

Wisconsin Public Health Council State Health Plan Committee

Report on Lessons Learned To Date: Recommendations for Healthy People 2020

The State Health Plan Committee is a committee of the Wisconsin Public Health Council. The work of the Committee is linked to the Public Health Council through the Council's charge to advise the Department of Health Services (DHS), the Governor, the legislature and the public *on progress in implementing DHS' 10-year public health plan.*

This report of "Lessons Learned" through the process of analyzing the infrastructure and health priorities of Healthiest Wisconsin 2010 is intended to better inform the development of Healthiest Wisconsin 2020, our next state health plan.

The State Health Plan Committee was formed in early 2005 to analyze progress toward the infrastructure and health priorities of Healthiest Wisconsin 2010. The first reports to the Public Health Council in 2006 included a report of issues in identifying progress toward and *recommendations for improving the infrastructure priorities:* [Recommendations to Increase the Potential for Public Health System Transformation, 2006](http://publichealthcouncil.dhs.wi.gov/shp/rectransformation.pdf) (<http://publichealthcouncil.dhs.wi.gov/shp/rectransformation.pdf>). This Transformation Report highlighted a set of transcending issues that need to be addressed:

1. The **ability to fund public health priorities**
2. The **collection and production of health data**, including State Health Plan profiles by county and major cities, in a timely, locally-based, and standardized format
3. The **impact of health disparities** on specific populations and the need to aggressively address the disparity in order to maximize the most at need populations, and
4. **Assurance that prevention is the lead strategy** for all interventions

Based on the recommendations of this report, the Public Health Council selected a task force to address the issues of financing. Their report ([Increased State Financing of Governmental Public Health: A Proposal to the Public Health Council from the Ad Hoc Finance Committee](#)) completed in December 2007 detailed important issues about funding for public health in Wisconsin, and particularly health promotion and disease prevention compared with similar states. This groundbreaking report included a set of recommendations that were built, in part, on the State Health Plan progress report for Alcohol, Substance Use and Addiction ([Progress Report 2007: Alcohol, Substance Use and Addiction](#) PDF, 67 KB) and supports recommendations for evidence-based practices to reduce rates of alcohol abuse in Wisconsin.

To date, the State Health Plan Committee has completed analysis of seven of the health priorities and has submitted the following reports to the Public Health Council:

- [Progress Report 2009: Access to Primary and Preventive Health Services](#)
- [Progress Report 2009: Mental Health and Mental Disorders](#)
- [Progress Report 2008: High-Risk Sexual Behavior](#)
- [Progress Report 2006: Obesity, Overweight, Lack of Physical Activity](#)
- [Progress Report 2006: Adequate and Appropriate Nutrition](#)
- [Progress Report 2006: Tobacco Use and Exposure](#)

What Have We Learned from this Process?

Issues to Consider in Planning

- There remains a need to determine what optimal public health is. What does it mean? How is it linked to the Healthiest State Project and how will the results of that project be incorporated into Healthiest Wisconsin 2020?
- The State Health Plan needs to be the lead document for the DHS. Currently, the development of SHP for 2020 does not appear to be integrated into the daily interests and goals of ongoing DHS programs and projects. The lack of integration was also apparent in the 2010 plan.
- Reporting on attainment of the health plan goals cannot be done without significant investment in data collection and human resources. Adequate and accurate data are a necessary requirement for community/public health planning and staff must be available to assist in the analysis.
- The data to be collected on HP2010 were identified about eight years ago because our experience has brought us to a new level of sophistication; we need to reconsider what data elements should be collected and how.
- At all points in the process of 2020 planning consider that budgets of community-based organizations (CBOs), private organizations, and the state are limited. How will these resource issues be addressed so that all can collaborate for community health improvement? How can funding be distributed so that new as well as existing partners are included?
- How can the State Health Plan Committee and state staff efficiently support each other to collect the data required for accountable tracking of the State Health Plan progress?
- The reporting process of the State Health Plan Committee to Public Health Council must be improved so that the outcomes of these efforts are meaningful. The Council should identify what is useful information that they can actually process and use.
- It is unclear if the 2020 Focus Area Strategic Teams will be identifying measures for the objectives they devise. If they are, it will be important to determine immediately if these data are or can be available.

- Expand the use of strategies such as social marketing in the state health plan to show the public the value of the public health system and what it being done to promote health.
- Identify the economic implications of the lack of progress toward each priority.

Tracking Healthiest Wisconsin 2020 Health Priorities

- Address the individual infrastructure priorities for Healthiest Wisconsin 2020.
- Consider the sources for data gathering; there may be duplication of available data.
- Consider what data elements or datasets will be the most relevant or the best indicators for the health priority.
- In order to assure that particularly marginalized communities that experience health disparities are addressed in planning, monitoring, and evaluation, data collection should include information from community health partners as well as governmental sources of data.
- There is a need to determine common methods for reporting data in order to avoid duplication, overlap, and inconsistency.
- Define indicators of a public health system vis a vis value for the public's health.
- Address the disconnect between rural and urban components of the public health system and health outcomes.

Staffing Issues

- Work of Volunteers: State Health Plan Committee
 - Partnership of volunteers and state is still in early stages
 - Although these partners have built networks and generally cooperate, they do not always coordinate efforts, nor are they particularly collaborative. This situation reflects increased, but fragile trust in one another and in the partnerships. Theory would suggest that there needs to be a greater commitment of time and incentives to relinquish turf.
 - The work is time intensive – the State Health Plan committee needs more focus, while still preserving oversight.
 - Work of volunteers is important, but sometimes seems futile in light of budget and staff constraints. The work of volunteers extends the work of state staff and enhances perspective and expertise. They need to be honored and valued, and compensated.
- Work of State Staff
 - With categorical links to federal funding, program staff are often ensconced in their programs, not necessarily targeted toward State Health Plan health priorities and risk factors.
 - Track 2010 needs to be reviewed - should state staff devote this time to the effort and if so, what should be tracked in 2020?

Specific Data Recommendations

- Ensure implementation plans address populations that exhibit disparities in health outcomes.
- Capture qualitative data on satisfaction and access.
- Expand current state health plan data collection to include e-health and Medicaid/Badgercare data, as well as data from other areas/departments that impact health (ie. DPI, DNR) for evaluating impact on state health plan priorities.
- Include outcomes of the insurance Pay-For-Performance measures in analyzing progress.

Final Recommendation Concerning Public Health System Transformation

The issues related to “transforming Wisconsin’s public health system” continue to transcend each health priority that we have analyzed. We recommend that the report to [Recommendations to Increase the Potential for Public Health System Transformation, 2006](http://publichealthcouncil.dhs.wi.gov/shp/rectransformation.pdf) (<http://publichealthcouncil.dhs.wi.gov/shp/rectransformation.pdf>) be reviewed by each member of the Strategic Leadership Team of Healthiest Wisconsin 2020 and others involved in the state health planning process. In this way, members of the state health planning teams across Wisconsin may be better informed advocates and include these key issues for a stronger state public health system.

Submitted respectfully by the State Health Plan Committee

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