

**Wisconsin Public Health Council
 State Health Plan Committee Policy Recommendations
 Healthiest Wisconsin 2010 Health and Infrastructure Priorities
 (Submitted to the Public Health Council in 2007)**

Policy Recommendations and Strategies Statewide Priority
Adequate and Appropriate Nutrition and Overweight, Obesity, and Lack of Physical Activity
Food insecurity: Promote awareness of the levels of food insecurity throughout the state and support funding mechanisms to expand continued improvement, particularly among at-risk populations.
State nutrition plan: Endorse and support funding mechanisms to disseminate and implement the <i>Wisconsin Nutrition and Physical Activity State Plan</i> . ➤ Key actions include: <ul style="list-style-type: none"> ○ strengthen infrastructure to prevent and manage obesity and chronic disease; ○ facilitate consistent messages; create healthy environments; ○ develop and implement a comprehensive policy agenda; ○ coordinate interventions and use evidence-based practices; ○ strengthen data-based actions through improved surveillance and evaluation; ○ eliminate disparities among those disproportionately affected.
Nutrition workforce: Secure funding for a full time epidemiologist to provide leadership and expertise necessary to establish and maintain a nutrition and physical activity surveillance system that best describes the status of nutrition and food security in the state.
Endorse and support funding to assure a public health nutritionist in every local health department.
Advocate for public health nutritionists in state statute.
Nutrition surveillance: Expand nutrition surveillance to identify populations that are at disproportionate risk for food insecurity, overweight and obesity, including young children and youth where data are lacking.

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Evidence-based practices:

Promote awareness, disseminate, and implement best-practices and improve resources among state policy makers, agencies, and organizations that serve communities most at-risk.

Nutrition policies:

Encourage a specific action for policy strategies at the state or local level that impact health food choices and a physically active lifestyle such as those highlighted in the Wisconsin Nutrition and Physical Activity State Plan.

➤ Key actions include:

- adoption of K-8 policies for physical education;
- adopt school wellness policies;
- policies for health insurance providers and plans to include coverage for prevention, assessment, and management of overweight and obesity;
- work site health promotion policies;
- state and local policies (food security, breastfeeding, access to facilities, bike trails, food assistance programs).

Tobacco Use and Exposure

Restore the \$31 million needed to support a comprehensive program:

Endorse a comprehensive prevention and control program through statewide policy changes and expanded funding. The elements of this have been outlined by the U.S. Centers for Disease Control and Prevention. (The Wisconsin Tobacco Prevention and Control Advisory Group endorsed a set of complementary recommendations March 1, 2006.)

Endorse a \$1.25 per pack cigarette increase:

Endorse the cigarette tax increase as a means of funding a comprehensive prevention and control program, tobacco treatment, and health improvement activities.

Aggressively support the infrastructure:

Aggressively support the infrastructure necessary to achieve health improvements by:

- Providing the public health system partners with adequate funding
- Providing systems for data collection of health data in a timely, locally-based, and standard format.

Deploy resources to support a comprehensive tobacco control program:

Critical features/elements of this program include: establish user and purveyor fees; support tobacco addiction treatment

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especially for disparately affected population; support the Executive Order making all State office buildings and vehicles smoke-free; support local levels of government to adopt more restrictive measures to protect residents from second-hand smoke; promoting completely smoke-free workplaces; target youth tobacco use.

Critical Infrastructure Priority Action Steps in 2007

Accept and adopt the transformation report:

Presented by the State Health Plan Committee to the Public Health Council on February 9, 2007.

PHC should establish, in coordination with the State Health Plan Committee, a commissioned study group to develop strategies and implementation steps in 2007 for the needs identified in the sections below titled:

- General Needs for Transformation.
- Adequate and Stable Financing and
- Integrated data.

Note: The other three infrastructure priorities are included, but due to the projected workload that the first three issues will precipitate, action on these issues will probably need to be delayed until 2008. However, any action taken by either the Public Health Council or its two subcommittees needs to consider all of these infrastructure issues when making policy or program decisions. All of the infrastructure priorities are vital to be included in any planned changes in public health policy or the public health system.

Note: Repeat this survey to determine the progress of change in 2009/10 prior to implementation of the 2020 state health plan.

General Needs for the Public Health System Transformation

Define concrete indicators:

Indicators are necessary to assess progress of public health system infrastructure goals. Indicators should go beyond impressionistic responses or opinions.

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Develop a public marketing or social marketing campaign:

This campaign is necessary to aid in clarifying the public health system to various stakeholders. Campaign goals should include:

- Increased understanding of public health and the various partner roles in it;
- Increased awareness of the array of services involved in public health: Who is involved in providing services and who is served; and,
- Increased partnerships with media outlets to cover health and public health system information.

Examine public health system across the rural-urban continuum:

- What are the variations in these subsystems?
- Are the variations intentional?
- Do these variations reflect a rational approach to service delivery?

Consider what is acceptable and what is optimal for the “health” of the State:

The recent report on “Causes of Excess Deaths in Wisconsin” compares Wisconsin to the best states in several outcomes. Is that the optimal scenario or the acceptable one? This discussion is critical for financing arguments. The cost of either one will be expensive but exponentially more for optimal health outcomes. Do we start at acceptable and move towards optimal?

Equitable, Adequate, and Stable Financing

Develop a common definition for ‘Public health expenditures’ for private, not-for-profit, voluntary, community-based, and government organizations.

Develop a risk-based standard for funding which addresses the community needs and total statewide system needs. What are the resources needed to accomplish the State health needs?

Collection of financial data should be integrated into the database for all state health plan priorities.

All state health legislative action regarding health programs, rule making, and statute revisions should have a public health component identifying how it impacts on the public’s health.

Annual report of progress being made to reach health plan goals should include all expenditures, including cost of evaluation, to improve and/or accomplish the goals.

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Establish accounting mechanisms to track state budget to health priorities, including apportioning parts of administration to most highly funded priorities.

Integrated Electronic Data and Information Systems

Establish measurable indicators that define progress for each priority health and infrastructure goal.

Collect relevant health data that can assist in clarifying health disparities:

Before data can be integrated they must be collected. At this point there has been progress on data reporting and some integration, but little progress on data collection. This paucity of data severely hampers the ability to address issues of disparity. This data collection needs to include electronic reporting by all public health partners.

Output data needs an improved process to be accessible:

For example, a summary chart of public health priorities by specific geographic areas is critical. Such a “topical” approach would allow the users of the data system to mine the data to meet their own analysis needs.

Data needs to reflect needs and abilities of the partners in the system.

All public health system partners need to participate in the input of the data system:

Refer to Dr. Lawrence Hanrahan’s report as to why the e-medical record is vital to public health.

Sufficient and Competent Public Health Workforce

Clarify and expand the meaning of diversity of the workforce:

Diversity should include race, ethnicity, language, disability, gender, gender expression, sexual orientation, age, academic or professional preparation, and social-economic status of the workforce.

Identify programs that are supplying public health workforce:

- Identify demographics of graduates per year starting in 2002-2006 and of current year students thereafter;
- Identify “pipeline” program demographics, success rates, and outcomes reflecting public health understanding and beginning

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- public concept preparation;
- Increase understanding of goal of achieving a diverse workforce as more than meeting current patient/client demographic needs, but rather as one mechanism to create better thinking and a more just and equitable society – [a legitimate public health goal – a core value of how we understand health and well being]
 - Identify “non-graduates” or community workers that are part of the public health workforce.

Clarify and expand definition of public health workforce.

Track demographics of each of the various job titles:

Articulate the various players in the public health system and their appropriate functions. (This will take wide-spread discussion and development.)

Include issues of public health in teacher preparation and in-service:

This should occur at all levels (primary through college) including a broad public health system understanding from public safety, transmission of infections, disease prevention, and public health careers.

Enumerate the base capacity needed to provide public health services:

Possibly use County as a base level of service. How many and what type of public health workers does it take to meet the community standard for public health services?

Coordination of State and Local Public Health System Partnerships

Use the “Lewin Group” report characteristics of depth, breadth, and penetration: and anticipated expense associated with these in state contracts and foundation grants, rather than cost savings that have yet to be found.

- The state needs to take a leadership role in establishing true partnerships. State employee responses indicate that depth, breadth, and penetration of partnerships have declined; this trend must be reversed. All other groups felt that partnerships had increased but were very tenuous at times.

Provide training, techniques, and resources to partners in areas that include:

- Change management
- Cooperation
- Collaboration
- Shared vision - goal development

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- Communications within partnerships
- Working with challenges in order to work towards resolution
- Establishing trust relationships
- Working in a fluid leadership model to accomplish specific goals
- Identifying the correct mix of community partners for each situation

Community Health Improvement Processes and Plans (CHIP)

Carefully monitor the cost/benefits of CHIP, now viewed as a vital process in community development for healthier communities.

- Determine efficiency and effectiveness of the CHIP process as a mechanism for resource allocation, community engagement and improvement of outcomes for diverse populations.
- Develop an understanding of the reasons for transfer of technology and information in both directions of partnerships.
- Use widely available adult education program(s) and principles to implement, disseminate, and foster implementation of CHIP process.
- Capacity building needs to be funded; and
- CHIP processes needs to be topically and/or locally based, not only a mandate from State Government.
- Leadership of the CHIP process needs to be fluid; local health departments need to a vital partner, but not always the lead organization during the CHIP process.

Alcohol and Other Substance Use and Addiction

Policy

1. Promote measures for law enforcement to increase restrictions on the distribution and sale of alcohol and substance use.
2. Partner with the Governor's state council on alcohol and other drug abuse systems to incorporate public health, mental health, and maternal and child health in a coordinated action plan.

Funding

1. Endorse and support the increase of taxes/surcharges on alcoholic beverages as a means of funding a comprehensive prevention and control program; and alcohol and substance abuse treatment.

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Workforce

1. Recruit and retain behavioral health workers trained in alcohol and other drug abuse treatment and prevention programs.

Data

1. Endorse measures that will improve data collection on the efficacy of substance abuse programs.
2. Promote a standard data format/process to collect data from key partners.

Prevention

1. Support long-term awareness campaigns and quit programs to reduce youth and young adult drinking and drug use.
2. Promote and support marketing campaigns to the dangers of alcohol and drug use.
3. Promote and support the increase of school and community based programs to educate students on perceptions of risk and that underage drinking is illegal.

Treatment

1. Promote and support screening and increasing access for alcohol and other drug abuse for access to treatment.
2. Support the development of support groups and facilities to address the health needs of family members of individuals with alcohol and substance use disorders.