HEALTHIEST WISCONSIN 2020

Everyone Living Better, Longer

A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity

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This strategic state health plan was prepared by the Wisconsin Department of Health Services, and through the collaborative efforts of public health system partners. It fulfills the statutory requirement to develop a state public health agenda at least once every 10 years [Wisconsin Statutes, Section 250.07 (1) (a)].

July 2010

Wisconsin Department of Health Services
Division of Public Health
Office of Policy and Practice Alignment
On the Web: http://dhs.wisconsin.gov/hw2020/

Dedication

Healthiest Wisconsin 2020: Everyone Living Better, Longer is dedicated to Wisconsin's public health system partners. While they live and work in many different places across our state, and represent many different walks of life, they have all contributed generously of their time, talents, and resources to develop *Healthiest Wisconsin 2020*. Their ongoing dedication and commitment to collaborative partnerships will continue to transform policies, programs and systems that result in healthy, safe and resilient communities, families and individuals. We invite you to join them in making a difference.

Acknowledgements

The Wisconsin Department of Health Services and its public health system partners extend their gratitude to the University of Wisconsin School of Medicine and Public Health Wisconsin Partnership Program for its financial support. These resources supported 10 community engagement forums, 46 meetings of the Focus Area Strategic Teams, and the regular and active engagement of the *Healthiest Wisconsin 2020* Strategic Leadership Team during 2008-2009. We are also grateful to all the people who helped to shape *Healthiest Wisconsin 2020* (see Appendix A).

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State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

A Letter from
Karen E. Timberlake, Secretary
Wisconsin Department of Health Services

I am proud to present *Healthiest Wisconsin 2020: Everyone Living Better, Longer*. This plan represents the third decade of statewide community health improvement planning that is designed to benefit the health of everyone in Wisconsin and the communities in which we live, play, work, and learn.

Healthiest Wisconsin 2020 declares a bold vision: *Everyone Living Better, Longer*, which reflects the plan's twin goals: improve health across the life span, and eliminate health disparities and achieve health equity. The plan's mission is *to assure conditions in which people can be healthy and members of healthy, safe, and resilient families and communities.* The vision, goals, and mission of this plan are anchored in a set of core values that form the moral and aspirational compass for the plan. These include using science and evidence to solve problems, set policy, and take action; striving for fairness and justice; relying on leadership at all levels; and seeking to prevent rather than treat disease, injury, and disability.

Healthiest Wisconsin 2020 represents the fulfillment of Wisconsin Statute Section 250.07 (1)(a) that requires the Department to produce a public health agenda for the people of Wisconsin at least every 10 years. *Healthiest Wisconsin 2020* represents both a product – a state health plan – and an ongoing process using science, quality improvement, partnerships, and large-scale community engagement.

I extend gratitude to the Healthiest Wisconsin 2020 Strategic Leadership Team for its active engagement and accountability and to the more than 1,500 people from all walks of life who gave of their time to advise, create, and engage in the development of a plan that is bigger than any one person or organization. It took a community of partners to create this plan and it will take many more to implement it over the decade. *Healthiest Wisconsin 2020* embodies the concept that it takes the work of many to improve and protect the health of all.

Sincerely,

Karen E. Timberlake
Secretary

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Imagine what life in 2020 might look like. . .

Welcome to *Healthiest Wisconsin 2020*, a future state where everyone is living better, longer. Wisconsin is the healthiest state in the nation in 2020 because in 2010 hundreds of state residents helped identify powerful opportunities to prevent disease, injury and disability at all stages of life. Working in partnerships they implemented improvements wherever they lived, worked, learned and played, creating policies and environments that made healthy choices the preferred or even easiest choices for individuals, families, institutions, and communities. Lawmakers and policy-makers aligned incentives and removed barriers to create and foster conditions where people could be healthier. While building on Wisconsin's many strengths, they also directly tackled persistent problems: systematically building fairer access to the conditions for health, marshalling and focusing resources to help disadvantaged populations end longstanding health disparities, and strengthening the capability of health departments in every community to protect and improve health into the future.

INTRODUCTION

Healthiest Wisconsin 2020: Everyone Living Better, Longer, is the public health agenda required by Wisconsin statute every 10 years. This agenda is the first step of implementing a health improvement plan for the decade, 2010-2020 (Wisconsin Statutes, Section 250.07 (1) (a)).

As the title implies, Wisconsin aspires to be the healthiest state. The health of Wisconsin's people and environment compares favorably in many ways, but the state has also slipped in recent years in several comparative measures of health (see Section 1: Overview). In particular, the health of certain population groups lags behind the rest of the state. To be the Healthiest State, Wisconsin must address these persistent disparities in health outcomes, and the social, economic, educational and environmental inequities that contribute to them. No single government agency can simply "fix" problems of this complexity. Wisconsin's public

health departments today serve as conveners and advisors to diverse partnerships that include both public and private actors, and as stewards of needed expertise and data. The "public health system" that is the audience for this plan includes any person or organization willing to work with others to create conditions in which people can be healthy.

This plan builds upon the work of prior state health improvement plans. Like prior plans, *Healthiest Wisconsin 2020* focuses more on prevention than treatment, addressing the leading causes of illness, injury, disability and death, and shares a set of core values including fairness and justice, partnerships and shared responsibility. It repeats an urgent call for upgrading and equitably supporting the public health infrastructure needed to keep each community healthy. As the decade closes on *Healthiest Wisconsin 2010*, Wisconsin celebrates having one of the most complete rates of medical insurance coverage in the nation, thanks in part to the expanding family of BadgerCare Plus options combined with a strong tradition of employer-sponsored health insurance. Rates of tobacco smoking (the leading cause of death in the U.S.) and exposure to environmental tobacco smoke are both improving in the wake of major legislative policy changes. These are just two examples of legacies from the objectives established 10 years ago in the last state health plan. These legacies position Wisconsin to benefit and move forward confidently in response to recent laws reforming the nation's health care systems.

Several trends and developments influenced the construction of the *Healthiest Wisconsin 2020* plan. These included projections of an aging population in Wisconsin; marked increases in obesity and related diseases like diabetes; increasing income disparities; new progress toward health care reform and the adoption of electronic health information systems; challenges related to terrorism and other emergencies, increasingly complex food safety issues, and global travel and commerce; worsening or stagnant indicators of reproductive and sexual health; decreasing real spending on governmental public health; a widening gap between the demand for and supply of health workers; and the development of new public health education institutions in Wisconsin.

This plan also differs from previous plans. Rather than focusing exclusively on risk factors for death, it includes a new focus on the quality of life. This helps address the needs of an aging population with growing rates of chronic disease, and brings new attention to preventing and reducing suffering in areas like oral health, developmental disorders and for people with disabilities.

While continuing to help individuals and families take responsibility for their health, *Healthiest Wisconsin 2020* pays more attention to how health choices are influenced by skills and social relationships, economic and educational factors, the health care system, and the physical environment (which are sometimes referred to as conditions necessary for health, or health determinants). These are most effectively addressed by focusing on policies and systems in addition to individual choices. *Healthiest Wisconsin 2020* emphasizes aligning policies, systems and incentives to make healthy choices the easy choices.

Easy access to nutritious food; clean air and water; safe transportation; healthy spaces for walking, playing and socializing; schools that equip youth with important health skills; health care that prevents as well as treats; rewards for healthy behaviors over risky ones—these are goods created through shared decisions and actions, not just individual behaviors. Those who must help make and implement these decisions work in many fields, extending far beyond the health care sector.

The vision of *Healthiest Wisconsin 2020* is succinct: Everyone living better, longer. This phrase incorporates the two key goals for the decade: to improve health across the life span and to eliminate persistent health differences between groups that arise from unequal opportunities to be healthy. Achieving this vision will require people and organizations from all walks of life across the state to discuss, learn, plan and act together. Working together, Wisconsin can be the healthiest state by 2020.

WHAT IS THE PURPOSE OF THE STATE HEALTH PLAN?

Healthiest Wisconsin 2020 identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area.

These priority objectives are offered to focus the attention and work of policy-makers and organizations (including state, local and tribal government agencies, educational institutions, employers, health care organizations, non-profit and community-based organizations, faith communities, and others). The statutory requirement for every Wisconsin public health jurisdiction to create community health improvement plans provides an additional opportunity for many groups to plan and act together locally. *Healthiest Wisconsin 2020* will be implemented as each of these actors integrate some objectives into their strategic plans, and then through their actions or operations, often in cooperation with others.

When we use the term health, we mean more than the absence of disease. According to the World Health Organization (1948), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It includes an understanding that the underlying determinants of health include our health behaviors, the environment in which we live, the health care setting, educational attainment, and the social support systems around us.

Different objectives will have more or less significance to different groups—no one person or group is likely to address every single objective. However, 10 objectives have been identified as having particular strategic importance, such that their achievement will greatly aid every other element of the plan. It is the hope of *Healthiest Wisconsin 2020* planners that these 10 Pillar Objectives will attract the attention of all who pick up the plan for use.

WHAT ARE THE KEY ELEMENTS OF THE PLAN?

Healthiest Wisconsin 2020 is a structure based on a foundation of shared values (see Section 2), upon which stand several mutually reinforcing objectives that together would accomplish and support the mission, vision and goals for the decade.

Vision: Everyone Living Better, Longer

Goals:

- Improve health across the life span.
- Eliminate health disparities and achieve health equity.

The first goal places emphasis on the positive lifelong impact of preventing disease and injury from an early age, while also recognizing the importance of ongoing prevention and good treatment for people who already have chronic diseases or disabilities. It also puts a premium on the quality as well as the length of life, which extends the attention of the plan to preserving functioning and well-being.

The second goal emphasizes the critical importance of disparities (persistent and systematic differences) in the health outcomes of several Wisconsin populations. For example, African American children die before their first birthday at a rate that resembles infant mortality rates in Jamaica and Botswana, nearly three times the rate for White infants; death rates from diabetes in American Indians are nearly three times those of Whites; and the rate of suicidal thinking among gay youth is more than twice as high as for straight youth. Not only do such disparities violate values such as fairness and justice, they appear to be worse in Wisconsin than in many other states, undermining any chance for Wisconsin to be the healthiest state.

> "Health disparities and health equity are a complex set of issues for populations who experience life through the intersections of race, gender and/or as a sexual minority. The stress of these identities caused by stigma and discrimination, not the identity itself, affects a person's self esteem, which often affects people's ability to take preventive measures to assure good health. We must therefore teach psychological independence. We are not what they say we are."
>
> Brenda Coley, Chairperson
> Wisconsin Minority Leadership Council
> Director of Adult Services, Diverse and Resilient, Inc., Milwaukee

Such health disparities are often related to inequalities in access to the conditions in which people can be healthy, ranging from education to health care to environmental conditions. Economic resources and geographic location influence available options. In some groups it is a legacy of both historical and ongoing discrimination. Unequal treatment by formal laws and policies has been greatly reduced for many groups in the past 50 years. Nevertheless, informal attitudes and persisting economic, social and educational disparities affect racial and ethnic minorities, and debates remain over laws and formal policies that still affect health equity for Tribes; gay, lesbian, bisexual and transgender people; and people with disabilities in Wisconsin.

Focus Areas and Objectives

The plan's focus areas include most of the important facets of health across the life span; this enables a broad cross section of Wisconsin individuals and organizations to see themselves in the plan. Some areas focus on the infrastructure of the public health system (such as a skilled workforce, stable funding, partnership development and information systems). Others focus on more specific health issues (such as injuries and violence, physical activity, and mental health). Two focus on the overarching issues of health disparities; and social, economic and educational factors that influence health. For each focus area, a diverse and expert planning team worked to identify a small number of priority objectives, identifying achievements that would likely have the greatest impact on lifelong health, eliminating health disparities and achieving better equity in the conditions for health. The objectives for each focus area are listed at the end of the Executive Summary. This document includes proposed indicator metrics for most, but not all objectives (displayed in Sections 3-5). Further work will be needed on indicator metrics and quantifiable targets during plan implementation.

Pillar Objectives

While objectives were identified in 23 different focus areas, planning leaders also sought to identify a smaller number of powerful objectives that work together in mutually supportive (synergistic) ways to advance the plan's goals rapidly. This set of 10 objectives is referred to as the Pillar Objectives. Five of these objectives relate to the plan's focus on health disparities and on social, economic and educational factors that influence health; the other five were derived from themes that appeared repeatedly across multiple focus areas. Together the Pillar Objectives are considered so central to the plan's success that every implementation partner should consider acting in concert to bring them about. The 10 Pillar Objectives are:

1. By 2020, in partnership with members of affected populations, the Department of Health Services will develop and enforce policies and procedures to track

social determinants of health, health outcomes and system effectiveness in populations experiencing health disparities.

2. By 2020, the Department of Health Services, in collaboration with policy makers, private institutions, and affected communities, will fund efforts to eliminate health disparities at least equal to the Midwest state average.

3. By 2020, state and local governments will develop and implement policies and programs that improve social cohesion and social support for all by reducing racism and other forms of discrimination; creating health-enhancing environments at home, in the workplace and throughout the community; and promoting the values of diversity and social connectedness.

4. By 2020, local, state, and federal governments will develop and implement health-promoting policies and programs that reduce poverty to a residual level.

5. By 2020, state and local governments will develop and implement educational policies and practices supporting healthy outcomes, including universal early childhood education, universal completion of at least high school equivalency, and curricula in each community that support cultural competency, valuing diversity, health literacy and informed decision-making about health.

6. By 2020, improve Wisconsin's systems of primary health care; behavioral screening and intervention; services for mental health, alcohol and drug use, oral health, chronic disease management, and reproductive and sexual health; and enable secure, appropriate information exchange to optimize health decisions by providers, patients, public health workers, and policy makers.

7. By 2020, improve the health and resilience of youth and families to protect their health and the health of their communities through age-appropriate policies and curricula in child care centers and schools, in partnerships with educators, public health systems, and community-based agencies, that support recommended vaccinations, identify and refer potential childhood disabilities for care, establish healthy patterns of diet and activity, and equip children and their families with knowledge, attitudes and skills for basic child care and sick care; understanding health information and making health decisions; oral hygiene; non-violent conflict resolution; avoidance of tobacco, alcohol and substance abuse; injury prevention; home emergency preparedness; valuing diversity and inclusiveness; and establishing healthy relationships.

8. By 2020, implement community designs that foster safe and convenient foot, bicycle and public transportation, physical recreation, and food gardening to improve physical activity, healthy diets, and social interaction while reducing air and water pollution, carbon emissions, and urban heat retention.

9. By 2020, create dedicated capacity in Wisconsin to perform health impact assessment of proposed major policy changes, and to compare and disseminate the effectiveness of alternative population health policies and practices.

10. By 2020, increase sustainable local and state funding for governmental public health departments to at least the per-capita average of Region V states (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin).

A complete list of *Healthiest Wisconsin 2020* objectives is printed at the end of this section, and discussed in greater detail in Sections 4 and 5 of the plan.

WHAT IS NEEDED TO ACHIEVE SUCCESS BY 2020?

Achieving the goals of *Healthiest Wisconsin 2020* requires broad and committed partnerships, effective policies and systems aligned for health, adequate and stable resources for all dimensions of the public health system, and a sense of shared accountability.

Many partnerships and coalitions were created to work on the *Healthiest Wisconsin 2010* plan priorities. These mature partnerships provide examples to others of the shared and creative leadership necessary for success while they adjust their strategies to new and more challenging objectives in *Healthiest Wisconsin 2020*. Pillar Objectives, such as reforming community design and enlisting child care and K-12 education as key public health system partners, will require new levels of partnership and cooperation.

Steadily and confidently improving health requires effective policies and programs. Unfortunately, today it is often difficult to know which approaches are most effective. *Healthiest Wisconsin 2020* calls for building greater capability for and coordination of research and evaluation in the state. Meanwhile, information is accumulating about

> "Health is everybody's business. From each person making his or her own individual health choices to champions who lead local health initiatives, to policy makers who consider health impact in every law they adopt, together we will assure that 'everyone does live better and longer.' To do so, the vision, goals, and objectives of *Healthiest Wisconsin 2020* must permeate every sector's program and policy decisions over the next decade. The Wisconsin Public Health Council will lead the way by providing advocacy and outcome monitoring of this plan."
>
> Julie Willems Van Dijk, R.N., Ph.D.
> Chair, Wisconsin Public Health Council
> Associate Scientist, University of Wisconsin Population Health Institute, Madison

effective policies and programs for each of the *Healthiest Wisconsin 2020* focus areas that can help jump start implementation activities.

Aligning policies and systems that pull together for better health is critical. For example, the U.S. health care system pays well to treat illness but not to prevent it. Such mis-aligned incentives and policies pulling at cross-purposes are among the reasons why the U.S. has the highest per-person health care costs in the world (almost double those of the next highest nation) while it compares poorly with many nations in average life expectancy. As long as major policies continue to reproduce conditions that are not aligned for better health, Wisconsin will continue to miss opportunities to improve health and eliminate health disparities. Developing the capability to analyze social and economic policies for their health impacts is an important Pillar Objective for the coming decade.

Adequate, sufficient, equitable and sustainable resources are necessary across the entire public health system, even as we continue to seek new efficiencies. One of the clear objectives of national health care reform is to weight health care spending more toward prevention and establish a higher level of partnership between health care and public health. Achieving faster progress against health disparities also requires new resources. Meeting the challenge of stable and sufficient resources to achieve the aspirational goals of this plan requires renewed commitment, creativity and business planning from local, state and federal governments as well as the private sector. Another key to sustainable progress is to increase the number of partner organizations and institutions that incorporate the values, mission, and goals of *Healthiest Wisconsin 2020* into their work.

Because this public health plan depends so much on partnerships, accountability for its achievement is necessarily shared. Several new implementation concepts are outlined in Section 6 for consideration by public health stakeholders in 2010. *Healthiest Wisconsin 2020* will "happen" to the extent that many, many organizations across the state incorporate its objectives into their own strategic plans and operations. There is also a need for statewide strategic champions for each objective, both inside and outside of government, to advocate for effective policies, to support communities and organizations striving to meet objectives, and to help connect those working on similar issues across the state for learning and action. The Wisconsin Public Health Council (charged with reporting on health plan progress), working with the Department of Health Services' Division of Public Health, could provide a valuable hub where such champions connect, creating a more coordinated and accountable partnership for progress across the decade.

Summary

Healthiest Wisconsin 2020 is different from many strategic plans because it is ready to be picked up and used; and it was developed in partnership with more than a thousand people, representing a wide variety of stakeholders throughout Wisconsin who are invested in the expected outcomes of the plan and anxious to see it made real.

Healthiest Wisconsin 2020 builds upon the achievements and lessons learned from its predecessor, *Healthiest Wisconsin 2010*, so many people are prepared to act in the context of existing collaborations, knowledge, experience, and hope.

Because it is designed for anyone to use, not just a single organization or a set of professionals, it can be read, owned, interpreted and put into practice by anyone, anywhere. No matter how you define your "community," whether a neighborhood, a city, town or county, an organization, a school, a professional society – some aspect of *Healthiest Wisconsin 2020* will be of interest to you, and you will be able to integrate it into your ongoing strategic planning and implementation.

Finally, *Healthiest Wisconsin 2020* is anchored in systematic public health approaches based on science, evidence, strategic planning, quality improvement, collaborative leadership and diverse partnerships.

Imagine what life in 2020 might look like (continued). . .

It has been a few years since the *Healthiest Wisconsin 2020* plan was released, and there are already many signs of change. A legislative study committee is readying a menu of policy options, each of which is projected to reduce poverty in the state by at least 10 percent. The new Health Impact Analysis Consortium formed by faculty across multiple universities is preparing to analyze these proposals to try to predict how each might affect the health of the state over time. Today the Public Health Council heard reports from strategic champion organizations addressing objectives regarding disparities in infant mortality and rates of obesity. An encouraging drop in low birthweight is being observed in southeastern Wisconsin. There, BadgerCare Plus and other insurers increased incentives to deliver optimal prenatal care and developed model medical homes for families at high risk for infant death. Funds from the federal health care reform legislation (the Patient Protection and Affordable Care Act) are supporting evidence-based home visiting programs connected to the medical homes. Regional health information exchanges help to ensure that prenatal care providers, hospitals, home visitors and other helpers share vital up-to-date information about each patient. Service learning clubs in schools in both southeastern Wisconsin and other communities are taking what they've learned in school about infant care and survival and spreading the word in their neighborhoods. Meanwhile, programs that proved effective at reducing obesity in La Crosse and Wood counties are being expanded to serve surrounding counties by mutual agreement between local public health departments, again supported by the health care reform bill. Lessons from these programs are being considered across the state by school systems and employers, which are learning about them at the *Healthiest Wisconsin 2020* website. The Public Health Council also heard a report on the indicator metrics for several of the *Healthiest Wisconsin 2020* objectives; the report shows that while there is still a steep climb to reach plan goals before the end of the decade, all goals are within reach.

LIST OF *HEALTHIEST WISCONSIN 2020* FOCUS AREAS AND OBJECTIVES

Ten objectives for *Healthiest Wisconsin 2020* are called Pillar Objectives, because without them there will not be a sustainable structure to support the plan's vision, goals and mission. Because they are crucial to *Healthiest Wisconsin 2020*, all 10 of the Pillar Objectives deserve everyone's attention and work across the decade.

Pillar Objectives Derived from the Overarching Focus Areas

Five of the Pillar Objectives are derived from the plan's two Overarching Focus Areas: Health Disparities and Social, Economic and Educational Factors that Influence Health. These affect all the Health and Infrastructure Focus Areas.

Health Disparities:

Pillar Objective 1
(Comprehensive data to track health disparities)

By 2020, in partnership with members of affected populations, the Department of Health Services will develop and enforce policies and procedures to track social determinants of health, health outcomes and system effectiveness in populations experiencing health disparities.

Pillar Objective 2
(Resources to eliminate health disparities)

By 2020, the Department of Health Services, in collaboration with policy makers, private institutions, and affected communities, will fund efforts to eliminate health disparities at least equal to the Midwest state average.

Social, Economic, and Educational Factors That Influence Health:

Pillar Objective 3
(Policies to reduce discrimination and increase social cohesion)

By 2020, state and local governments will develop and implement policies and programs that improve social cohesion and social support for all by reducing racism and other forms of discrimination; creating health-enhancing environments at home, in the workplace and throughout the community; and promoting the values of diversity and social connectedness.

Pillar Objective 4
(Policies to reduce poverty)

By 2020, local, state, and federal governments will develop and implement health-promoting policies and programs that reduce poverty to a residual level.

Pillar Objective 5
(Policies to improve education)

By 2020, state and local governments will develop and implement educational policies and practices supporting healthy outcomes, including universal early childhood education, universal completion of at least high school equivalency, and curricula in each community that support cultural competency, valuing diversity, health literacy and informed decision-making about health.

Pillar Objectives Derived from Recurring Themes in the Focus Areas

Five Pillar Objectives emerged from themes that cut across many of the Health and Infrastructure Focus Areas.

Pillar Objective 6
(Improved and connected health service systems)

By 2020, improve Wisconsin's systems of primary health care; behavioral screening and intervention; services for mental health, alcohol and drug use, oral health, chronic disease management, and reproductive and sexual health; and enable secure, appropriate information exchange to optimize health decisions by providers, patients, public health workers, and policy makers.

Pillar Objective 7
(Youth and families prepared to protect their health and the health of their community)

By 2020, improve the health and resilience of youth and families to protect their health and the health of their communities through age-appropriate policies and curricula in child care centers and schools, in partnerships with educators, public health systems, and community-based agencies, that support recommended vaccinations, identify and refer potential childhood disabilities for care, establish healthy patterns of diet and activity, and equip children and their families with knowledge, attitudes and skills for basic child care and sick care; understanding health information and making health decisions; oral hygiene; non-violent conflict

resolution; avoidance of tobacco, alcohol and substance abuse; injury prevention; home emergency preparedness; valuing diversity and inclusiveness; and establishing healthy relationships.

Pillar Objective 8
(Environments that foster health and social networks)

By 2020, implement community designs that foster safe and convenient foot, bicycle and public transportation, physical recreation, and food gardening to improve physical activity, healthy diets, and social interaction while reducing air and water pollution, carbon emissions, and urban heat retention.

Pillar Objective 9
(Capability to evaluate the effectiveness and health impact of policies and programs)

By 2020, create dedicated capacity in Wisconsin to perform health impact assessment of proposed major policy changes, and to compare and disseminate the effectiveness of alternative population health policies and practices.

Pillar Objective 10
(Resources for governmental public health infrastructure)

By 2020, increase sustainable local and state funding for governmental public health departments to at least the per-capita average of Region V states (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin).

Infrastructure Focus Areas and Objectives

Access to high-quality health services

Objective 1

By 2020, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Objective 2

By 2020, assure that populations of differing races, ethnicities, sexual identities and orientations, gender identities and educational or economic status, and those with disabilities, have access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated and navigable.

Collaborative partnerships for community health improvement

Objective 1

By 2020, increase the use of effective strategies to promote partnerships to improve health outcomes through Web-based resources and a pool of trained experts.

Objective 2

By 2020, increase the proportion of public health partnerships that demonstrate balanced power, trust, respect, and understanding among affected individuals, interested individuals, and those with capacity to affect the issue.

Diverse, sufficient and competent workforce that promotes and protects health

Objective 1

By 2020, assure a sufficient and diverse health workforce competent to practice in current and evolving delivery systems to improve and protect the health and well-being of all people and populations in Wisconsin.

Objective 2

By 2020, establish a sustainable system to collect and analyze public health system workforce data including data on sufficiency, competency, and diversity reflecting Wisconsin's communities.

Emergency preparedness, response and recovery

Objective 1

By 2020, strengthen emergency preparedness, response, and recovery through integration into existing organizations and programs; and collaboration and coordination between partners.

Objective 2

By 2020, strengthen emergency preparedness, response, and recovery through individual and community empowerment, outreach and engagement to all sectors, particularly at-risk populations.

Equitable, adequate, and stable public health funding

Objective 1

By 2020, increase public health funding from diverse sectors to implement the objectives of *Healthiest Wisconsin 2020*.

Objective 2

By 2020, establish stable revenue sources to support state and local governmental health departments for public health services required by Wisconsin statute.

Health literacy

Objective 1

By 2020, increase awareness of the impact of literacy and health literacy on health outcomes.

Objective 2

By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.

Public health capacity and quality

Objective 1

By 2020, all Wisconsin health departments will implement established quality improvement processes in daily practice.

Objective 2

By 2020, all Wisconsin health departments will be accredited using an established standard.

Public health research and evaluation

Objective 1

By 2020, a broad-based public health research and evaluation council will develop research and evaluation priorities; increase collaboration in research and data sharing; and report to the public about progress.

Objective 2

By 2020, programs and policies to improve public health in Wisconsin will be science-based, recognized by an expert panel, and include an evaluation.

Objective 3

By 2020, research projects will be implemented addressing no fewer than two-thirds of the disparity objectives identified in *Healthiest Wisconsin 2020*.

Systems to manage and share health information and knowledge

Objective 1

By 2020, there will be efficient, appropriate, and secure flow of electronic information among health information systems to optimize decisions for personal and community health.

Objective 2

By 2020, access to nationally certified electronic health record systems and health information exchange will be available to all health consumers, providers, and public health officials.

Objective 3

By 2020, electronic health information systems will collect comparable data allowing measurement of the magnitude and trends of disparities in health outcomes and determinants of health for those with disabilities and among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Health Focus Areas and Objectives

Adequate, appropriate, and safe food and nutrition

Objective 1

By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.

Objective 2

By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.

Objective 3

By 2020, Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Alcohol and other drug use

Objective 1

By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.

Objective 2

By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.

Objective 3

By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Chronic disease prevention and management

Objective 1

By 2020, increase sustainable funding and capacity for chronic disease prevention and management programs that reduce morbidity and mortality.

Objective 2

By 2020, increase access to high-quality, culturally competent, individualized chronic disease management among disparately affected populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3

By 2020, reduce the disparities in chronic disease experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Communicable disease prevention and control

Objective 1

By 2020, protect Wisconsin residents across the life span from vaccine-preventable diseases through vaccinations recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).

Objective 2

By 2020, implement strategies focused to prevent and control reportable communicable diseases and reduce disparities among populations with higher rates.

Environmental and occupational health

Objective 1

By 2020, improve the overall quality and safety of the food supply and the natural, built and work environments.

Objective 2

By 2020, increase the percentage of homes with healthy, safe environments in all communities. (Safe environments are free from lead paint hazards, mold or moisture damage, environmental tobacco smoke and safety hazards, and include carbon monoxide and smoke detectors, and radon testing and mitigation.)

Healthy growth and development

Objective 1

By 2020, increase the proportion of children who receive periodic developmental screening and individualized intervention.

Objective 2

By 2020, provide pre-conception and inter-conception care to Wisconsin women in population groups disproportionately affected by poor birth outcomes.

Objective 3

By 2020, reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality.

Injury and violence

Objective 1

By 2020, reduce the leading causes of injury (falls, motor vehicle crashes, suicide/self harm, poisoning and homicide/assault) and violence though policies and programs that create safe environments and practices.

Objective 2

By 2020, increase access to primary, secondary and tertiary prevention initiatives and services that address mental and physical injury and violence.

Objective 3

By 2020, reduce disparities in injury and violence among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Mental health

Objective 1

By 2020, reduce smoking and obesity (which lead to chronic disease and premature death) among people with mental health disorders.

Objective 2

By 2020, reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.

Objective 3

By 2020, reduce the rate of depression, anxiety and emotional problems among children with special health care needs.

Oral health

Objective 1

By 2020, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

Objective 2

By 2020, assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.

Physical activity

Objective 1

By 2020, increase physical activity for all through changes in facilities, community design, and policies.

Objective 2

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.

Objective 3

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity for individuals among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Reproductive and sexual health

Objective 1

By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.

Objective 2

By 2020, establish social, economic and health policies that improve equity in sexual health and reproductive justice.

Objective 3

By 2020, reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Tobacco use and exposure

Objective 1

By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent.

Objective 2

By 2020, reduce tobacco use and exposure among the adult population by 25 percent.

Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

SECTION 1

OVERVIEW

Everyone Living Better, Longer

Healthiest Wisconsin 2020

SECTION 1
OVERVIEW

The title of this plan, *Healthiest Wisconsin 2020: Everyone Living Better, Longer*, is a statement of pride and a statement of aspiration for improving health and the quality of life for all. People in Wisconsin take pride in their heritage and expect to achieve the goals they set for themselves. Wisconsin is a great state with great people. In establishing the goals for *Healthiest Wisconsin 2020*, the stakeholders who created this plan recognized that some of our communities are not as safe or as healthy as they could be; some people in our state lack basic requirements for healthy living; and opportunities for the pursuit of health are not equal. There is no reason Wisconsin should not aspire to be the healthiest state, but to meet that goal it must first address the persisting disparities in health outcomes and the conditions that contribute to them.

THE PUBLIC HEALTH SYSTEM

The mission of public health has been defined as "the fulfillment of society's interest in assuring conditions in which people can be healthy" (Institute of Medicine, 1988). The public health system refers to the people, programs, structures, and other resources that work together to provide conditions that support the health of a population. This includes state and local governmental public health departments, but also other government agencies, community-based organizations, health care systems, businesses, educational institutions, faith organizations and others.

Although they bear statutory responsibility for planning for and protecting the public's health, governmental public health departments are only one part of the public health system. Other agencies, non-governmental organizations and institutions play critical roles in creating conditions in which people can be healthy. Public health departments place increased emphasis on facilitation, leadership, and stewardship because they cannot be "the primary actor in every situation that affects the health of the public, because assuring a healthy state cannot be accomplished through a single plan of action or through the efforts of a single governmental agency or sector of the economy" (Institute of Medicine, 2003). Wisconsin's public health system must be broad, dynamic, cooperative, and collaborative in order to solve complex problems affecting health and the environment that are greater than any one partner can address alone.

Wisconsin Statute 250.03(L) lists 10 essential services to be carried out by the public health system (originally published as part of the Public Health in America Statement, 1994):

1. Monitor the health status of populations to identify and solve community health problems.
2. Investigate and diagnose community health problems and health hazards.
3. Inform and educate individuals about health issues.
4. Mobilize public and private sector collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce statutes and rules that protect health and ensure safety.
7. Link individuals to needed personal health services.
8. Assure a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Provide research to develop insights into and innovative solutions for health problems.

Those who help carry out one or more of the 10 essential public health services are part of Wisconsin's public health system and important partners in *Healthiest Wisconsin 2020*.

Successful Community Partnership Prepared to Respond to Disaster

"…Flooding in western Wisconsin and eastern Minnesota resulted in the deaths of three people from the flood waters, destruction and damage to over 60 private homes, displacing about 200 people and putting several hundred more in danger of illnesses such as typhoid, cryptosporidiosis and gastroenteritis from contaminated private wells. The La Crosse County Health Department sanitarians, public health nurses and health educators coordinated services with other local health departments; town, village, city, county and state elected officials; fire departments; emergency government; law enforcement; the American Red Cross and others, including across state lines, to keep people healthy. Drinking water samples were collected by various helping organizations and transported to the La Crosse County Health Department laboratory and the Wisconsin State Laboratory of Hygiene for testing. Staff at all laboratories quickly responded to the influx of many times the normal amount of testing by working the needed evening and weekend hours to provide quick results to enable the quick return of families to safe homes."

Doug Mormann, MS
Health Officer and Director, La Crosse County Health Department

Multiple priorities compete for the time and resources of people and organizations. In order for different sectors and organizations to successfully work together (for example, to vaccinate a community, to ensure safe and healthy food or to prevent violent injuries), effective partnerships are required. In effective partnerships, partners share certain values; participate fully in the development of plans and ownership for success; and fairly contribute time, talent, and resources to the achievement of goals and objectives. With effective partnerships, the costs and benefits of participation add up to a positive, or at least an affordable, balance.

The 2010 State Health Plan called for collaborative partnerships as a key infrastructure priority. Since then, partnerships have evolved as a basic public health business process in Wisconsin. *Healthiest Wisconsin 2020* also calls for sustainable partnerships, not only to assure engagement of new partners and communities, but to move the public health system to the next level where all partners demonstrate shared leadership, shared resources, and shared accountability to improve health across the life span, and eliminate health disparities and achieve health equity. The public should expect nothing less.

The Unique Status of Tribes as Partners in Building Wisconsin's Public Health System

"Because of their existence predating the formation of the United States, the tribes are recognized under law as distinct political entities, unique from one to another, independent of the States formed around them, and having a direct relationship to the federated states comprising the United States under the Supremacy Clause and the Commerce Clause of the United States Constitution…. Substantially more than just interest groups or service populations and having their own arrays of concerns and priorities, the tribes are political and jurisdictional partners with the State in addressing issues and solutions in public health."

Jim Hawkins, J.D., Legal Counsel
Great Lakes Inter-Tribal Council, Lac du Flambeau

BUILDING ON THE MOMENTUM OF *HEALTHIEST WISCONSIN 2010*

The Strategic Leadership Team (See Appendix A) sought continuity between *Healthiest Wisconsin 2020* and its predecessor state health plan, *Healthiest Wisconsin 2010*. The Team chose not to "reinvent the wheel," but rather to build on *Healthiest Wisconsin 2010* successes and learn from its challenges. Examples of what was learned from the challenges of *Healthiest Wisconsin 2010* include:

- Accountability for plan achievement is necessarily shared—but without organizations assuming specific roles, true accountability is sometimes lacking.
- Scattered groups working on a relatively large number of objectives can disperse energy and miss opportunities for concerted advocacy and action. Identifying a modest number of synergistic objectives for universal attention might remedy this.
- Plan partners need ways to share news about new initiatives, lessons learned, and critical advocacy opportunities. It is important to find ways to foster communication between plan partners, particularly those working on the same objectives.
- It is important to identify targets and indicators for the goals, not only for the objectives of the plan.
- Identification of indicators to measure objective achievement should occur during the planning phase rather than during the implementation phase. This would allow communities to "weigh in" on the indicators as the 10-year objectives are being proposed.
- The objectives and indicators should undergo a rigorous review by program and data experts. Several 2010 objectives were too broad or vague for measurement; many indicators could not be measured for want of data or definition.
- A statewide public health plan requires the full engagement, ownership, leadership, and accountability of the Department of Health Services, not just the Division of Public Health.
- Without robust statewide and local data, there cannot be adequate measurement of progress. Now as then, data collection and management are fractured, intermittently funded, and often rely on categorical grants (federal, national, and private). Health plan monitoring systems cannot depend primarily on grants – they must be built and reliably supported year after year to compare data and determine progress.

- A communications and marketing plan is critical to weave plan goals and objectives into the fabric of society, reach diverse communities and identify new and unconventional partners. Health plan goals compete with many other day-to-day priorities and interests. Plan goals and objectives require considerable marketing ("making the sale") to achieve a sufficient level of commitment and urgency to accomplish them on a meaningful scale.

There were many successes during the past decade, including the following examples:

- Significant expansion of health insurance availability, making Wisconsin's uninsured rate one of the lowest in the nation. Rates of child health insurance rose from 88 percent in 2000 to 93 percent in 2008, and with the passage of BadgerCare Plus in 2008, most are eligible for affordable coverage.
- New programs, taxes and laws reducing tobacco use and exposure to environmental tobacco smoke. Sustained declines in cigarette smoking occurred among youth, adults and pregnant women.
- A shared vision of a "public health system" that extends beyond governmental public health agencies to include many other public and private actors, leading to considerable growth of public-private health partnerships at both state and local levels. Partnerships have become a routine public health system business process.
- Increasing focus on preventable risk factors for disease, injury, disability and premature death and on the underlying determinants of health in planning, policy and programs.
- The passage of key public health laws, including laws requiring local community health improvement planning and requiring health departments to provide the 10 essential services of public health (see Appendix B).
- The expansion of public health as a core mission of the University of Wisconsin School of Medicine and Public Health and the creation of the University of Wisconsin-Milwaukee School of Public Health.
- Development of new and enhanced public health degrees at the master's and doctoral levels, certificate and continuing education programs at the Medical College of Wisconsin, University of Wisconsin System schools, and other colleges and universities across our state.
- Establishment of the Healthy Wisconsin Leadership Institute.

- Establishment of an independent Institute for Wisconsin's Health.
- Funding of community-academic partnerships by the Healthier Wisconsin Partnership Program at the Medical College of Wisconsin, and the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health.
- Creation of the Wisconsin Public Health Council, by the Governor, to monitor state health plan progress and implementation, as well as progress in coordinating the response to public health emergencies.
- Creation of the Minority Health Leadership Council within the Department of Health Services to address current and emerging public health needs of racial and ethnic minority populations throughout Wisconsin.
- Successful implementation of hundreds of community health improvement projects by collaborative partners statewide, regionally, and locally.
- Incorporation of one or more of the *Healthiest Wisconsin 2010* goals and objectives into the strategic plans of state agencies, statewide collaborations, and local government and private organizations.
- Establishment of websites pointing to evidence-based and science-based practices related to plan objectives, and tracking objective achievement.
- Research and workshops to address ways to improve health and reduce health disparities in Wisconsin.

While *Healthiest Wisconsin 2010* was only one of many reasons for these positive changes, it provided justification, stimulated collaborations, and increased alignment and momentum for many of these initiatives. (See Appendix C for a detailed chart comparing *Healthiest Wisconsin 2010* with *Healthiest Wisconsin 2020*.)

Figure 1 depicts the major elements of the *Healthiest Wisconsin 2020* Framework.

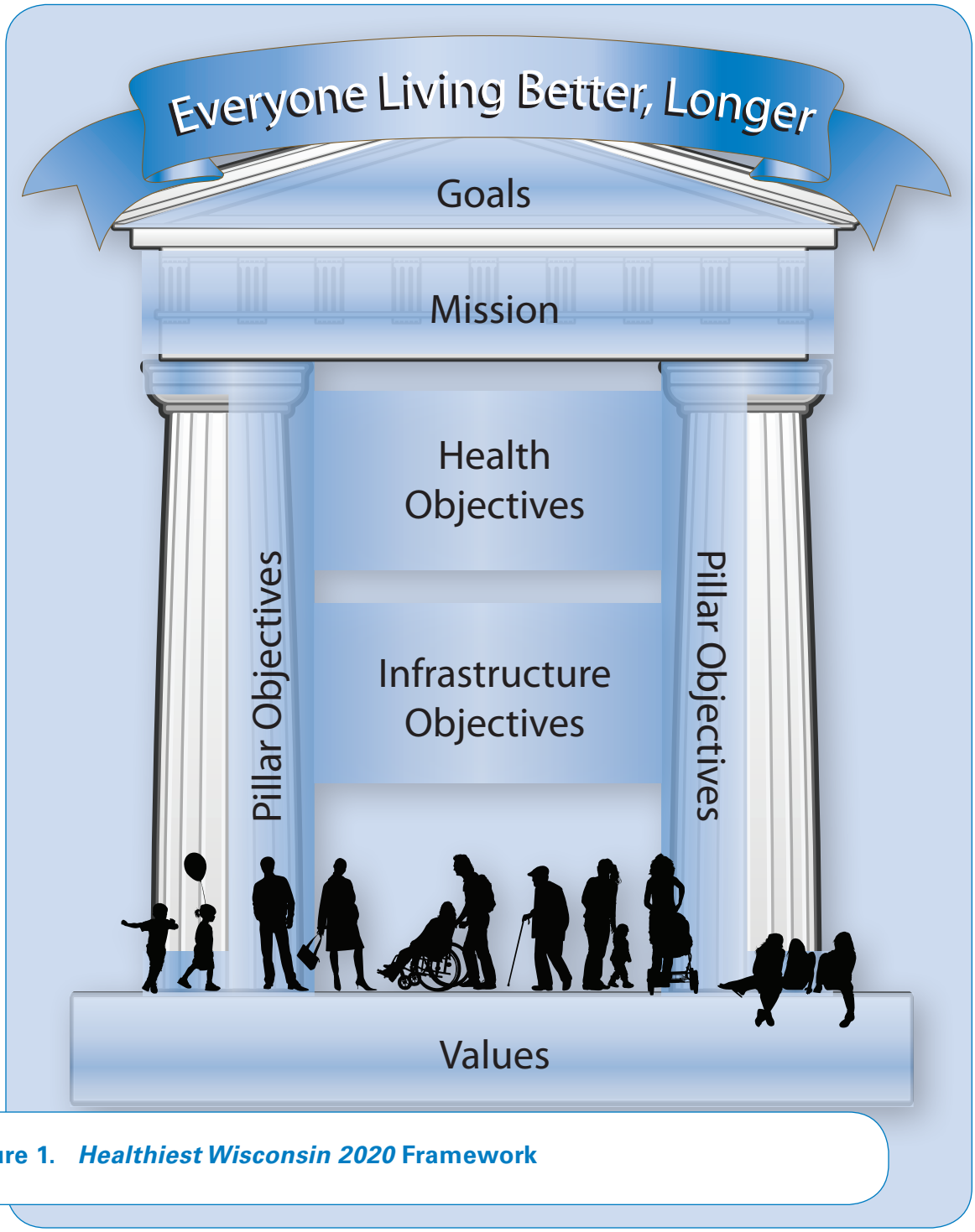


Figure 1. ***Healthiest Wisconsin 2020*** **Framework**

Key building blocks in the prior decade's plan allowed *Healthiest Wisconsin 2020* to begin from a stronger starting position. These key building blocks include:

- **Public health infrastructure focus.** *Healthiest Wisconsin 2020* continues to focus on key infrastructure objectives that strengthen public health system capacity as a whole. Over the past 10 years, work on the state health plan has given partners and stakeholders a better understanding of the importance and complexity of the public health system as a whole, including the essential roles of both government and non-governmental partners. *Healthiest Wisconsin 2020* builds on this shared understanding and commitment to a strong public health system.

- **Public health system partners.** *Healthiest Wisconsin 2020* builds on the strong, mature community-level partnerships that are experienced in organizing collective efforts for improvements. The public health partnership process has become so strong that collaboration has become a routine part of the public health system fabric.

- **Health and infrastructure priority areas.** *Healthiest Wisconsin 2010* organized the state health plan objectives into categories called health and system (infrastructure) priorities. The *Healthiest Wisconsin 2020* Strategic Leadership Team, based on recommendations of two technical teams, determined that the new plan should continue to focus on the 2010 priority areas because Wisconsin's most pressing health and infrastructure concerns had not changed over the past 10 years. The Team also noted that some important areas were missing from the 2010 list of priorities; for example, chronic disease management, emergency preparedness and response, healthy growth and development, health literacy, and research and evaluation. These areas, along with the 2010 priority areas, became the focus areas for the 2020 plan. *Healthiest Wisconsin 2020* contains 12 Health Focus Areas, nine Infrastructure Focus Areas and two Overarching Focus Areas.

New features of *Healthiest Wisconsin 2020* are:

- **A deeper focus on the broader determinants of health in addition to risk factors.** This focus on root causes provides for population-level changes that have the potential for longer-lasting health improvements.

- **Identification of two Overarching Focus Areas,** Health Disparities and Social, Economic and Educational Factors that Influence Health, as a way of assuring that these core issues receive prominent attention. Objectives from these two focus areas are also identified as Pillar Objectives, critical to the overall achievement of the plan's goals and, therefore, a responsibility for everyone.

- **Identification of five themes that recur across many focus areas** and draw attention to common requirements at a systems level. Objectives developed from these themes are part of the set of Pillar Objectives that require everyone's attention.
- **Development of objectives and indicators as an integral part of the planning phase.** Earlier identification of objectives and indicators has allowed for better coordination across the plan. Focus area profiles (to be published separately) provide additional background, data, and examples of evidence-based practices.
- **Development of an implementation proposal.** Implementation planning was a completely separate step for *Healthiest Wisconsin 2010*. A proposed implementation plan is included in *Healthiest Wisconsin 2020*, facilitating a faster transition from planning into action.

ARE WE HEALTHY YET?

By some indicators, Wisconsin's population is considered fairly healthy. In the 2009 report, America's Health Rankings, Wisconsin ranked 12th best overall when compared to other states (United Health Foundation, 2009). This ranking was driven by several areas in which Wisconsin has performed well; for example, the proportion of the population with health insurance; the proportion of children receiving recommended immunizations; and low rates of workplace deaths. In another assessment, Wisconsin was ranked first for overall health care quality in 2007 (Agency for Healthcare Research and Quality, 2007).

Infant Mortality – Calling the Future into Question

"An untimely death is a singular tragedy, but it is never a solitary one. Ralph Abernathy said, "I don't know what the future may hold, but I know who holds the future." The death of an infant ripples outward, shattering families, which splinters communities, which calls that future into question. I worked in African communities for 14 years to improve maternal and child health outcomes, ensuring that children born in West Africa had access to the future. Upon returning to Wisconsin, I found it difficult to accept that our infant mortality rates are worse than some of the communities I had just left. And I refuse to accept it."

Lorraine Lathen, MA
President, Jump at the Sun Consultants, LLC
Program Leader, Lifecourse Initiatives for Healthy Families, Wisconsin Partnership Program

Based on such findings, it might appear as though Wisconsin should be satisfied with its overall health, and not need a course change. Unfortunately, those data do not tell the whole story, and conceal some disturbing trends. The following examples illustrate some of these:

- Wisconsin's overall health ranking of 12th best in the nation in 2009 marked a drop from seventh best in 1990. In addition, for four of the past 10 years, Wisconsin was ranked lower, at 15th (United Health Foundation, *America's Health Rankings*, overall rankings by year).
- Wisconsin's state rank for age-adjusted death rates has slipped from 11th to 14th over 10 years. If these trends continue, Wisconsin would slip to 18th place in another 10 years (Booske, et al., 2007).
- Wisconsin ranked 23rd among states in a combined measure of infant health in 2007 (Booske, et al., 2007).
- Wisconsin ranked 28th in a combined measure of elder health in 2007 (Booske, et al., 2007).
- Wisconsin recently ranked worst among states for adult binge drinking, worst for current alcohol use among youth, third in binge drinking among youth, and fourth in the incidence of youth riding with a driver who had been drinking (United Health Foundation, *America's Health Rankings*, 2009).
- Wisconsin ranked 10th worst (and far below the median) on the percentage of mothers who smoked during pregnancy, compared to 31 states with similar data in 2006 (Annie E. Casey Foundation Kids Count Data Center, 2009a).
- Wisconsin was 18th worst among states in the percent of people who use tobacco (United Health Foundation, *America's Health Rankings*, 2009).
- Wisconsin had the sixth lowest proportion of children exercising regularly in 2007 (Annie E. Casey Foundation Kids Count Data Center, 2009b).
- Milwaukee had the second highest rate of the sexually transmitted disease Chlamydia among the largest 50 U.S. cities in 2007; Milwaukee's rate was 50 percent higher than the rate in Chicago (United Health Foundation, *America's Health Rankings*, 2009).
- In 2009, Wisconsin was listed as lowest of the 50 states for per-capita state funding of public health. Wisconsin's spending on public health is about one-third of the national average ($35.43 versus $93.53) (United Health Foundation, *America's Health Rankings*, 2009).

- Between 1993 and 2003, 4,700 hazardous substance release events were identified, resulting in 41,314 evacuees (Wisconsin Department of Health Services, 2007).

- In 2000, there were approximately 175,500 work-related injuries and illnesses in Wisconsin, with nearly one-third resulting in days away from work (Wisconsin Department of Health Services, 2007).

Disparities in health outcomes between Wisconsin racial and ethnic groups and certain other populations are especially severe. Disparities between White and African American residents of Wisconsin are among the most extreme in the nation. Disparities affecting Native Americans, some other racial or ethnic groups, people of differing sexual identities and orientations or gender identities, lower economic or educational status, and people with disabilities are also marked. (Considerably less information is available on disparities for groups other than African American and White populations because of gaps in data or problems with small samples. This is an area for improvement noted in this state health plan.)

- A 2007 report card gave Wisconsin a grade of "D" for infant health disparities (28th rank among states) (Booske, et al., 2007). That report also gave a "D" grade for health disparities among children and young adults and for working-age adults.

- In 2006, Wisconsin had the fourth highest rate of African American infant mortality in the U.S. (Annie E. Casey Foundation, 2009c). Between 2003 and 2005, Wisconsin had the nation's third highest disparity between African American and White infant death rates (Centers for Disease Control and Prevention, 2008).

- Wisconsin also had the second highest Black-to-White ratio of teen pregnancy rates in 2005. Although the state ranked sixth lowest in overall teen pregnancy rates, Wisconsin African American women had the second highest rate among all states (Guttmacher Institute, 2010).

- In 2001-2005, the age-adjusted mortality rate for diabetes was 3.3 times higher among American Indians, 2.3 times higher among African Americans, 1.4 times higher among Hispanics/Latinos, and 1.2 times higher among Asians compared to Whites (Wisconsin Department of Health Services, 2008).

- In 2007-2009, 41 percent of Wisconsin high school students with same-sex sexual contact had considered suicide in the past 12 months, compared with 16 percent of students with only opposite-sex sexual contact (2007 and 2009 Youth Risk Behavior Survey, Wisconsin Division of Public Health, AIDS/HIV Program, unpublished analysis, March 2010).

- The number of HIV diagnoses in 2009 among men who have sex with men (MSM) in Wisconsin is estimated to be 47 times the number of HIV diagnoses among other men and 78 times the number of HIV diagnoses among women. More than one in three (36 percent) of Black/African American MSM in Wisconsin are estimated to be infected with HIV. This compares to 12 percent of Hispanic/Latino MSM and 5 percent of White MSM (Wisconsin Division of Public Health, AIDS/HIV Program, 2010).
- In Wisconsin, more than one in four (27.3 percent) of lesbian, gay, and bisexual adults ages 18-64 reported that they lack health care coverage, compared to 10.9 percent of heterosexual adults (2008 Behavioral Risk Factor Survey, Wisconsin Division of Public Health, AIDS/HIV Program, 2010).
- Among children aged 2-4 enrolled in WIC in 2008, 14 percent were overweight. By race/ethnicity, 10 percent of African American children, 24 percent of American Indian children, 16 percent of Asian children, 19 percent of Hispanic/Latino children, and 11 percent of White children enrolled in WIC were overweight (Wisconsin Department of Health Services, Track 2010 data system).

Discrimination – An Insidious Obstacle to Overcome

"Lesbian, gay, bisexual, and transgender people in Wisconsin would thrive if not for the daily obstacles that stand in their way toward health, well-being, and full participation in society. In the context of safe, supportive communities, they would be full contributing partners in a robust society, with organizations and leadership to support them along the way."

Gary Hollander, PhD
Executive Director, Diverse and Resilient, Inc., Milwaukee

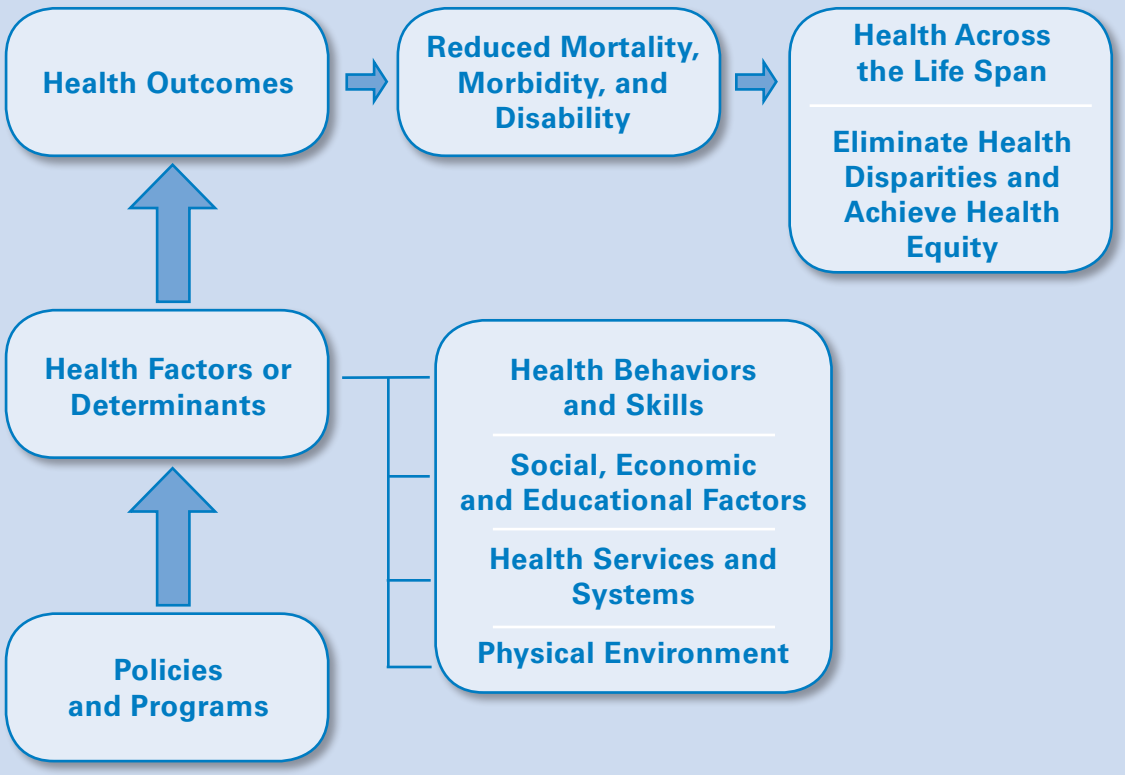
Thus improvement is needed to maintain Wisconsin's healthy advantages, and particularly to address systematic inequities and health disparities. Such systematic and across-the-board health disparities also strongly suggest the need for systematic, as opposed to individual-level, remedies. *Healthiest Wisconsin 2020* provides a framework with specific objectives for meeting the challenge.

WHY DO WE NEED A STATE HEALTH PLAN? ISN'T HEALTH AN INDIVDUAL ISSUE?

The Determinants of Population Health

Health is partly an individual matter, reflecting a person's unique genetic inheritance, use of medical care, and behaviors. While important, these are only part of the picture. As illustrated in Figure 2, Determinants of Population Health, larger-scale policy and practice decisions influence the health of a neighborhood, community, state or nation by shaping the opportunities and options to achieve optimum health (Remington, et al., 2010). The *Healthiest Wisconsin 2020* mission describes these as the "conditions in which people can be healthy."

Figure 2. Determinants of Population Health



Adapted with modifications from University of Wisconsin School of Medicine and Public Health, Mobilizing Action Toward Community Health, County Health Rankings," accessed at http://www.countyhealthrankings.org/about-project/background.

Major health factors include health behaviors and skills (for example, smoking cigarettes or eating nutritious foods); social, economic, and educational factors; health services and systems (for example, quality of and access to medical care); and the physical environment. Decisions that appear to be highly individual, like whether and how we visit a doctor, use medication, smoke tobacco, or help children engage in physical activity, are also highly influenced by many different policies and community conditions. Even as we make our individual choices, those choices are bounded and influenced by major decisions about policies, systems and programs made at the community level or higher that influence available options. While *Healthiest Wisconsin 2020* recognizes that individual behavior matters, it also focuses on high-impact (systems-level) policies that affect the health determinants.

Health behaviors and skills – A health factor

Behaviors such as smoking, overeating, alcohol and drug use, the use of safety measures and physical activity patterns greatly influence health. But these behaviors are only partly a function of personal, conscious choice. Behavior is also learned in families, and influenced heavily by marketing, cultural norms, ease of choice, costs, the expectations of peer networks, and hard-to-change habits or addictions. Product marketers know the choices people make can be influenced by carefully adjusting perception, price, placement, promotion, policies and other factors.

Modifying Individual Behaviors Involves Multiple Partners and Systems

"Many physicians and health care providers contribute to successful patient in-office behavior change by implementing evidence-based interventions for public health problems such as tobacco cessation; alcohol misuse through screening, brief intervention, and treatment; and obesity prevention such as measuring body mass and abdominal girth…. Physician involvement with public health is critical to building the capacity to shift harmful behavior patterns and perceptions for improved overall population health."

Michael Kretz, M.D.
Former Health and Human Services Medical Advisor
Sr. Croix County, New Richmond

Thus to achieve *Healthiest Wisconsin 2020* objectives related to healthy behaviors, public health system partners will need to work together to adjust policies, the physical environment and the social environment to make healthy behaviors the convenient, desirable, default decision. Making it easy to make the best choices for health is an important strategy. For example, recently tobacco smoking has become more expensive, less convenient, and less accepted as the social norm, while smoking cessation has become far more convenient and applauded. These changes resulted in successful reductions in smoking behavior when earlier efforts often failed.

Social, economic, and educational factors – A health factor

Another group of health determinants is described as social, economic, and educational factors. These include income/wealth; how people meet their needs

for food, shelter, education, and physical security; and the extent to which they have supportive families, friends, cultural norms and traditions. Research shows a particularly strong association of both individual and community levels of health with these health factors. Social and economic factors sometimes play a stronger role in influencing health than the strongest individual health behaviors (see Lantz, et al., 1998; Marmot & Wilkinson, 2005; Kawachi & Kennedy, 1997). The important connection of low income and low educational achievement with health disparities led the *Healthiest Wisconsin 2020* Strategic Leadership Team to include a focus on these populations in plan objectives related to health disparities.

Working to Change the Social, Economic and Educational Factors that Influence Health

"Working in some of Milwaukee's lowest income areas where residents are at particular risk for unhealthy nutrition, lack of physical activity, overweight and obesity, our project worked with eight member agencies of United Neighborhood Centers of Milwaukee to change…food and fitness environments, programming and policy… . Our project was able to leverage significant extramural funds to continue the important work of improving the nutrition and physical activity policies for children, youth and families in the central city."

John Meurer, M.D., and David Nelson, Medical College of Wisconsin; Tony Shields, United Neighborhood Centers of Milwaukee

To cite one example of the cascade effect from such structural social disadvantage, a 2008 study from the Harvard School of Public Health found children living in segregated neighborhoods experience health disparities from inferior access to resources like education, safe recreation, and availability of healthy foods (Acevedo-Garcia, et al., 2008).

Structural disadvantage in groups of people subject to discrimination, bias or stigma is a social and economic factor of particular importance to *Healthiest Wisconsin 2020*. The plan is influenced by the need to address the accumulated legacy of past discrimination, and ongoing legal, social or economic barriers that prevent equal access to conditions for health. The Health Disparities Focus Area Strategic Team, the Strategic Leadership Team and other community voices insisted that the plan specifically address health disparities of groups that experience discrimination based on race, ethnicity, sexual identity or orientations (gay, lesbian and bisexual people and those who do not define themselves in such terms); gender identity (such as transgender people); and people with disabilities.

Health services and systems – A health factor

People need good health care to prevent, identify, treat, and manage disease, injury and disability. Medicine's capacity to improve the length and quality of life continues to grow. Nevertheless, people may rely too heavily on the ability of medical care to restore them to good health, when prevention is more effective at a lower cost to the individual and society. For example, scholars estimate that improvements in medical care added about five years to the expected length of life in the United States between 1900 and 1990, while 25 years were added by other factors such as improvements in the standard of living, environmental hygiene, food and water safety, and other health determinants outside the medical care setting (Bunker, Frazier & Mosteller, 1994). Between 1990 and 2000, it cost approximately $50,000 for medical care to extend the life expectancy of a 15-year-old child by one year (Cutler, Rosen, & Vijan, 2006). In comparison, the estimated cost to add a year of life expectancy by water filtration and chlorination was about $500 in 2003 dollars (and such measures reduced child mortality by two-thirds at the beginning of the 20th century) (Cutler & Miller, 2005).

Furthermore, there is considerable variation in the effectiveness, quality and safety of health services; more care is not always healthier, absent organized efforts to improve the safety and quality of care (Institute of Medicine, 2001).

While individuals make some choices regarding the use of health services, their choices are made in a system that makes many other decisions on their behalf. Whether care is nearby, affordable, coordinated or fragmented, of high or low quality, culturally competent or not, is the product of many decisions made or influenced by government, insurance companies, employers and health care organizations. Thus, although a person's choice of a health care provider may be an extremely personal choice, the organization of our health system is a policy decision.

Coordinated Systems Can Improve Health

"While medical care provider organizations and public health each have important roles in community health improvement, the real strength is in our partnership. By working together, we can more effectively achieve our overall societal goal of living long and living better."

Frank D. Byrne, M.D., F.A.C.H.E., President, St. Mary's Hospital, Madison

Physical environment – A health factor

The last major health factor is the physical environment. This includes things such as air and water quality; food safety; housing, school and workplace conditions; community design for walking and recreation; transportation systems; zoning patterns; and civil and safety engineering. Until recently, much of the focus in this area has been on eliminating hazards like childhood lead poisoning caused by lead in paint, or conditions that encourage the spread of communicable diseases, such as when accumulated water in old tires provides a breeding ground for mosquitoes that carry pathogens like West Nile virus. Similarly, habitat modification such as widening trails and keeping grass and shrubs trimmed can minimize human contact with tick-borne pathogens.

More recently, there has been an appreciation of how changes in community design influence health behaviors and social interactions. For example, a neighborhood design that makes it inviting and safe to use a local park or walk to a store can reduce automobile use, increase safe exercise, increase social interactions and networks and reduce pollution. Thus obesity, social integration (including for people with disabilities), and other health outcomes are increasingly being associated with the design of the "built environment" (Dannenberg, et al., 2003).

Using Scientific Evidence to Improve the Environment

"The story of David and Goliath comes to mind when you compare the marketing budgets and influence the tobacco industry has in our state compared to public health tobacco prevention funding.... Rather than a stone, knowledge was the weapon of choice in this modern day battle with the tobacco giants.

Once Appleton went smoke-free and the smoke and misinformation cleared, honest business owners reported increased sales and greater employee satisfaction with improved working conditions. News spread and soon other communities wanted improved health."

Kurt Eggebrecht, M.Ed
Health Officer and Director
Appleton City Health Department

High-Impact Policy and Systems Change, Alignment, and Collaboration

As long as social policies continue to reproduce less-than-healthy conditions, Wisconsin will continue to experience suboptimal health and health disparities. Under such conditions, simply spending more on medical care or programs to promote healthy behaviors has limited impact.

Sometimes policies are poorly aligned to provide incentives for better health. For example, the U.S. health care system is paid well to treat illness but paid poorly to prevent it. This lack of aligned incentives is one reason why the U.S. has the highest per-person health care costs in the world (almost double those of the next highest nation) while it compares poorly with many nations in average life expectancy.

It is more effective to align incentives toward health. One high-impact approach is to seek single policy changes that simultaneously affect many health factors. An example is smoke-free indoor air laws. Not only does this reduce non-smokers' exposure to chemicals causing cancer, asthma and heart disease, it also makes smoking less attractive to teens, less tempting to those struggling to quit, and a burden to those who must huddle outside to smoke. Thus one law sets many changes in motion, all of which favor health.

(Several of the Pillar Objectives identified in the following chapters are examples of such synergistic, high-impact policy changes.)

Effective Public Policy can Change Health Outcomes

"….If we want to greatly improve the health of the people of Wisconsin—and if we're serious about reducing racial and other forms of health inequality—we need to identify and implement changes in public policy that the evidence shows will greatly reduce poverty and joblessness, particularly among African-Americans and Hispanics but also among many low-income Whites in both urban and rural areas."

David R. Riemer
Director, Community Advocates Public Policy Institute
Community Advocates, Inc., Milwaukee

Another useful approach is to ensure that many policies and systems are brought into alignment with healthy conditions rather than working at cross-purposes. For decades, federal health agencies preached against tobacco use while other federal agencies subsidized tobacco's production and subverted its regulation. Over time, such policies have been changed so that overlapping federal policies and systems increasingly "pull in the same direction" to make tobacco less, not more, attractive. Not surprisingly, smoking rates are falling. Such policy and system alignment calls for ". . . long-term public and political commitment to ensure that policies, financial and organizational resources, and public and political wills are in place" (Institute of Medicine, 2003).

NATIONAL HEALTH CARE REFORM: WISCONSIN READY TO LEAD

The passage of national health care reform (The Patient Protection and Affordable Care Act) is an example of a major realignment in policy that helps align incentives toward prevention and improved effectiveness in both health care and community-level health promotion. This historic legislation, which became law in March 2010, has the potential to help millions of people and small businesses in Wisconsin access better insurance coverage while also rewarding prevention-oriented systems of care that could reduce future costs. Because of the work the state has done over the past seven years to build its health care system, Wisconsin is ideally situated to implement reform.

Wisconsin has already built one of the nation's best systems of health care access through BadgerCare Plus, BadgerCare Plus Core, SeniorCare and FamilyCare, with the second highest proportion of insured residents and affordable access available for all children and most adults. Recent changes in Medicaid contracting provide strong incentives for better care and greater attention to prevention. The state was recently ranked first in health care quality as well, thanks in part to public-private partnerships that collaborate to measure and improve the quality of care, thus helping providers compete to provide the best care. National health insurance reform provides further opportunities to build on Wisconsin's health care successes.

Over the next decade, health care reform implementation will work synergistically with efforts to achieve the *Healthiest Wisconsin 2020* goals. Both are aimed at improving the health of Wisconsin people by increasing their access to care and by supporting high quality and effectiveness in delivering better health outcomes. Both efforts recognize that an ounce of prevention is worth a pound of cure.

Aligning Policies for Health

Major health determinants are sensitive to policies in many different fields. Health care and public health failed to stop childhood lead poisoning as long as policies in the energy, transportation, mining, housing, banking and insurance sectors either ignored or rewarded the creation of lead hazards (Markowitz & Rosner, 2002).

Aligning different policies and systems for health is best accomplished when diverse sectors join to contribute their experience, expertise and influence. The Partnership Model below (Figure 3) depicts the variety of partners whose work can align to improve health in Wisconsin.

Figure 3. ***Healthiest Wisconsin 2020: Everyone Living Better, Longer:*** **Partnership Model**

An impressive ongoing story involves insurers, transportation departments, law enforcement, automobile manufacturers and emergency medical services working together to reduce traffic deaths over several decades in the U.S. (Hemenway, 2009). As another example, imagine what it takes for a neighborhood to create conditions to become more physically active (an objective in the fights against obesity, diabetes, heart disease, bone and joint disease, and mental illness). To accomplish this goal requires that parents, schools, urban planners, architects, transportation systems, park and recreation staff, employers, civic clubs, health professionals and others work together to reduce barriers, create incentives and prepare people for enjoyable, safe exercise as a part of routine daily activity.

While it may seem that individuals have no place in this scenario, nothing could be further from the truth. Healthy change is often driven by someone with a compelling story or idea that leads to widespread collaborations and major improvements in health at the community or even global level.

Tribal Wisdom

"The further back we go on the chain of events that leads to a problem, the stronger the healing can be."

Sparky Waukau, Menominee Tribal Leader

SUMMARY

Individual factors are an important influence on health, but a person's or family's ability to make good choices is limited without community policies and systems that support healthy choices, healthy environments, health-enhancing social networks, and the resources needed to implement healthy decisions. Wisconsin's fullest health potential will come from communities that have effective policies and systems aligned for health. For this reason, *Healthiest Wisconsin 2020* focuses particularly on strengthening the community's capacity for effective, health-promoting policies and systems.

This state health plan is designed for use by policy makers, organizations, communities and individuals, who need to work together to implement its objectives. The foundation built by past plans, the new emphasis on aligned policies and systems in *Healthiest Wisconsin 2020*, and new opportunities afforded by health care payment reform position Wisconsin for significant progress in the decade ahead.

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SECTION 2

HEALTHIEST WISCONSIN 2020

FRAMEWORK

SECTION 2

HEALTHIEST WISCONSIN 2020 FRAMEWORK

INTRODUCTION

The *Healthiest Wisconsin 2020* framework consists of the following components:

- Values
- Vision and Goals
- Mission
- Pillar Objectives
- Infrastructure Focus Areas and Objectives
- Health Focus Areas and Objectives

The components of the *Healthiest Wisconsin 2020* framework are shown in Figure 1. Imagine the plan framework as the architecture for a structure high enough to reach a lofty goal, sturdy enough to stand over time, large enough to contain all the people of Wisconsin and the solutions to their many health needs, and all the features necessary for us to accomplish the work of building a healthy state.

Figure 1. *Healthiest Wisconsin 2020* **Framework**

VALUES: BUILDING THE FOUNDATION

Shared values provide the firm foundation upon which a public health system and *Healthiest Wisconsin 2020* are built. Structures built on a feeble foundation will not endure over time.

A set of values informed the development of *Healthiest Wisconsin 2020*'s vision and mission, shaped the selection of focus areas and the creation of objectives, and will be extremely important to implementation. Public health system partners will want to consider these values and how they might fit into the context of their work. Making values explicit is the first step in developing effective working relationships, even when we cannot fully achieve every value.

If collaborating partners internalize these values, and return to them periodically, then we will all be operating on a stable foundation as we build together. These values are:

Accountability

While no one organization can be accountable for every part of *Healthiest Wisconsin 2020*, each organization and public health system partner should be explicit, transparent and accountable about its commitments, successes and shortfalls in achieving plan objectives. Statewide indicators of objective achievement should be tracked and shared statewide.

Alignment

Policies, practices and systems (including in areas not traditionally considered health policy, such as housing, banking or transportation) should be aligned toward improved health. Adjustment should be undertaken when health is (or is expected to be) adversely affected.

Collaboration

Achieving *Healthiest Wisconsin 2020* objectives will require increased and sustained collaboration that includes many who have not been involved previously in the public health system. There will be a premium on collaborative leadership.

Community assets (strengths)

Wisconsin and its communities are rich with assets (including people, environment, expertise, organizations, systems and other resources) that support health. This plan and implementation build on existing assets, sometimes using them in new ways and improving them when needed, to achieve better health, better health systems, and strong, resilient communities.

Evidence

Policies and programs should adopt evidence-based strategies (strategies shown in evaluations to be effective in producing desired outcomes) when that evidence is available. Evaluation of effectiveness should be performed and results shared when evidence is unavailable, or when strategies are being adapted to new populations (for example, when adapting an established program to address a group with unique cultural, linguistic or accessibility needs).

Fairness

There must be fair distribution of the resources and freedom to achieve healthy outcomes. Improvement in this area is especially needed for groups experiencing social, economic, and educational disadvantage and for those whose race, ethnicity, sexual identity or orientation, gender identity, or disability affects opportunities to achieve their optimum health

Infrastructure

Policies and programs developed without a sustainable infrastructure, including planning, management, funding, adequate and competent workforce, partnerships, technology, evaluation, and quality improvement, will have limited long-term impact. Ongoing leadership and capacity to plan and coordinate at the local, regional, and statewide levels are also essential infrastructure requirements. At a minimum, every community must be served by state and local health departments capable of assuring the 10 essential services (see Appendix B) and ready to meet national standards of accreditation.

Justice

Justice demands that health disparities based on historical or contemporary discrimination must be addressed with urgent priority. Because some factors affecting health also have an impact on future generations, it should not be assumed that equal treatment alone is enough to rapidly remedy disparities.

Leverage

Policies and practices are preferred that have the largest positive health impact for the least cost. Policy and environmental adjustments may have larger impact than programs aimed at individuals.

Performance improvement

Given limited resources and high goals, ongoing performance measurement (ideally against validated standards) and continuous quality improvement should become routine.

Prevention

It is preferable to prevent rather than treat disease, injury and disability. Prevention includes addressing social, economic, educational and environmental health determinants.

Science

Policies and programs should be consistent with relevant scientific knowledge. Relevant knowledge may come from many sources, including epidemiology, psychology, medicine, nursing, education, microbiology, engineering, architecture, toxicology, economics and many other fields. At the same time, it is recognized that the determinants of health interact with one another in complex ways and not all are fully understood. Thus, we value scientific findings when they exist but tempered by the wisdom of the community.

Strategic leadership at all levels

Healthiest Wisconsin 2020 is ambitious and requires sustained acceleration of effort in many areas and at many levels, including state government; local communities; nonprofit, voluntary and faith organizations; and businesses. When possible, partners should consider incorporating elements from the *Healthiest Wisconsin 2020* framework into their strategic plans and community improvement plans.

Sustainability

Stable support is needed for all dimensions of the public health system. Inadequate and variable funding keeps communities off-balance and less able to continuously improve the reach and effectiveness of programs and policies. Government funding may not always be the source of sustainability; business planning is an important activity for public health system partners. Sustainability also grows as increasing numbers of partner organizations and institutions incorporate the values, mission, and goals of *Healthiest Wisconsin 2020* into their work.

VISION AND GOALS: AIMING HIGH

Goals

- Improve health across the life span
- Eliminate health disparities and achieve health equity

The *Healthiest Wisconsin 2020* vision and goals are inspirational—and aspirational. They are out of reach in 2010, but we hope they will not be so by 2020. Think of them as positioned in the sky, above the structure we are about to create. This state health plan exists to help partners build a structure sturdy enough to reach and support the vision and goals and make them real.

Vision: Everyone Living Better, Longer

The vision of *Healthiest Wisconsin 2020* is more than an idea: it is a driving force and a commitment by Wisconsin's public health system partners. The importance and breadth of the actions needed to achieve this vision make it clear that it will take the work of many to improve the health of all. The vision's four simple words – everyone living better, longer – embody two very big concepts.

Everyone

Healthiest Wisconsin 2020 is inclusive. The extent, severity, and nature of health issues differ for various groups in Wisconsin, including those characterized by age, race, ethnicity, sexual identity and orientation, gender identity, educational attainment, economic status, poverty, disability, and geography (see Glossary, Appendix D). *Healthiest Wisconsin 2020* embraces all groups with a commitment to eliminate health disparities that can be prevented. Wisconsin truly would become the "Healthiest State" if major disparities in health outcomes were eliminated. This part of the vision embodies one of the plan's major goals, to eliminate health disparities and achieve health equity.

Living Better, Longer

Healthiest Wisconsin 2020 focuses on maintaining and improving the quality of life at every stage of life. Living better, longer does not mean simply increasing the number of years that people live. As the average age of Wisconsin residents increases over the decade (most likely with an increase in the prevalence of chronic disease), it becomes important to prevent additional injury, disability, and other poor health outcomes regardless of age or disability. Thus *Healthiest Wisconsin 2020* has increased the emphasis on preventing and managing disability, distress and chronic conditions like oral health disorders that may not commonly be viewed as "life threatening." Living better, longer also means

addressing health issues at young ages to improve health at older ages or the health of the next generation (a "life-course" perspective on health).

This shift in focus to include the quality of life influenced the selection of the 23 focus areas and their related objectives. This subtle change in vision recognizes that there are opportunities to prevent additional problems and improve the quality of life even if a person already suffers from disease or disability; it also puts a premium on the prevention of chronic disease and disability that could affect people's quality of life for decades. This part of the vision embodies the other major plan goal, to improve health across the life span.

Goal 1 - Improve health across the life span

This goal focuses on improved health and quality of life at each stage of life, from prenatal development to the end-of-life years. According to the World Health Organization (1948), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This broad perspective of health, coupled with extensive discussions with community partners, resulted in a relatively large number of focus areas being identified in this state health plan, but also helped to concentrate the selection of plan objectives. Plan stakeholders, responsible for selecting objectives for each of the 23 focus areas, were asked to identify one objective for the focus area that would have the greatest impact on increasing the overall years of healthy life at every major life stage. This required them to look beyond the most common causes of premature death, injury, disability and illness to also include factors that could improve how well life is lived.

Goal 2 – Eliminate health disparities and achieve health equity

These similar-sounding concepts, eliminating health disparities and health equity, are different in a subtle but important way.

Achieving health equity refers to leveling the playing field, giving current and future populations an equal opportunity to achieve health over time by having equal access to healthy conditions, services and resources. This part of the goal is especially aligned to the *Healthiest Wisconsin 2020* value of fairness. This part of the goal is to drive our system to provide equal access to conditions that support health.

Why does the goal cite, as a separate concept, the elimination of health disparities? If health disparities are created by health inequities, would they not simply disappear with the achievement of health equity? There are at least five reasons for considering the elimination of health disparities separately from health equity, even though these are closely related.

First, the *Healthiest Wisconsin 2020* value for justice states that "health disparities based on historical or contemporary discrimination must be addressed with urgent priority." We are far from achieving health equity, and there is no ethical basis on which to wait to address health disparities in the interim.

Second, the magnitude of many of today's health disparities is so great as to constitute a public health emergency. For example, the Wisconsin Black/African American infant mortality rate (the number of infants who die before their first birthday for every 1,000 births) is similar to that in Botswana and Jamaica and is nearly three times higher than the rate for White infants. This disparity claims nearly 60 infants a year (Wisconsin Department of Health Services, 2010). If Black/African American infant mortality were reduced to the White infant mortality level, Wisconsin's infant mortality rate would be among the best in the United States rather than today's disappointing rank of 22nd (2006 data, Annie E. Casey Foundation, 2009). Wisconsin American Indians are hospitalized with diabetes at more than two times the rate of the total Wisconsin population (Wisconsin Department of Health Services, 2008). Recent estimates suggest

Defining health disparities and health equity

In 2009, the Wisconsin Minority Health Leadership Council defined health disparity as ". . . differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities - disparities that are avoidable, unfair, or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups" (Wisconsin Department of Health Services, Minority Health Leadership Council, 2009).

In 2000, the Association of State and Territorial Health Officials adopted the following definition for health equity: "fairness in the distribution of resources and the freedom to achieve healthy outcomes between groups with differing levels of social disadvantage." Also, "a fair opportunity to attain…full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided" (Association of State and Territorial Health Officials, 2000).

that in Wisconsin, one-third of Black/African American men who have sex with men are infected with HIV, compared to 5 percent of White men who have sex with men (Wisconsin Department of Health Services, AIDS/HIV Program, 2010). These are just a few among many startling statistics about the size of health disparities in Wisconsin.

Third, even if an equitable distribution of the conditions for health were to occur today, it would likely take more than a generation for health disparities to recede. Increasing evidence points to the biological persistence over time of some risk factors for poor health associated with inequity. This is sometimes called a life-course perspective, where stressors in early life continue to have impacts on health much later in life (Braveman & Barclay, 2009). This effect might even extend across generations, as stressors experienced during fetal and childhood development might affect subsequent pregnancies of the same individual (Lu & Halfon, 2003; Geronimus, 1992). In some populations, a complex backlog of physiologic, economic, psychosocial, environmental and health system deficits has developed over generations of want and discrimination. This will require ongoing and intensive work if disparities in health outcomes are to be reduced.

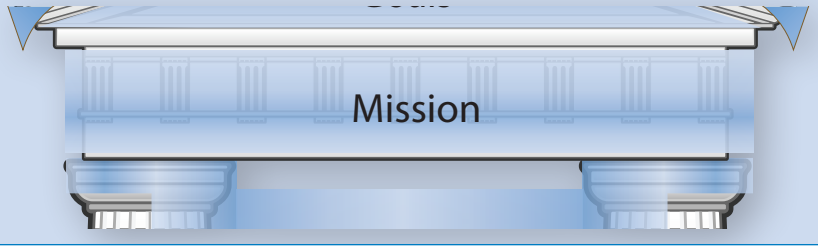
Fourth, most populations experiencing disparities because of discrimination and segregation have their own unique cultures and networks. These are strengths for survival, which need to be fully respected and understood if health conditions in these communities are to improve. No "one-size-fits-all" approach to public health will succeed at closing disparities in these communities.

Finally, many health inequities (resulting in health disparities) are not just the result of historical discrimination, but due to contemporary discrimination. This includes health-relevant differences in the legal status of American Indian tribes in Wisconsin; differences in the legal status of lesbian, gay, bisexual and transgender people; as well as prejudices and discrimination that continue for racial and ethnic minorities and people with disabilities despite several legal remedies attempted over the past 40 years.

For these reasons, both achieving health equity and eliminating health disparities remain related (but not identical), important and challenging goals for the decade. From the beginning, the 23 Focus Area Strategic Teams were each challenged to develop an objective related to health equity. To ensure that addressing health disparities is given a clearer focus during the decade, additional objectives were also developed that relate specifically to closing disparities gaps for several selected focus areas.

MISSION: WHAT IS OUR PURPOSE? HOW WE WILL REACH OUR VISION?

Mission: To assure conditions in which people can be healthy, and members of healthy, safe, and resilient families and communities.



We now have a vision and goals suspended in the air; what will we build to reach and support them? The mission of *Healthiest Wisconsin 2020* reflects our purpose and a means for reaching our vision and goals.

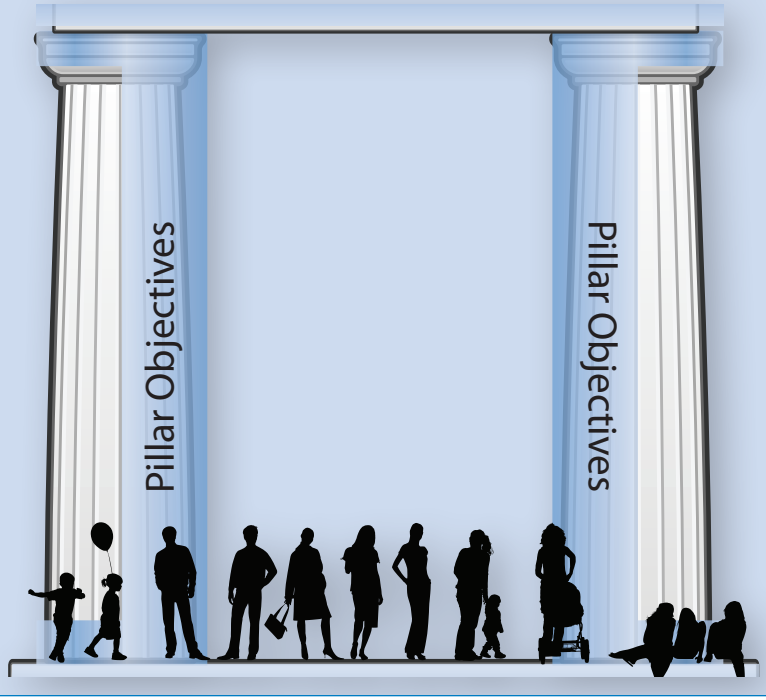
"To assure conditions in which people can be healthy, and members of healthy, safe and resilient families and communities" describes a mission that incorporates the many systems in which people live, play, work and learn. It affirms that people both rely on, and contribute to, the health of their families and their communities, and recognizes the dynamic interplay that occurs every day among resources within communities and between individuals, families and groups. The conditions for health are primarily created in communities and by how community policies, practices and assets are aligned to support health. They include these health factors or determinants: a healthy economic and social environment and strong educational system, an efficient system of health services, a healthy and safe physical environment, and healthy behaviors and skills (see Figure 2 in Section 1).

Assuring these conditions (as opposed to simply acknowledging their importance) will require that communities examine how many of their policies, practices and assets can be aligned to support healthy conditions. Priorities to address this effort are described in most of the *Healthiest Wisconsin 2020* objectives. Such a tall order requires engagement with every one of the state health plan's values, and especially those of alignment, infrastructure, leverage and sustainability.

One example among the many objectives is the goal of achieving complete vaccination of the population according to federal health guidelines. It may appear that for most people to acquire a vaccine is a simple matter; in fact the *conditions* needed to achieve this include sustainable resources and infrastructure to acquire vaccine, capably train and organize those who administer vaccine; alignment of the education, media, medical, faith, employer and other sectors to help people understand the value and safety of vaccination; aligning and leveraging effective institutional policies that favor vaccination (for example, school entry requirements very effectively increased vaccination and reduced disease rates) and to assure equity and reduce disparities in vaccination rates; and even sustaining environmental systems to ensure that used vaccination needles do not become a biohazard. *Assuring these conditions* are maintained means this commitment is made year after year, because every year there is a new "class" of eligible children, adolescents and adults to be vaccinated. Thus, these systems must be sustained and performance improved continuously, as envisioned in *Healthiest Wisconsin 2020* values.

In our framework for building this plan, the mission begins to provide support for the vision and goals, but it is still suspended in the sky. Reaching from the foundation values to the mission requires the support of three different sets of objectives.

PILLAR OBJECTIVES: REACHING AND SUPPORTING THE MISSION AND VISION



Healthiest Wisconsin 2020's focus on concretely addressing the health determinants, eliminating health disparities, achieving health equity and improving health across the life span is a big challenge. It represents a shift in what we are calling important, and the difficulty of achieving it. Even if we achieve many of the individual focus area objectives, most of them alone will not be enough to make major improvements in the key health determinants, such as the economic and social environment, that, in turn, are required to dramatically improve health during this decade. For that, 10 objectives are identified as Pillar Objectives. These Pillars are the large and substantial structures that reach from the foundation (values) to the mission. The Pillars provide a solid support to sustain the mission.

Healthiest Wisconsin 2010 focused on several health and infrastructure priorities (which in *Healthiest Wisconsin 2020* are termed focus areas). Considerable work over the decade focused on each of the priorities, but often these activities occurred in isolation and opportunities for synergistic policies and systems were sometimes overlooked.

For *Healthiest Wisconsin 2020*, planners sought to identify a small number of critical objectives that were either fundamental to everyone's work, or that, if achieved, would advance everyone's work toward a healthier state. Because these 10 objectives support and sustain the entire plan, rather than a particular focus area, they are called Pillar Objectives. They are so crucial to the success of *Healthiest Wisconsin 2020* that they deserve everyone's attention and work across the decade even as groups and individuals concentrate on different focus areas.

- Five of the 10 Pillar Objectives come from two focus areas the Strategic Leadership Team determined were overarching to the entire plan: Health Disparities; and Social, Economic and Educational Factors that Influence Health. These objectives are central to the plan's mission and vision, and affect every other objective in the plan.
- Five additional Pillar Objectives were derived from common themes found across many Infrastructure and Health Focus Area objectives. These identified high-impact opportunities that promise to propel the entire plan forward.

The Pillar Objectives constitute the load-bearing columns that span the vertical space between the foundation and the rooftop, where the mission, vision and goals reside. Without the Pillars the structure will be weak and eventually collapse. The Pillar Objectives listed below are described in more detail in Section 3.

Pillar Objectives

Derived from the two Overarching Focus Areas

- Comprehensive data to track health disparities
- Resources to eliminate health disparities
- Policies to reduce discrimination and increase social cohesion
- Polices to reduce poverty
- Policies to improve education

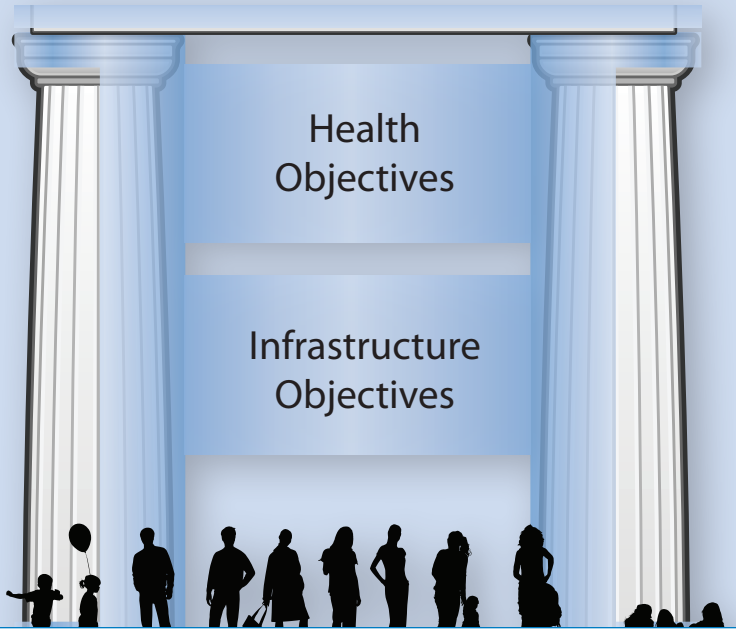
Derived from recurring themes in the focus areas

- Improved and connected health service systems
- Youth and families prepared to protect their health and the health of their community
- Environments that foster health and social networks
- Capability to evaluate the effectiveness and health impact of policies and programs
- Resources for governmental public health infrastructure

Because these objectives are so important to the realization of the plan's highest goals, and because some of them are difficult to achieve, the Strategic Leadership Team has asked that all plan partners join in the work of achieving them, even as they also work on focus areas that may be closer to their day-to-day work or interests.

A structure to work in needs more than pillars and a roof. The next section describes the infrastructure and health objectives, which round out the plan framework.

FOCUS AREAS: WHERE IS MORE ATTENTION NEEDED?



The nine Infrastructure and 12 Health Focus Areas identify topic-specific areas of the plan where more attention is needed. Similar to adding walls and windows to a building, the focus areas take the complexity of the entire plan and break it into smaller sections where groups of people can work on more focused problems. Each focus area provides a place for partners to address issues nearer their own priorities or training.

Healthiest Wisconsin 2020 priority objectives have been created for each of 21 Infrastructure and Health Focus Areas, selected to ensure that all the elements for comprehensive health improvement were addressed. The broad range of focus areas is meant to assure the plan contains no major gaps and allows everyone to identify at least one place to fit into the plan.

Infrastructure Focus Areas

In the structure of *Healthiest Wisconsin 2020*, these objectives are comparable to the cross-beams, joists, floors, utilities, safety systems and maintenance operations in the building. Without these features, no building (or plan) remains functional or safe for very long.

This set of focus areas involves the infrastructure of the state's public health system. The nine Infrastructure Focus Areas and their corresponding objectives can be viewed as the essential underpinnings of how work gets done. For *Healthiest Wisconsin 2020*, infrastructure objectives were developed in the following areas:

- Access to high-quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient and competent workforce that promotes and protects health
- Emergency preparedness, response and recovery
- Equitable, adequate, stable public health funding
- Health literacy
- Public health capacity and quality
- Public health research and evaluation
- Systems to manage and share health information and knowledge

Health Focus Areas

In the *Healthiest Wisconsin 2020* framework, Health Focus Areas and objectives can be thought of as the finished rooms and fixtures where people are working on the ultimate product of the health plan: changes that will meaningfully improve physical and mental health.

The 12 Health Focus Areas address important health outcomes for the decade. This set of focus areas will be familiar to almost everyone, since they address real health issues in a direct way. However, it is also important to realize that work on the Health Focus Areas and their corresponding objectives relies on the public health system infrastructure to be effective and sustainable; Health Focus Areas depend on the Infrastructure and Pillar objectives. For *Healthiest Wisconsin 2020*, objectives

were developed in the following Health Focus Areas:

- Adequate, appropriate, and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

While some of these focus areas and their objectives will speak more specifically to one community or constituency than others, any individual, organization and community should be able to identify at least some objectives that are highly relevant to their areas of need, interest or expertise. *Healthiest Wisconsin 2020* provides opportunities for organizations, agencies, communities, and systems to integrate *Healthiest Wisconsin 2020* objectives into their plans for health improvement.

Summary

The *Healthiest Wisconsin 2020* framework consists of these components:

- **Values:** These underlying values will provide guidance to everyone working to achieve *Healthiest Wisconsin 2020*.

- **Vision and Goals:** These provide the direction and the driving force behind the plan. The vision, "Everyone living better, longer," helps describe what Wisconsin will be like if we accomplish the two plan goals: "Improve health across the life span" and "Eliminate health disparities and achieve health equity."

- **Mission:** Healthiest Wisconsin's mission states what must actually be done to accomplish the vision and goals: "To assure conditions in which people can be healthy, and members of healthy, safe, and resilient families and communities." It focuses on improving conditions for health ("health determinants") that are primarily created in communities and institutions, and how their policies, practices and assets can be aligned to support health.

- **Pillar Objectives:** These 10 objectives are called "pillars" because their achievement is important to sustainable support of every other objective in the plan. Some Pillar Objectives are derived from the plan's two Overarching Focus Areas (Health Disparities; and Social, Economic, and Educational Factors that Influence Health), and some represent common themes found in many of the health and infrastructure objectives. The Pillar Objectives are so crucial and, in some cases, so difficult to achieve, that all plan partners are needed to work on them.

- **Infrastructure Focus Area Objectives:** These topical objectives focus on the essential underpinnings of a strong public health system, which is needed for work on health outcomes to be effective and sustainable.

- **Health Focus Area Objectives:** These topical objectives address important health outcomes for the decade; they directly address specific health-related outcomes.

The next sections of *Healthiest Wisconsin 2020* list and describe in greater detail the plan's three sets of objectives: Pillar Objectives, Infrastructure Focus Area objectives, and Health Focus Area objectives.

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SECTION 3

PILLAR OBJECTIVES AND OVERARCHING FOCUS AREAS

Everyone Living Better, Longer

Healthiest Wisconsin 2020

SECTION 3

PILLAR OBJECTIVES AND OVERARCHING FOCUS AREAS

INTRODUCTION

Ten objectives for *Healthiest Wisconsin 2020* are called Pillar Objectives, because without them there will not be a sustainable structure to support the plan's vision, goals and mission. Because they are crucial to *Healthiest Wisconsin 2020*, all 10 of the Pillar Objectives deserve everyone's attention and work across the decade.

Five of these Pillar Objectives are derived from the plan's two Overarching Focus Areas: Health Disparities and Social, Economic and Educational Factors that Influence Health. These affect all the Health and Infrastructure Focus Areas. They speak to the heart of the *Healthiest Wisconsin 2020* goals of improving health across the life span, and eliminating health disparities and achieving health equity for all.

An additional five Pillar Objectives emerged from themes that cut across many of the Health and Infrastructure Focus Areas. The attainment of these five objectives will work synergistically to accelerate and sustain progress on virtually all of the other *Healthiest Wisconsin 2020* objectives. They represent concrete ways to align policies and systems for health, a key plan concept.

This section lists and describes the 10 Pillar Objectives, and explains why each is critical to the work of *Healthiest Wisconsin 2020*. Where indicators have been identified to measure progress, those indicators are included with the Pillar Objective description. For five of the Pillar Objectives, indicators will need to be developed as part of the first phase of plan implementation.

OVERARCHING FOCUS AREAS AND THEIR PILLAR OBJECTIVES

Healthiest Wisconsin's two Overarching Focus Areas, Health Disparities and Social, Economic and Educational Factors that Influence Health, affect all of the other 21 focus areas. They speak to the heart of the *Healthiest Wisconsin 2020* goals of improving health across the life span, and eliminating health disparities and achieving health equity for all.

More detailed information on each focus area will be published separately on the Web at http://dhs.wisconsin.gov/hw2020/.

Health disparities

Why is this focus area important?

Health disparities exist when differences in health outcomes consistently occur among people of different characteristics, including (among others) race, ethnicity, socioeconomic status, sexual orientation and identification, gender identity, and disability. *Healthiest Wisconsin 2020* seeks to progressively and permanently eliminate these disparities in the state, some of which rank among the worst in the nation. These disparities violate the values of justice and fairness, and they interfere with creating a healthy social and physical environment for all of us.

Pillar Objective 1 (Comprehensive data to track health disparities)

By 2020, in partnership with members of affected populations, the Department of Health Services will develop and enforce policies and procedures to track social determinants of health, health outcomes and system effectiveness in populations experiencing health disparities.

Objective 1 Indicator

Periodic inventory of data sets on health outcomes, social determinants of health and system effectiveness that include comparable information on race, ethnicity, sexual identity and orientation, gender identity, education, economic status, and disability. (Indicator to be developed.)

Pillar Objective 2 (Resources to eliminate health disparities)

By 2020, the Department of Health Services, in collaboration with policy makers, private institutions, and affected communities, will fund efforts to eliminate health disparities at least equal to the Midwest state average.

Objective 2 Indicator

Wisconsin per-capita funding targeted toward health disparities relative to other Midwest states.

Social, economic, and educational factors that influence health

Why is this focus area important?

Social, economic, and educational factors that influence health are estimated to be responsible for as much as 40 percent of the variation in health outcomes between different populations. They include income and wealth, education, and the quality of key human needs like shelter, food and security. They also include healthy social connections between people, which are critical to health from birth to old age. Together these factors are essential to many other health determinants, including healthy physical and social environments (in homes, schools, workplaces and neighborhoods); adoption of healthy behaviors and choices; healthy intellectual and economic achievement; and for communities to protect their health effectively in a crisis.

Pillar Objective 3 (Policies to reduce discrimination and increase social cohesion)

By 2020, state and local governments will develop and implement policies and programs that improve social cohesion and social support for all by reducing racism and other forms of discrimination; creating health-enhancing environments at home, in the workplace and throughout the community; and promoting the values of diversity and social connectedness.

Objective 3 Indicators

- Periodic reporting on one or more indices reflecting social cohesion or segregation between populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status. (Indicator to be developed.)
- Periodic inventory of relevant policies and programs. (Indicator to be developed.)

Pillar Objective 4 (Policies to reduce poverty)

By 2020, local, state, and federal governments will develop and implement health-promoting policies and programs that reduce poverty to a residual level.

Objective 4 Indicators

- Prevalence of household poverty (U.S. Census Bureau, American Community Survey).

- Unemployment rates by race and ethnicity (U.S. Department of Labor).
- Periodic inventory of policy changes that promote healthy lifestyles (nutritional intake, physical activity) by race, ethnicity and economic status. (Indicator to be developed.)
- Periodic inventory of new state policies that address this objective. (Indicator to be developed.)

Pillar Objective 5 (Policies to improve education)

By 2020, state and local governments will develop and implement educational policies and practices supporting healthy outcomes, including universal early childhood education, universal completion of at least high school equivalency, and curricula in each community that support cultural competency, valuing diversity, health literacy and informed decision-making about health.

Objective 5 Indicators

- Graduation rates by race and ethnicity (Wisconsin Department of Public Instruction).
- Graduation rates for schools in low-income geographic areas. (Indicator to be developed.)
- Periodic inventory of new state policies that address this objective. (Indicator to be developed.)

PILLAR OBJECTIVES FROM RECURRING THEMES

The following objectives emerged from themes that recur in many of the health and infrastructure focus areas. The attainment of these Pillar Objectives will accelerate and sustain progress on virtually all of the other *Healthiest Wisconsin 2020* objectives. They represent major ways to align policies and systems for health.

Improved and connected health service systems

Accessible, high-quality, coordinated health and public health systems improve lifelong health and reduce disparities.

Pillar Objective 6

By 2020, improve Wisconsin's systems of primary health care; behavioral screening and intervention; services for mental health, alcohol and drug use, oral health, chronic disease management, and reproductive and sexual health;

and enable secure, appropriate information exchange to optimize health decisions by providers, patients, public health workers, and policy makers.

Why were health service systems singled out in this objective?

These health services were specifically identified by planning participants as highly important, but lacking consistent quality and universal accessibility in Wisconsin. Secure, privacy-protected health information technology can help individuals better manage their own health; help health care providers improve care safety, quality and coordination; and help public health professionals and policy makers identify threats to health and opportunities to improve it. This is a synergistic policy approach that aligns with many plan objectives.

Youth and families prepared to protect their health and the health of their community

The health and resilience of a community depend partly on the individual preparation of its members. The system of childhood education represents a systematic opportunity to improve the knowledge, skills, physical preparation, and plans of children and their families, both to achieve their own greatest health potential and to contribute to that of the community. When children and their families are fit, protected against health threats and resilient to deal with emergencies and crises, the whole community is healthier and safer.

Pillar Objective 7

By 2020, improve the health and resilience of youth and families to protect their health and the health of their communities through age-appropriate policies and curricula in child care centers and schools, in partnerships with educators, public health systems, and community-based agencies, that support recommended vaccinations, identify and refer potential childhood disabilities for care, establish healthy patterns of diet and activity, and equip children and their families with knowledge, attitudes and skills for basic child care and sick care; understanding health information and making health decisions; oral hygiene; non-violent conflict resolution; avoidance of tobacco, alcohol and substance abuse; injury prevention; home emergency preparedness; valuing diversity and inclusiveness; and establishing healthy relationships.

Why were child care centers and schools singled out in this objective?

School represents a central feature of our neighborhoods–a place of learning and a safe place of gathering for both young people and their families. No other institutional setting has equal capacity to reach out to the young with consistent curriculum and environmental conditions to foster skills for healthy living. Initiating healthy habits in early life is more effective, and far more cost-effective, than trying to change unhealthy habits later in life. School requirements have been the single most effective method of increasing population immunization rates, and schools already play an important role in screening and referral for developmental disabilities. Schools (both public and private) can only accomplish such ambitious goals if they receive support from governmental agencies, and from community-based providers of health care, youth development and other services. This is a synergistic policy approach that aligns with many plan objectives.

Environments that foster health and social networks

Communities should create and protect healthy environments for living, learning and working that help prevent illness, injury and toxic exposures and that foster healthy diet, physical activity and social interactions.

Pillar Objective 8

By 2020, implement community designs that foster safe and convenient foot, bicycle and public transportation, physical recreation, and food gardening to improve physical activity, healthy diets, and social interaction while reducing air and water pollution, carbon emissions, and urban heat retention.

Why was community design singled out in this objective?

Several focus area objectives emphasized the central role the built environment plays in combating the rapidly growing epidemic of obesity and overweight (which contribute to chronic diseases like diabetes, heart disease and cancer), and providing health benefits (for example, to musculoskeletal and mental health). Many of the same design features and transportation concepts that encourage regular physical activity can also help reduce injury, pollution, and global warming. Urban green spaces for recreation and gardening can reduce heat wave health effects in our cities and rapid rain runoff that affects water quality. Finally, such designs can help increase daily healthy social interactions between neighbors. This is a synergistic policy approach that aligns with many plan objectives.

Capability to evaluate the effectiveness and health impact of policies and programs

For greatest progress toward a healthier state, major policies should be analyzed before adoption to identify their likely impact on health. Health practices and systems should be guided by evidence based on evaluations of effectiveness. However, evidence of effectiveness is often lacking, and information about such evidence can be hard to find. Improved access to program evaluation and to the results of such evaluations can help improve the effectiveness of our public health system.

Pillar Objective 9

By 2020, create dedicated capacity in Wisconsin to perform health impact assessment of proposed major policy changes, and to compare and disseminate the effectiveness of alternative population health policies and practices.

Why is this objective important?

Achieving major change with limited resources requires that the work is efficiently aligned to get results. Sometimes state and local policies and systems pull in different directions and do not all support the health objectives identified in *Healthiest Wisconsin 2020*. To the extent that conflicts can be identified and addressed during the policy-making process, progress toward a healthier state can be accelerated. The need for using programs, policies and practices supported by evidence was stated repeatedly by *Healthiest Wisconsin 2020* planning participants (and across many focus areas). This means either replicating practices found effective in rigorous evaluation, or conducting such evaluations where effectiveness is unknown. The institutional and workforce capability to perform these assessments at a statewide level was lacking during *Healthiest Wisconsin 2010*. Growth in public health academic programs over the past decade is now creating a base for these important activities going forward. This is a synergistic policy approach that aligns with most plan objectives.

Resources for governmental public health infrastructure

Resources, including sustainable funding for both government and non-government entities, directed toward achieving *Healthiest Wisconsin 2020* goals, including eliminating health disparities and performing essential government public health functions and services, are an investment with positive economic return. By preventing problems, financial and human capital is freed for productive, creative uses.

Pillar Objective 10

By 2020, increase sustainable local and state funding for governmental public health departments to at least the per-capita average of Region V states (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin).

Why were governmental public health departments singled out in this objective?

Governmental public health departments, both state and local, are charged in statute with assuring that health improvement plans are created and implemented in their jurisdictions, and with providing core public health services. Public health decision-making is grounded in the science of cost-benefit analysis that shows the economic and health benefits of dollars invested in prevention. Public health departments also provide the day-to-day infrastructure for assessing and responding to current and emerging health conditions and assuring a minimum level of services. In the absence of strong public health departments, there is no coordinated accountability for continuous focus on the long-term cost-effectiveness of health investments and progress toward *Healthiest Wisconsin 2020* goals. These department budgets are readily measured and compared. Because public health departments provide important infrastructure for *Healthiest Wisconsin 2020*, this is a synergistic policy approach that aligns with many plan objectives.

Summary

The 10 Pillar Objectives for *Healthiest Wisconsin 2020*, as they are achieved, will sustain and support the plan's vision, goals, and mission. Five of these Pillar Objectives are derived from the plan's Overarching Focus Areas: Health Disparities; and Social, Economic, and Educational Factors that Influence Health. The other five represent common themes found in many of the Infrastructure and Health Focus Areas.

Together these 10 Pillar Objectives represent major ways to align policies and systems for health, and accelerate progress toward improving health across the life span, eliminating health disparities and achieving health equity for all. Because these objectives are so important to the realization of the plan's highest goals, and because some of them are difficult to achieve, all *Healthiest Wisconsin 2020* partners are asked to join in the work of achieving them, even as they also work on focus areas that may be closer to their day-to-day work or interests.

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SECTION 4

INFRASTRUCTURE FOCUS AREAS

Everyone Living Better, Longer

Healthiest Wisconsin 2020

SECTION 4
INFRASTRUCTURE FOCUS AREAS

INTRODUCTION

This section presents a summary of the nine Infrastructure Focus Areas. Infrastructure Focus Areas represent the systems and capacities that need to be strengthened in order for improved health to occur and be maintained.

This section:

- Describes why each focus area is important;
- Lists each focus area's objectives;
- Lists proposed measurable indicators for each objective.

More detailed information on each focus area, including specific baseline data and targets for 2020 (to be developed during implementation phases), will be published separately on the Web at http://dhs.wisconsin.gov/hw2020/.

Access to high-quality health services

Why is this focus area important?

To ensure the health and economic security of Wisconsin's families, everyone needs access to affordable and high-quality health services, regardless of health, employment, financial or family status. Improving the access, safety and effectiveness of care is a national priority. A medical home, clinic or practice coordinating care could improve health for many, given the complexity of health care.

Objective 1

By 2020, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Objective 1 Indicators

- Proportion of people with health insurance (National Health Interview Survey

[NHIS], Wisconsin Family Health Survey [WFHS]).

- Proportion of people with a specific source of ongoing care (National Health Interview Survey, Wisconsin Family Health Survey).
- Number of National Committee for Quality Assurance (NCQA) - certified medical home practices in state.
- Proportion of counties with more than one full-time equivalent dentist providing Medicaid services per 4,000 low-income persons (Wisconsin Division of Public Health Primary Care Office). (Indicator to be developed.)
- Proportion of health plan members receiving care meeting National Committee for Quality Assurance (NCQA) or Healthcare Effectiveness Data and Information Set [HEDIS] standards. (Indicator to be developed.)

Objective 2

By 2020, assure that populations of differing races, ethnicities, sexual identities and orientations, gender identities and educational or economic status, and those with disabilities, have access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated and navigable.

Objective 2 Indicators

- Proportion of people in each population group with health insurance (National Health Interview Survey, Wisconsin Family Health Survey). (Indicator to be developed.)
- Proportion of people in each population group with an ongoing source of care. (Indicator to be developed.)
- Proportion of adults with and without a disability who report difficulties or delays in obtaining needed health care (Medical Expenditure Panel Survey (MEPS).
- Proportion of Wisconsin children who report inadequate health insurance (State and Local Integrated Telephone Survey (SLAITS).

Collaborative partnerships for community health improvement

Why is this focus area important?

A system of partnerships goes to the heart of the definition of public health in Wisconsin. Partnerships engage more people and resources in the public health

system. They can also improve the involvement of those affected by health issues. Partnerships extend the reach of services and programs, and increase support for important policies. They improve outcomes through shared leadership, shared resources, and shared accountability.

Objective 1

By 2020, increase the use of effective strategies to promote partnerships to improve health outcomes through Web-based resources and a pool of trained experts.

Objective 1 Indicators

- Creation of a partnership tools website; frequency of use; user satisfaction. (Indicator to be developed.)
- Number of people completing trainings in health partnership development. (Indicator to be developed.)
- Wisconsin Department of Health Services meets Public Health Accreditation Board Standard 4.1.3S.
- Measured knowledge and implementation of partnership best practices. (Indicator to be developed.)

Objective 2

By 2020, increase the proportion of public health partnerships that demonstrate balanced power, trust, respect, and understanding among affected individuals, interested individuals, and those with capacity to affect the issue.

Objective 2 Indicators

- Proportion of health partnerships that include members affected by the partnership's focus issues. (Indicator to be developed.)
- Proportion of partnerships' governance members affected by the health issue. (Indicator to be developed.)
- Proportion of affected members indicating satisfaction with shared power, respect and understanding of the partnership. (Indicator to be developed.)

Diverse, sufficient and competent workforce that promotes and protects health

Why is this focus area important?

The current health workforce is neither adequate in number nor representative enough of diverse populations. Workforce aging and inadequate numbers of people choosing health careers threaten the capacity and quality of essential health services.

Objective 1

By 2020, assure a sufficient and diverse health workforce competent to practice in current and evolving delivery systems to improve and protect the health and well-being of all people and populations in Wisconsin.

Objective 1 Indicators

- Percent of the adult population with a usual source of care (Behavioral Risk Factor Surveillance System).
- Provider-to-population ratios for mental health, dental and primary care. (Indicators to be developed.)
- Local health department staff-to-population ratios (Local Health Department Survey).

Objective 2

By 2020, establish a sustainable system to collect and analyze public health system workforce data including data on sufficiency, competency, and diversity reflecting Wisconsin's communities.

Objective 2 Indicator

Periodic inventory of data sets that measure public health system workforce sufficiency, competency and diversity. (Indicator to be developed.)

Emergency preparedness, response and recovery

Why is this focus area important?

Life in Wisconsin includes weather-related emergencies, disease outbreaks, disruptions to essential utilities and services, accidental toxic releases and the threat of terrorism. Preparedness helps protect individuals, households and institutions, and communities.

Objective 1

By 2020, strengthen emergency preparedness, response, and recovery through integration into existing organizations and programs; and collaboration and coordination between partners.

Objective 1 Indicators

- Periodic state and federal reports that evaluate state progress, including the Preparedness Legislative Report on Wisconsin Homeland Security; State of Wisconsin Preparedness Report; Public Health Preparedness: Strengthening CDC's Emergency Response – A CDC Report on Terrorism Preparedness and Emergency Response (TPER) Funded Activities.
- Wisconsin's state ranking in Trust for America's Health annual Ready or Not report.

Objective 2

By 2020, strengthen emergency preparedness, response, and recovery through individual and community empowerment, outreach and engagement to all sectors, particularly at-risk populations.

Objective 2 Indicator

Proportion of households by population group with emergency and communication plans (Wisconsin Emergency Management Survey).

Equitable, adequate, and stable public health funding

Why is this focus area important?

People in every community need a basic level of public health services. Many of the most basic health protections, such as food safety, water safety, and control of communicable disease outbreaks, require well-trained, well-equipped and well-prepared public systems. Local health departments are also central to local planning and action; they assure that cost-effective prevention strategies and the State Health Plan are part of community planning. To fulfill these responsibilities, public health departments and their public health system partners need adequate and stable funding. Wisconsin ranks poorly among states in per-capita funding of state and local health department services.

Objective 1

By 2020, increase public health funding from diverse sectors to implement the objectives of *Healthiest Wisconsin 2020.*

Objective 1 Indicator

Wisconsin's state rank in per-capita public health funding from all sources (federal, state, and local sources) (Trust for America's Health Shortchanging America's Health report).

Objective 2

By 2020, establish stable revenue sources to support state and local governmental health departments for public health services required by Wisconsin statute.

Objective 2 Indicator

Wisconsin's state rank in per-capita state funding for public health (United Health Foundation's America's Health Rankings report).

Health literacy

Why is this focus area important?

The ability of people to understand basic health information and instructions, and the ability of health professionals to communicate health information well, are important to improving health outcomes.

Objective 1

By 2020, increase awareness of the impact of literacy and health literacy on health outcomes.

Objective 1 Indicators

- Proportion of Adult Basic Education and English Language Learners programs that include a health literacy component. (Indicator to be developed.)
- Proportion of health professional curricula that include literacy and health literacy. (Indicator to be developed.)
- Number of organizations represented at annual Wisconsin Health Literacy summits. (Indicator to be developed.)

Objective 2

By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.

Objective 2 Indicator

Proportion of health care providers with effective consumer communication (Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Indicator to be developed.)

Public health capacity and quality

Why is this focus area important?

Clear expectations and standards for public health services protect and improve the health of the public. There is considerable variability in health department capacity and quality, and in the delivery of the 10 essential public health services. (See Appendix B for more information on essential public health services.) As in other fields, performance management can improve public health system effectiveness.

Objective 1

By 2020, all Wisconsin health departments will implement established quality improvement processes in daily practice.

Objective 1 Indicator

Proportion of health departments in compliance with the Public Health Accreditation Board Standard 9.2 (periodic survey).

Objective 2

By 2020, all Wisconsin health departments will be accredited using an established standard.

Objective 2 Indicators

- Proportion of local health departments and tribal health units that have met either Public Health Accreditation Board or state-adopted accreditation standards.
- Accreditation of the Wisconsin Division of Public Health using either Public Health Accreditation Board or state-adopted accreditation standards.

Public health research and evaluation

Why is this focus area important?

Public health research discovers new or better ways to keep people and communities more healthy and resilient. Evaluating programs and policies helps identify the most cost-effective approaches to achieving Health Plan objectives, and how these may be improved.

Objective 1

By 2020, a broad-based public health research and evaluation council will develop research and evaluation priorities; increase collaboration in research and data sharing; and report to the public about progress.

Objective 1 Indicators

- Establishment of a public health research and evaluation council.
- Publication of priorities and progress reports.

Objective 2

By 2020, programs and policies to improve public health in Wisconsin will be science-based, recognized by an expert panel, and include an evaluation.

Objective 2 Indicator

Proportion of programs and policies that are based on research showing effectiveness and that include adequate evaluation to assess effectiveness. (Indicator to be developed.)

Objective 3

By 2020, research projects will be implemented addressing no fewer than two-thirds of the disparity objectives identified in *Healthiest Wisconsin 2020***.**

Objective 3 Indicator

Number of research or evaluation projects either completed or under way judged by the research and evaluation council to meet criteria established by the Minority Health Leadership Council and other stakeholders.

Systems to manage and share health information and knowledge

Why is this focus area important?

Information technology has revolutionized how business is conducted, but adoption has remained slow and information sharing limited in health care and public health. When important health information is available where and when needed, both health care and public health can be performed more effectively and efficiently.

Objective 1

By 2020, there will be efficient, appropriate, and secure flow of electronic information among health information systems to optimize decisions for personal and community health.

Objective 1 Indicator

Proportion of hospitals, physicians and clinics that meet the 2013 federal meaningful use criteria.

Objective 2

By 2020, access to nationally certified electronic health record systems and health information exchange will be available to all health consumers, providers, and public health officials.

Objective 2 Indicator

Proportion of physicians, hospitals and patients with certified electronic health record systems.

Objective 3

By 2020, electronic health information systems will collect comparable data allowing measurement of the magnitude and trends of disparities in health outcomes and determinants of health for those with disabilities and among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Proportion of Division of Public Health periodic surveys and program data systems that collect this demographic information uniformly. (Indicator to be developed.)
- Proportion of hospitals, physicians and clinics that meet the 2013 federal meaningful use criteria for demographic information collection.

Summary

The nine Infrastructure Focus Areas of *Healthiest Wisconsin 2020* are all about capacity to act upon any of the focus areas. We cannot wish away health problems or gaps in access to high-quality health services. Rather, we must find and implement solutions. Infrastructure Focus Areas describe the essential underpinnings of the public health system such as partnerships, funding, and data and information, among others. Work on any specific Health Focus Area is only possible when infrastructure components are in place and supported.

SECTION 5

HEALTH FOCUS AREAS

SECTION 5
HEALTH FOCUS AREAS

INTRODUCTION

This section presents a summary of the 12 Health Focus Areas. The Health Focus Areas represent ongoing and emerging determinants of Wisconsin population health.

This section:

- Describes why each focus area is important;
- Lists the focus area objectives;
- Lists proposed potentially measurable indicators for each objective.

More detailed information on each focus area, including specific baseline data and targets for 2020 (to be developed during implementation phases), will be published separately on the Web at http://dhs.wisconsin.gov/hw2020/.

Adequate, appropriate, and safe food and nutrition

Why is this focus area important?

Adequate and appropriate nutrition is a cornerstone for preventing chronic disease and promoting vibrant health. The rate of Wisconsin adult obesity increased from 20 percent to 26 percent from 2000 to 2008 (Wisconsin Department of Health Services, Track 2010). Diet in childhood, including breastfeeding, is especially important to maintaining appropriate weight. One key issue for this focus area is food security, or assured access to enough food to lead an active and healthy life. Ten percent of Wisconsin households are food insecure (Nord, Andrews, & Carlson, 2009).

Objective 1

By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.

Objective 1 Indicators

- Proportion of Wisconsin infants exclusively breastfed at three months, and breastfeeding duration of at least six months and 12 months (National Immunization Survey, CDC).
- Proportion of Wisconsin census tracts with healthy food retailers (State Indicator Report on Fruits and Vegetables, CDC).
- Number of farmers markets per 100,000 population (State Indicator Report on Fruits and Vegetables, CDC).
- Proportion of Wisconsin and Milwaukee schools that do not sell candy, high-fat snacks, or soda and juice that is not 100% juice (School Health Profiles, CDC).

Objective 2

By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high- quality, affordable foods and beverages.

Objective 2 Indicators

- Proportion of Wisconsin infants exclusively breastfed at three months among racial/ethnic populations, low income and low education population groups (Pregnancy Risk Assessment Monitoring System, CDC; Pediatric Nutrition Surveillance System, CDC).
- Proportion of Wisconsin farmers markets that accept payment from Electronic Benefit Transfer (EBT) and Women, Infants and Children (WIC) Farmers Market Nutrition Program Coupons (State Indicator Report on Fruits and Vegetables, CDC).
- Proportion of Wisconsin households with low and very low food security (Current Population Survey, U.S. Department of Agriculture – Economic Research Service).

Objective 3

By 2020, Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Proportion of adults who are obese or overweight by race and ethnicity (Survey on Health of Wisconsin). (Indicator to be developed.)

- Proportion of Wisconsin and Milwaukee high school youth who are obese or overweight by race/ethnicity (Youth Risk Behavior Survey).
- Proportion of children aged 2-4 years in the Women, Infants and Children (WIC) program who are obese or overweight by race and ethnicity (Pediatric Nutrition Surveillance System, CDC).

Alcohol and other drug use

Why is this focus area important?

Alcohol-related deaths are the fourth leading cause of death in Wisconsin. While most people in Wisconsin drink responsibly, safely and legally, Wisconsin ranks at or near the top among states in heavy alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol- and drug-dependence; liver, brain, heart and other diseases; infections; family problems; and both nonviolent and violent crimes.

Objective 1

By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.

Objective 1 Indicators

State rates and rankings of selected youth and adult behaviors related to unhealthy and risky alcohol and other drug use (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

Objective 2

By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.

Objective 2 Indicators

- Periodic inventory of the proportion of counties with local capacity to provide alcohol and other drug abuse prevention, intervention (including criminal justice diversion), treatment, recovery support and ancillary services across all revenue streams for underserved and socially disadvantaged populations. (Indicator to be developed.)

- Periodic inventory of the proportion of counties with services specific to racial and ethnic minorities; women; and lesbian, gay, bisexual and transgender populations (Human Services Reporting System; Medicaid Management Information System; County Agency Treatment Report; County e-survey). (Indicator to be developed.)

Objective 3

By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicator

Unhealthy and risky alcohol and other drug use by race, ethnicity, sexual identity and orientation, gender identity, and educational or economic status (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

Chronic disease prevention and management

Why is this focus area important?

Chronic diseases, such as heart disease, stroke, cancer, diabetes, and arthritis, are among the most common and costly of health problems. Rates will rise over the decade as the average age of the population increases and because of the current epidemic of obesity. Chronic diseases can be prevented or mitigated in many ways, including healthy diet and physical activity, eliminating tobacco use and substance abuse, screening, and disease-management programs.

Objective 1

By 2020, increase sustainable funding and capacity for chronic disease prevention and management programs that reduce morbidity and mortality.

Objective 1 Indicators

- State and federal funding for chronic disease prevention and management. (Indicator to be developed.)
- Medicaid spending related to prevention of chronic disease. (Indicator to be developed.)
- Insurance coverage for chronic disease prevention and management. (Indicator to be developed.)

Objective 2

By 2020, increase access to high-quality, culturally competent, individualized chronic disease management among disparately affected populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 2 Indicators

- Population group-specific incidence of chronic disease (heart disease and cancer), hospitalization and emergency department utilization rates (asthma) (Behavioral Risk Factor Survey, Youth Risk Behavior Survey, Wisconsin hospital data, Wisconsin Cancer Reporting System).
- Incidence of risk factors (e.g., obesity, smoking), early detection (e.g., blood pressure, diabetes and cancer screening), and chronic disease management (e.g., proportion of diabetic patients with A1c value under 7 percent). (Behavioral Risk Factor Survey, Youth Risk Behavior Survey, Wisconsin hospital data, Wisconsin Cancer Reporting System, Medicare Healthcare Data Reports; some indicators to be developed.)
- Proportion of asthma patients receiving seasonal influenza vaccinations (Survey of the Health of Wisconsin (SHOW)). (Indicator to be developed.)

Objective 3

By 2020, reduce the disparities in chronic disease experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

Disparity ratios for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status in the incidence or prevalence of:

- Chronic disease (heart disease and cancer) and hospitalization and emergency department utilization rates (asthma) (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; Wisconsin hospital data; Wisconsin Cancer Reporting System).
- Risk factors (e.g., obesity, smoking), early detection (e.g., blood pressure, diabetes and cancer screening), and chronic disease management (e.g., proportion of diabetic patients with A1c value under 7 percent) (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin

Department of Public Instruction, Youth Risk Behavior Survey; Wisconsin hospital data; Wisconsin Cancer Reporting System).

- Asthma patients receiving seasonal influenza vaccinations (Survey of the Health of Wisconsin (SHOW)). (Indicator to be developed.)

Communicable disease prevention and control

Why is this focus area important?

Communicable disease prevention and control protect both individuals and entire populations. Effective immunizations have drastically reduced many, once common communicable diseases. Prompt identification and control of communicable diseases reduce illness and premature deaths, health costs, and absenteeism.

Objective 1

By 2020, protect Wisconsin residents across the life span from vaccine-preventable diseases through vaccinations recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).

Objective 1 Indicator

Proportion of population fully immunized according to ACIP recommendations among children aged 0-12 years, teens aged 13-17 years, and adults aged 18 years and older.

Objective 2

By 2020, implement strategies focused to prevent and control reportable communicable diseases and reduce disparities among populations with higher rates.

Objective 2 Indicator

Population-specific incidence rates of reportable conditions by race and ethnicity, sexual identities and orientations, gender identities, educational or economic status, or other characteristic associated with health disparities.

Environmental and occupational health

Why is this focus area important?

Human health is affected in countless ways by the physical environments where we live and work, and by the quality of air, water and food. Foodborne illness remains a major cause of health problems and economic disruption. Major disparities in health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments. Hazards are reduced through engineering, regulation, safe work practices and other methods. Increasingly, issues related to pollution, lack of physical activity, climate and injury are being addressed through comprehensive improvements to community design.

Objective 1

By 2020, improve the overall quality and safety of the food supply and the natural, built and work environments.

Objective 1 Indicator

The proportion of local and tribal jurisdictions that have assessed, prioritized and improved performance on an environmental and occupational health index. (Indicator to be developed.)

Objective 2

By 2020, increase the percentage of homes with healthy, safe environments in all communities. (Safe environments are free from lead paint hazards, mold or moisture damage, environmental tobacco smoke and safety hazards, and include carbon monoxide and smoke detectors, and radon testing and mitigation.)

Objective 2 Indicator

Proportion of local and tribal jurisdictions that have assessed, prioritized and improved performance on a home health and safety index. (Indicator to be developed.)

Healthy growth and development

Why is this focus area important?

Early growth and development have a profound effect on health across the life span. Developmental disabilities can often be mitigated if detected promptly. Every week in Wisconsin almost 100 infants are born with a low birthweight; almost 6 of every

100 infants born with low birthweight will die before their first birthday. Infants born to African American mothers are nearly three times as likely to die in the first year of life as infants born to White mothers.

Objective 1

By 2020, increase the proportion of children who receive periodic developmental screening and individualized intervention.

Objective 1 Indicators

- Proportion of parents reporting that a health provider assessed their child's learning, development, communication, or social behavior (State and Local Area Integrated Telephone Survey [SLAITS]).
- Number of children who received services from the Birth-to-Three program during the first year of life (Birth-to-Three Program).

Objective 2

By 2020, provide pre-conception and inter-conception care to Wisconsin women in population groups disproportionately affected by poor birth outcomes.

Objective 2 Indicators

- Rates of avoidable infant and fetal death. (Perinatal Periods of Risk methodology, Vital Records).
- Percentage of births that are to women with avoidable risks for poor birth outcomes (Pregnancy Risk Assessment Monitoring System).

Objective 3

By 2020, reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality.

Objective 3 Indicators

Disparity ratios for infant mortality, low birthweight, prematurity, and timing of entry into the Women, Infants and Children (WIC) program.

Injury and violence

Why is this focus area important?

Injuries are the leading cause of death in Wisconsin residents 1-44 years of age, and are a significant cause of morbidity and mortality at all ages. The majority of these deaths are preventable. In 2008, inpatient hospitalizations and emergency department visits for injury to Wisconsin residents resulted in $1.8 billion in hospital charges.

Objective 1

By 2020, reduce the leading causes of injury (falls, motor vehicle crashes, suicide/self harm, poisoning and homicide/assault) and violence though policies and programs that create safe environments and practices.

Objective 1 Indicators

- Morbidity from falls, assaults, motor vehicle crashes, poisoning and self-harm (hospitalization and emergency department data).
- Mortality from falls, homicide, suicide, motor vehicle crashes and poisoning (Vital Records and Wisconsin Violent Death Reporting System).
- Number of crash occupants (motor vehicle, trucks, motorcycles, bicycles, pedestrians with moving vehicle) (Crash Outcome Data Evaluation System [CODES]).

Objective 2

By 2020, increase access to primary, secondary and tertiary prevention initiatives and services that address mental and physical injury and violence.

Objective 2 Indicator

Reimbursement for preventive services related to injury and violence (Medicaid/ BadgerCare, medical service billing codes). (Indicator to be developed.)

Objective 3

By 2020, reduce disparities in injury and violence among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Disparity ratios in hospitalizations from falls, poisoning and self-harm.
- Mortality from homicide, suicide, and motor vehicle crashes (Hospital and emergency department data, Wisconsin Vital Records data, and Crash Outcome Data Evaluation System [CODES]).

Mental health

Why is this focus area important?

Approximately 20 percent of the population experiences a mental health problem during a one-year period (Robins & Regier, 1991). Mental health issues are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse; factors that can lead to chronic disease, injury and disability.

Objective 1

By 2020, reduce smoking and obesity (which lead to chronic disease and premature death) among people with mental health disorders.

Objective 1 Indicator

Smoking and obesity rates among people with depression or serious psychological distress (Behavioral Risk Factor Survey).

Objective 2

By 2020, reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.

Objective 2 Indicators

- Prevalence of mental health disorders in these population groups (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).
- Suicide rates in these populations (Wisconsin Vital Statistics).
- Mental health provider capacity indicating access to mental health services. (Indicator to be developed.)

Objective 3

By 2020, reduce the rate of depression, anxiety and emotional problems among children with special health care needs.

Objective 3 Indicators

- Percent of children who have depression, anxiety or emotional problems (State and Local Area Integrated Telephone Survey – Children with Special Health Care Needs [SLAITS-CSHCN]).
- Percent of children who needed but did not receive mental health services in the previous year (SLAITS-CSHCN).
- Percent of CSHCN/non-CSHCN who received mental health treatment / counseling in the past year (SLAITS – National Survey of Children's Health).

Oral health

Why is this focus area important?

Oral health means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects and other diseases that affect the mouth. Many diseases can start with oral symptoms, and many diseases beginning in the mouth can affect health in other parts of the body. Wisconsin experiences shortages of access for dental and other oral health services, particularly for people receiving BadgerCare or lacking insurance coverage for oral health services.

Objective 1

By 2020, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

Objective 1 Indicators

- Percent of third-graders with dental sealants and untreated decay (Third Grade School Survey).
- Percent of Head Start children with untreated decay (Head Start School Survey).
- Percent of adults with fair/poor oral health status (Survey of the Health of Wisconsin).

Objective 2

By 2020, assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.

Objective 2 Indicators

- Proportion of BadgerCare enrollees with at least one dental claim in a year (Division of Health Care Access and Accountability).
- Number of oral health related emergency room visits by population group (Hospital Emergency Department data).
- Percent of schools with school-based dental screening/sealant programs (Department of Public Instruction and SEALS).
- Number of oral health providers by type of provider by demographics and location. (Indicator to be developed.)

Physical activity

Why is this focus area important?

Physical activity is a preventive factor for many adverse health conditions, such as heart disease, stroke, high blood cholesterol, depression, and bone and joint disease. Changes in community design can encourage increased physical activity.

Objective 1

By 2020, increase physical activity for all through changes in facilities, community design, and policies.

Objective 1 Indicators

- Proportion of high school students who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (Youth Risk Behavior Survey).
- Proportion of adults who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (National Health Interview Survey).

Objective 2

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.

Objective 2 Indicators

- Percent of children less than 18 years old living in a neighborhood with a nearby park or recreation center and sidewalks (National Survey of Children's Health). (Indicator to be developed.)
- Percent of Wisconsin communities with satisfactory scores as measured by the Wisconsin Assessment of the Social and Built Environment. (Indicator to be developed.)

Objective 3

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity for individuals among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicator

Inventory of environments by community (including parks, facilities, workplace programs) (Survey of the Health of Wisconsin (SHOW)). (Indicator to be developed.)

Reproductive and sexual health

Why is this focus area important?

Attention to policies and programs that support and foster reproductive and sexual health is needed to reduce rates of adolescent and unintended pregnancy, HIV and sexually transmitted diseases (STD). Health disparities are especially pronounced in these areas, with many of these problems related to power differences and lack of respect based on gender, sexual orientation or identity, gender identity, or age. Some of these are deeply rooted in cultural norms.

Long-term change will require a shift in social norms accomplished through increased resources, leadership, and community dialog; social marketing; and effective public policy, in addition to comprehensive sexual health education and better access to relevant clinical services. Efforts to eliminate the deep disparities in adolescent and unintended pregnancy, HIV and sexually transmitted diseases can be understood as working toward "reproductive justice." Please refer to the Glossary (Appendix D) for more insight into reproductive justice.

Objective 1

By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.

Objective 1 Indicators

- Percentage of sexually active high school students who reported that they or their partner had used a condom during last sexual intercourse (Youth Risk Behavior Survey).
- Unintended pregnancy rates (Pregnancy Risk Assessment and Monitoring System [PRAMS]).

Objective 2

By 2020, establish social, economic and health policies that improve equity in sexual health and reproductive justice.

Objective 2 Indicator

Periodic inventory of state policies and funding targeted to achieving this objective. (Indicator to be developed.)

Objective 3

By 2020, reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Racial and ethnic disparities in teen birth rates (Wisconsin Vital Records), HIV/STD rates (HIV Surveillance System and Reportable Communicable Disease Reporting System), and unintended pregnancies (PRAMS).
- Lesbian, gay, bisexual, transgender and heterosexual population and racial and ethnic group incidence rates of HIV (HIV Surveillance System) and other sexual health indicators (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).
- Education/income disparities in sexual behavior indicators (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).

Tobacco use and exposure

Why is this focus area important?

Tobacco use and exposure represent the leading overall cause of death in the U.S. and Wisconsin and a major economic burden. In Wisconsin each year, 8,000 people die of tobacco-related illnesses; $2.2 billion is paid in direct health care costs; and $1.6 billion is attributed to lost productivity.

Objective 1

By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent.

Objective 1 Indicators

- Proportion of youth and young adults using tobacco (Wisconsin Youth Tobacco Survey).
- Proportion of smoke-free homes (Wisconsin Youth Tobacco Survey).
- Percent of Wisconsin children in smoke-free homes (Wisconsin Youth Tobacco Survey).

Objective 2

By 2020, reduce tobacco use and exposure among the adult population by 25 percent.

Objective 2 Indicators

- Proportion of adults using tobacco products (Wisconsin Department of Health Services, Behavioral Risk Factor Survey [BRFS]).
- Proportion of smoke-free workplaces (BRFS).
- Proportion of smoke-free homes (BRFS).

Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

Objective 3 Indicator

Proportion of adults and youth using tobacco and exposed to tobacco in disparate populations (Wisconsin Youth Tobacco Survey, Wisconsin Behavioral Risk Factor Survey, Wisconsin Youth Risk Behavior Survey).

Summary

The 12 Health Focus Areas of *Healthiest Wisconsin 2020* address important health outcomes for the decade. These focus areas will be familiar to almost everyone, since they address real health issues in a direct way. Health Focus Areas identify the current and emerging health problems and issues that individuals, families, and communities face every day. The Health Focus Areas flow out of the underlying determinants of health, the upstream causes of downstream problems. Work on Health Focus Area objectives relies on the Infrastructure and Pillar Objectives and on a public health system that is effective and sustainable.

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SECTION 6

PROPOSED IMPLEMENTATION MODEL

Everyone Living Better, Longer

Healthiest Wisconsin 2020

SECTION 6
PROPOSED IMPLEMENTATION MODEL

INTRODUCTION

What makes *Healthiest Wisconsin 2020* different from other strategic plans, many of which sit unread and unused on office bookshelves? *Healthiest Wisconsin 2020* is ready to be picked up and used. It was developed in partnership with more than a thousand people, representing a wide variety of stakeholders throughout Wisconsin who are invested in the expected outcomes of the plan and anxious to see it made real. *Healthiest Wisconsin 2020* builds upon the achievements and lessons learned from its predecessor, *Healthiest Wisconsin 2010*, so many people are prepared to act in the context of existing collaborations, knowledge, experience, and hope.

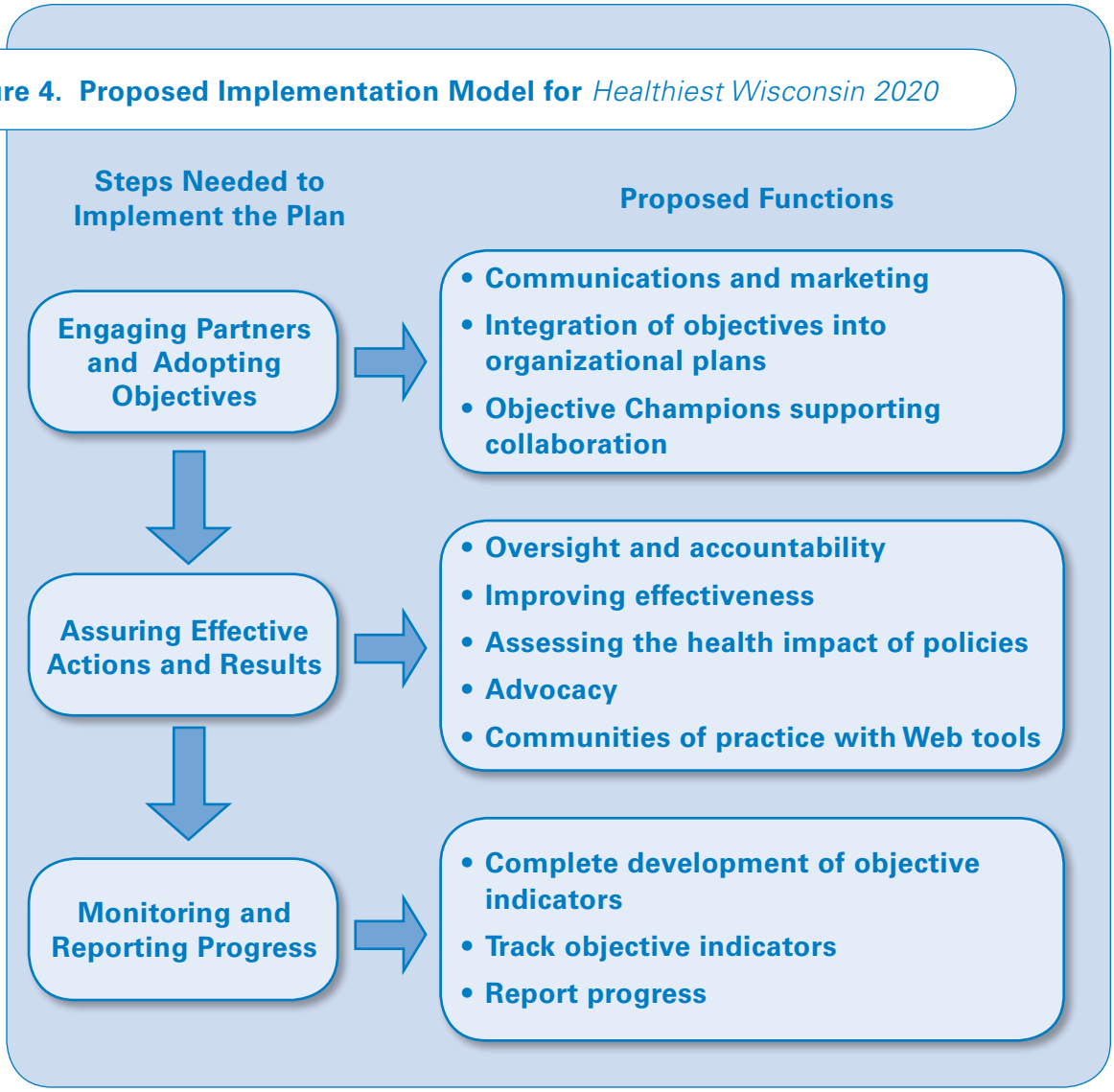
Because it is designed for anyone to use, not just a single organization or a set of professionals, it can be read, owned, interpreted and put into practice by anyone, anywhere. No matter how you define your "community," whether a neighborhood, a city, town or county, an organization, a school, a professional society – some aspect of *Healthiest Wisconsin 2020* will be of interest to you, and you will be able to integrate it into your ongoing strategic planning and implementation.

Finally, *Healthiest Wisconsin 2020* is anchored in systematic public health approaches based on science, evidence, strategic planning, quality improvement, collaborative leadership and diverse partnerships.

PROPOSED IMPLEMENTATION MODEL

To jump-start discussions with public health system partners about the best implementation strategies to pursue, the *Healthiest Wisconsin 2020* Strategic Leadership Team has proposed a set of implementation strategies it believes can lead to rapid adoption and implementation of the plan by partners.

Figure 4. Proposed Implementation Model for *Healthiest Wisconsin 2020*



The proposed implementation model will be rolled out in two major steps.

- The first step of implementation is to engage partners in a discussion of the proposed model, like the one outlined in the diagram below, and with an expectation that partners will refine and improve the proposed concepts and adopt a complete implementation plan. This process will take place during the summer and fall of 2010.
- The second step of implementation is to put the implementation plan into action. This step should begin in late fall of 2010 with full implementation under way by January 2011.

The proposed implementation model (Figure 4) has three major components: (1) engaging partners and adopting objectives, (2) assuring effective actions and results, and (3) monitoring and reporting progress.

ENGAGING PARTNERS AND ADOPTING OBJECTIVES

Successful implementation of *Healthiest Wisconsin 2020* will require engaged leaders and organizations, representing many diverse sectors and systems, all aligned for action. It will require collaborative leadership from many people and organizations across Wisconsin. As stated in Section 1, if you carry out one or more of the 10 essential public health services, then you are part of Wisconsin's public health system and an important partner in *Healthiest Wisconsin 2020*.

Communications and Marketing

Many partners have been engaged in the process of developing *Healthiest Wisconsin 2020* and understand the goals and objectives of the plan. These partners and their organizations will provide leadership and share responsibility and accountability for putting the plan into action.

Partners and organizations who have yet to be engaged in *Healthiest Wisconsin 2020*, including the general public, need to learn about and become invested in the plan's goals. This process will take a multi-pronged approach. Partners will be encouraged to circulate the plan among their own organizations, networks, and constituencies. Ideally this will be supplemented by small-group discussions of some of the plan's less familiar concepts. These discussions will require easy-to-access, easy-to-use, culturally sensitive educational materials that explain the plan. Marketing materials must make the case about how involvement in the plan's implementation can create value for their organizations and the people and communities they care about the most. Such a marketing effort will benefit from the creation of a multi-stakeholder communications and marketing workgroup.

People across Wisconsin will likely encounter the plan in many different situations. For example,

- Local health departments will use the plan in their required multi-stakeholder community health improvement planning (CHIP) process.
- *Healthiest Wisconsin 2020* can become a part of the curriculum for health professions students.
- *Healthiest Wisconsin 2020* goals and objectives can become a required component for grant and contract applications for state and local agencies, medical school academic-community partnership programs, and philanthropic funds.
- Partner organizations, agencies and researchers will cite goals and objectives of *Healthiest Wisconsin 2020* when applying for grants and contracts.

Healthiest Wisconsin 2020 Objective Champion organizations (described below) will be particularly important in helping people and organizations learn about the need for, and benefits of, engaging in actions related to particular objectives.

Ideally, each partner in Wisconsin will become particularly acquainted and engaged with at least some of the plan's Pillar Objectives (objectives that require everyone's attention), as well as working intensively on one or more health and/or infrastructure focus area objectives that closely align with their organizational mission.

Integration of Objectives into Partners' Organizational Plans

A reliable way of ensuring that agencies and organizations remain sustainably engaged with *Healthiest Wisconsin 2020* is to encourage adoption and integration of the state health plan goals and objectives into the strategic or operating plans of all partners. This gets the plan into their organizational "DNA."

For example, local communities in Wisconsin create community health improvement plans, commonly known as a CHIP, with the support of their local health department and in collaboration with community stakeholders. They can adopt those *Healthiest Wisconsin 2020* objectives best aligned to their unique, local priorities. During the life of the *Healthiest Wisconsin 2010* plan, all local health departments in Wisconsin adopted several of the state-level priorities into their plans, consistent with the needs of their communities. Similarly, other agencies and organizations also adopted *Healthiest Wisconsin 2010* into their strategic plans. For example, the Wisconsin Hospital Association regularly published information about how their community members were addressing *Healthiest Wisconsin 2010*. Whether we are talking about government, the public or private sectors, this level of adoption over the past decade must be not only repeated but expanded into many more organizations during this new decade.

Healthiest Wisconsin 2020 Objective Champion organizations (described below) will likely recruit organizations and collaborations to become engaged in work related to particular objectives, ideally at the level of strategic organizational initiatives.

Because *Healthiest Wisconsin 2020* focuses strongly on high-impact policies and systems aligned for better health, action must occur at the state level as well as the local and regional levels. This includes integration of the plan's objectives into state agencies' priorities as they plan their work for the next several years. Just as important are the opportunities brought about by changes in state statute and state administrative rule to incorporate evidence- and science-based practices, which can help align incentives across Wisconsin toward healthy outcomes.

Focus Area and Objective "Champions"

State and local health departments will play important roles in achieving the goals of *Healthiest Wisconsin 2020*. Nevertheless, the magnitude of the work to be done is so great, it is essential for other public health system partners to share responsibility and accountability for planning, leading and monitoring the state health plan objectives. This is rooted in the values of collaboration and strategic leadership at all levels discussed in Section 2; or, in short, that it takes the work of many to protect and improve the health of all. For some of the 23 focus areas, broadly representative and well-organized councils, organizations or collaborations may already exist. The proposed implementation model suggests that some existing organizations or collaborations will want to step forward to provide leadership, coordination, and oversight of activities for *Healthiest Wisconsin 2020* objectives that relate to the organization's or collaboration's area of interest. These would be called Objective Champions.

Objective Champions are envisioned as organizations or collaborations prepared to adopt responsibility for achievement of specific *Healthiest Wisconsin 2020* objectives statewide. They would also commit to share and model the values of *Healthiest Wisconsin 2020* and reach out to others who share an interest in the objective for which they serve as champion. People who served on Focus Area Strategic Teams or participated in community engagement opportunities during the development phase of *Healthiest Wisconsin 2020* are examples of leaders who may be ready to partner with such champion organizations. Examples of existing organizations that may be interested in serving as Objective Champions include the Wisconsin Minority Health Leadership Council, the Public Health Council Emergency Preparedness Committee; the Wisconsin Relay of Electronic Data (WIRED) for Health Board; and the Public Health Workforce Call to Action Workgroup. Where existing organizations or collaborations do not exist or are not able to accept this leadership role, a new group may need to be created. Some Objective

Champions may need to expand their networks, or create new partnerships, so that unconventional organizations and non-traditional constituencies sharing interest in the objectives can be accommodated on common ground.

Identifying or creating organizations that will provide sustainable, accountable leadership for the 23 focus areas and 10 Pillar Objectives is an important task for the first year of the plan.

ASSURING EFFECTIVE ACTIONS AND RESULTS

Carrying out an ambitious, outcome-driven plan leaves little leeway for ineffective action. Ideally this means that most programs, system changes and policies are either demonstrated to be highly effective, or are being evaluated for their effectiveness. *Healthiest Wisconsin 2020*'s focus on aligning high-impact policies for health (not only in the health sector, but in other sectors such as housing, transportation, human services, finance and education) requires that we study and project the health impact of proposed policy changes. Finally, even the most evidence-based programs will not affect health outcomes if they are not implemented to a scale or in a way that meets current and emerging need.

Oversight and Accountability

Even though *Healthiest Wisconsin 2020* is a plan for everyone, "everyone" can mean "no one" if oversight and accountability are left undefined. The Wisconsin Public Health Council, the State Health Officer and the Division of Public Health's Office of Policy and Practice Alignment play special leadership roles in overseeing and reporting on plan achievement. In particular, the Wisconsin Public Health Council is accountable for reporting on progress regarding plan achievement to the Governor and Legislature. The Wisconsin Department of Health Services is responsible for coordinating the activities within state government involving the collection, retrieval, analysis, reporting and publication of statistical and other information related to health and health care, and also for providing technical assistance to local units of government for the development of local community health improvement plans.

However, concerted action at the level of individual focus areas or objectives will require a larger set of organizations to share leadership and accountability, especially in light of the low funding for public health in Wisconsin compared to other states. The role of Objective Champion organizations is critical to successful implementation and ultimate achievement of the goals of *Healthiest Wisconsin 2020*. Ideally such organizations would report their activities regularly to the Wisconsin Public Health Council (or a similar public forum) to help ensure that gaps in plan implementation are filled, redundancy is avoided, core values are respected, progress is being made, and the public is informed.

Improving Effectiveness

Many programs and policies now in place have never been rigorously evaluated and compared to alternatives based on evidence of their effect on health outcomes. This does not mean those programs or policies should be dropped; it simply means it is difficult to know how to continuously improve the effectiveness of our interventions on behalf of health without a baseline and a measuring stick.

One *Healthiest Wisconsin 2020* objective would create a public health research and evaluation council that would help facilitate and prioritize such research, thus helping to ensure that innovation in public health is informed by good science. To further improve access to evaluation results and policy health impact assessments, one of the plan's Pillar Objectives calls for the creation of dedicated capacity in Wisconsin to assess, compare and disseminate findings about the effectiveness of alternative population health policies and practices. Particularly as we try to expand the numbers and types of people who participate in the implementation of *Healthiest Wisconsin 2020*, the need grows for easily accessible, objective information to guide policy leaders, individuals and organizations toward known, effective practices and policies. Meanwhile, those who desire to innovate need access to those with appropriate skills to evaluate the outcomes of those innovations.

Such resources live largely in three settings: academic institutions, community-based nonprofit organizations (like Milwaukee's Planning Council for Health and Human Services) and for-profit consulting organizations. The proposed implementation model suggests that the major public health research institutions of the state (such as the University of Wisconsin System, the Medical College of Wisconsin, and Marquette University) join together to create an easy-to-use system, both as a place to learn about the effectiveness of programs and policies, and to link untested programs to high-quality evaluation capacity.

Assessing the Health Impact of Policies

To effectively align policies for health across many different sectors, it is necessary to be able to assess the likely health impact of potential policy changes. Consequently, a Pillar Objective for *Healthiest Wisconsin 2020* is to create a dedicated capacity in Wisconsin to perform a health impact assessment of proposed policy changes. The Centers for Disease Control and Prevention provides the following definition for health impact assessment.

> Health impact assessment (HIA) is commonly defined as 'a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population' (1999 Gothenburg consensus statement). Health impact

> assessment can be used to objectively evaluate the potential health effects of a project or policy before it is built or implemented. It can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. A major benefit of the health impact assessment process is that it brings public health issues to the attention of those who make decisions about areas that fall outside of traditional public health arenas, such as transportation or land use (Centers for Disease Control and Prevention, 2007).

The emerging science of health impact assessment needs a home in Wisconsin. Health impact assessments require the interaction of scientists and policy experts across a wide variety of fields. Because the number of people in each field who have expertise in public health is quite limited, an inter-institutional, inter-disciplinary organization linked to all of Wisconsin's institutions of higher education could become the coordinating center for such work. This organization could provide access for public health system partners and stakeholders by assembling and coordinating appropriate expertise on any given issue from the pool of state experts, rather than being restricted to the talent in any single institution.

Advocacy

It will take coordinated and effective advocacy to propel *Healthiest Wisconsin 2020* into the strategies, policies and practices of some state agencies, local agencies, regional agencies and private sector organizations. Legislators and agency heads are subjected to constant requests for health-related policy change, ranging from trivial to profound, and often with proposals lacking good scientific grounding or political sense. Simply contributing to the noise will not move Wisconsin strategically toward the *Healthiest Wisconsin 2020* goals. It is likely that Objective Champions will want to define advocacy agendas on behalf of their objectives and strategies.

Thus, the proposed implementation model suggests that Objective Champions and other interested parties join together to form an advocacy-oriented resource that can strategically coordinate advocacy, as well as offer training and other tools to make health policy advocacy more effective at both local and state levels.

Communities of Practice with Web Tools

Whichever focus areas and objectives one might pick, thousands of other Wisconsin stakeholders will have a similar interest. Though it may not be feasible for all organizations or individuals who are interested in, or working on, the same issue to become part of the Objective Champion organization or collaboration, it is important that all be provided an invitation and a mechanism to contribute information about their health plan-related activities and outcomes, to share best practices with others,

and to learn about opportunities to learn or advocate. This constellation of people and organizations can be described as a community of practice. For example, Objective 2 in the Physical Activity Focus Area states: "By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity." The universe of interested people might include scout troops; physical education teachers; parks and recreation departments; pediatricians and nurses; sporting supplies vendors; summer camps; neighborhood centers; rehabilitation specialists; parents; faith communities; police departments; and athletic leagues.

The proposed implementation model suggests that a community of practice for each focus area be supported by a set of Web 2.0 tools that invites this larger collection of stakeholders to communicate with relative ease. Web 2.0 tools include social networking features such as moderated listserves, discussion boards, publications, live and archived webcasts, podcasts, blogs and videos. Establishing such communities of practice would allow an expanding universe of people from all walks of life and all levels of skill to become involved in implementing components of the state health plan, along with a broad network of those with similar interests. While face-to-face conferences will still help people learn and discuss, Web-based communities of practice can help people stay better engaged throughout the year and accommodate those less able to travel, or who need to participate at unstructured times of the day. Such Web-enabled communities of practice would benefit from being jointly managed with expert guidance from Objective Champions, each using a portion of a centrally organized technology platform.

MONITORING AND REPORTING PROGRESS

Complete Development of Objective Indicators

Some *Healthiest Wisconsin 2020* objectives are not adequately measurable by existing data. This may mean that no standardized and reliable system exists to collect and analyze relevant data, or that research needs to verify the relationship between a collectible piece of information and a health outcome. An important step early in the decade will be the creation of ways to measure objective achievement where they do not exist today. This is viewed as a shared responsibility between the Wisconsin Department of Health Services and proposed Objective Champions, as neither alone may have the necessary capability.

Track Objective Indicators

The Department of Health Services, as previously noted, is responsible for coordinating data collection within state government related to health and

health care. Some objective indicators may be created and tracked outside the Department. In all cases such indicators will need to be presented on a periodic basis to the Wisconsin Public Health Council, and also made widely available to interested stakeholders and the public. As in *Healthiest Wisconsin 2010*, a website will likely play a critical role in the dissemination of progress tracking.

Report Progress to Governor, Legislature, and Public

This activity is assigned in statute to the Wisconsin Public Health Council, with the assistance of the Department of Health Services. Nevertheless, the plan will have the greatest chance of success if outcomes are regularly made available to the broadest audience possible through many mechanisms and the active engagement in the process of many organizations and collaborations supporting the plan.

NEXT STEPS

The Division of Public Health will continue to serve as a convener, and to the extent possible, give partners access to subject matter expertise and to different types of health information within the Department's capability. The Division of Public Health will also coordinate efforts to establish final objective indicators, even when these are produced by other organizations. The Division proposes to work closely with the Wisconsin Public Health Council and other organizations on plan marketing and communication, recruitment and deployment of Objective Champions, and development of the tools to support them. Similar work is expected with educational institutions and other stakeholders regarding the pathway to developing additional capabilities for sharing evidence on policy and practice effectiveness and on creating additional capability for health program evaluation and policy health impact analysis. Once a basic implementation framework has been established, partners can collaborate on developing necessary shared resources related to collaboration, advocacy and other critical needs. Some activities will need to be supported through grants and contracts, in-kind donations or public funding. For some ideas on how you might get started with implementing *Healthiest Wisconsin 2020*, refer to Appendix F, "Don't Wait: Ideas for Effective Action".

Summary

Implementation of *Healthiest Wisconsin 2020* is rich with both opportunity and challenge. As with the state health plan of the last decade, it is both necessary and desirable for the public health system partners to share leadership and accountability. This proposed implementation model identifies many ways for partners to:

- Bring the plan to organizations and communities so they can assess how it fits into their strategic initiatives;
- Participate in communications and marketing efforts;
- Become an Objective Champion for one of the focus areas or for one or more of the Pillar Objectives;
- Provide financial or in-kind support for plan communication and marketing, community of practice tools, systems to measure plan outcomes; development of the framework to improve evaluation, perform impact assessment and share evidence and best practices; and many other plan needs;
- Provide technical assistance in the development and dissemination of Web 2.0 tools;
- Participate in a public health research and evaluation council;
- Establish a home for health impact assessments; and
- Contribute expertise in the development of strategies and tools for gathering information to measure and report progress.

Challenges include the limited resources available to create and sustain the infrastructure needed to implement this plan, and the task of staying focused on long-term goals as competing crises continue to emerge. These are considerable challenges that must be addressed as a long-term response to making Wisconsin the healthiest state, and will require many creative approaches. One strategy that can be implemented immediately is for public health system partners to invite new partners to join this work. By expanding the number of people and organizations engaged in one or more of the state health plan's objectives, we can share leadership as we improve health and create a more just society.

Reference

Centers for Disease Control and Prevention, Fact Sheet, National Center for Environmental Health, Division of Emergency and Environmental Health Services, October 2007. Retrieved March 16, 2010 at http://www.cdc.gov/healthyplaces/publications/Health_Impact_Assessment2.pdf

APPENDIX A

PLANNING STRUCTURES AND CONTRIBUTORS TO *HEALTHIEST WISCONSIN 2020*

Everyone Living Better, Longer

Healthiest Wisconsin 2020

APPENDIX A

PLANNING STRUCTURES AND CONTRIBUTORS TO *HEALTHIEST WISCONSIN 2020*

HOW WAS *HEALTHIEST WISCONSIN 2020* SHAPED?

People and organizations from many different sectors and geographic regions of Wisconsin volunteered their knowledge, skills and resources to shape the state health plan for this decade. This appendix describes the key planning teams and their roles in shaping *Healthiest Wisconsin 2020*. (See the following pages for a list of team members.)

Planning for *Healthiest Wisconsin 2020* was launched in December 2007 when staff from the Department of Health Services met to discuss its predecessor state health plan, *Healthiest Wisconsin 2010*, what was working and what could be improved in the next plan. Results of that discussion were corroborated with results from a survey involving partners external to the Department. One of the strongest messages that emerged from these two sources was, "Do not re-invent the wheel." Specifically, partners and stakeholders made three strong recommendations:

- The plan should continue to focus on the underlying determinants of health (versus on specific diseases).
- The plan framework should allow partners to link their programmatic strategies to implementation of the 2020 state health plan goals.
- The plan should retain a focus on the need for a strong, sustainable public health system with connected partners from many sectors.

Developing the Plan

A rich mix of processes, techniques and practical knowledge was used to make sure *Healthiest Wisconsin 2020* was based on science and informed by the wisdom of Wisconsin communities, partners, and organizations. Quality improvement strategies were used as systematic approaches to health improvement planning with many participants. These processes also offered a steady planning pathway

in an environment of uncertainty, creativity, and the search for upstream solutions to downstream problems. Finally, the "can do" attitude of the partners and Department staff fostered a flourishing environment for shared leadership and accountability, effective communications, and commitment.

The *Healthiest Wisconsin 2020* strategic planning process included both long-term and short-term collaborative planning structures. For example, the Strategic Leadership Team was actively engaged throughout the planning period, while community engagement forums were held as needed to gather feedback on proposed approaches.

Healthiest Wisconsin 2020 Planning Structures

The Strategic Leadership Team

A 54-member Strategic Leadership Team was appointed by Wisconsin Department of Health Services Secretary Karen Timberlake in April 2008. This team included organizational partners from throughout Wisconsin, including representatives of the government, public, private, and nonprofit sectors and state elected officials. This Team met 12 times from May 2009 through January 2010 and was responsible for the plan's overall strategic design and decisions.

The Technical Advisory Team

The Technical Advisory Team was made up of two sub-teams: the Data Advisory Team, which focused on the health focus areas, and the Infrastructure Advisory Team. The Data Advisory Team concluded that the underlying determinants of the leading causes of premature death and disability that had been identified with the 2010 plan continued to be the major factors contributing to the health of Wisconsin. Thus, they recommended to the Strategic Leadership Team that the 2020 State Health Plan should continue to emphasize the health priorities identified for 2010. The Infrastructure Advisory Team held two Web-based listening sessions and developed recommendations for the Strategic Leadership Team for the infrastructure priorities.

Community Engagement Forums

To assure a voice for all and to leave no one behind, Community Engagement Forums were held throughout Wisconsin in 2008 and 2009, reaching more than 650 partners through in-person and Web-based meetings. As a result of these forums, the number of focus areas was expanded to 23 by the Strategic Leadership Team to respond to the widely expressed need for partners and communities to "see themselves in the plan." To expand the outreach to community partners, two statewide surveys were implemented to seek ideas on the most important objectives for the 2010-2020 decade. In addition to reviewing and commenting on the proposed health and infrastructure focus areas, participants shared successes, frustrations, challenges, and current and emerging issues. A special community

engagement forum was held in February 2010 to address the pressing issues of health disparities in Wisconsin.

Focus Area Strategic Teams

Twenty-three (23) Focus Area Strategic Teams were created during the fall of 2009 to propose objectives and identify indicators to measure progress during the decade. The two-part charge, as defined by the State Health Officer, for each team was to (1) identify the most important objective for the decade that would result in improved health across the life span, and (2) identify the most important objective for the decade that would result in eliminating health disparities and achieving health equity. More than 350 people participated in these teams, including community and subject-matter experts.

Linkages to Key Policy Bodies: Wisconsin Public Health Council and Wisconsin Minority Health Leadership Council

Two key policy bodies were invited to participate and provide reflective comments and guidance. These policy bodies were the Wisconsin Public Health Council and the Wisconsin Minority Health Leadership Council.

Communications and Marketing Team

A Communications and Marketing Team was created to provide guidance to launch and implement *Healthiest Wisconsin 2020*. This Team provided important guidance in using both traditional communication strategies and emerging technologies in social marketing and message development.

Core Planning Team

Planning for *Healthiest Wisconsin 2020* began in the Department in 2007. The core planning team, led by the State Health Officer (Administrator of the Division of Public Health), was the direct bridge between the Strategic Leadership Team, communities and organizations throughout Wisconsin, and internal stakeholders in the Department. During 2009, project management personnel from the Division of Enterprise Services were added to this Team.

Contributors to Planning for *Healthiest Wisconsin 2020*

The following acknowledges the participation of contributors who served on an array of *Healthiest Wisconsin 2020* teams and advisory bodies ranging from the Strategic Leadership Team and its technical advisory teams, to the 2008 - 2010 Community Engagement Forums, to the Ad Hoc Health Disparities Committee, and to the 23 Focus Area Strategic Teams. Each of the 23 Focus Area Strategic Teams was staffed by a Support Team comprised of experts and program leaders from the Wisconsin Department of Health Services.

Wisconsin Department of Health Services Core Leadership Team		
Name	**Title**	**Organization**
Foldy, Seth	State Health Officer and Division Administrator Executive Sponsor, *Healthiest Wisconsin 2020*	Division of Public Health
Guhleman, Patricia	Interim Director, Office of Policy and Practice Alignment; Sponsor	Division of Public Health
Schmelzer, Margaret	State Health Plan Director	Division of Public Health
Nametz, Patricia L.	Editor – Publications and Web	Division of Public Health
Nugent, Judith	Chief, Health Care Information Section; Healthiest Wisconsin 2020 Logistics	Division of Public Health
Public Health Consultant (2010)		
Hintzman, Peggy	Public Health Consultant	Division of Public Health
Project Facilitation and Management (2009)		
Freundlich, Kristine	Strategic Planning and Facilitation Consultant	Division of Enterprise Services
Thomsen, Bernadette	Project Manager	Division of Enterprise Services
Public Health Consultant (2008 - 2009)		
Haynes-Brokopp, Marilyn	Clinical Associate Professor	University of Wisconsin-Madison, School of Nursing
Subject Matter and Technical Advisors		
Anderson, Henry	Chief Medical Officer – Environmental/ Occupational Health	Division of Public Health
Booske, Bridget	Director, Applied Population Health Research	University of Wisconsin-Madison School of Medicine and Public Health
Cruz, Evelyn	Program and Policy Analyst	Division of Public Health

Subject Matter and Technical Advisors		
Name	**Title**	**Organization**
Davis, Jeffrey	Chief Medical Officer – Communicable Diseases	Division of Public Health
Fleischfresser, Sharon	Medical Director, Children and Youth with Special Health Care Needs	Division of Public Health
Gasiorowicz, Mari	Epidemiologist, HIV/AIDS Program	Division of Public Health
Giese, Lieske	Regional Director	Division of Public Health
Gilmore, Claude	Youth Policy Advisor and Interim Minority Health Officer	Division of Public Health
Hollander, Gary	Executive Director	Diverse and Resilient, Inc.
Katcher, Murray	Chief Medical Officer – Maternal and Child Health	Division of Public Health
Lucinski, Lorraine	Maternal and Child Health Systems Consultant	Division of Public Health
Ouapou-Lena, Fabienne	Minority Health Officer	Division of Public Health
Technical Support		
Abraham, Bridget	Preliminary Graphics	Philadelphia
Caputo, Cristina	Publications Manager	Division of Enterprise Services
DeWeese, Ruth	Minority Health Program Assistant	Division of Public Health
Ediger, Polly Pfaehler, Seth	Graphic Design and Layout	Synergy Ink Ltd
Jones, Kathryn	Internet/Web Specialist	Division of Public Health

Healthiest Wisconsin 2020 **Community Engagement Forums: 2008 - 2010** **Engaging the Wisdom of Communities in Developing the Plan**		
Date	**Community Location**	**Region**
October 2008	Eau Claire	Western
October 2008	Minocqua/Woodruff	Northern
October 2008	Appleton	Northeastern
October 2008	Milwaukee	Southeastern
November 2008	Kenosha	Southeastern
November 2008	Madison	Southern
November 2008	Wausau	Northern
November 2008	Madison: Departmental Forum for Staff	Southern
November 2009	Stockbridge Munsee Community of Mohicans	Northeastern
December 2009	Oneida Tribe of Indians of Wisconsin (postponed due to a blizzard)	Northeastern
February 2010	Wausau: Tribal Health Directors Health Disparities Forum	Northern
February 2010	Milwaukee: Health Disparities Forum	Southeastern

Healthiest Wisconsin 2020 Strategic Leadership Team		
Name	**Title**	**Organization**
Bartholow, Timothy	Senior Vice President for Policy Planning, Member Services, and Physician Professional Development	Wisconsin Medical Society
Billerbeck, Jeffrey	Director of Spiritual Care	Meriter Hospital, Madison
Bove, Fredi-Ellen	Administrator, Division of Long Term Care	Wisconsin Department of Health Services
Bowman, Lori	Director, Agricultural and Chemical Bureau	Wisconsin Department of Agriculture, Trade, and Consumer Protection
Brandenburg, Terry	Commissioner of Health	West Allis Health Department
Brokopp, Charles	Director and Professor	Wisconsin State Laboratory of Hygiene
Brown, Richard	Family Physician and Professor	UW School of Medicine and Public Health
Brysch, L. Stanley	Chair, Department of Dentistry, Max Pohle Clinic	Meriter Hospital, Madison
Byrne, Frank	President	St. Mary's Hospital, Madison
Carpenter, Tim	State Senator	Wisconsin State Senate
Coley, Brenda	Chair, Wisconsin Minority Health Leadership Council; Director of Adult Services, Diverse and Resilient, Inc., Milwaukee	Wisconsin Minority Health Leadership Council
Diedrick-Kasdorf, Sarah	Senior Legislative Associate	Wisconsin Counties Association
Easterday, John	Administrator, Division of Mental Health and Substance Abuse Services	Wisconsin Department of Health Services

Healthiest Wisconsin 2020 Strategic Leadership Team		
Name	**Title**	**Organization**
Foldy, Seth	Chair, Strategic Leadership Team; State Health Officer and Administrator, Division of Public Health	Wisconsin Department of Health Services
Friederichs, Judith	Director and Health Officer	Brown County Health Department
Gieryn, Douglas	President	Wisconsin Public Health Association
Gilmore, Gary	Professor and Director, Graduate Community Health Programs, UW – La Crosse	Wisconsin Public Health Council
Greer, Yvonne	Nutritionist Coordinator	City of Milwaukee Health Department
Grigsby, Tamara	State Representative	Wisconsin State Assembly
Gwat, Yong-Lie	Associate Dean for Academic Programs and Student Services	UW – Milwaukee
Harrison, Stephanie	Executive Director	Wisconsin Primary Health Care Association
Helgerson, Jason	Medicaid Director and Administrator, Division of Health Care Access and Accountability	Wisconsin Department of Health Services
Hines, Jake (Doc)	State Representative (former)	Wisconsin State Assembly
Hollander, Gary	Director; Member, Wisconsin State Health Plan Committee	Diverse and Resilient, Inc., Milwaukee
Hsieh, Hsing-Yi	Environmental Public Health Specialist, Outagamie County Health Department	Wisconsin Environmental Health Association
Jauch, Robert	State Senator	Wisconsin State Senate

Healthiest Wisconsin 2020 Strategic Leadership Team		
Name	**Title**	**Organization**
Jenkins, Diane	Strategic Initiatives Advisor	Wisconsin Department of Children and Families
Johnson, Kenneth	Water Leader, South Central Region	Wisconsin Department of Natural Resources
Johnston, James	Director, Bureau of Fiscal Services, Division of Health Care Access and Accountability	Wisconsin Department of Health Services
Komula, Robert	Vice President of Finance	Humana Health Plans of Wisconsin and Michigan, Milwaukee
Krawczyk, Eric	Community and Public Health Officer	Oneida Tribe of Indians of Wisconsin
May, Katharyn A.	Dean and Professor	UW – Madison, School of Nursing
Mejicano, George	Associate Dean and Associate Professor	UW School of Medicine and Public Health
Meurer, John	Chief of General Pediatrics, Professor of Pediatrics and Population Health, Medical College of Wisconsin	Wisconsin Public Health Council
Oostdik, Maureen	Public Health Dental Hygienist	Public Health - Madison and Dane County
Ordinans, Karen	Executive Director	Children's Health Alliance of Wisconsin
Quest, Carol	Director and Health Officer	City of Watertown Health Department
Remington, Patrick	Associate Dean of Public Health	UW School of Medicine and Public Health
Riesch, Susan K.	Professor and Academic Partner, Wisconsin Partnership Program	UW – Madison, School of Nursing
Samadani, Ayaz	Family Physician, Dean/ St. Mary's Family Practice Clinic, Beaver Dam	Wisconsin Public Health Council

Healthiest Wisconsin 2020 Strategic Leadership Team		
Name	**Title**	**Organization**
Schmelzer, Richard	Family Physician and Assistant Professor	UW Medical Foundation, Odana Atrium Family Medicine Clinic
Schuler, Suzanne	Former Board President, Wisconsin Center for Nursing; Former Mental Health Administrator and Director of Nursing	Wisconsin Nurses Association
Swain, Geoffrey	Chief Medical Officer and Medical Director	City of Milwaukee Health Department
Travis, Natasha	Internist; President, Cream City Medical Society, Milwaukee	Medical College of Wisconsin
Tunis, Sandra	Senior Vice President for Government Relations and Compliance	Managed Health Services, Milwaukee
Turney, Sandra	CEO and Executive Vice President	Wisconsin Medical Society
Vang, Pa	Program Manager, School of Continuing Education	UW – Milwaukee
Vedder, Kathryn	Former Health Officer and Director, Madison Department of Public Health	Public Health System Advocate
White, Douglas	Director, Student Services Prevention and Wellness	Wisconsin Department of Public Instruction
Willems Van Dijk, Julie	Associate Scientist; Chair, Wisconsin Public Health Council (2009-current)	UW School of Medicine and Public Health
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Wisconsin Public Health Council A Policy Partner to *Healthiest Wisconsin 2020*		
Name	**Title**	**Organization**
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Baker, Bevan	Commissioner of Health	City of Milwaukee Health Department
Bartkowski, John	Chief Executive Officer	Sixteenth Street Community Health Center, Milwaukee
Bremel, Amy	Director of Marketing and Development	HELP of Door County, Sturgeon Bay
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Frey, Catherine	Associate Director, Wisconsin Partnership Program	UW School of Medicine and Public Health
Garcia Franz, Susan	Wisconsin Well Woman Program Coordinator	Planned Parenthood of Wisconsin, Neenah
Gilmore, Gary	Professor and Director, Graduate Community Health Programs	UW – La Crosse, Extension
Kramolis, Terri	Public Health Supervisor and Health Officer	Ashland County Health and Human Services Department
Loteyro, Corazon	Family Physician	Ministry Medical Group, Plover
Meurer, John	Chief of General Pediatrics and Professor of Pediatrics and Population Health	Medical College of Wisconsin
Miller, Deborah	Registered Nurse	Bridge Community Health Clinic, Dorchester
Nelson, Douglas	President and CEO	AIDS Resource Center of Wisconsin, Milwaukee

Wisconsin Public Health Council A Policy Partner to *Healthiest Wisconsin 2020*		
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Post, A. Charles	Dentist, Children's Dental Center	Children's Hospital and Health System of Wisconsin, Milwaukee
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Sanders, James	Associate Professor of Family Medicine, Department of Family and Community Medicine	Columbia St. Mary's Health Center, Milwaukee
Sheets, Lynn	Medical Director, Child Advocacy and Protection Services	Children's Hospital and Health System of Wisconsin, Milwaukee
Villalpando, Mark	Firefighter, Emergency Medical Technician, Regional Hazardous Materials Team, Public Rescue Water Diver	City of Racine Fire Department
Vue, Thai	Director	La Crosse Hmong Mutual Assistance Association
Willems Van Dijk, Julie	Associate Scientist; Chair, Wisconsin Public Health Council (2009-current)	UW School of Medicine and Public Health

Wisconsin Minority Health Leadership Council A Policy Partner to *Healthiest Wisconsin 2020*		
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Barker, Maria	Multicultural Programs Manager	Planned Parenthood of Wisconsin, Inc., Milwaukee
Bidar-Sielaff, Shiva	Director of Community Partnerships and Interpreter Services	UW Hospitals and Clinics, Madison
Coley, Brenda	Chair, Minority Health Leadership Council; Director of Adult Services	Diverse and Resilient, Inc., Milwaukee
Harris, Carla	Oncology Outreach Coordinator	Columbia-St Mary's, Milwaukee
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Kay, Ted	President and CEO	Family Health/La Causa, Wautoma
Miller-Korth, Nancy	Health Director	Stockbridge Munsee Community of Mohicans, Shawano
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Okunseri, Christopher	Assistant Professor and Director of Dental Public Health	Marquette University School of Dentistry, Milwaukee
Rodriguez, Nancy	Outreach Specialist	Access Community Health Centers, Madison
Thao, Fuechou	President	United Asian Services of Wisconsin, Madison

Wisconsin Public Health Council State Health Plan Committee A Policy Partner to *Healthiest Wisconsin 2020*		
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Baisch, Mary Jo (Co-Chair)	Clinical Assistant Professor	UW – Milwaukee, College of Nursing
Burrows, Judy	Program Director, Chronic Disease Prevention	Marathon County Health Department, Wausau
Chavez-Korell, Shannon	Assistant Professor, Counseling Psychology	UW – Milwaukee, School of Psychology
Frey, Cathy	Associate Director	Wisconsin Partnership Program, UW School of Medicine and Public Health
Garcia Franz, Susan	Wisconsin Well Woman Program Co-Director	Planned Parenthood of Wisconsin, Inc., Neenah
Graham, Carol	Former Superintendent of Public Health Nursing, Milwaukee Health Department	Public Health System Advocate
Haynes-Brokopp, Marilyn	Clinical Associate Professor	UW – Madison, School of Nursing
Hollander, Gary	Executive Director	Diverse and Resilient, Inc., Milwaukee
Meurer, John		
(Co-Chair)	Chief of General Pediatrics, Professor of Pediatrics and Population Health	Medical College of Wisconsin,
Pate, David	Assistant Professor	UW – Milwaukee, School of Social Work
Powless, Mark	Doctoral Candidate	Marquette University

Wisconsin Public Health Council State Health Plan Committee A Policy Partner to *Healthiest Wisconsin 2020*		
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Vang, Pa	Public Health Nurse	Public Health - Madison and Dane County
Vedder, Kathryn	Former Health Officer and Director, Madison Department of Public Health	Public Health System Advocate
Schmelzer, Margaret	Chief Staff to the Committee and State Health Plan Director	Wisconsin Division of Public Health

Healthiest Wisconsin 2020		
Technical Advisory Leadership Team		
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Kotchen, Jane	Professor and Director	Medical College of Wisconsin
Martinez-Donate, Ana	Assistant Professor	UW – Madison, Department of Population Health Sciences
Miller, Rod	Mental Health and Forensics Services Manager	Division of Mental Health and Substance Abuse Services
Ndiaye, Momadou	MCH/Chronic Disease Epidemiologist	Public Health - Madison and Dane County
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Healthiest Wisconsin 2020 *Consultants to the Technical Advisory Team*		
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Cruz, Evelyn	Minority Health Program and Policy Analyst	Division of Public Health
Gasiorowicz, Mari	Epidemiologist, HIV/AIDS Program	Division of Public Health
Robert, Stephanie	Professor, School of Social Work	UW – Madison, School of Social Work
Swain, Geoffrey	Chief Medical Officer and Medical Director	City of Milwaukee Health Department
Data Expert Advisory Group (Health Focus Areas)		
Name	**Title**	**Organization**
Bekkedal, Marni	Research Scientist, Environmental Health	Division of Public Health
Booske, Bridget (Co-Chair)	Director, Applied Population Health Research	UW School of Medicine and Public Health
Breitborde, Sandra	Deputy Administrator	Division of Public Health
Cruz, Evelyn	Minority Health Program and Policy Analyst	Division of Public Health
Dobbe, Chris	Epidemiologist	Marathon County / Northwoods Public Health Preparedness Consortium
Giese, Lieske	Eau Claire Regional Office Director	Division of Public Health

Healthiest Wisconsin 2020		
Infrastructure Expert Advisory Group (Infrastructure Focus Areas)		
Name	**Title**	**Organization**
Giese, Lieske (Chair)	Eau Claire Regional Office Director	Division of Public Health
Hanrahan, Lawrence	Director, Public Health Informatics	Division of Public Health
McKenney, Nancy	Workforce Development Director	Division of Public Health
Schmelzer, Margaret	State Health Plan Director, Director of Public Health Nursing and Health Policy	Division of Public Health
Timmers, Terri	Rhinelander Regional Office Director	Division of Public Health
Young, Mary	Madison Regional Office Director	Division of Public Health
Communications and Marketing Advisory Team		
Name	**Title**	**Organization**
Boffeli, Seth	Communications Director	Office of the Department Secretary
Freundlich, Kristine	Strategic Planning and Facilitation Consultant	Division of Enterprise Services
Gothard, Mary (Co-Chair)	Public Health Educator	Division of Public Health
Hanrahan, Larry	Epidemiologist	Division of Public Health
Malone, James	Communications Coordinator	Division of Public Health
Sendelbach, Catherine	Regional Public Health Educator	Division of Public Health
Siemers, Sheri	Regional Public Health Educator	Division of Public Health
Smith, Claire	Senior Communications Specialist	Division of Health Care Access and Accountability
Straub, Spencer	Media and Communications Tobacco Control Program	Division of Public Health
Uttech, Susan (Co-Chair)	Director, Bureau of Community Health Promotion	Division of Public Health

Healthiest Wisconsin 2020 **Health Disparities Ad Hoc Committee**		
Name	**Title**	**Organization**
Barker, Maria	Manager, Multicultural Programs	Planned Parenthood of Wisconsin, Inc.
Booske, Bridget	Senior Scientist, Director, Applied Population Health Research	UW School of Medicine and Public Health
Coley, Brenda	Chair, Wisconsin Minority Health Leadership Council; Adult Health Services Coordinator, Diverse and Resilient, Inc.	Wisconsin Minority Health Leadership Council; Member, Strategic Leadership Team
Hollander, Gary	Executive Director	Diverse and Resilient, Inc., Milwaukee; Member, Strategic Leadership Team
Kay, Ted	President and CEO	Family Health/La Causa, Wautoma
Krawczyk, Eric	Community and Public Health Officer	Oneida Tribe of Indians of Wisconsin; Member, Strategic Leadership Team
McManus, Patricia	Executive Director	Black Health Coalition of Wisconsin, Milwaukee
Remington, Patrick	Associate Dean of Public Health	UW School of Medicine and Public Health; Member, Strategic Leadership Team
Swain, Geoffrey	Chief Medical Officer and Medical Director	City of Milwaukee Health Department; Member, Strategic Leadership Team
Tellez-Giron, Patricia	Family Physician, Associate Professor, Department of Family Medicine	UW School of Medicine and Public Health
Willis, Earnestine	Pediatrician, and Kellner Professor in Pediatrics	Medical College of Wisconsin
Young, Miva	Public Health Nurse	Sheboygan County Health Department

Healthiest Wisconsin 2020 **Staff to the Health Disparities Ad Hoc Committee**		
Name	**Title**	**Organization**
Cruz, Evelyn	Program and Policy Analyst, Minority Health Program	Division of Public Health
Foldy, Seth (Convener)	State Health Officer and Administrator	Division of Public Health
Gasiorowicz, Mari	Epidemiologist, AIDS/HIV Program	Division of Public Health
Giese, Lieske	Eau Claire Regional Office Director	Division of Public Health
Gilmore, Claude	Youth Policy Director and Interim Minority Health Officer	Division of Public Health
Guhleman, Patricia	Interim Director, Office of Policy and Practice Alignment	Division of Public Health
Hintzman, Peggy	Public Health Consultant	Madison, Wisconsin
Ouapou-Lena, Fabienne	Minority Health Officer	Division of Public Health
Schmelzer, Margaret	State Health Plan Director and Director of Public Health Nursing and Health Policy	Division of Public Health
Vaughn-Jehring, Katherine Therese	Graduate Student	UW – Madison

Focus Area Strategic Team (Overarching Focus Area) Social, Economic and Educational Factors that Influence Health		
Name	**Title**	**Organization**
Bangura, Paulette	Faculty Associate and Director	UW - Milwaukee, African Diaspora Project
Blanks, Deborah	Chief Executive Officer	Social Development Commission
Brooks, Marva	Health Disparities Coordinator	Wisconsin Department of Health Services
Davidson, Joel	Executive Director	Area Health Education Centers
Duran, David	Civil Rights Compliance Officer	Wisconsin Department of Health Services
Garcia Franz, Susan	Wisconsin Well Woman Program Co-Director	Planned Parenthood of Wisconsin, Inc.
Gonzales, Carolina	Physician	Latino Health Coalition (Milwaukee and Madison)
Lathen, Lorraine	President	Reach for the Sun Consultants, Inc.
Leigl, Patrick	Social Services Director	The Salvation Army, Fox Cities
Lerman, Joan	School Violence and Prevention Consultant	Wisconsin Department of Public Instruction
May, Katharyn	Dean and Professor	UW – Madison, School of Nursing; Member, Strategic Leadership Team
Mebrahtu, Fessahaye	Executive Director	Pan-African Community Association, Milwaukee
Pate, David	Assistant Professor	UW – Milwaukee, School of Social Work
Peter, Gregory	Associate Professor	UW – Fox Valley, Department of Sociology
Riemer, David	Director of Policy and Planning	Community Advocates Public Policy Institute, Milwaukee

Focus Area Strategic Team (Overarching Focus Area) Social, Economic and Educational Factors that Influence Health		
Name	**Title**	**Organization**
Swain, Geoffrey	Chief Medical Officer	City of Milwaukee Health Department; Member, Strategic Leadership Team
Theis, Barb	Health Officer and Director	Juneau County Health Department
Travis, Natasha	Internist and President of Cream City Medical Society	Medical College of Wisconsin; Member, Strategic Leadership Team
Volk, Joseph	Executive Director	Community Advocates, Inc.
Department of Health Services Support Team		
Name / Role	**Support Role / Title**	**Organization**
Cruz, Evelyn	*Co-Facilitator* Minority Health Policy Analyst	Division of Public Health
Hintzman, Peggy	*Co-Facilitator* External Public Health Consultant	External Public Health Consultant, Volunteer
DeWeese, Ruth	*Recorder* Minority Health Program Assistant	Division of Public Health
Lee, Ying	*Recorder* Equal Opportunity Program Specialist, Senior	Office of Affirmative Action and Civil Rights Compliance
Ouapou-Lena, Fabienne	*Technical Advisor* Minority Health Officer	Division of Public Health

Focus Area Strategic Team (Overarching Focus Area) Health Disparities		
Name	**Title**	**Organization**
Bock, Julie A.	Director of Programs	Milwaukee LGBT Community Center
Gray-Murray, Jo Ann	Assistant Professor	Medical College of Wisconsin
Hollander, Gary	Executive Director	Diverse and Resilient, Inc.; Member, Strategic Leadership Team
Johnson, Karen	HIV Prevention Consultant	Division of Public Health
Kilgore, Marilyn	Chairperson	African American Infant Mortality Coalition, Beloit
Maguire, Ann	Associate Professor	Medical College of Wisconsin
McManus, Patricia	Executive Director	Black Health Coalition of Wisconsin, Milwaukee
Millon-Underwood, Sandra	Professor	UW - Milwaukee, College of Nursing
Nahwahquaw, Gail	Inter-Cultural Program Coordinator	Division of Public Health
Onheiber, Patrice	Director, Disparities in Birth Outcomes	Division of Public Health
Schlenker, Thomas	Health Officer and Director	Public Health - Madison and Dane County
Soares Lynch, Ana Paula	Director, Proyecto Salud	Proyecto Salud, CORE/ El Centro; Walker's Point Clinic, Milwaukee
Tellez-Giron, Patricia	Family Physician, Associate Professor	UW School of Medicine and Public Health
Vang, Pang	Nurse Clinician/Health Education Specialist	UW – Milwaukee, College of Nursing, House of Peace Community Nursing Center
Willis, Earnestine	Pediatrician and Kellner Professor in Pediatrics	Medical College of Wisconsin

Focus Area Strategic Team (Overarching Focus Area) Health Disparities		
Name	**Title**	**Organization**
Yang, Miva	Public Health Nurse	Sheboygan County Health Department
Zerpa-Uriona, Virginia	Outreach Specialist for Community-Based Research	Center for Urban Population Health
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Young, Mary	*Facilitator* Regional Office Director, Madison	Division of Public Health
Flores-Ramos, Themis	*Recorder* Public Health Educator	Division of Public Health
Gilmore, Claude	*Technical Advisor* Youth Policy Advisor and Interim Minority Health Officer	Division of Public Health
Schmelzer, Margaret	*Advisor* State Health Plan Director and Director of Public Health Nursing and Health Policy	Division of Public Health
Eberle, Nancy	Consultant; Associate Researcher	U.W. Population Health Institute

Focus Area Strategic Team (Infrastructure) Access to High-Quality Health Services		
Name	**Title**	**Organization**
Barnes, Stacy	Director, Wisconsin Geriatric Education Center	Medical College of Wisconsin
Harrison, Stephanie	Executive Director	Wisconsin Primary Health Care Association; Member, Strategic Leadership Team
Huber, Mark	Vice-President of Social Responsibility	Aurora Health, Inc.
Johnson, Cynthia	Director of Nursing	Kenosha County Health Department
Kay, Ted	President and CEO	Family Health/La Causa, Wautoma
Ludwig, Tom	Clinical Operations Officer	Access Community Health Centers, Madison
Meurer, John	Chief of General Pediatrics, Professor of Pediatrics and Population Health	Medical College of Wisconsin, Milwaukee; Member, Wisconsin Public Health Council; Member, Strategic Leadership Team
Ostrov, Michael	Medical Director	Group Health Cooperative of South Central Wisconsin, Inc.
Peterson, Bobby	Executive Director and Public Interest Attorney	ABC for Health, Inc., Madison
Rudolph, Colin	Professor and Vice-Chair for Clinical Affairs	Medical College of Wisconsin
Tapper, Joy	Director	Milwaukee Health Care Partnership
Tunis, Sandra	Senior Vice President, Government Relations/ Compliance	Managed Health Services; Member, Strategic Leadership Team

Focus Area Strategic Team (Infrastructure) Access to High-Quality Health Services Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Fleischfresser, Sharon	*Facilitator* Medical Director	Division of Public Health
Miley, Connie	*Recorder* Nursing Consultant	Division of Public Health
Schafer, Eden	*Recorder* Program Consultant	Division of Public Health
Jessup, Vicki	*Technical Expert* Policy Section Chief	
Kamal, Raj	*Technical Expert* Quality Initiatives Project Manager	Division of Health Care Access and Accountability

Focus Area Strategic Team (Health) Alcohol and Other Drug Use		
Name	**Title**	**Organization**
Brown, Richard	Family Physician, Professor	UW School of Medicine and Public Health; Member, Strategic Leadership Team
Cherry, Robert	MATI Redesign Coordinator	Community Advocates, Milwaukee
Dickson-Gomez, Julia B.	Associate Professor of Psychiatry and Behavioral Health	Medical College of Wisconsin
Easterday, John	Administrator	Division of Mental Health and Substance Abuse Services; Member, Strategic Leadership Team
Gadacz, Susan	Substance Abuse Section Supervisor	Division of Mental Health and Substance Abuse Services

Focus Area Strategic Team (Health) Alcohol and Other Drug Use		
Name	**Title**	**Organization**
Huber, Gerald R.	Deputy County Administrator	La Crosse County Human Services
Lobes, Carol	Co-Director	Center for Democracy in Action, Madison
Miller, Michael	Medical Director	Meriter Hospital, New Start Program, Madison
Moberg, D. Paul	Senior Scientist	UW School of Medicine and Public Health
Peterson, Rick	Director	Crawford Abuse Resistance Effort, Prairie du Chien Memorial Hospital
Stokes, Scott	Director of Prevention Services	AIDS Resource Center of Wisconsin, Milwaukee
Sumnicht, Gary	Education Consultant, Safe and Drug-Free Schools	Wisconsin Department of Public Instruction
Waupoose, Michael	Program Manager	University of Wisconsin Health Services, Gateway Recovery
Yong-Li, Gwat	Associate Dean for Academic Programs and Student Services	UW - Milwaukee; Member, Strategic Leadership Team
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Oppor, Louis	*Facilitator* Prevention Coordinator	Division of Mental Health and Substance Abuse Services
Quirke, Mike	*Recorder* Program Evaluation Coordinator	Division of Mental Health and Substance Abuse Services
Jovaag, Amanda	*Technical Expert* Researcher	UW School of Medicine and Public Health

Focus Area Strategic Team (Infrastructure) Public Health Capacity and Quality		
Name	**Title**	**Organization**
Brandenburg, Terry	Health Commissioner	West Allis Health Department; Member, Strategic Leadership Team
Breitborde, Sandra	Deputy Administrator	Division of Public Health
Freiberg, Mari	Executive Director	Scenic Bluffs Community Health Centers, Cashton
Gehl, Sharon	Associate Director	Wisconsin State Laboratory of Hygiene
Kowalik, Jeanette	Public Health Specialist	Wauwatosa Health Department
Kreuser, Nancy	Health Officer and Director	Wauwatosa Health Department
Scott, Gail	Director and Health Officer	Jefferson County Health Department
Tetzloff, Faye	Health Officer	Portage County Health and Human Services
Vedder, Kathryn	Public Health Systems Advocate	Member, Strategic Leadership Team
Young, Nancy	Executive Director	Institute for Wisconsin's Health, Inc.
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Giese, Lieske	*Facilitator* Regional Office Director, Eau Claire	Division of Public Health
Konkle, Kate	*Recorder* Population Health Fellow	Division of Public Health
Chudy, Nancy	*Technical Expert* Epidemiologist	Division of Public Health

Focus Area Strategic Team (Health) Chronic Disease Prevention and Management		
Name	**Title**	**Organization**
Baliker, Mary	Assistant Director	University of Wisconsin Carbone Cancer Center
Bove, Fredi-Ellen	Administrator	Division of Long Term Care; Member, Strategic Leadership Team
Brown, Richard	Professor	UW School of Medicine and Public Health; Member, Strategic Leadership Team
Burrows, Judy	Program Director, Chronic Disease Prevention	Marathon County Health Department
Cieslik, Linda	Community Programs/ Marketing Coordinator	Milwaukee County Department on Aging
Freeman, Nancy	Executive Director	Wisconsin Cancer Council, Madison
Gallagher, Rachel	State School Nursing and Health Services Consultant	Wisconsin Department of Public Instruction
Grimes, Kristen	Asthma Project Manager	Children's Health Alliance of Wisconsin
Jaffery, Jonathan	Medical Advisor and Professor	Division of Health Care Access and Accountability; UW School of Medicine and Public Health
Kissack, Anne	Arthritis Program Coordinator	Milwaukee Area Health Education Center
Kretz, Michael	Family Physician	Hudson
Miller-Korth, Nancy	Health Director	Stockbridge-Munsee Community of Mohicans, Shawano
Peterman, Beth	Director and Clinical Assistant Professor	UW - Milwaukee, College of Nursing, House of Peace Community Nursing Center

Focus Area Strategic Team (Health) Chronic Disease Prevention and Management		
Name	**Title**	**Organization**
Whitehead, Amy	Statewide Coordinator, Children and Youth with Special Health Care Needs	Division of Public Health
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Ringhand, Timothy	*Facilitator* Regional Public Health Nursing Consultant	Division of Public Health
Nimsgern, Angela	*Recorder* Epidemiologist	Division of Public Health
Katcher, Murray	*Technical Expert* Chief Medical Officer	Division of Public Health
Wegner, Mark	*Technical Expert* Medical Director	Division of Public Health

Focus Area Strategic Team (Infrastructure) Collaborative Partnerships for Community Health Improvement		
Name	**Title**	**Organization**
Beversdorf, Sarah	Project Manager	Wisconsin Public Health Association
Byrne, Frank	President	St. Mary's Hospital, Madison; Member, Strategic Leadership Team
Huser, Mary	Program Specialist/State Liaison	Family Living Programs, UW-Extension, Cooperative Extension
Kunferman, Sue	Director and Health Officer	Health Department, Wood County
Murphy, M. Kathleen	Health Services Coordinator	Milwaukee Public Schools

Focus Area Strategic Team (Infrastructure) Collaborative Partnerships for Community Health Improvement		
Name	**Title**	**Organization**
Ordinans, Karen	Executive Director	Children's Health Alliance of Wisconsin; Member, Strategic Leadership Team
Perry, Richard	CEO	Community Health System, Inc., Beloit
Rothschild, Michael	Professor Emeritus	School of Business, UW-Madison
Rust, Michael	Manager, Rural Programs	ABC for Rural Health, Balsam Lake
Sullivan, Carrie	Research Specialist	Wisconsin Family Ties, Madison
Young, Staci	Assistant Professor	Medical College of Wisconsin
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Timmers, Terri	*Facilitator* Regional Office Director, Rhinelander	Division of Public Health
Ditsch, Diana	*Recorder* Partner Communications and Alerting Coordinator, Public Health and Hospital Preparedness	Division of Public Health
Ullsvik, Jennifer	*Technical Expert* Epidemiologist	Division of Public Health

Focus Area Strategic Team (Health) Communicable Disease Prevention and Control		
Name	**Title**	**Organization**
Friederichs, Judy	Health Officer and Director	Brown County Health Department; Member, Strategic Leadership Team
Gieryn, Doug	Health Officer and Director	Winnebago County Health Department; Member, Strategic Leadership Team
Hopfensperger, Daniel	Chief, Immunization Section	Division of Public Health
Mejicano, George	Associate Dean	UW School of Medicine and Public Health; Member, Strategic Leadership Team
Shult, Pete	Director, Division of Communicable Disease	Wisconsin State Laboratory of Hygiene
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Rigdon, Connie	*Co-Facilitator* State Trauma Coordinator	Division of Public Health
Stanley, Marisa	*Co-Facilitator* Population Health Fellow	Division of Public Health
Dunbar, Jane	*Recorder* Public Health Educator	Division of Public Health
Davis, Jeffrey	*Technical Expert* Chief Medical Officer	Division of Public Health
Heffernan, Richard	*Technical Expert* Chief, Communicable Disease Epidemiology	Division of Public Health
Will, Lorna	*Technical Expert* Unit Director, Respiratory and International Health	Division of Public Health

Focus Area Strategic Team (Infrastructure) Emergency Preparedness, Response and Recovery		
Name	**Title**	**Organization**
Brokopp, Charles	Director and Professor	Wisconsin State Laboratory of Hygiene; Member, Strategic Leadership Team
DeVore, Jan	Human Services Area Coordinator	*Wisconsin Department of Health Services, Area Administration, Southern Regional Office*
Hladky, Julie	Program Manager	Northwoods Consortium, Marathon County Health Department
Johnson, Alfred	Director, Bureau of Technology, Licensing and Education	Division of Quality Assurance
Karon, Amy	Epidemiologist	Eau Claire City-County Health Department
Lang, Keith	Disaster Human Services Coordinator / Chairperson, Wisconsin VOAD	Lutheran Social Services of Wisconsin and Upper Michigan, Inc., Madison
May, Thomas	Associate Professor	Medical College of Wisconsin
Rausch, Darren	Health Officer and Director	Greenfield Health Department
Shrader, Jason	Director	Western Regional Partnership for Public Health Preparedness, Balsam Lake

Focus Area Strategic Team (Infrastructure) Emergency Preparedness, Response and Recovery Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Neuert, Don	*Facilitator* Emergency Preparedness Coordinator	Division of Public Health
Strell, Sara	*Recorder* Regional Coordinator and Local	Division of Public Health
DeSalvo, Traci	*Technical Expert* Pandemic Flu and Strategic National Stockpile Coordinator	Division of Public Health

Focus Area Strategic Team (Health) Environmental and Occupational Health		
Name	**Title**	**Organization**
Bowman, Lori	Director, Agricultural and Chemical Bureau	Wisconsin Department of Agriculture, Trade, and Consumer Protection; Member, Strategic Leadership Team
DeClercq, Neill	Professor and Attorney	University of Wisconsin, School for Workers
Drury, Carol	Public Health Sanitarian	Division of Public Health
Grosskurth, Dale	Environmental Health and Safety Director	Marathon County Health Department
Hausbeck, John	Environmental Epidemiologist	Public Health - Madison and Dane County
Hewitt, Jeanne	Professor	UW - Milwaukee, School of Public Health
Hsieh, Hsing-Yi	Environmental Health Specialist	Outagamie County Health Department; Member, Strategic Leadership Team

Focus Area Strategic Team (Health) Environmental and Occupational Health		
Name	**Title**	**Organization**
Ingham, Steven	Administrator	Wisconsin Department of Agriculture, Trade and Consumer Protection
Johnson, Courtenay	Director of Environmental Health	Eau Claire City-County Health Department
Kleinheinz, Greg	Director	Industrial and Environmental Microbiology Laboratory, UW - Oshkosh
Lafferty, Jeffrey	Environmental Epidemiologist	Public Health - Madison and Dane County
Rogers, Pamela	Epidemiologist	Division of Public Health
Severtson, Delores	Assistant Professor	UW - Madison, School of Nursing
Warzecha, Chuck	Director, Environmental and Occupational Health	Division of Public Health
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Bekkedal, Marni	*Facilitator* Environmental Scientist	Division of Public Health
Werner, Mark	*Recorder* Environmental Scientist and Supervisor	Division of Public Health
Malecki, Kristin	*Technical Expert* Assistant Scientist	UW School of Medicine and Public Health

Focus Area Strategic Team (Health) Adequate, Appropriate and Safe Food and Nutrition		
Name	**Title**	**Organization**
Adams, Alexandra	Associate Professor	UW School of Medicine and Public Health
Carrel, Aaron	Associate Professor of Pediatrics	UW Children's Hospital, Pediatric Endocrinology, Diabetes and Fitness
Coleman, Gayle	Nutrition Education Program Specialist	University of Wisconsin Extension
Cuperus, Teresa	Economic Development Consultant	Wisconsin Department of Agriculture
Draeger, Beth	WIC Director and Public Health Nutritionist	Eau Claire City-County Health Department
Eglash, Anne	Clinical Associate Professor	UW School of Medicine and Public Health
Goday, Praveen	Associate Professor	Pediatric Gastroenterology and Nutrition, Medical College of Wisconsin
Greer, Yvonne	Nutritionist Coordinator	City of Milwaukee Health Department; Member, Strategic Leadership Team
Hemmesch, Janel	Public Health Nutritionist	Polk County Health Department
Janowski, Jon	Director of Advocacy	Hunger Task Force, Milwaukee
Lee, Linda	Nutrition Manager	La Crosse County Health Department
Lujan, Jenny	Public Health Nurse	Public Health - Madison and Dane County
Martinez, Rosamaria	Nutrition Education Program Administrator	Milwaukee County Cooperative Extension
Nitzke, Susan	Department Chairperson and Professor, College of Agriculture and Life Sciences	University of Wisconsin – Madison, Cooperative Extension

Focus Area Strategic Team (Health) Adequate, Appropriate and Safe Food and Nutrition		
Name	**Title**	**Organization**
Petersen, Linda	Regional Public Health Nutritionist	Division of Public Health
Rodriguez-Graf, Barbara	Supervising Dietitian - Nutrition, Health and Wellness	Milwaukee Public Schools
Silva-Rydz, Betzaida	Instructor, Dietetic Technician Program	Milwaukee Area Technical College, West Allis
Voicheck, Jane	Professor Emerita, Nutritional Sciences	University of Wisconsin – Madison, Cooperative Extension
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Meinen, Amy	*Facilitator* Nutrition Coordinator	Division of Public Health
Keeley, Jennifer	*Recorder* Public Health Nutritionist	Division of Public Health
Liebhart, Janice	*Technical Expert* Epidemiologist	Division of Public Health
Kazmierczak, Sarah	*Advisor* Population Health Fellow	Division of Public Health

Focus Area Strategic Team (Infrastructure) Public Health Funding		
Name	**Title**	**Organization**
Ahrens, David	Researcher	UW School of Medicine and Public Health
Baker, Bevan	Commissioner of Health	City of Milwaukee Health Department
Chapin, John	Administrative Manager	Wisconsin State Laboratory of Hygiene
Diedrick-Kasdorf, Sarah	Senior Legislative Associate	Wisconsin Counties Association
Frey, Cathy	Associate Director	Wisconsin Partnership Program, UW School of Medicine and Public Health
Huck, Edward	Executive Director	Wisconsin Alliance of Cities
Johnston, James	Director of Fiscal Services	Division of Health Care Access and Accountability
Kaufman, Nancy	Principal	The Strategic Vision Group LLC, Mequon
Nelson, Doug	President and CEO	AIDS Resource Center of Wisconsin
Ostermann, Eric	Executive Director	Wisconsin Public Health Association
Willems Van Dijk, Julie	Associate Scientist and Community Engagement Leader	UW School of Medicine and Public Health, Member, Strategic Leadership Team

Focus Area Strategic Team (Infrastructure) Public Health Funding Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Sieger, Thomas	*Facilitator* Former Deputy Administrator, Division of Public Health	Prevention Director, University of Wisconsin Student Health Services
Brockman, Traici	*Recorder* Primary Care Analyst	Division of Public Health
Daggett, Cindy	*Technical Expert* Director, Office of Operations	Division of Public Health

Focus Area Strategic Team (Health) Healthy Growth and Development		
Name	**Title**	**Organization**
Benton, Linda	Maternal Child Health Nurse - Honoring Our Children	St. Croix Tribal Health
Conlon, Linda	Director and Health Officer	Oneida County Health Department; Member, Strategic Leadership Team
Conway, Ann	Executive Director	Wisconsin Association for Perinatal Care and Perinatal Foundation
Harvieux, Anne	Program Administrator	Infant Death Center of Wisconsin, Milwaukee
Hecht, Elizabeth	Senior Outreach Specialist	University of Wisconsin, Waisman Center
Jenkins, Dianne	Strategic Initiatives Advisor	Wisconsin Department of Children and Families; Member, Strategic Leadership Team
Porter, Kimberly	Professional Development Coordinator	University of Wisconsin, Cooperative Extension
Tuchman, Linda	Program Director, Early Childhood Professional Development	University of Wisconsin, Waisman Center
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Kruse, Terry	*Facilitator,* Section Chief, Maternal/Child Health	Division of Public Health
Gillespie, Kate	*Recorder, M*aternal/ Perinatal Nurse Consultant	Division of Public Health
Stueck, Ann	*Recorder, I*nfant and Child Health Nurse Consultant	Division of Public Health
Katcher, Murray	*Technical Expert* Chief Medical Officer	Division of Public Health
Oftedahl, Elizabeth	*Technical Expert* *Epidemiologist*	Division of Public Health

Focus Area Strategic Team (Infrastructure)		
Health Literacy		
Name	**Title**	**Organization**
Cain, Karen	Director and Health Officer	Rock County Health Department
Cox, Narra Smith	Professor	UW-Madison
Duquette, Dan	Professor and Chair	University of Wisconsin – La Crosse
Erikson, Michele	Executive Director	Wisconsin Literacy Inc., Madison
Gonzalez, Brenda	Deputy Director	New Routes to Community Health, Madison
Holder, Emily	Education Consultant	Wisconsin Department of Public Instruction
Kraus, Jan	Aspirus Library Manager; Volunteer Community Faculty UW Madison Medical School	Aspirus Wausau Hospital
Seubert, Douglas	Health Communications Specialist	Marshfield Clinic
Smith, Paul	Associate Professor	UW - School of Medicine and Public Health
Servais, Ellen	Program Manager	Medical College of Wisconsin
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Gothard, Mary	*Facilitator* Public Health Educator	Division of Public Health
Sendelbach, Catherine	*Recorder* Regional Public Health Educator	Division of Public Health
Siemers, Sheri	*Technical Expert* Regional Public Health Educator	Division of Public Health

Focus Area Strategic Team (Health) Injury and Violence		
Name	**Title**	**Organization**
Christiansen, Anne	Assistant Director	Injury Research Center, at the Medical College of Wisconsin
Crump, William	District Environmental Health Officer	Indian Health Service
Hamberger, L. Kevin	Professor	Medical College of Wisconsin
Juarbe-Botella, Lina	Health Care and Domestic Violence Consultant	Wisconsin Coalition Against Domestic Violence
Lerman, Joan	School Violence and Prevention Consultant	Wisconsin Department of Public Instruction
Lewandowski, Sharon	Domestic Abuse Program Coordinator	Wisconsin Department of Children and Families
Ordinans, Karen	Executive Director	Children's Health Alliance of Wisconsin; Member, Strategic Leadership Team
Perry, Terry	Director, Office of Violence Prevention	City of Milwaukee Health Department
Pitre, Carmen	Co-Executive Director	Sojourner Family Peace Center
Rodriguez, Rachel	Professor	Edgewood College, School of Nursing; Member, Strategic Leadership Team
Sheets, Lynn	Medical Director	Child Advocacy and Protection Services – Children's Hospital of Wisconsin, Milwaukee
Turell, Susan	Associate Vice Chancellor for Academic Affairs and Dean of Undergraduate Studies	UW – Eau Claire

Focus Area Strategic Team (Health) Injury and Violence		
Name	**Title**	**Organization**
Turner, Mary Jo	Public Health Nurse Coordinator	Winnebago County Health Department
Werner, Cinda	Trauma Program Manager	Children's Hospital of Wisconsin, Milwaukee
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Hale, Linda	*Facilitator* Section Chief, Injury Prevention Program	Division of Public Health
Turpin, Rebecca	*Recorder* Injury Prevention Coordinator	Division of Public Health
Kopp, Brianna	*Technical Expert* Epidemiologist	Division of Public Health

Focus Area Strategic Team (Health) Mental Health		
Name	**Title**	**Organization**
Chavez-Korell, Shannon	Assistant Professor	UW – Milwaukee, School of Psychology
Cohen, Rebecca	Program and Planning Analyst	Division of Mental Health/ Substance Abuse Services
DeLong, Amy	Health Administrator	Ho-Chunk Nation, House of Wellness Clinic
Goveas, Joseph	Assistant Professor, Department of Psychiatry Director, Division of Geriatric Psychiatry Training Director	Medical College of Wisconsin
Gross, Shel	Director of Public Policy	Mental Health America of Wisconsin

Focus Area Strategic Team (Health) Mental Health		
Name	**Title**	**Organization**
Huber, Gerald	President	Wisconsin Counties Human Services Association
Humphries, John	School Psychologist	Wisconsin Department of Public Instruction
Johnston, Hugh	Associate Professor	UW – Madison, School of Education
Jones, Jennifer	Associate Director	Children's Trust Fund, Madison
Kramolis, Terri	Health Officer	Ashland County Health and Human Services
Neubauer, Mary	Peer Specialist	Our Space, Milwaukee
Ruecking, Richard	Quality Assurance Programs Specialist, Behavioral Health Certification	Division of Quality Assurance
Schuler, Suzanne	Former Board President, Wisconsin Center for Nursing; Former Mental Health Administrator and Director of Nursing.	Wisconsin Nurses Association; Member, Strategic Leadership Team
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Allen, Joyce	*Facilitator* Director, Bureau of Prevention, Treatment and Recovery	Division of Mental Health and Substance Abuse Services
Connor, Tim	*Recorder* Mental Health Evaluation Specialist	Division of Mental Health and Substance Abuse Services
Ziege, Anne	*Technical Expert* Behavioral Risk Factor Survey Coordinator/ Project Director	Division of Public Health

Focus Area Strategic Team (Health) Oral Health		
Name	**Title**	**Organization**
Brysh, L. Stanley	Director, Max Pohle Dental Clinic	Meriter Hospital; Member, Strategic Leadership Team
Crespin, Matt	Oral Health Project Manager	Children's Health Alliance of Wisconsin
Eichmiller, Frederick	Vice President and Science Officer	Delta Dental of Wisconsin
Harrison, Stephanie	Executive Director	Wisconsin Primary Health Care Association; Member, Strategic Leadership Team
Lobb, William	Dean and Professor	Marquette University School of Dentistry
Masak, John	Dentist	Wisconsin Dental Association
Oostdik, Maureen	Dental Health Coordinator	Public Health - Madison and Dane County; Member, Strategic Leadership Team
Orzechowski, Walter	Executive Director	Southwestern Community Action Program, Dodgeville
Post, Charles	Director, Pediatric Dental Residency Program	Children's Hospital of Wisconsin
Roedl, Emily	Dental Sealant Coordinator	Division of Public Health
Solberg, William	Director of Community Services	Columbia St. Mary's, Glendale

Focus Area Strategic Team (Health) Oral Health		
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Bell, Lisa	*Facilitator* Public Health Dental Hygienist	Division of Public Health
LeMay, Warren	*Recorder* Chief Dental Officer	Division of Public Health
Olson, Melissa	*Technical Expert* Epidemiologist	Division of Public Health

Focus Area Strategic Team (Health) Physical Activity		
Name	**Title**	**Organization**
Bakken, Keith	Executive Director	Wisconsin Association for Health, Physical Education, Recreation and Dance
Bingham, Jordan	Healthy Communities Coordinator	Division of Public Health
Callaway, Renee	Safe Routes to School Coordinator	Wisconsin Department of Transportation
Fuller, Brett	Curriculum Specialist: Health, Physical Exercise, Safe and Drug Free Schools	Milwaukee Public Schools
Hisgen, Jon	Health and Physical Activity Consultant	Wisconsin Department of Public Instruction
Meert, Rebecca	Health Educator	Brown County Health Department
Nelson, David	Instructor/Fellow	Medical College of Wisconsin

Focus Area Strategic Team (Health)		
Physical Activity		
Name	**Title**	**Organization**
Papanek, Paula	Director	Marquette University, Exercise Science and Physical Therapy
Rooney, Brenda	Epidemiologist	Gundersen Lutheran Health System, La Crosse
Swartz, Ann	Assistant Professor	UW – Milwaukee, Human Movement Sciences
Young, Craig	Professor and Medical Director of Sports Medicine	Medical College of Wisconsin
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Pesik, Mary	*Facilitator* Program Coordinator, Nutrition, Physical Activity and Obesity Program	Division of Public Health
Zech, Tony	*Recorder* Public Health Nutritionist	Division of Public Health
Morgan, Jon	*Technical Expert* Physical Activity Coordinator	Division of Public Health

Focus Area Strategic Team (Health) Reproductive and Sexual Health		
Name	**Title**	**Organization**
Amsterdam, Lori	Infertility Prevention Coordinator	Division of Public Health
Burnett, Katharine	Vice President of Patient Services	Planned Parenthood of Wisconsin
Coley, Brenda	Director of Adult Services	Diverse and Resilient, Inc.; Member, Strategic Leadership Team
Davidson, Darryl	School Health Manager	City of Milwaukee Health Department
Finger-Warmuth, Sara	Executive Director	Wisconsin Alliance for Women's Health
Huyck, Teri	President and CEO	Planned Parenthood of Wisconsin
Newman, Lon	Executive Director	Family Planning Health Services, Inc.
Noble, Sarah	Managing Director	Reproductive Justice Collective
Odegaard, Susan	Project Manager	Planned Parenthood of Wisconsin, Inc.
Oriel, Kathy	Associate Professor	UW School of Medicine and Public Health
Pitre, Carmen	Co-Executive Director	Sojourner Family Peace Center, Milwaukee
Rohan, Angela	CDC/CSTE Applied Epidemiology Fellow	Division of Public Health
Schumann, Casey	Quality Assurance Coordinator, AIDS/HIV Program	Division of Public Health
Weinhardt, Lance	Director and Professor of Psychiatry and Behavioral Medicine	Medical College of Wisconsin
Weaver, Brian	Coordinated School Health Programs	Wisconsin Department of Public Instruction

Focus Area Strategic Team (Health) Reproductive and Sexual Health		
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Jones, Millie	*Co-Facilitator* Family Health Clinical Consultant	Division of Public Health
Vergeront, James	*Co-Facilitator* Director, AIDS/HIV Program	Division of Public Health
Michael Vaughn	*Recorder* Family Planning Consultant	Division of Public Health
Gasiorowicz, Mari	*Technical Expert* Epidemiologist	Division of Public Health
Kvale, Katherine	*Technical Expert* Epidemiologist	Division of Public Health

Focus Area Strategic Team (Infrastructure)		
Research and Evaluation		
Name	**Title**	**Organization**
Cisler, Ron	Director	Center for Urban Population Health, Milwaukee
Frenn, Marilyn	Associate Professor	Marquette University, College of Nursing
Frey, John	Professor, Department of Family Medicine	UW School of Medicine and Public Health
Gass, Eric	Public Health Research and Policy Director	Milwaukee Health Department
Layde, Peter	Professor/Associate Chair, Population Health and Epidemiology	Medical College of Wisconsin
Nagle, Muriel	Research Manager, Population Health Sciences	UW School of Medicine and Public Health
Riesch, Susan	Professor	UW – Madison, School of Nursing; Member, Strategic Leadership Team
Zahner, Susan	Associate Professor	UW – Madison, School of Nursing
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Eide, Yvonne	*Facilitator* Public Health Nursing Director, Interim, and Regional Public Health Nursing Consultant	Division of Public Health
Hovarter, Rebecca	*Recorder* Regional Public Health Nursing Consultant	Division of Public Health
Henry Anderson	*Technical Expert* Chief Medical Officer	Division of Public Health

Focus Area Strategic Team (Infrastructure) Systems to Manage and Share Health Information and Knowledge		
Name	**Title**	**Organization**
Betz, Richard	Information Management Chief	Division of Quality Assurance
Brennan, Patricia	Professor and Chair, Department of Industrial and Systems Engineering and Moehlman Bascom Professor	UW - Madison, School of Engineering and School of Nursing
Durch, Jean	Director and Health Officer	Chippewa County Health Department
Foldy, Seth	State Health Officer and Administrator; Chair, Strategic Leadership Team	Division of Public Health
Grant, Laura	Infection Control Coordinator/Clinics	Aurora Health Care
Helm, Robin	Associate Professor Program Director, Department of Family and Community Medicine	Medical College of Wisconsin; St. Joseph Family Medicine Residency Program
Hussinger, Jeffrey	Telecommunications Analyst	City of Milwaukee Health Department
Komula, Robert	Vice President of Finance	Humana Health Plans of Wisconsin and Michigan, Milwaukee; Member, Strategic Leadership Team
Kratz, Susan	State Administrator, Secure Public Health Electronic Records Environment	Division of Public Health
Martin, Bob	Chief Information Officer	Division of Enterprise Services
Pemble, Kim	Executive Director	Wisconsin Health Information Exchange

Focus Area Strategic Team (Infrastructure) Systems to Manage and Share Health Information and Knowledge		
Name	**Title**	**Organization**
Peterson, Garrett	Information Technology Director	Wisconsin State Laboratory of Hygiene
Rausch, Darren	Health Officer and Director	Greenfield Health Department
Ray, Lynsey	Program Development Director	Wisconsin Primary Health Care Association
Webb, Denise	Interim Director and eHealth Program Manager, Office of Health Informatics	Division of Public Health
Woods, Otis	Administrator	Division of Quality Assurance; Member, Strategic Leadership Team
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Hanrahan, Lawrence	*Facilitator* Epidemiologist	Division of Public Health
Oemig, Tanya	*Recorder* Epidemiologist	Division of Public Health
Grant, James	*Technical Expert* Director, Public Health Information Network	Division of Public Health

Focus Area Strategic Team (Health) Tobacco Use and Exposure		
Name	**Title**	**Organization**
Brokenleg, Isaiah	Behavioral Health Epidemiologist, Epidemiology Center	Great Lakes Inter-Tribal Council
Busalacchi, Maureen	Executive Director	Smoke Free Wisconsin
Gatzke, Debra	Coordinator	Dodge and Jefferson Tobacco Free Coalition

Focus Area Strategic Team (Health) Tobacco Use and Exposure		
Name	**Title**	**Organization**
Heiligenstein, Eric	Clinical Director, Psychiatry	University of Wisconsin Health Services
Jennings, Brenda	Alcohol, Tobacco and Other Drug Abuse Consultant	Wisconsin Department of Public Instruction
Mercure, Michelle	Director, Program Services	American Lung Association of Wisconsin
Mormann, Doug	Health Officer and Director	La Crosse County Health Department
Nash, Margaret	Health Officer and Public Health Supervisor	Rusk County Health and Human Services
Olson, Connie	Executive Director	Community Action For Healthy Living
Redmond, Lezli	Assistant Director Intervention Programs	UW Center for Tobacco Research and Intervention
Remington, Patrick	Associate Dean for Public Health	UW School of Medicine and Public Health; Member, Strategic Leadership Team
Rosas, Leonor	Family and Social Services Director	United Migrant Opportunity Services, Inc., Milwaukee
Weaver, Brian	Education Consultant, Coordinated School Health Programs	Wisconsin Department of Public Instruction
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Stauffer, Vicki	*Facilitator* Director, Wisconsin Tobacco Control Program	Division of Public Health
Uttech, Susan	*Recorder* Director, Bureau of Community Health Promotion	Division of Public Health
Glysch, Randall	*Technical Expert* Epidemiologist	Division of Public Health

Focus Area Strategic Team (Infrastructure) Diverse, Sufficient, and Competent Workforce		
Name	**Title**	**Organization**
Bartholow, Timothy	Senior Vice President of Member Services; Policy Planning and Physician Professional Development	Wisconsin Medical Society; Member, Strategic Leadership Team
Black-Radoff, Rita	Senior Health Care Workforce Policy Analyst	Wisconsin Department of Workforce Development
Duerst, Barbara	Associate Dean	UW School of Medicine and Public Health
Galoff, Sue	Director and Health Officer	Pierce County Health Department
Gilmore, Gary	Professor and Director, Graduate Community Health Programs	UW – La Crosse; Member, Strategic Leadership Team
Gruebling, Kirsten	Program Manager	Medical College of Wisconsin
Haynes-Brokopp, Marilyn	Clinical Associate Professor	UW – Madison, School of Nursing
Hill, Kristin	Director	Great Lakes Inter-Tribal Council, Lac du Flambeau
Krawczyk, Eric	Community and Public Health Officer	Oneida Tribe of Indians of Wisconsin; Member, Strategic Leadership Team
Loppnow, Kathy	Education Director, Health Occupations	Wisconsin Technical College System
Pittz, Linda	Senior Outreach Specialist	UW School of Medicine and Public Health
Schuler, Suzanne	Former Board President, Wisconsin Center for Nursing; Former Mental Health Administrator and Director of Nursing.	Wisconsin Nurses Association; Member, Strategic Leadership Team
Size, Tim	Executive Director	Wisconsin Rural Health Cooperative, Sauk City

Focus Area Strategic Team (Infrastructure) Diverse, Sufficient, and Competent Workforce		
Name	**Title**	**Organization**
Sugden, Nancy	Assistant Dean, Academic Affairs; Director, Wisconsin AHEC Program	UW School of Medicine and Public Health
Warmuth, Judy	Vice President, Workforce Development	Wisconsin Hospital Association
Department of Health Services Support Team		
Name	**Support Role / Title**	**Organization**
Cameron, Georgia	*Co-Facilitator* Deputy Director, Milwaukee Regional Office	Division of Public Health
McKenney, Nancy	*Co-Facilitator* Workforce Development Director	Division of Public Health
Lauffer, Angela	*Recorder* Regional Public Health Educator	Division of Public Health
Zhang, Yiwu	*Technical Expert* Research Analyst	Division of Public Health

APPENDIX B

KEY ELEMENTS OF WISCONSIN'S PUBLIC HEALTH SYSTEM

Everyone Living Better, Longer

Healthiest Wisconsin 2020

APPENDIX B

KEY ELEMENTS OF WISCONSIN'S PUBLIC HEALTH SYSTEM

Core Functions and 10 Essential Services of Public Health

State and local health departments in Wisconsin are required by law to make certain that three core public health functions and 10 essential public health services are available to all people in Wisconsin. These functions and services represent the spectrum of activities and responsibilities that are shared among public health system partners. No one sector can do this alone, but together, the partners in a public health system can.

Wisconsin's public health system refers to coordinated working relationships between government, private, public, and voluntary agencies, organizations, sectors, and communities to achieve public health goals through shared responsibility to carry out the three core functions and 10 essential services in order to align policies and systems to assure conditions in which people can be healthy and part of healthy, safe, and resilient families and communities.

By statute, Wisconsin's public health system is organized around three core functions and 10 essential services.

Core Function: Assessment

Assessment means all activities involved in community diagnosis such as disease surveillance, identifying current and emerging needs, analyzing the underlying causes of problems, collecting and interpreting data, case finding, monitoring and forecasting trends, research and evaluation of outcomes.

Essential public health services that relate to this core function

1. *Monitor the health status of populations to identify and solve community health problems.* This means monitoring and assessing the community's health status and identifying the community's strengths (assets) and challenges (threats) and determining current and emerging health needs of all.

2. *Investigate and diagnose community health problems and health hazards.* This means using health laboratories and other resources to investigate disease outbreaks and patterns of environmental health hazards, chronic disease, and injury. It also includes identifying relationships between environmental conditions and the public's health and developing and implementing prevention and intervention strategies.

Core Function: Policy Development

Policy development means the process by which communities make decisions about problems, choose goals and proper means to reach them, handle conflicting views about what should be done, and allocate resources.

Essential public health services that relate to this core function

1. *Inform and educate individuals about health issues.* This means promoting and engaging in healthy behavior and lifestyles by making health information available in a variety of formats, styles, languages, and reading levels so it can be effectively communicated to the diverse people of Wisconsin. It also means regularly sharing and discussing current and emerging health information, statistics, and issues with communities, policy-makers, and decision-makers.

2. *Mobilize public and private sector collaboration and action to identify and solve health problems.* This means collaborating with community groups and individuals to identify and address local and statewide health and environmental issues using the underlying determinants of health. It also includes providing needed infrastructure support to build, support, and maintain inclusive partnerships to improve and protect the public's health. Finally, it includes developing strategies for inviting and engaging the full range of human capital, social networks, and community assets to improve health for all.

3. *Develop policies, plans, and programs that support individual and community health efforts.* This means providing leadership to drive the development of community health improvement processes, plans, and policies that are consistent throughout the state but address local needs and conditions.

Core Function: Assurance

Assurance means to make certain that necessary services for a community are provided to reach agreed-upon goals, either by encouraging public, private, non-profit, civic, and voluntary sector action, by requiring it, or by providing services directly.

Essential public health services that relate to this core function

1. *Enforce statutes and rules that protect health and ensure safety.* This means the efficient and effective enforcement of state and local laws and regulations that protect and promote the public's health.

2. *Link individuals to needed personal health services.* This means providing education, outreach, case-finding, referral, care coordination, navigation, and other services that help individuals and families access high-quality health and public health services.

3. *Assure a competent public health workforce.* This means leading and supporting efforts to improve the quality, quantity, and diversity of the public health workforce. This includes promoting the development of professional education strategies and programs that address state and local health needs.

4. *Evaluate effectiveness, accessibility, and quality of personal and population-based health services.* This means regularly evaluating the public health system's performance to include programs, processes, results, and outcomes. It includes providing information necessary to define accountability, allocate resources, reshape policies, and redesign services. It includes aligning policies and systems to improve productivity, prosperity, participation, and well-being of the people of Wisconsin.

5. *Provide research to develop insights into and innovative solutions for health problems.* This means developing partnerships with institutions, colleges, vocational and technical colleges, and universities to broaden the range of public health research to eliminate health disparities, and testing innovative approaches to what works to improve and protect the health of the public. This includes conducting timely scientific analysis of current and emerging public health issues.

APPENDIX C

COMPARING *HEALTHIEST WISCONSIN 2010* WITH *HEALTHIEST WISCONSIN 2020*

Everyone Living Better, Longer

Healthiest Wisconsin 2020

APPENDIX C

COMPARING *Healthiest Wisconsin 2010* with *HEALTHIEST WISCONSIN 2020*

Element	*Healthiest Wisconsin 2010*	*Healthiest Wisconsin 2020*
Vision	Healthy people in healthy Wisconsin communities.	Everyone living better, longer.
Mission	To protect and promote the health of the people of Wisconsin.	To assure conditions in which people can be healthy, and members of safe and resilient communities, families and individuals.
Core Principles and Values	Identified an original set of 11 principles and values.	Reinforced and expanded upon values developed for 2010 state health plan.
Goals	1. Protect and promote the health of all. 2. Eliminate health disparities. 3. Transform Wisconsin's public health system.	1. Improve health across the life span. 2. Eliminate health disparities and achieve health equity.
Focus Areas	5 system (infrastructure) priorities 11 health priorities	2 Overarching Focus Areas: • Health disparities • Social, economic, and educational factors that influence health 9 Infrastructure Focus Areas 12 Health Focus Areas

Element	*Healthiest Wisconsin 2010*	*Healthiest Wisconsin 2020*
Method to Identify Focus Areas and Objectives	Focus was on common risk factors that cause disease, injury, disability, and premature death rather than on a specific disease or condition.	Focus is on the determinants of health that underlie disease, injury, disability, and premature death rather than on a specific disease or condition. Added emphasis on alignment and high-impact policies.
Objectives and Indicators	Developed during 2004 as a separate implementation planning step.	Integrated into the initial planning phase in 2008-2009. Concerted effort to select measurable outcomes using available data sources.
Overarching Objectives	None identified separately; all relate directly to the three goals.	Identified objectives for each of the two Overarching Focus Areas. These are part of the 10 Pillar Objectives.
Objectives from Recurring Themes	None identified separately; all objectives were associated with a specific health or infrastructure priority.	Identified objectives for specific themes that recur across many focus areas. These are the rest of the 10 Pillar Objectives.
Implementation Planning	Implementation planning was a separate planning step, using public health logic models and templates to standardize planning and enable the partners to put the plan to use.	Implementation has been viewed as a continuous and integrated process from the beginning. The proposed model relies on shared leadership and accountability for each focus area across the public health system partners.

Element	*Healthiest Wisconsin 2010*	*Healthiest Wisconsin 2020*
Tracking and Monitoring	Track 2010 was designed as a Web-based tool, accessible to all. Key leadership role to monitor and report progress by Public Health Council and its State Health Plan Committee.	Key leadership roles to be played by Public Health Council and other partners to be identified. Implementation proposal calls for use of participatory Internet tools.
Role of the Public Health System Partners	Collaborative leadership in planning and implementation.	Collaborative leadership and shared accountability for assuring essential public health services and core functions.

APPENDIX D

GLOSSARY

APPENDIX D
GLOSSARY

ACIP. The national Advisory Committee on Immunization Practices.

At-risk populations. This term is applied to those individuals who, "before, during, and after an incident . . . may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency" (U.S. Department of Health and Human Services, National Health Security Strategy, 2009). Retrieved March 30, 2010 from http://www.hhs.gov/aspr/opsp/nhss/strategy.html

Body Mass Index (BMI). An indicator of body fat level, calculated from weight and height, which can be used to assess overweight and obesity. Using common units of measure, BMI = 703 x weight (lb) / [height (in)]2. Although BMI alone is a limited measure for individuals, it is highly useful for assessing weight status in populations. For adults, BMI can be obtained from measurements or self-reports (National Institutes of Health, 1998).

Built environment. The built environment "encompasses all buildings, spaces and products that are created, or modified, by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways. It includes land-use planning and policies that impact our communities in urban, rural and suburban areas." Retrieved March 30, 2010 from National Institutes of Health at http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-04-003.html

Capacity. The resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources, and appropriate relationships among the system components (defined by Public Health Capacity and Quality Focus Area).

Children with Special Health Care Needs (CSHCN). Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (U.S. Department of Health and Human Services, Title V, Maternal and Child Health. Retrieved March 30, 2010 from http://www.cshcndata.org/Content/Glossary.aspx)

Community health centers. Community health centers are federally qualified health centers that serve people who face financial, linguistic, cultural and geographic barriers to care. They are open to all residents, regardless of insurance status or ability to pay, and are available in both urban and rural areas. Retrieved March 30, 2010 from http://www.wphca.org/index.php?option=com_content&task=view&id=85&Itemid=123

Determinants of health. Many factors combine to affect the health of individuals and communities. Whether people are healthy or not is largely determined by their circumstances and environment. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access to and use of health care services often have less of an impact. The determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors. The context of people's lives generally determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to control many of the determinants of health. These determinants—the things that make people healthy or not—include the above factors, and many others:

- Income and social status – Higher income and social status are linked to better health. The greater the gap between the richest and poorest people in a society, the greater the differences in health.
- Education – Low education levels are linked with poorer health, more stress and lower self-confidence.
- Physical environment – Safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
- Employment and working conditions – People in employment are healthier, particularly those who have more control over their working conditions.

- Social support networks – Greater support from families, friends and communities is linked to better health.
- Culture – Customs, traditions, and the beliefs of the family and community all affect health.
- Genetics – Inheritance plays a part in determining life span, health and the likelihood of developing certain illnesses.
- Personal behavior and coping skills – Balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- Health services – Access to and use of services that prevent and treat disease influence health.
- Gender – Men and women suffer from different types of diseases at different ages.

Retrieved February 28, 2010 from http://www.who.int/hia/evidence/doh/en/

Disability. A person with a disability, as defined in the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, is a person who is limited in any way in any activities because of physical, mental, or emotional problems, and/or who now has any health problem that requires him/her to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone.

Disparate populations. (See health disparity population below.)

Disparities. (See health disparities below.)

Electronic health record. An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Essential services of public health. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local and state public health systems.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research for new insights and innovative solutions to health problems. (Centers for Disease Control and Prevention. Retrieved February 27, 2010 from http://www.cdc.gov/od/ocphp/nphpsp/essentialphservices.htm)

Evidence-based. Evidenced-based policies and programs are those based on strategies shown in evaluations to be effective in producing desired outcomes. "Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models." (Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. Evidence-Based Public Health. New York: Oxford University Press, 2003.)

Food security. According to the United States Department of Agriculture, a household is "food secure" if, during the course of a year, all members of that household had ready access to foods that were safe and sufficient to satisfy their nutritional requirements and were able to obtain these foods in socially acceptable ways (e.g., without stealing, using food pantries, or depleting emergency household food supplies). If this is not true for even one person, the household has "low food security." Also, households are classified as having "very low food security" if one or more individuals reduced their food intake or changed their normal eating patterns (defined by the Adequate, Appropriate, and Safe Food and Nutrition Focus Area).

Gender identity. Gender identity is the gender, or lack of a gender, with which a person self-identifies. There is not necessarily a clear link between one's biological sex and one's gender identity although most often there is. The gender identities that people choose include male, female, both, neither or somewhere in between.

Terms like transgender and transgender are sometimes used to describe gender identities. (Definition from the Reproductive and Sexual Health Focus Area.)

Health. According to the World Health Organization (1948), "health is a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity."

Health-care-associated infections. Health-care-associated infections are infections that patients acquire during the course of receiving treatment for other conditions within a health care setting. Health-care-associated infections are one of the top 10 leading causes of death in the United States. Retrieved February 28, 2010 from http://www.cdc.gov/ncidod/dhqp/healthdis.html

Health data exchange. The electronic movement of health-related information among organizations according to nationally recognized standards (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Health disparities. In 2009, the Wisconsin Minority Health Leadership Council defined health disparity as …"differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist between populations groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities – disparities that are avoidable, unfair, or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups" (Department of Health Services, Minority Health Leadership Council, 2009. Retrieved March 10, 2010 from http://dhs.wisconsin.gov/hw2020/overarching/disparities/ddefinition.pdf).

Health disparity population. A "population that experiences a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates…as compared to the health status of the general population" (Association of State and Territorial Health Officials, Health Equity Policy Statement, 2009. Retrieved February 25, 2010 from http://www.astho.org/Advocacy/Policy-and-Position-Statements/Healthy-Equity-Policy-Statement/).

Health equity. "[F]airness in the distribution of resources and the freedom to achieve healthy outcomes between groups with differing levels of social disadvantage." Also, "a fair opportunity to attain…full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided" (Association of State and Territorial Health Officials, Health Equity

Policy Statement, 2009. Retrieved February 25, 2010 from http://www.astho.org/Advocacy/Policy-and-Position-Statements/Healthy-Equity-Policy-Statement/).

Health impact assessment. "Health impact assessment" is commonly defined as 'a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population' (1999 Gothenburg consensus statement). "Health impact assessment can be used to objectively evaluate the potential health effects of a project or policy before it is built or implemented. It can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. A major benefit of the health impact assessment process is that it brings public health issues to the attention of those who make decisions about areas that fall outside of traditional public health arenas, such as transportation or land use" (Centers for Disease Control and Prevention, Health Impact Assessment Fact Sheet, October 2007. Retrieved March 30, 2010 from http://www.cdc.gov/healthyplaces/publications/Health_Impact_Assessment2.pdf).

Health information technology (HIT). The tangible technical aspects of a health information system including networks, hardware, applications for information management, decision-support tools, communication, transactional programs, and security (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Health information technology standards. An established norm or requirement, formally documented, that establishes technical criteria, methods, processes, and practices for developing and implementing health information technology hardware and software (defined by Systems to Manage and Share Health Information and Knowledge Focus Area).

Health services. Includes the full range of health care services, including medical, dental, mental health, and long-term care. Access to health services means they are available to the people of Wisconsin when, where, and how they are needed (defined by Access to High-Quality Health Services Focus Area).

Interconception care. Refers to the time between pregnancies, including, but not restricted to, the postpartum period. (MMWR; vol. 56/SS-10, December 14, 2007; "Preconception and Interconception Health Status of Women Who Recently Gave Birth to a Live-Born Infant —Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 26 Reporting Areas, 2004;" Denise D'Angelo, et al. Retrieved February 28, 2010 from http://www.cdc.gov/Mmwr/PDF/ss/ss5610.pdf.)

Interoperability. The ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of health care for individuals and communities. Retrieved February 28, 2010 from http://www.himss.org/content/files/interoperability_definition_background_060905.pdf

Kilocalorie. Kilocalorie is a scientific term for a unit of energy commonly referred to as a calorie. A kilocalorie is the energy necessary to raise the temperature of 1 kg of water by 1° Celsius (1.8 degrees Fahrenheit).

Local public health department. "Local health department" means any of the following:

(a) In a county with a population of less than 500,000, any of the following:

1. A county health department established under s. 251.02(1), including a county health department whose powers and duties are transferred to a county department of human services under s. 46.23 (3) (b) 1. c.
2. A city–county health department established under s.251.02 (1m).
3. A city health department that was established before January1, 1994, or that withdraws under s. 251.15 (2) or, as a city–city local health department established under s. 251.02 (3t), that withdraws under s. 251.15 (2m).
4. A village or town health department under s. 251.02 (3m).
5. A multiple municipal local health department established under s. 251.02 (3r).
6. A city–city health department established under s. 251.02(3t).

(b) In a county with a population of 500,000 or more, a city, village, or multiple municipal health department established under s. 251.02 (2).

(c) A multiple-county health department established under s.251.02 (3).

Meaningful use. "Meaningful use" is a list of criteria and requirements. "The American Recovery and Reinvestment Act authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who are successful in becoming meaningful users of an electronic health record (EHR). Starting in 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the meaningful use definition or they will be subject to financial penalties under Medicare." Retrieved March 30, 2010 from the U.S. Department of Health and Human Services at http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11113_872720_0_0_18/Meaningful%20Use%20Preamble.pdf

Medical home. "Medical home" is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective (American Academy of Pediatrics, 1992). The Joint Principles of the Patient-Centered Medical Home (2007), adopted by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association, describes medical home as an approach to providing comprehensive primary care for children, youth, and adults; principles include a whole-person orientation, coordinated and integrated care, and quality and safety as hallmarks.

Medical home means care that integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic care needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes.

Obesity/Overweight

- Adults: Body Mass Index (BMI) ranges that have been designated to represent unhealthy weight status, based on increases in the risk of chronic disease or other poor health outcomes. BMI ranges are as follows:
  - Less than 18.5 = underweight
  - 18.5 - 24.9 = healthy weight
  - 25 -29.9 = overweight
  - 30 or more = obese.
- Children and adolescents: For youth ages 2 through 20, weight categories can be determined by calculating BMI using the same formula as for adults. Results

are then compared to those provided on gender- and age-specific growth charts. Charts were produced by CDC and are available at: http://www.cdc.gov/growthcharts/

Pillar Objectives. This term was created for *Healthiest Wisconsin 2020* to describe the set of 10 objectives upon which the success of the 21 other sets of focus area objectives relies. The conceptual model for *Healthiest Wisconsin 2020* is the image of a building; hence the pillars represent weight-bearing structures needed to give the structure strength and long-term stability. Five of these objectives are the objectives of the Overarching Focus Areas (Health Disparities and Social, Economic and Educational Factors that Influence Health). The other five objectives relate to recurring themes that cut across the other 21 focus areas.

Public health. Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Bernard J. Turnock. 2001. Public Health: What It Is and How It Works. Gaithersburg, MD: Aspen Publishers, Inc.).

Public health system partners. Public health system partners are the people who provide any of the 10 Essential Services of Public Health. For examples of public health partners, see Figure 3 (Section 1).

Preconception care. A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a women's health or pregnancy outcome through prevention and management, emphasizing those factors that must be acted on before conception or early in pregnancy to have a maximal impact (defined by the Healthy Growth and Development Focus Area; adapted from the Centers for Disease Control and Prevention's Select Panel on Preconception Care).

Prevention. Primary prevention is defined as "prevention strategies that seek to prevent the occurrence of disease or injury, generally through reducing exposure or risk factor levels. These strategies can reduce or eliminate causative risk factors (risk reduction)" (p. 337). Secondary prevention is defined as "prevention strategies that seek to identify and control disease processes in their early stages before signs and symptoms develop (screening and treatment)" (p. 340). Tertiary prevention is defined as "prevention strategies that prevent disability by restoring individuals to their optimal level of functioning after a disease or injury is established and damage is done" (p. 341). (Turnock, B.J. Public health: What it is and how it works. Gaithersburg, MA: Aspen Publishers, 2001.)

Psychological distress. The Behavioral Risk Factor Survey (Wisconsin Division of Public Health and U.S. Centers for Disease Control and Prevention) began periodic inclusion of a measure of serious psychological distress in 2007. The Behavioral Risk Factor Survey measures serious psychological distress using the K-6, a non-specific psychological distress scale taken from the Composite International Diagnostic Interview Short Form, or CIDI-SF (Kessler, Andrews, Mroszek, Ustun and Wittchen, 1998, World Health Organization).

Quality improvement. An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within the organization (Standards for Accreditation of Managed Care Organizations (see Section 5B, Public Health Capacity and Quality Profile).

Reproductive justice is based on the following principles:

- Recognition that access to reproductive and sexual health care information and services is a right and people must be respected for their personal autonomy and health care provider choices;
- Elimination of structural barriers to high-quality services that include prevention, health information and education, health care, and supplies;
- Elimination of the devastating effects of stigma against marginalized people;
- Engagement of broadly varied voices in the formulation of health, public health, and education policy and culturally competent implementation strategies;
- Reproductive health policy, programs, and services that will empower people to make deliberate choices and understand the consequences of their behaviors;
- Allocation of adequate resources for reproductive and sexual health to achieve and sustain positive health outcomes in communities and the elimination of health disparities. (Definition from the Reproductive and Sexual Health Focus Area.)

Risk factor. A risk factor is something that increases your chances of getting a disease. Sometimes this risk comes from something a person does. For example, smoking increases chances of developing colon cancer. Therefore, smoking is a risk factor for colon cancer. Other times, there's nothing than can be done about the risk. It just exists. For example, people 50 and older are more likely to develop colon cancer than people under 50. Therefore, age is also a risk factor for colon cancer. (In fact, it's the number one risk factor for colon cancer.) Retrieved February 28, 2010 from http://coloncancer.about.com/od/faqs/f/Risk_Factor.htm

Sexual identity. Sexual identity refers to the label one applies to one's own sexuality (lesbian, gay, bisexual, heterosexual). In general, sexual identity is more closely related to sexual behaviors than sexual attractions, and this self-identification is a complex psychological and social state that is achieved over time as one understands who one is (defined by the Reproductive and Sexual Health Focus Area).

Sexual orientation. Sexual orientation is a socially constructed term used to describe a pattern of emotional, romantic, and/or erotic attraction to men, women, both, or neither. When the attraction is to people of same gender, the orientation is called homosexual; when it is to both, the orientation is considered bisexual (defined by the Reproductive and Sexual Health Focus Area).

Social and economic determinants of health. This term refers to both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action. Examples are income, education, occupation, family structure, service availability, sanitation, exposure to hazards, social support, racial discrimination, and access to medical services (defined by the Social, Economic, and Educational Factors that Influence Health Focus Area).

Social-ecological model. A theoretical framework that considers the complex interplay between individual, relationship, community, and societal factors in affecting health (McLeroy, et al., 1989).

Surveillance. Public health surveillance is the ongoing systematic collection, analysis, and interpretation of health data for purposes of improving health and safety. Key to public health surveillance is the dissemination and use of data to improve health. Retrieved February 28, 2010 from Centers for Disease Control and Prevention at http://www.cdc.gov/niosh/topics/surveillance/

The 10 essential services of public health. (See 'Essential services of public health' above.)

Wisconsin Statutes, Chapter 250.07. Public health planning. (1) The department shall:

(a) By January 1, 2010, and at least every 10 years thereafter, develop a public health agenda.

(b) Initiate, conduct and periodically evaluate a process for planning to use the resources of the state to meet the health needs of residents and, in conjunction with other state agencies, to implement the objectives that relate to state government in statutes or in public health rules promulgated by the department. The process shall involve representatives from public health organizations, governmental agencies and the general public.

(c) Provide technical assistance to local units of government for the development of local public health plans.

(d) Serve as the state lead agency in coordinating the activities within state government involving the collection, retrieval, analysis, reporting and publication of statistical information and other information related to health and health care.

(1m) The public health council shall monitor implementation of any document developed by the department under sub. (1) (a).

APPENDIX E

PARTNER PERSPECTIVES: CHALLENGES AND SUCCESSES IN PUBLIC HEALTH

APPENDIX E

PARTNER PERSPECTIVES: CHALLENGES AND SUCCESSES IN PUBLIC HEALTH

INTRODUCTION

Every day, public health system partners in Wisconsin are working to protect and improve the health of the public, usually without fanfare and limelight. Their days are filled with achievements and challenges ranging from assessing current and emerging needs for individuals, families, and entire communities; to developing and implementing policies to intervene early on the upstream conditions that cause downstream problems; to assuring that health is protected, the quality of life improving, and gaps in care and health disparities are closing. These partners realize firsthand that it takes the work of many people in communities to improve the health of all. They understand that no one agency or organization can solve problems alone but realize that a system can.

The following stories, perspectives, and opinions reflect many of the values, focus areas and goals of *Healthiest Wisconsin 2020.* They show what it takes to align policies and systems to increase productivity, prosperity, participation and well-being.

The statements that follow reflect creativity and ingenuity in solving problems, often with limited personnel, financial, and material resources. They also describe obvious and insidious barriers to health improvement. In all cases, these stories reflect how successes can be achieved using leadership, evidence, partnerships, foresight, diligence and dedication to creating the conditions in which people can be healthy.

These stories are the beginning of a process. Many stories are yet to be told, documented and shared as *Healthiest Wisconsin 2020* is implemented over the next decade. Stories like these provide insights into what it will take to align policies and systems as a critical step to achieve our shared vision: "Everyone living better, longer."

Infrastructure Focus Area: Collaborative Partnerships

The Tribes as Partners in Building Wisconsin's Public Health System

Because of their existence predating the formation of the United States, the tribes are recognized under law as distinct political entities, unique from one to another, independent of the States formed around them, and having a direct relationship to the federated states comprising the United States under the Supremacy Clause and the Commerce Clause of the United States Constitution. Under the Constitution, the treaties and federal laws dealing with Indian tribes are the supreme law of the land, and commerce between the individual states and the tribes is severely limited. Thus, it was necessary in 1924 for Congress to act in order to extend citizenship of the states in which they reside to Indian people, which confers a dual citizenship on tribal members: they are constituents of their tribes and of the state in which they reside. Similarly, the tribes retain rights of jurisdiction and sovereign authority within their territories, along with rights of off-reservation use under treaties, unless otherwise specifically limited by Congressional action. Each tribe in Wisconsin is therefore a separate political entity, having its own written constitution, laws, democratically elected governing body, and agencies. Each has its own independent structures and processes for determining policy, planning, allocating resources, and decision-making. There exists no "umbrella" government or federation of tribes, and each tribe speaks for itself through its elected leadership. Substantially more than just interest groups or service populations and having their own arrays of concerns and priorities, the tribes are political and jurisdictional partners with the State in addressing issues and solutions in public health.

Jim Hawkins, J.D., Legal Counsel
Great Lakes Inter-Tribal Council, Lac du Flambeau

Partnerships, Policy Alignment and System-wide Leadership

Health is everybody's business. From each person making his or her own individual health choices to champions who lead local health initiatives, to policy makers who consider health impact in every law they adopt, together we will assure that 'everyone does live better and longer.' To do so, the vision, goals, and objectives of *Healthiest Wisconsin 2020* must permeate every sector's program and policy decisions over the next decade. The Wisconsin Public Health Council will lead the way by providing advocacy and outcome monitoring of this plan.

Julie Willems Van Dijk, RN, PhD
Chair, Wisconsin Public Health Council
Associate Scientist, University of Wisconsin Population Health Institute, Madison

Hospitals and Health Care – Partners for the Public's Health

While medical care provider organizations and public health each have important roles in community health improvement, the real strength is in our partnership. By working together, we can more effectively achieve our overall societal goal of living long and living better.

Frank D. Byrne, MD, FACHE
President, St. Mary's Hospital, Madison

Overarching Focus Area: Health Disparities

Race and Gender – "We are not what they say we are"

Health disparities and health equity are a complex set of issues for populations who experience life through the intersections of race, gender and/or as a sexual minority. The stress of these identities caused by stigma and discrimination, not the identity itself, affects a person's self esteem, which often affects people's ability to take preventive measures to assure good health. We must therefore teach psychological independence. We are not what they say we are.

Brenda Coley, Chairperson
Wisconsin Minority Leadership Council
Director of Adult Services, Diverse and Resilient, Inc., Milwaukee

Infant Mortality – Calling the Future into Question

An untimely death is a singular tragedy, but it is never a solitary one. Ralph Abernathy said, "I don't know what the future may hold, but I know who holds the future." The death of an infant ripples outward, shattering families, which splinters communities, which calls that future into question. I worked in African communities for 14 years to improve maternal and child health outcomes, ensuring that children born in West Africa had access to the future. Upon returning to Wisconsin, I found it difficult to accept that our infant mortality rates are worse than some of the communities I had just left. And I refuse to accept it.

Many others are raising their voices. Mothers, fathers, advocates, state and local government, community-based agencies, doctors, nurses, social workers, and students are taking up the call to action. The Lifecourse Initiative for Healthy Families – which started in 2009 with a $10 million commitment from the Wisconsin Partnership Program – is seeking to change these facts. In 2010, a Black child born in Wisconsin is three times more likely to die before his or her first birthday than a White one. If the disparity were eliminated, at least one African American child would be saved each week in Wisconsin. Through the Lifecourse Initiative for Healthy Families we have helped bring together coalitions in Beloit, Kenosha, Milwaukee, and Racine to mobilize community assets toward improving the health of women throughout their life spans, including healthy pregnancies and healthy births. The communities are driving this process. Each city is unique and its residents are best able to identify interventions that match their needs. By 2020, we hope to be able to say that every child born in Wisconsin has the same access to a healthy future.

Lorraine Lathen, MA
President, Jump at the Sun Consultants, LLC
Program Leader, Lifecourse Initiatives for Healthy Families,
Wisconsin Partnership Program

Overarching Focus Area: Social, Economic and Educational Factors that Influence Health

Tribal Wisdom

The further back we go on the chain of events that leads to a problem, the stronger the healing can be.

Sparky Waukau, Menominee Tribal Leader

Community as the Client

Working in some of Milwaukee's lowest income areas where residents are at particular risk for unhealthy nutrition, lack of physical activity, overweight and obesity, our project worked with eight member agencies of United Neighborhood Centers of Milwaukee to change food and fitness environments, programming and policy.

Our project was able to leverage significant extramural funds to continue the important work of improving the nutrition and physical activity policies for children, youth and families in the central city.

John Meurer, MD, and David Nelson, Medical College of Wisconsin;
Tony Shields, United Neighborhood Centers of Milwaukee

Leadership – Strengthening the Fabric of Wisconsin Communities

Poverty, unemployment, and other economic and social problems do far more damage to Wisconsin's population than the weaknesses in our public health system or the flaws in our so-called health care "delivery" system. If we want to greatly improve the health of the people of Wisconsin—and if we're serious about reducing racial and other forms of health inequality—we need to identify and implement changes in public policy that the evidence shows will greatly reduce poverty and joblessness, particularly among African-Americans and Hispanics but also among many low-income Whites in both urban and rural areas.

Improving health outcomes means augmenting the incomes of thousands who rely on Supplemental Security Income (SSI) and Social Security but still live below the poverty line. It also means transitioning the unemployed—now nearly 10% of the workforce—into stable jobs, which in turn means creating and funding large numbers of transitional jobs to carry out useful projects that meet public needs if the regular labor market has a serious shortage of jobs. Improving health outcomes also means raising the minimum wage, and strengthening our system of earning supplements and other work supports.

In addition, improving the health of Wisconsin's population means reforming our primary and secondary (K12) education system so that all children learn to read, write, and work with numbers; driving down crime rates; and reducing domestic violence. Unless we make dramatic gains across a broad front of economic and social determinants of health in Wisconsin, we'll make little progress on health outcomes and the reduction of disparities.

The primary responsibility for improving the economic and social determinants of health in Wisconsin lies with the Wisconsin Legislature and the U.S. Congress, together with the Governor and the President. Public health officials and academic experts can help by driving home the point that anti-poverty policy is health policy. It will also be necessary to form broad-based coalitions to press our elected officials to take tangible steps to raise the incomes of persons with disabilities and seniors, fill the job shortage, increase wages and incomes, and redesign the education system so that it actually educates all children. In the end, however, state and federal legislators and chief executives will need to exhibit leadership. Specifically, they will need to adopt the budgets and pass the laws that can—if properly crafted—drive down poverty and unemployment to low single digits, and by so doing improve health outcomes and narrow disparities.

David R. Riemer
Director, Community Advocates Public Policy Institute
Community Advocates, Inc., Milwaukee

Discrimination – An Insidious Obstacle to Overcome

Lesbian, gay, bisexual, and transgender people in Wisconsin would thrive if not for the daily obstacles that stand in their way toward health, well-being, and full participation in society. In the context of safe, supportive communities, they would be full contributing partners in a robust society, with organizations and leadership to support them along the way.

Gary Hollander, PhD
Executive Director, Diverse and Resilient, Inc., Milwaukee

Education – A Key to Wisconsin's Health

Historically the connections between learning and health have aided social and cultural advancements. In our community the partnership shared by school districts and public health agencies is vital to the health of the general community. This essential collaboration also dramatically supports the education of the students and adult residents. During periods of significant economic restriction, school districts and public health agencies have the opportunity to maximize dwindling resources and potentially provide the public with services that can be lifesaving.

In Appleton, we have the good fortune of being supported by a highly qualified and professional public health department. This team has made it their business to provide essential services to the community in a manner that supports the values of the school district. The collaboration established with our health department during the recent H1N1 crisis provided the district with a method of monitoring the health of our students that will benefit our entire community.

Yvette T. Dunlap, Assistant Superintendent - Student Services
Appleton Area School District

People with Disabilities – Leaving No One Behind

Health issues for those with disabilities should not be seen solely as a social service, health care, or long term support issue, but must also be viewed within the context of public health. As the Wisconsin public health system moves forward over the next decade, it must determine what it will do to support the health of all people, including those with disabilities.

Healthiest Wisconsin 2020 challenges the public health community and disability community to come together and explore how their respective values, principles and strategies can be blended to promote the health of individuals with disabilities as one subset of the state's population.

Daniel Bier, Associate Director, Waisman Center
University Center for Excellence in Developmental Disabilities
University of Wisconsin-Madison

Health Focus Area: Communicable Disease Prevention and Control

H1N1 – A New and Emerging Threat to Health

In mid-March, 2009, reports began to surface in the media about an unknown illness that appeared to be causing severe illness and death in Mexico. By late April, our health department, Public Health of Madison and Dane County, had its first cases of novel H1N1 influenza. As the epidemic unfolded, the crush of calls and requests for information led to a partnership with the Dane County 211 information line. Our work at large immunization clinics led to partnerships with Dane County Emergency Medical Services, Home Health United and Bright Star staffing, local health care provider staff, public and private schools, the American Red Cross, Dane County deputies, Madison police, and many, many others.

[From a Dane County resident]: "I have never received such kind, polite and encouraging words as I did from parking attendants, line monitors, police, questionnaire examiners and vaccine administrators. God forbid that we should ever have another disaster in our county. But if we do, I am confident that it will be handled with the same compassion, orderliness and competence as was shown at the Alliant Center."

Judith Aubey, MS, RN
Public Health Nursing Supervisor
Public Health - Madison and Dane County

Health Focus Area: Environmental and Occupational Health

Blastomycosis – The Physical Environment as a Determinant of Health

When Marathon County Health Department staff noticed a dramatic increase in blastomycosis cases during the winter of 2009, public health emergency response plans kicked in. Blastomycosis is caused by inhaling spores from a fungus that grows in rotting leaves and plant debris. Farmers, construction workers, hunters and campers are at greater risk due to exposure to moist soils containing rotting leaves and wood. Alerts to area health care systems prompted health care providers to heighten their surveillance for blastomycosis cases. An epidemiological investigation was launched with partners from the state Division of Public Health and the Marshfield Medical Research Foundation. Risk communication messages helped the public understand the signs and symptoms of blastomycosis, which are similar to pneumonia, and how to avoid being exposed. People affected were helped by public health and medical personnel.

"In many ways we did what we have always done: protect the health of the public," said Joan Theurer, Marathon County Health Officer. "But because of all the preparation we have done, we now do it more efficiently, more collaboratively, and, we believe, more effectively."

Julie Hladky, MPH
Northwoods Public Health Preparedness Consortium Program Manager
Marathon County Health Department

Flooding – The Effect of Weather on Health and Well-Being

In 2007 and then again in 2008, Federally Designated Disaster Flooding in western Wisconsin and eastern Minnesota resulted in the deaths of three people from the flood waters, destruction and damage to over 60 private homes, displacing about 200 people and putting several hundred more in danger of illnesses such as typhoid, cryptosporidiosis and gastroenteritis from contaminated private wells. The La Crosse County Health Department sanitarians, public health nurses and health educators coordinated services with other local health departments; town, village, city, county and state elected officials; fire departments; emergency government; law enforcement; the American Red Cross and others, including across state lines, to keep people healthy. Drinking water samples were collected by various helping organizations and transported to the La Crosse County Health Department laboratory and the Wisconsin State Laboratory of Hygiene for testing. Staff at all laboratories quickly responded to the influx of many times the normal amount of testing by working the needed evening and weekend hours to provide quick results to enable the quick return of families to safe homes.

Doug Mormann, MS
Health Officer and Director, La Crosse County Health Department

Southwest Environmental Health Consortium – Banding Together to Fight Grime

Six counties in southwestern Wisconsin have chosen to pool their Preventive Health Services Block Grant funds, lead poisoning prevention funding and radon funding to support one full-time position to address environmental health problems to coordinate with other agencies that have authority over environmental issues. This consortium includes the counties of Grant, Richland, Vernon, Iowa, Lafayette and Crawford. An idea that began in 1985 continues today and now provides services to over 151,000 people, covering almost 4,600 square miles. This shared resource assures that each participating county has regular access to a highly trained environmental health professional.

Wisconsin's children are being poisoned by lead in greater numbers than many other states, with nearly all of them being lead-poisoned by lead hazards in their own homes. The effects of lead poisoning can persist throughout a lifetime, and include permanent negative changes in intellect, behavior and health. The costs to society include increased medical expenses, increased private health care insurance premiums, increased government expenses for Medicaid and case management, lifelong loss of earnings, increased special education expenses, and increased use of juvenile and adult correctional programs by persons poisoned by lead as children.

It is estimated that societal health savings would be $40,000-$50,000 for each Wisconsin child under age six who is protected from lead poisoning by living in housing with new lead-free windows.

If you live in a small rural county and you know you have lead on the windows and a new baby coming, who are you going to call? Small rural counties have to prioritize how to utilize their resources. In Wisconsin, environmental health has not always made the cut. When that happens, no environmental health specialist is available to assist individuals and families affected by environmental health problems.

"I know there is a risk of lead poisoning if there is lead in the paint on my windows, and I was lucky to have the county sanitarian to call to find out what to do," said Mary, a mom living in a 1950s farm house in Vernon County.

The Southwest Environmental Health Consortium, residents and visitors to Grant, Richland, Vernon, Iowa, Lafayette and Crawford counties, have access to a specialist who has developed programs and provided environmental health solutions, including lead poisoning prevention, for the past 25 years. A few of the accomplishments include:

- Developed relationships with area realtors to assess properties that may be sold to families with small children and assure they are lead safe.
- Provided free consultation to families who are considering remodeling.
- Provided lead risk assessment on homes of 6-10 children each year with elevated blood lead levels.
- Provided home visits to 250 individuals for health hazard evaluations, mobilizing partners when needed, to address the issues.
- Responded to 1,873 inquiries about environmental health issues in the past year.

Mary Young, MSEd
Regional Director, Southern Regional Office, Division of Public Health
Wisconsin Department of Health Services

Infrastructure Focus Area: Public Health Funding

Creating Healthy Rural Communities

We are a very small, rural, impoverished county. Yet when you consider the resources this grant provides – combined with the high level of enthusiasm and motivation of so many residents here to enact change – I believe we have the potential to significantly impact the health of our citizens. Without the Wisconsin Partnership Program grant investment in Juneau County, I sincerely feel we would not have accomplished what we have.

Barb Theis, Health Officer and Director
Juneau County Health Department

Infrastructure Focus Area: Diverse, Sufficient, Competent Workforce that Promotes and Protects Health

Building a Bridge Between Academia and Practice – Strengthening Public Health Nursing Capacity to Serve Individuals, Families and Communities

In 2007, practicing public health nurses and nursing faculty throughout Wisconsin came together to strengthen knowledge and the capacity of nurses to address new and emerging issues facing the public's health in Wisconsin communities. Strong partnerships were developed between faculty who teach nursing students and nurses who provide public health nursing services in Wisconsin's 93 local health departments. These academic/practice partnerships have endured. As a result of these partnerships, the nursing curriculum in Wisconsin's 21 schools and colleges of nursing was strengthened and integrated. Within health departments, public health nurses now benefit from standardized orientation and regular access to professional education to ensure excellence in the delivery of public health nursing services, communicable disease prevention, health promotion, disease prevention, and environmental services to individuals, families, and entire communities.

[Derryl Block, University of Wisconsin – Green Bay]: "Today's nursing students in Wisconsin are exceptionally prepared to take on the responsibilities of promoting and improving the health of entire communities. Wisconsin has been a leader in the nation."

Rebecca D. Hovarter, MS, APHN, RN, BC
Regional Public Health Nursing Consultant, Division of Public Health/
Wisconsin Department of Health Services

Calling All Physicians – Bridging Individual Care and Population Health

Many physicians and health care providers contribute to successful patient in-office behavior change by implementing evidence-based interventions for public health problems such as tobacco cessation; alcohol misuse through screening, brief intervention, and treatment; and obesity prevention such as measuring body mass and abdominal girth.

In addition to protecting health for individuals and families, physicians are needed by local health departments and community-based organizations to help address the health risks within our communities. Physician involvement with public health is critical to building the capacity to shift harmful behavior patterns and perceptions for improved overall population health.

Michael Kretz, M.D.
Former Health and Human Services Medical Advisor
Sr. Croix County, New Richmond

Infrastructure Focus Area: Access to High-Quality Health Services

Kenosha's Medicaid Navigator – Improving Access to Prenatal Care

To address serious concerns about access to obstetrical care for Medicaid women in Kenosha County and an unequal distribution of Medicaid women among health care providers, the Wisconsin Department of Health Services, in 2008, reached out to medical providers in the community and other stakeholders to develop a strategy to ensure that women in the community could access high-quality prenatal care and achieve healthy births. Seventeen medical providers who serve Kenosha women made the commitment to deliver care to a set number of Medicaid women each month. For its part, the Department of Health Services hired a navigator to help pregnant women find a medical care provider and to refer women to other prenatal care services in the community to improve healthy birth outcomes.

Thanks to the commitment of the health care providers, local hospitals, the Kenosha Community Health Center, WIC, Kenosha County Human Services, Kenosha County Health Department, the navigator, and other community leaders, this strategy is paying off for women and their families in Kenosha County.

When a young pregnant mother was faced with the difficult challenges of finding a prenatal health care provider, the navigator was there to provide compassionate assistance. This included getting her a medical appointment, assisting her with getting her Medicaid coverage secured, and providing information about other support programs offered by the health department, WIC, and other community agencies. This example shows how aligning systems for better health directly helped individuals and families. The health and well-being of mothers and children are at the core of these successful collaborative efforts in Kenosha County.

Sarah J. Fraley
Southeast Wisconsin Medicaid Liaison
Division of Health Care Access and Accountability
Wisconsin Department of Health Services

Health Focus Area: Injury and Violence

Violence as a Public Health Problem

The Centers for Disease Control and Prevention (CDC) has declared violence an epidemic in the United States. Violence has emerged as one of the most under-recognized major public health problems. The consequences of violence for victims and those exposed to it are severe and include serious physical injuries and death, post-traumatic stress syndrome, depression, substance abuse, and long-term health problems. Moreover, a growing body of research confirms that violence is a factor in the development of chronic diseases, which account for a majority of premature deaths, lost productivity and significant health care spending.

In recognition of these far-reaching consequences, a strong national movement is calling for a new approach that recognizes violence as a community-wide public health crisis. Using a public health framework to prevent violence in Wisconsin is a first and important step to healthier communities, individuals, and families.

Syed M. Ahmed, MD, DrPH
Associate Dean for Public and Community Health
Professor, Family and Community Medicine

Drowning in Drinks – Preventing Unintentional Injuries and Deaths

Wisconsin residents consumed 2.02 gallons of alcohol per person in 2005. Chippewa County's 60,000-plus residents have many places to find alcohol, with 130 licensed taverns, a local brewery, two large music festivals and dozens of events where drinking is featured prominently. Wisconsin's laws provide access to alcohol, and social norms support heavy drinking as acceptable. In 2009, the incidence of binge drinking in Chippewa County was 22 percent. In 2006, Chippewa County had 746 arrests for "operating while intoxicated" per 100,000 people. But it's not just in the statistics, it's in the headlines. Recently a man was killed when he was run over by a drunk driver, who was arrested for her third offense of operating while intoxicated. Another county resident was arrested twice in one weekend – for his sixth and seventh offense.

The local newspaper, once criticized for featuring excessive front page stories and photos involving community activities with alcohol, has taken this evaluation to heart. It recently published a four-part series on alcohol use in Wisconsin. The series included: (1) "Drinking, drinking everywhere," (2) "You're paying the cost of drinking, even if you've never touched alcohol," (3) "Teens soak in the drinking habits of adults, leading youths to consume alcohol at high rates," and (4) "Lawmakers and local leaders aim to change Wisconsin's drinking culture." These articles have been a call to action for the community.

As a result of the heightened awareness of the impact of alcohol, Chippewa County is making progress on dealing with the problem. The hope is to keep people out of treatment by stopping alcohol abuse before it begins. A few of the accomplishments include:

- In 2009, the Chippewa County Department of Public Health enrolled 21 expectant mothers who needed to stop drinking in a program called My Baby and Me. All of these mothers stopped drinking.
- The Youth Issues Committee has focused on underage drinking. Some of the projects included the "Parents Who Host, Lose the Most" campaign and a "Show and Tell" campaign that focuses on communication between parents and children as well as adolescent brain development.

- The Chippewa County Prevention Coalition was formed in April 2009, combining the forces of law enforcement, human services, juvenile justice, schools, public health and others to focus on substance abuse. In addition to local policy, this group is working on educating people on the alcohol laws in Wisconsin. These include the underage drinking law, which allows those under the age of 21 to consume alcohol as long as they are accompanied by their parent or guardian. A current bill proposes to restrict legal underage drinking to only those between the ages of 18 and 20.

Jean Durch, RN, MS
Health Officer and Director, Chippewa County Health Department, Chippewa Falls

Health Focus Area: Tobacco Use and Exposure

Clean Indoor Air – A Win for Appleton Helped Create a Win for Wisconsin

The story of David and Goliath comes to mind when you compare the marketing budgets and influence the tobacco industry has in our state compared to public health tobacco prevention funding. Yet in 2005, with expanding knowledge, creativity and grassroots networks, a major public health policy advance took place in Appleton. The residents took control of their health by voting, through direct legislation, for 100 percent clean indoor air policy. Rather than a stone, knowledge was the weapon of choice in this modern day battle with the tobacco giants.

Once Appleton went smoke-free and the smoke and misinformation cleared, honest business owners reported increased sales and greater employee satisfaction with improved working conditions. News spread and soon other communities wanted improved health. Before long, the people of our state demanded more of their elected officials and policy changed at the state level for improved air quality. As we track associated declines in both lung cancer and heart disease deaths in our state as a result of this policy victory, we must double our efforts and protect our next generation of children.

Kurt Eggebrecht, M.Ed
Health Officer and Director, Appleton City Health Department

Health Focus Area: Mental Health

A Comprehensive Mental Health System Is Needed in Wisconsin

The impact of mental illness and substance abuse crosses over all of our public and private intervention systems, including health care, human services, and the criminal justice systems. Approaches to interventions normally depend on which system a person enters, and outcomes vary greatly due in part to a fragmented approach to services and interventions. What is lacking is a comprehensive system of care which assures treatment regardless of the "door" that a person enters.

In Wisconsin, we need to develop a continuum of care model which assures the availability of prevention, early identification, crisis and ongoing treatment depending on need. A public health emphasis for mental health and substance abuse is needed in Wisconsin which can cross over many sectors with committed outcomes to assure access, funding, and a common understanding of effective approaches to treatment and intervention.

Gerald Huber, MSW, MPH, MPA
Human Services Director and Deputy County Administrator
La Crosse County, La Crosse

Health Focus Area: Adequate, Appropriate, and Safe Food and Nutrition

A Community Approach to Preventing Hunger in Burnett County

Late in 2008, the national economic crisis was just beginning, and there seemed to be little or no coordination or communication among county food pantries and churches or civic organizations that were donating or distributing food to local food pantries and residents of Burnett County. The unemployment rate was gradually increasing in Burnett County and by February 2009 was 12.4 percent, the highest since 1991, and there was national indication this trend may continue for some time. Food costs were continuing to increase as well as the number of hungry people.

A County Board member approached a member of the Burnett County Nutrition Coalition to address the issue of hunger in Burnett County. The Coalition systematically determined the needs, usage, and best practices from various food pantries and churches and organizations. The Coalition found a definite increase in food pantry usage ranging from 10 to 30 percent as reported by food pantry directors, which correlated with an increased need for donations. Responses showed there was also a need for better communication and coordination of distribution, access and availability of nutrition programs throughout the county.

"We are seeing people at the food shelves that we haven't seen before," says Lori Heller, Community Services Specialist at Burnett County Indianhead Community Action Agency in the village of Webster. "Some of the people who used to contribute to the food shelves now find themselves in need of food. We are seeing more of what was our middle class." "This is all about people in our county," Heller continued, "and using donations the best we can to help as many people as we can."

The Burnett County Hunger Task Force was formed in early 2009 with great interest from churches, food collection and distribution sites as well as concerned citizens. Preventive Health and Human Services Block Grant funds were used to support the coordination and action plan objectives of the Burnett County Nutrition Coalition, which included strategies and interventions to initiate and support the development of the Hunger Task Force. The organizing group included the Burnett County Public Health Dietitian and WIC Director, Burnett County UW-Extension Family Living Agent and Nutrition Educator, Burnett County Board Member, and the Burnett County Farmers Market Coordinator.

The list of Burnett County food distribution resources was updated and distributed through county food pantries, WIC, Health and Human Services, the Family Resource Center, service organizations, the County Board and others. Several newspaper articles were written by Hunger Task Force members and published to bring awareness of these resources to the citizens of Burnett County. The local newspaper is now publishing a box ad public service announcement listing local food pantries, how people can donate money or food to the pantry of their choice or to the Burnett County Hunger Task Force, which now has a Post Office box and an account at a local bank.

By assessing the need and interest of starting a Burnett County Hunger Task Force, this has brought community leaders and members together to work toward preventing hunger in Burnett County through improving or expanding community programs or services and increasing the awareness of them. There is better communication, organization and access to food among the food pantries who receive and distribute food, the churches and local organizations that collect donations, and other food distribution organizations that include Feed My Sheep in Grantsburg, the SHARE program, and Ruby's Pantry in Siren. A new food pantry (Ruby's Pantry and Food Shelf) serving Siren residents was opened. The Grantsburg Food Pantry has a new director and is in the process of joining Second Harvest Heartland in order to provide more food to families residing in the Grantsburg School district. The Indianhead Community Action Agency has relocated to a larger facility and expanded services to residents of Burnett County.

Preliminary accounting shows donations to the Hunger Task Force have totaled over $2,000 to date. Food donations will continue to be accepted by local food pantries; however, monetary donations will provide more food for each dollar donated and will be encouraged as well. Individual food pantries are also reporting a substantial increase in monetary and food donations, being able to better serve the needs of residents in Burnett County.

Sarah Miller, RD, CD, CLC, Burnett County Public Health Dietitian and WIC Director
Carol Larson, RN, Health Officer and Public Health Supervisor
Burnett County Department of Health and Human Services, Siren

Health Focus Area: Alcohol and Other Drug Use

Reduce Recidivism to Increase Everyone's Safety

It is awfully tempting to jump to the conclusion that substance abuse only affects "those people": the indigent, the homeless and those in the justice system. But, it really affects everyone. Seventy-five percent of people in the county jail had some involvement with drugs or alcohol. We are all at risk of being injured by an impaired driver. The connection between substance abuse and domestic abuse is undeniable. And, the costs of dealing with the aftershocks of alcohol and other drug abuse keep mounting in the face of dwindling resources to create solutions. That is why in North Central Wisconsin, we have made reducing the recidivism rate of repeat offenders a key goal in our area.

Gary Bezucha, FACHE
Chief Executive Officer, North Central Health Care, Wausau

APPENDIX F

DON'T WAIT:
IDEAS FOR EFFECTIVE ACTIONS

APPENDIX F

DON'T WAIT: IDEAS FOR EFFECTIVE ACTIONS

You don't have to wait a decade or even join an organization to begin implementing some *Healthiest Wisconsin 2020* objectives. Following are a few examples of action steps available to individuals and communities. Groups such as local health departments, trade or professional associations, community collaboratives or schools may already be working on these and other, equally valid implementation strategies. Most of the action ideas listed below have been demonstrated to be effective actions by evaluation and research in Wisconsin or elsewhere.

These action ideas can only do so much in isolation. Consider how your work could connect with the work of others in your community, particularly in relationship to the five recurring themes of:

- Improved and connected health service systems.
- Youth and families prepared to protect their health and the health of their community.
- Environments that foster health and social networks.
- Capability to evaluate the effectiveness and health impact of policies and programs.
- Resources for governmental public health infrastructure.

Helpful websites are listed below for convenience only. People who do not use the Internet can get help seeing website materials at their local library. (Note: All websites listed here were active as of May 2010, but we cannot promise they will remain available for the rest of the decade.)

Health disparities

Individuals:

- Learn more about health disparities in your community. Support efforts to collect information to identify needs, and support funding to meet them.

Communities:

- Collect information to identify and track health disparities in your community.
- Develop collaborative leadership skills in communities affected by health disparities.

Statewide:

- Foster leadership, research and support for policies and programs to reduce disparities.

Social, economic and educational factors that influence health

Individuals:

- Join a group supporting better education, poverty reduction, or addressing discrimination and diversity in your community.

Communities:

- Develop or advocate for policies for livable household incomes and sustainable education.
- Provide more opportunities for interaction and trust between diverse parts of the community.

Statewide:

- Align economic development, tax and human services policies to reduce poverty while creating healthier conditions in communities.

Access to high-quality health services

Individuals:

- Help uninsured people find access to care. (https://access.wisconsin.gov/ and http://www.wphca.org/)
- Ask three questions at each health care visit: 1. What is my main problem? 2. What do I need to do? 3. Why is it important for me to do this? (http://www.npsf.org/askme3/for_patients.php)

Communities:

- Develop sufficient comprehensive "medical home" primary care practices to serve unmet local needs.
- Provide continuing education for health workers on health disparities and providing competent care to diverse populations.

Statewide:

- Align payment toward the quality, not quantity, of care.
- Use the 2010 federal health care reform laws effectively to expand access to preventive and primary care in underserved communities.

Collaborative partnerships for community health improvement

Individuals:

- Join or form a partnership working on a health issue in your community. Call your local health department (http://dhs.wi.gov/localhealth/) to find one.

Communities:

- Consider forming a Healthy Wisconsin Leadership Institute team (http://hwli.org/) for part of your community's Health Improvement Plan (available from your local health department).

Statewide:

- Support development of collaborative leadership skills, especially among people affected by health problems.

Diverse, sufficient, and competent workforce that promotes and protects health

Individuals:

- Consider one of the many opportunities available in public health or health careers. (http://www.wihealthcareers.org/Career_occ_toc.cfm)

Communities:

- Form or join partnerships to increase recruitment, training and diversity of the health workforce.
- Consider community health workers to increase the capacity and diversity of the public health workforce, and help them find ladders to other health careers.

Statewide:

- Expand training opportunities and incentives to increase workforce availability and diversity, especially in underserved communities.
- Improve workforce data measurement and tracking.

Emergency preparedness, response, and recovery

Individuals:

- Make a plan and a "ready kit" for your household for emergencies. (http://ready.wi.gov/Plan/Plan.asp?maintab=0)

Communities:

- Support local public health and emergency management activities to prevent, plan for, and respond to emergencies.
- Organize a Medical Reserve Corps unit in your community if one does not exist. (http://dhs.wisconsin.gov/preparedness/MRC/index.htm)

Statewide:

- Maintain sufficient surge capacity and continuity of operations for critical public health and laboratory functions in emergencies.

Equitable, adequate, stable public health funding

Individuals:

- Ask policy-makers how your local and state public health funding compares to national averages.

Communities:

- Support public and private funding for programs, partnerships and agencies that address local or state health plan objectives.

Statewide:

- Support stable revenue streams for state and local health departments, especially approaches aligned with other healthy outcomes like reducing youth tobacco or alcohol use or obesity. (http://publichealthcouncil.dhs.wi.gov/financeproposal.pdf)

Health literacy

Individuals:

- Become a patient advocate, navigator or advisor to a local health organization to help them meet patient needs.

Communities:

- Add health literacy to adult literacy programs and school curricula.
- Implement patient communication strategies in local clinics and hospitals. (http://www.ahrq.gov/qual/literacy/)

Statewide:

- Promote integration of health literacy into youth, adult and professional education programs.

Public health capacity and quality

Individuals:

- Support local health department efforts to achieve accreditation.

Communities:

- Share performance management capabilities (for example, project management, team leadership, continuous quality improvement) with local health department managers.

Statewide:

- Support local and state health department efforts to achieve standardized accreditation.

Public health research and evaluation

Individuals:

- Participate in research and evaluation studies when invited to do so (as a research subject or community advisor).
- Encourage policy-makers to value programs based on effectiveness and alignment with the best available science.

Communities:

- Support local efforts to evaluate, report and compare the effectiveness of health programs.
- Consider potential health impacts when weighing major policy or design changes.

Statewide:

- Establish the Public Health Research and Evaluation Council and support greater capability for program evaluation and policy health impact analysis in the state.

Systems to manage and share health information and knowledge

Individuals:

- Participate in your clinic's personal health record system, or start your own. (http://www.myphr.com/)

Communities:

- Encourage medical providers to use electronic health records and to join regional or statewide information exchange. (http://www.metastar.com/web/Default.aspx?tabid=386)
- Support local health department efforts to upgrade and maintain information management systems.

Statewide:

- Participate in WIRED for Health planning and implementation. (http://dhs.wisconsin.gov/ehealth/WIREDforHealth/index.htm)

Adequate, appropriate, and safe food and nutrition

Individuals:

- Ask for healthy choices (unsweetened beverages, fruits and vegetables, whole grains) where you shop, study, work and live.
- Ask your health provider to measure your Body Mass Index (BMI) using your height and weight, and discuss whether it is healthy. Do the same thing for those you care for.

Communities:

- Promote healthy food choices in school and work environments.
- Support programs that make healthy foods more accessible and affordable, like the Women, Infants and Children Nutrition Program (WIC) and farmers markets.
- Implement policies that promote breastfeeding at hospitals, clinics, child care and work.

Statewide:

- Advance policies that make breastfeeding and nutritious, non-sweetened foods the simplest and preferred choices for children.

Alcohol and other drug use

Individual:

- Support businesses that do not promote reckless or excessive alcohol use.
- Encourage people to seek early treatment if alcohol or drug use is affecting their lives or loved ones.

Communities:

- Reduce high concentrations of alcohol-serving businesses.
- Support early intervention and treatment for alcohol and drug problems in clinics, social services, correctional settings and schools.

Statewide:

- Implement measures that make alcohol less accessible and affordable for youth.
- Support increased availability of culturally appropriate alcohol and drug-abuse intervention and treatment services in underserved populations.

Chronic disease prevention and management

(Note: Many other *Healthiest Wisconsin 2020* objectives also work to prevent chronic diseases before they start.)

Individuals:

- If you have chronic disease, manage it actively with your health care provider even when you don't feel sick. Learn how your medicines work and warning signs meaning you should call for help.
- Ask your health care provider about preventive services. A checklist is available from http://www.ahrq.gov/consumer/healthy.html.

Communities:

- Support programs that help patients manage chronic illnesses more skillfully, such as Living Well with Chronic Conditions: http://dhs.wi.gov/aging/CDSMP/LivingWellwithChronicConditions/index.htm.

Statewide:

- Build sustainable funding for chronic disease prevention and management programs.

Communicable disease prevention and control

Individuals:

- Make sure all household members have received recommended vaccines. Consult your health care provider or local health department.
- Have yourself tested for human immunodeficiency virus (HIV) and other sexually transmitted diseases unless you know you cannot be at risk. (The most common infections reported to public health are sexually transmitted.)

Communities:

- Support efforts to ensure all children, adolescents and adults receive recommended vaccines.

Statewide:

- Improve systems to support local vaccination and disease control programs.

Environmental and occupational health

Individuals:

- Inspect and equip your home against possible health hazards. (http://www.uwex.edu/healthyhome/book.html)

Communities:

- Add neighborhood design features that support safe walking, safe bicycling and public transit to reduce pollution and improve healthy physical activity.

Statewide:

- Keep regulations up-to-date and support local capability to plan improvements in environmental and occupational health.

Healthy growth and development

Individuals:

- Space between pregnancies, and help the pregnancy and infant grow in environments free from violence, smoke, and substance use. Subscribe to http://www.text4baby.org/ to receive reminders for a healthy baby.

Communities:

- Expand Head Start and other early childhood development programs that encourage development and help detect disabilities early.

Statewide:

- Expand access to evidence-based home visiting programs for families during pregnancy and early childhood.

Injury and violence

Individuals:

- Use proper bike helmets, seat belts and infant or booster seats.
- Reduce home tap water temperature to 120° Fahrenheit.

Communities:

- Support youth violence prevention programs.
- Add traffic calming and pedestrian-safe design.

Statewide:

- Implement additional graduated driving restrictions for new teen drivers.

Mental health

Individuals:

- Learn the warning signs of depression and seek help if they persist. (http://www.dbsalliance.org/site/PageServer?pagename=Signs_symptoms)

Communities:

- Support programs that treat mental illness while also addressing risk factors for chronic physical disease.

Statewide:

- Work to achieve health insurance parity for mental health diagnosis and treatment.

Oral health

Individuals:

- Schedule regular oral exams and cleanings.

Communities:

- Support community water fluoridation and school-based dental sealant programs.

Statewide:

- Expand access to oral health professionals through insurance reform, community health centers, and expanded scope of practice for dental hygienists in public health settings.

Physical activity

Individuals:

- Adults should aim for at least 30 minutes of moderate exercise at least five days a week. Even climbing stairs, mowing the lawn and walking for errands helps.
- Children need an hour of physical activity daily. Turn off the television and get them moving.

Communities:

- Establish safe routes to walk to school and places to play outdoors.
- Encourage workplace fitness programs.
- Support mixed-use neighborhood design with public transit that encourages walking or bicycling for errands and work.

Statewide:

- Support policies enabling increased physical education at schools.

Reproductive and sexual health

Individuals:

- Protect from unintended pregnancy and sexually transmitted disease through sexual abstinence or appropriate contraception. (http://dhs.wi.gov/dph_bfch/MCH/familyplanning.htm)

Communities:

- Provide medically accurate sexual health education in schools.
- Reduce stigmas and barriers based on sexual activity, sexual orientation or identity, or gender identity.

Statewide:

- Expand access to comfortable reproductive and sexual health care services, particularly where there are high disparities in health outcomes.

Tobacco use and exposure

Individuals:

- Help yourself or friends quit today: 800-QUIT-NOW (800-784-8669).

Communities:

- Enforce smoke-free laws and prohibitions on selling tobacco products to minors.

Statewide:

- Support a comprehensive, evidence-based tobacco control program. (http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)

HEALTHIEST WISCONSIN 2020: Everyone Living Better, Longer

A State Health Plan to Improve Health Across the Life Span, and
Eliminate Health Disparities and Achieve Health Equity

Division of Public Health
Office of Policy and Practice Alignment

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On the Web: http://dhs.wisconsin.gov/hw2020/

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