or suggestions on how to make the UW-Stevens Point health care initiative successful? Do you see any barriers or pitfall to the initiative?

- If we build up health care costs by increasing the number of health care professionals
- We need good elementary and high school programs-look at school boards, invite them to campus educate them (not to cut costs, but to educate)
- To view health care as a system that fixes people that are ill. We should have a wellness focus. Promote region as one with a healthy lifestyle and a wellness focus.
- Small businesses are promoting their own wellness programs
- Rising cost of college-to get students to still come here, we need to look at the amount of student loan debt a student will incur.
- We need a more efficient health care delivery method. Look at how it's delivered
  - Incorporate LEAN practices
- Be careful in how you message. Health care is a hot topic.
- Don't recreate the wheel-Plug into the Wellness conference.
- Teach health literacy- people can be better consumers
- Deal with a collaborative model, not a competitive model. There needs to be a change in attitude. Look for right things to compete about.
- Decide who to work with, who to partner with to retain and get students from area. For those who aren't from the area, counties and communities need to promote and partner with the college to keep them here.
- The further away the education is, the harder it is to engage. Offer distance education, virtual scheduling, move faculty members around.
- How long is the Strategic Plan designed for? Make sure there is a way to keep it fluid
- UW Extension is recreating its mission
- Quid Pro Quo to get others to accept.
- In WI, 90% of students graduate from high school. This is the higher than other states.
- Make formal and informal partnerships.
- Although UWSP will be seen as the leader in this, make sure everyone involved gets some credit.
- Have loan incentives in place for loan forgiveness. Explore the federal level.
- Reach out to former student who did not graduate.
- With obvious budget concerns, get nontraditional students by offering innovative credits. Get those who have not completed a degree to get them back to finish.

- Maintain creativity, be able to bend to accommodate students.
- Break down any walls that are existing, from the smallest to the largest.
  - City relationships
- Get more of the portion of the state budget.
- Make anyone feel part of this process.
- Give scholarships
- Leverage the STEM part- in North WI it would get more support.
- Outreach education has to be at the same level as campus education or it will hold no value. It must be the same education, same level of rigor.
- County economic development may be different for all, but they all have different economies but share people-try to connect the dots.
- It will need organization that has a system to draw all resources from around the state system to be competitive. Enable and teach people to be innovative and foster those relationships.
- Look at groups we need to reach out to. Include all those. Opportunities are out there, so get the message out.
- A challenge will be great for the rural areas compared to urban areas. Know why people are leaving the rural areas. What are their interests? How do we keep them here?
  - Career guidance, more engagement with the students is needed to change this. Find out what can we do more? WIST is a great opportunity for this. WISYS reaches out to businesses to be a matchmaker with small and mid-sized businesses. They build bridges.
- University has an army of ambassadors in its students. Informally, send students to high schools. Have students (SGA) reach out to other 2 year and technical schools. On a national level, these are tough budget times, see how the Affordable Health Care Act can tie to UWSP for additional funding.

Attendee List:

Mayors

Bill Bialecki – Mayor, Merrill

Al Erickson – Mayor, Mosinee

Chris Meyer – Mayor, Marshfield

James E. Tipple – Mayor, Wausau

Zach Vruwink – Mayor elect, Wisconsin Rapids

Chambers of Commerce

Lori Dehlinger – Executive Director, Portage County Business Council

Tom Janke – Chairperson, Wisconsin Rapids Chamber of Commerce Board of Directors

Scott Larson – Executive Director, Marshfield Chamber of Commerce & Industry

Melissa Loken – President, Wisconsin Rapids Chamber of Commerce

David McHone – President elect, Portage County Business Council Board of Directors

Terri Schulz – President, Waupaca Chamber of Commerce

Jeff Zriny – President/CEO, Wausau Chamber of Commerce

County Executives/Chairs

Patty Dreier – Portage County Executive

State Representatives

Scott Krug – Wisconsin State Representative

Louis Molepske, Jr. – Wisconsin State Representative

State Senators:

Julie Lassa – Wisconsin State Senator

U.S. Congressmen

Ron Kind – Wisconsin's Third Congressional District

Government Representatives

Dave Anderson – District Director, Office of Congressman Duffy

Alex Eveland – Finance Director, Office of Congressman Kind

Bryce Luchterhand – Regional Representative, Office of Senator Kohl

Education Representatives

Attila Weninger – Superintendent, Stevens Point Area School District

Consultants to the Project

Joan North, Professor Emerita

Dr. Bruce Siebold — Senior Associate--NorthStar Economics

David J. Ward — President and Founder--NorthStar Economics

Friends of the University

Bob Williams

Mary Williams

Economic & Rural Development

Jim Brown – President, Grow North Board of Directors

Rene Daniels – Executive Director, North Central Wisconsin Workforce Development Board

Dave Eckmann – Economic Development Director, Marathon County Economic Development Corp

Stan Gruszynski – State Director, United States Department of Agriculture (USDA) Rural Development

Joe Hegge – Director, Grow North

Dan Mahoney – Administrator, Village of Plover

Jack Sroka – Executive Director, Lincoln County Economic Development Corporation

Peg Sullivan – Interim Executive Director, Centergy

UW-Stevens Point

Bernie Patterson – Chancellor

Greg Summers – Interim Provost and Vice Chancellor for Academic Affairs

Greg Diemer – Vice Chancellor of Business Affairs

Al Thompson – Vice Chancellor for Student Affairs

Kathy Buenger – Interim Vice Chancellor for University Advancement

Chris Cirmo – Dean, College of Letters and Science

Marty Loy – Dean, College of Professional Studies

Jeff Morin – Dean, College of Fine Arts and Communication

Christine Thomas – Dean, College of Natural Resources

Randy Olson – Chair, Faculty Senate

Rob Manzke – Executive Assistant to the Chancellor

James Sage – Associate Vice Chancellor for Teaching, Learning and Academic Programs

Kate Worster – Executive Director, University Relations and Communications

Shari Ellertson – Director, Policy Analysis and Planning

Tom Miller – Legislative Liaison

Steve Menzel – Development Director, College of Natural Resources

Tony Romano – Development Director, College of Professional Studies

Julie Smith – Development Director, College of Letters & Science

Laura Gehrman Rottier – Director, Alumni Affairs

Nicole Kraft – Secretary Confidential, Chancellor's Office

Sarah Newby – Administrative Assistant, UWSP Foundation

UW-Stevens Point Student Government Association

Ryan Rutledge – President, SGA

Liz Westberg – Vice President, SGA

Seth Hoffmeister – President elect, SGA

Shantanu Pai – Vice President elect, SGA

UW-Stevens Point Chancellor's Advisory Council

Pat Puyleart – Chair, Chancellor's Advisory Council

Thomas Bertz – Senior Partner, Anderson, O'Brien, Bertz, Skrenes & Golla

David Kievet – Executive Vice President & General Manager, Boldt Corporation

Joseph Kilsdonk – Division Administrator, Marshfield Clinic, Division of Education

Tina Peters – Community Volunteer

Dennis Peterson – Executive Vice President, Delta Dental of Wisconsin

Jim Schuh – Retired, Broadcast and Print Journalism

**Appendix D**  
**Wisconsin Map of Students by County**

## WHERE DO FALL 2010 UWSP UNDERGRADUATES COME FROM?

WISCONSIN	8204
USA (NOT WI)	678
INTERNATIONAL	179
TOTAL	9061



**Appendix E**  
**Healthy Communities Initiative Action Options**

## Menu of Action Options

These are options mentioned by one or more of those from whom we heard. They are not in priority order.

- I. Facilitating students from north central Wisconsin into health/wellness programs at UWSP and partner colleges.
  - A. Assure effective transfer policies among the North Central Wisconsin Higher Education Alliance.
  - B. Convene advisors for health students from the campuses.
  - C. Determine if favorable transfer policies should be established with other institutions beyond NCWHEA.
  - D. Establish at high schools pre-college programs that combine AP courses, CLEP exams and college-level courses to prepare students early for college.
  - E. Offer college-level health care overview courses.
  - F. Prepare a visual that describes 3 aspects of working with healthy communities: clinical (hospitals, health care itself), wellness (prevention of illness), social (work with families, communities).
  - G. Work with the UWSP Enrollment Management Committee to determine if a targeted group would make sense for grant-supported health careers recruitment/retention project. Possible groups might be cohorts of people from Hmong or Native American backgrounds, recent Veterans, or students from rural underserved communities. Determine how many international students might be advisable in health fields.
  - H. Work with Area Health Education Centers (AHEC) in our region to focus on high school students and work with their summer immersion programs.
  - I. Work with Marshfield, Ministry, Aspirus Clinics in rural areas to interface with local students to funnel them to UWSP.
  - J. Track the number of majors/graduates in ALL health careers /wellness/ social services preparation majors and make that information visible on UWSP web site and other publications.
  - K. Create a link on the UWSP web site for Healthy Communities.
  - L. Study other ways to increase the visibility of health-related programs (all three areas) at UWSP and partners. Service club presentations, media.
  - M. Assure internal visibility: Make sure that Healthy Communities is listed in UWSP phone book and on organizational charts. Integrate Healthy Communities into the assessment rotation and the year-end report requirements.
  - N. Establish a summer health orientation program for junior high school students.
  - O. Seek to establish health scholarships from communities to support local citizens pursuing needed health professionals.
  - P. Each spring, study incoming student data along with current student course needs to anticipate the number of seats needed in required courses, especially science courses.
  - Q. Support the new on line degrees in Health and Wellness Management and in Health Information Technology Management.
  - R. Capitalize on Marshfield Clinic's new Dental School.

- S. Capitalize on possible location of MCW nearby.
- II. Aspects of the UWSP educational experience that facilitate success of students in completing their programs and getting accepted into the workplace or graduate school.
  - A. Identify someone/or some office to coordinate new initiatives and serve as spokesperson for Healthy Communities.
  - B. Establish a Task Force to assist.
  - C. Find inventive, flexible approaches to faculty and departments, one that taps into their creativity early on.
  - D. Create a sense of community and common experiences among students across variety of health majors.
  - E. Require a common core of courses for health majors from currently available or new options such as medical terminology or medical ethics or other broad topics.
  - F. Create a university-wide course giving an overview of health/wellness/social science professions.
  - G. Assure that all majors in health fields have significant practicum experiences in health settings in north central Wisconsin. This is especially important for the pre-professional programs.
  - H. Establish a central advising office, especially for students who are not advised within majors.
  - I. Establish a Freshman Interest Group (FIG) for students planning to enter health/wellness fields.
  - J. Track student retention in each health major.
  - K. Urge departments, especially science departments, to hire more faculty with health backgrounds.
  - L. Consider increasing number of non-traditional students who want health careers and add more on-line courses and courses in non-traditional time slots.
  - M. Establish a speaker series for health-related topics
  - N. Establish a mentorship program that matches selected health majors with local practicing professionals.
  - O. Train advising office and tutoring staff in various health fields and the requirements for them.
  - P. Select and pay a faculty member to serve as advocate for health students.
  - Q. Pay a faculty member to work with WIS-CAMP
  - R. Set up a task force of faculty to work with the Grants Office to design projects for funding applications.
  - S. Provide “enrichment” grants for faculty in sciences to spend some in health settings.
  - T. Create internships in health settings or undergraduate medical/epidemiology research (we have faculty at UWSP doing this now).
  - U. Create one web site for health careers and list all faculty regardless of their home departments.
  - V. Establish a “confederacy” of UWSP faculty to exchange information, do joint research.

- W. Science faculty and Tutoring Center work together to strengthen success in science courses.
  - X. Sponsor test preparations for MCAT and other entrance exams.
  - Y. Is a First-Year Seminar in order?
  - Z. Be structurally clear.
- III. Influencing health/wellness graduates to return to north central Wisconsin for their careers.
- A. Work with communities to create forgivable loans .
  - B. Facilitate the location of a medical school in the area.
  - C. Work with Marshfield Clinic and its Dental School
  - D. Establish a health care-related alumni group .
  - E. Negotiate 3+3 transfer agreements
- IV. Create and maintain regional partnerships with NCWHEA, health and wellness organizations, health associations, and communities.
- A. Hire UWSP intern(s) to create and staff these alliances
  - B. Align with regional economic development groups.
  - C. Consider what role, if any, the Central Wisconsin Nursing Education Center might play.
  - D. Find funding partners.

**Appendix F**  
**Biographies of Team Members**

## TEAM MEMBERS

### *Bruce Siebold, Ed.D*

Bruce is currently president and owner of Rusk Prairie Consulting, LLC and president of Northstar Consulting Group, LLC. His areas of specialization include organizational change management, strategic planning, marketing research, economic development and corporate management services. Prior to forming Rusk Prairie Consulting, Bruce worked as the Director of the Phillips Plastics' Technology Center in Prescott, Wisconsin where he led the Corporation's R&D efforts, facilitated the start-up of two new companies, organized all company patent applications, and was responsible for the technology transfer back to ten manufacturing plants. Dr. Siebold spent over 25 years in higher education at the University of Wisconsin-Stout as a Business Professor. He served in a variety of roles including Business department chair, associate dean, and the last ten years as dean of the College of Technology, Engineering and Management. During his tenure as dean, his oversight responsibilities included the Northwest Wisconsin Manufacturing Outreach Center, a campus business development incubator, the Stout Technology Industrial Park and the introduction of several new technology and management programs. Today he serves on a number of boards including the Governor's Technology Council and Minnesota's Center for Engineering and Manufacturing Excellence. Bruce holds degrees from the University of Wisconsin-River Falls, the University of Illinois and the University of Minnesota.

### *David J. Ward, Ph.D*

David is CEO of NorthStar Consulting Group. NorthStar Consulting, located in Madison, Wisconsin, is an economic consulting and research firm dedicated to helping higher education, communities, businesses, and regional economic development groups prosper in the New Economy. Prior to founding NorthStar, Dr. Ward completed thirty-one year career in the University of Wisconsin System. He held teaching positions at the University of Wisconsin-Green Bay and the University of Wisconsin-Oshkosh. During his eighteen year tenure at UW-Oshkosh, David served in the following administrative posts: Chairman of the Department of Finance, Vice Chancellor and Chief Academic Officer, and Acting Chancellor. In 1994 he went to the UW System Administration and served as the number two senior administrator. In his post as the Senior Vice President, he was the Chief Academic Officer for the UW System and the deputy to the President of the UW System. In addition, David has nearly forty years of consulting experience. During his career as a professor of finance, he was active as a financial economic consultant and worked for a number of private firms including Kimberley Clark, Honeywell, and Land's End. He also worked extensively as a forensic economist testifying in numerous cases in federal and circuit courts. He was the co-author of a college level text on personal finance and the author and host of two educational television series copyrighted by the University of Wisconsin Board of Regents. David earned a BBA, MBA and PhD in Finance from the University of Wisconsin-Madison.

*Joan North, Ph.D*

Joan North, Ph.D served as Dean of University of Wisconsin-Stevens Point's College of Professional Studies from 1985 to 2010, where she supervised a group of professional schools and programs, including health-related programs in the School of Health Care Professions, School of Health Promotion and Human Development, School of Communicative Disorders, and the School of Education, among others. She worked for many years on a team to explore UWSP's role in developing health care professionals, including nurses, in central and northern Wisconsin. She also facilitated new articulation agreements in clinical laboratory science, health sciences, and business with local technical colleges.

Previously, she held administrative posts at the University of Alabama and two private Midwest colleges. She was the founding director of the national organization for faculty development, the Professional and Organizational Network in Higher Education in the early 1970's and worked in that field for many years. She served a four-year stint in Washington, D.C. as a project director and consultant in faculty and administrative development under a federal grant to 50 private colleges. In the sixties she created and directed the first Head Start program in the state of Alabama. She has written and consulted on campus support for teaching, group dynamics, meeting facilitation, management styles, positive work environments, and women in leadership. With degrees in English and education, she has also taught courses in business and leadership.

She was an American Council on Education Fellow in 1972 and a Senior Consultant to the Secretary of Health, Education, and Welfare (HEW) in 1976. She is a founder of the Wisconsin group advocating for women in leadership positions, the Wisconsin Women in Higher Education Leadership (WWHEL).