Changing the Public Health System
State Health Plan Committee Report, December 2006
Recommendations to Increase the Potential for Public Health System Transformation

Transcending Issues:

In all of the reports and evaluations of health priorities and this transformation report four (4) transcending issues are raised. These four issues which must include both government and non-government public health activities are:

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. *Assure that prevention is the lead strategy for all interventions.*

Change Strategy:

This report sets out twenty four (24) actions that are vital to assure that the public health community and Wisconsin citizens are better prepared to understand the public health system before real and sustainable change can occur. *The Mid-term Assessment Report on Public Health Transformation 12/2005** makes it clear that in the past several years several important changes have taken place and that concepts and viewpoints need to be clarified in order for desired public health transformation to occur. The midterm report provides an excellent foundation for what the public health system partners know public health is or could be in Wisconsin. The State Health Plan Committee makes the following recommendations to the Wisconsin Public Health Council in order to move the transformation process forward.

> *The transformation model and the briefing paper that reports the finding of the Transformation Study are attached for review in order to provide the needed background information for this report.

Next Steps for PHC:

1. Accept and adopt this transformation report presented by the State Health Plan Committee [See report below]

2. 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.

3. 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 need 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.

4. Repeat this survey to determine the progress of change in 2009/10, prior to implementation of the 2010 health plan.

Recommendations to Increase the Potential for Public Health System Transformation

GENERAL NEEDS FOR TRANSFORMATION
1. Define concrete indicators to assess progress of public health system infrastructure goals; these should go beyond impressionistic responses or opinions.

2. Develop a public marketing or social marketing campaign to aid in clarifying the public health system to various stakeholders. Campaign goals should include:
    o Increased understanding of public health and the various partner roles in it;
    o Increased awareness of the array of services involved in public health: Who is involved in providing services and who is served; and,
    o Increased partnerships with media outlets to cover health and public health system information.

3. 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?

4. Consider what is acceptable and what is optimal for the "health" of the State.
    (e.g. 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?)

PRIORITY LISTING OF SPECIFIC INFRASTRUCTURE NEEDS

Equitable, Adequate and Stable Financing

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

6. 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?

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

8. 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.

9. 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.

10. 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

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

12. 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.

13. Output data needs an improved process to be accessible.
    (E.g. 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.)

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

15. All public health system partners need to participate in the input of the data system.
    [See L. Hanrahan's report as to why the e-medical record is vital to public health.]

Sufficient, Competent Workforce

16. 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.

17. Identify programs that are supplying public health workforce
    o Identify demographics of graduates per year starting in 2002-2006 and of current year students thereafter;
    o Identify "pipeline" program demographics, success rates, and outcomes reflecting public health understanding and beginning public concept preparation;
    o 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]
    o Identify "non-graduates" or community workers that are part of the public health workforce.

18. Clarify and expand definition of public health workforce

19. 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]

20. Include issues of public health in teacher preparation and in-service 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)

21. 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

22. Use Lewin 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 has declined, this trend must be reversed. All other groups felt that partnerships had increased but were very tenuous at times.

23. Provide training, techniques, and resources to partners for
    - Change management
    - Cooperation
    - Collaboration
    - Shared vision - goal development
    - 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)

24. 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 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.