

# Bi-Monthly State Health Officer Briefing

Sheri Johnson, Ph.D.  
DPH Administrator & State Health Officer

February 22, 2008

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*SHO Bi-Monthly Webcast  
Material & Agenda Link*

<http://dhfs.wisconsin.gov/aboutDHFS/dph/webcast/index.htm>

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## Agenda

- Announcements
- Unnatural Causes - overview
- Public Health Council Finance Report
- Pregnancy Risk Assessment Monitoring System -(PRAMS)
- Workforce Update
- Wrap-Up

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# Announcements

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**Un-Natural Causes series**  
LHDs can screen all or part of the series to advance five goals:

- 1. Sound the alarm about the extent of health inequities and their root causes and communicate hopeful solutions.
- 2. Help introduce the importance of equity and social justice (jobs, labor policy, housing, community development, affirmative action, education) into discussions of health;

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**Un-Natural Causes series**  
LHDs can screen all or part of the series to advance five goals (cont.)

- 3. Inject health consequences into debates over social and economic policies.
- 4. Reveal how health inequities are not “natural” or inevitable but are products of decisions we as a society have made – and can make differently.

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**Un-Natural Causes series**  
**LHDs can screen all or part of the series to advance five goals**

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- 5. Demonstrate that health inequities are a social problem (a, “we”), not a niche or special interest (a, “they”).

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**LHDs can use**  
*Unnatural Causes* **and its companion tools in many different ways but are gravitating to three:**

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1. Develop Leadership and train staff to improve their own organizational capacity so they can become more effective advocates for health equity. Many public health staff, squeezed by heavy workloads and budget cutbacks, are trying to integrate health equity goals into their own work and identify the “upstream” forces impacting population health in their community.

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**LHDs can use**  
*Unnatural Causes* **and its companion tools in many different ways but are gravitating to three: cont.**

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2. Build Intersectoral alliances with non- health groups. In *Unnatural Causes* sociologist David Williams says, “Housing policy is health policy. Educational policy is health policy. Anti-violence policy is health policy. Neighborhood improvement policies are health policies.

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**LHDs can use  
*Unnatural Causes* and its  
companion tools in many different  
ways but are gravitating to three: *cont.***

Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy." Many agencies and organizations working outside the health field, however, do not see how their efforts affect health nor view themselves as involved in health equity work.

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**LHDs can use  
*Unnatural Causes* and its  
companion tools in many different  
ways but are gravitating to three: *cont.***

Screenings of Unnatural Causes provide an opportunity for public health agencies to build alliances with these other sectors and win buy-in for health equity initiatives. At the same time, LHDs can give these entities another argument to gain backers and support for their efforts by demonstrating the health consequences of these non-medical initiatives.

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**LHDs can use  
*Unnatural Causes* and its  
companion tools in many different  
ways but are gravitating to three: *cont.***

3. Bring community voices into the conversation. Health equity efforts often occur from the top down, but grassroots organizations working to empower communities and hold local officials accountable are critical to advancing health equity.

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**LHDs can use  
*Unnatural Causes* and its  
companion tools in many different  
ways but are gravitating to three: *cont.***

Local screenings can shine a spotlight on their efforts, resulting in greater visibility and a bigger seat at the local policymaking table.

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**Increased State Financing of  
Governmental Public Health**

Presented at the :  
Public Health Council on  
February 8, 2008

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**Committee Members**

- Julie Willems Van Dijk, Chair
- David Ahrens
- Bevan Baker
- Carol Graham
- Catherine Frey
- Doug Nelson
- Traici Brockman, Author
- Jane Conner & Pat Guhleman, Staff

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## Today's Presentation

- Review the driving forces of our work
- Present our committee's 4 recommendations
- Discuss where we go from here

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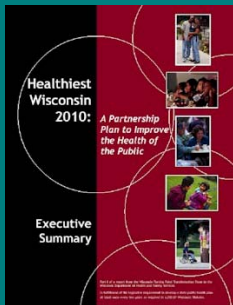
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## Driving Force #1: The Health of WI



- Health Plan outlines strategies to impact health priorities
- Viewed as one of the best plans in the nation
- Limited implementation
- Limited funding to address these important issues

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## We're Failing



- Health Disparities
- Alcohol Use
- Obesity

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## Driving Force #2: Public Health Funding

- Wisconsin ranks 47<sup>th</sup> in the nation in per capita spending
- Wisconsin ranks LAST amongst upper Midwestern states:
  - MN (13<sup>th</sup>): \$47.83
  - MI (27<sup>th</sup>): \$25.52
  - IL (28<sup>th</sup>): \$24.42
  - IA (45<sup>th</sup>): \$ 7.88
  - WI (47<sup>th</sup>): \$ 6.24

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## So—what's the problem?

- Federal funding is highly categorical—no flexibility to focus funding on local/state needs
- Significant variation exists from county to county in local tax levy
- Limited discretionary funds result in few resources for new priorities or issues
- Heavy reliance on Federal and local funding creates a fragile foundation

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## Per Capita Spending by Funding Source

Funding Source	Per Capita Spending	Total Expenditures
Federal	\$14.36	\$79,000,000
Local Tax Levy	\$12.35	\$67,900,000
State GPR	\$6.24	\$34,356,000

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## Our Four Recommendations

### Recommendation 1:

The state increase its per capita investment in public health to \$12.50.

### Recommendation 2:

The funding is appropriated to the State Health Department and then split between state and local governments.

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## Our Four Recommendations

### Recommendation 3:

The funds be targeted to address the health problems of obesity, alcohol abuse, and health disparities with flexibility to also address other health issues.

### Recommendation 4:

This new funding be generated via a \$0.10 increase in the tobacco excise tax or tax increase on alcohol or sugar sweetened beverages.

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## Will It Work?

- Sustained funding in tobacco has resulted in significant decreases in adult and youth smoking rates
- Best practices are developing in our three areas of focus—health disparities, obesity and alcohol use
- Builds on a business model of paying for performance

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Where do we go from here?  
THANK YOU!

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**Wisconsin PRAMS**  
Joint Project  
Bureau of Community Health Promotion  
&  
Bureau of Health Information and Policy  
Division of Public Health  
Department of Health and Family Services  
State Health Officer Bi-Monthly Webcast  
February 22, 2008

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**PRAMS – Pregnancy Risk Assessment Monitoring System**

- Started in 1987: CDC surveillance project with state health departments  
<http://www.cdc.gov/PRAMS>
- State-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy
- Currently 37 states, NYC and South Dakota participate
- Phase 6 questionnaire for 2009 births

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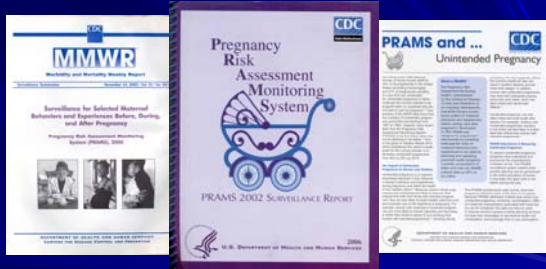
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## CDC Publications



<http://www.cdc.gov/PRAMS/index.htm>

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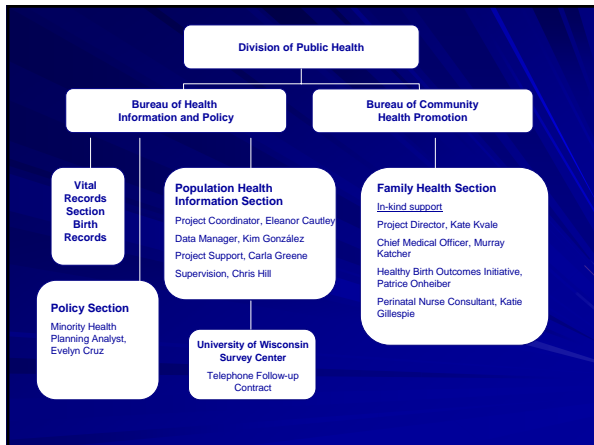
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## Organizational Roles

- Bureau of Health Information and Policy
  - Vital Records Section
    - Provide Birth Record Data
  - Population Health Section
    - Project Coordinator
      - Sampling
      - Contract for telephone follow-up
    - Data Manager
      - Manage PRAMS operations
      - Mail Surveys
    - Project Support
      - Data Processing

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## Organizational Roles, continued

- Bureau of Community Health Promotion
  - Family Health Section
    - Project Director
      - Oversee project
      - Develop plans for analysis
      - Oversee annual cooperative agreement
    - Technical assistance (MCH staff)
    - Consultation from Chief Medical Officer and Nurse Consultants

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## Protocol

- CDC requires each state complete a PRAMS protocol process
- Topics include: goals, staffing, data collection and management, human subjects, telephone monitoring, data sharing agreements

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## Institutional Review Board - IRB

- CDC obtains approval for overall project
- Local IRB approval also required
  - UW Social and Behavioral Science IRB
- Submitted revised protocols to CDC and UW
- Annual state review and approval required

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## Methods

- Strata for Wisconsin based on race/ethnicity
- Mailed questionnaire sent to sample of new moms 2 to 4 months after birth
- Follow-up phone calls to moms after 3 letters/reminders
- We will not have data until late 2008, early 2009

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## Sampling/strata

- Three strata based on race/ethnicity:
  - Non-Hispanic White
  - Non-Hispanic Black/African American
  - Other, including Hispanic/Latino, Native American, Laotian and Hmong, other Asian, and unknown
- 600 – 650 mothers sampled in each stratum, based on percentage of births each year
- For CDC to use data, must have response rate of 70% and 400 respondents in each strata

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## Specific CDC Questionnaire Protocol

Mail preletter	Day 1
Mail 1st questionnaire	3-7 days after preletter
Mail tickler	7-10 days after 1 <sup>st</sup> questionnaire
Mail 2 <sup>nd</sup> questionnaire	7-14 days after tickler
Mail 3 <sup>rd</sup> questionnaire	7-14 days after 2 <sup>nd</sup> questionnaire
Initiate telephone calls	7-14 days after 3 <sup>rd</sup> questionnaire
End data collection	21-35 days after initiating phone

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## Wisconsin State-specific Questions

- National core questions – CDC analyzes and compares survey responses for its publications
- Wisconsin added 11 questions to the core questionnaire, topics include:
  - Stress/discrimination, sleeping behaviors, mental health, oral health, breastfeeding, postpartum check-up, infant and well baby care, social services

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## Example of Pre-letter



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## Response rates to date

- Summary, batches 1-8 (2007):
  - White Non-Hispanic: 71%
  - Black Non-Hispanic: 30%
  - Other: 50%

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## Partners

- MCH Hotline
  - Using Wisconsin PRAMS picture inside brochure
- Bureau of Mental Health and Substance Abuse Services
  - Mailing costs to include HRSA's booklet, *Depression During and After Pregnancy* in mom's packet
  - Cost to publish PRAMS insert for WIC calendars
- WIC projects
- PNCC providers
- StriveMedia – *Girlfriends* magazine
- Local health departments
- Healthy Birth Outcomes Initiative

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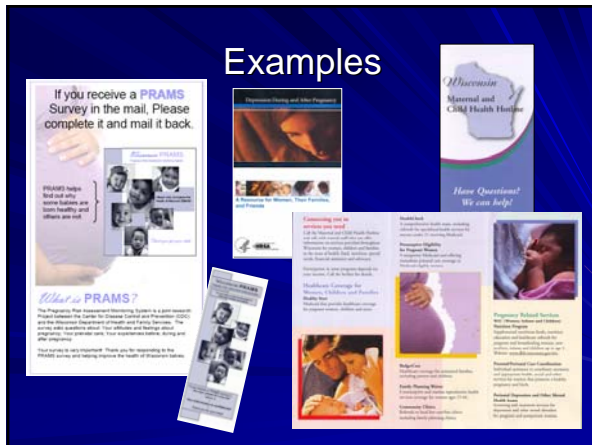
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## Examples



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## Outreach

- Presentations to WIC directors and PNCC providers
- Ideas for advertising PRAMS, especially for African American moms
  - Posters for WIC and PNCC offices
  - Post-it notes for WIC and PNCC clerks
  - Bookmark size inserts for WIC appointment calendars
  - Ideas for incentives/rewards

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## Future Plans

- Continue outreach
- 3<sup>rd</sup> CDC site visit – ± August 2008
- Data analysis – end of 2008, beginning of 2009
- CDC working groups
  - Revision of Phase 5 questionnaire
  - Revision of Spanish language questionnaire
- December 2008 – national meeting

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## Public Health Planning

### School of Public Health Community Advisory Council

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## Public Health Planning

### Creating a School of Public Health at UWM

Presentation to the  
SPH Community Advisory Council  
February 19, 2008  
Dr. Stephen Percy, Chair SPH Planning Council  
Dr. Joan Prince, Chair SPH Community Advisory Council

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**Public Health Planning**

### What is Public Health?

- “Public health improves the shared conditions and behaviors that affect the health of each and every one of us. It investigates how the ecology of health affects our well-being—from social networks and economic circumstances to our environment—and them promotes safer health practices.”

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**Public Health Planning**

### Mission of School of Public Health

The UW-Milwaukee School of Public Health will conduct rigorous public health research and scholarship; educate the current and future public health workforce; and influence the development of strategies and policies that promote health among diverse populations.

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**Public Health Planning**

### Origins of the School of Public Health (SPH)

- Long term interest of many UWM faculty in public health research and practice
- Recognized need in Wisconsin for education of public health workforce
- Substantial health disparities within the state, region and community
- Public support for UWM as a home to the first accredited SPH in Wisconsin (*Milwaukee Journal Sentinel*, Office of the Mayor, elected officials in city and region, community based organizations)

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**Public Health Planning**

**Initial Steps in Creating the SPH**

- Early 2006: UW System President Riley and UWM Chancellor Santiago appoint a committee to explore the feasibility of a SPH
- External Consultants and community provided input
- Late 2006: Feasibility study is presented to UW System Board of Regents; Regents accept report and charge UWM to move forward with planning

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**Public Health Planning**

**Current Efforts to Create the SPH**

- 2007: Based on work of the Feasibility Study, UWM launches effort to create an accredited SPH
- 2007: Provost Rita Cheng appoints the SPH Planning Council and subcommittees; Dr. Stephen Percy serves as Chair for 07-08
- 2007: Vice Chancellor Joan Prince appoints and chairs the SPH Community Advisory Council for 08-09

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**Public Health Planning**

**Members of SPH Planning Council**

- UWM faculty from diverse disciplines and multiple schools and colleges
- Representatives from the City of Milwaukee Health Department (key partners in launching the school)
- UWM administrators with responsibilities related to creating and promoting a new school (e.g., extramural funding, community relations)
- Full list of members included with handout

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**Public Health Planning**

**Involvement of Others**

- The Community Advisory Council will provide input, identifying critical partnerships and opportunities
- Additional UWM, MCW and UW-Madison faculty are participating in the planning of academic degrees
- UWM Centers and Institutes
- Consultant: Sylvia Furner, Interim Dean, School of Public Health, U of Illinois-Chicago

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**Public Health Planning**

**Accreditation of SPH**

- 39 SPHs accredited by the Council on Education for Public Health in the U.S.
- NIH & CDC provides funding for accredited SPHs
- UWM seeks to join this rank of schools

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**Public Health Planning**

**Accreditation Requirements**

- Masters of Public Health (MPH)
- A minimum of 3 PhD programs
- Minimum of 25 faculty members, five in each of the five core areas
- All academic programs located within an school or college with the same structure as other schools and colleges on campus (i.e. separate dean, executive committee, etc.)

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**Public Health Planning**

### Planning Academic Degrees

- Multi-disciplinary teams of UWM, MCW, and UW-Madison faculty are developing plans to create four new PhDs at UWM:
  1. Environment Health
  2. Epidemiology
  3. Health Policy and Administration
  4. Social & Behavioral Health
- Members from each of the PhD teams are working together to plan the Masters in Public Health (MPH)
- The graduate Certificate in Public Health has been launched with 10 students in the first cohort.

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**Public Health Planning**

### Timeline to Accreditation

- Approved School of Health in place 2008-09
- Hiring of Faculty, 2008-2013
- Recruitment of founding dean, 2008-09
- PhDs begin operating, 2009-10
- MPH begins operating 2011-12
- School Accreditation Review 2013-14
- School Accreditation Approved 2014-15

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**Public Health Planning**

### Budgetary Expectations

Upon review of SPHs in the United States, budget estimates have been created

- Base operating budget ~ \$5-10 million (GPR, tuition revenue, endowed professors, scholarship funds, etc.)
- Extramural support ~ \$7-10 million
- Gifts

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**Public Health Planning**

**Resources to Support the New School**

- UW-Madison School of Medicine and Public Health, grants to Center for Urban Population Health (cluster hire and research)
- Increased state support (DIN-state budget process)
- Extramural grants and contracts
- Tuition revenues
- Gifts

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**Public Health Planning**

**Founding Gift**

- Joseph Zilber pledged a founding gift of \$10 million, contingent upon the creation of a SPH at UWM
- Tied with largest gift to UWM
- Additional gift support will be sought to support the school

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**Public Health Planning**

**Benefits of a SPH at UWM**

- Vital contribution to educating the public health workforce in the community, region and state
- New PhD programs at UWM (stronger university, stronger community) ideally poised to address critical Wisconsin issues
- SPH will necessarily operate in an inter-disciplinary fashion with connections to virtually every UWM school and college
- Access to new opportunities for extramural dollars
- Opportunities for new partnerships and collaborations, including local health departments, medical schools, and CBOs.

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**Public Health Planning**

School of Public Health at UWM

Questions

[www.publichealth.uwm.edu](http://www.publichealth.uwm.edu)

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**Public Health Planning**

SPH Community Advisory Council

Based on your expert knowledge of the community, how would you advise UWM around these areas:

- What programs and activities should the SPH include in its plans as priorities?
- What other community partners should be included for feedback?

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**Public Health Workforce:  
A Call to Action  
Summit**

Lieske Giese, RN, MSPH, WPHA Representative

Peter Layde, MD, MSc, Academic Partner,  
Medical College of Wisconsin

Kent Lesendrini, Facilitator

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## Public Health Workforce: A Call to Action

- One-year Medical College of Wisconsin Healthier Wisconsin Partnership Program grant
- July 2007-August 2008  
Fiscal agent: Wisconsin Public Health Association (WPHA)
- Partners: Division of Public Health (DPH), Wisconsin Association of Local Health Departments and Boards (WALHDAB), Wisconsin Area Health Education Center System (AHEC), and Medical College of Wisconsin (MCW).

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## Purpose

- Develop and disseminate a Call to Action report to advance the State Health Plan Infrastructure Priority of a Diverse, Sufficient and Competent Workforce
- Develop a sustainable process that generates a commitment to action and strong partnerships between broad public health system partners.

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## Outcomes

- Three workgroups (Diversity, Sufficiency and Competency)
- Four primary workgroup roles:
  - Address identified workforce strategies
  - Provide a vehicle to hold each other accountable
  - Address workforce strategies that require joint effort
  - Assure effective communication/coordination
- A Call to Action Executive Committee would provide the long-term “table” for workgroup

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## Grant Deliverables

- ‘Call to Action’ report that:
  - Clarifies the problem
  - Summarizes relevant data
  - Consolidates best practices
  - Offers recommendations
- Realistic and sustainable implementation strategy based on **shared ownership and commitment** among public health system partners to carry out these recommendations.

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## Timeline

Data Collection & Best Practices	Sept. 2007 – Feb. 2008
Public Health Workforce Summit	Feb. 12, 2008
Workgroup Planning	Feb. 12 – June 2008
Call to Action Report Development	Feb. 12 – June 2008
Webinar/Virtual Town Hall Meeting	April/May 2008
Kickoff Event	July 2008
Workgroup Implementation	July 2008+

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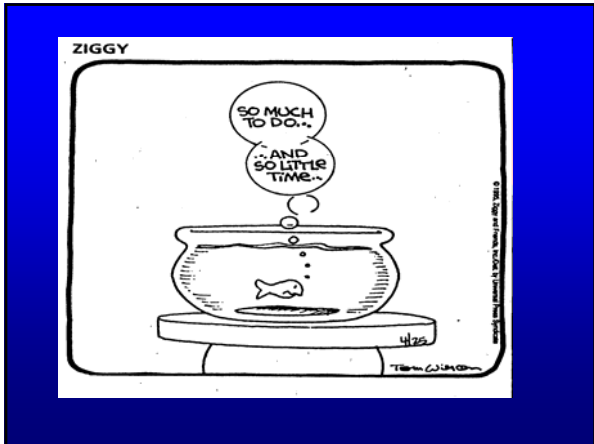
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### Summit Charge

- Develop Framework for Public Health Workforce Action
  - Diverse
  - Sufficient
  - Competent
- Framework is Realistic and Sustainable
  - Shared ownership and commitment

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### Working Definitions for the Summit

- The **public health workforce** includes all those providing essential public health services, regardless of the nature of their employing agency.
- **Diverse**
- **Sufficient**
- **Competent**

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## Summit Agenda Goals

- Introduce relevant background and framework
- Launch workgroups
- Map out clear next steps

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## Advancing Wisconsin's Public Health Workforce

Dr. Sheri Johnson  
State Health Officer and Administrator  
Wisconsin Division of Public Health  
February 22, 2008

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Price County Health Department  
Early Childhood Cavity Prevention Program



Wisconsin Seal A Smile Program



**Welcome!**



Mark Chamberlain, Wisconsin Division of Public Health inspection of flood damaged home in Western WI



Rock County Influenza Vaccine Community Clinic and Pharmaceutics roundup

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**Overview**

- Where are we now? Healthiest Wisconsin 2010
- Where are we going? Healthiest Wisconsin 2020
- Collaborative Vision for Action

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**Where are we now?**



***Healthiest Wisconsin 2010***

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Our Continuing Focus and Vision  
***Healthy People in Healthy and Safe Communities***




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## Where are we now? Tracking Methods

- National Public Health Performance Standards
- State Health Plan Tracking Measures
- State Health Plan Committee
- Workforce Data

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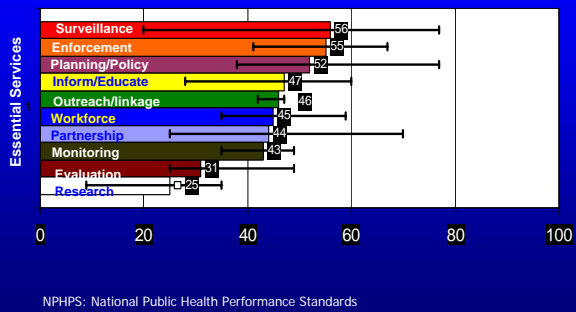
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## National Public Health Performance Standards Review - Wisconsin




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## State Health Plan Tracking Measures

- **Competency:** By 2010, Wisconsin's public health system will assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.

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### State Health Plan Tracking Measures

- **Diversity:** By 2010, the composition of Wisconsin's public health system workforce at all levels will approach the demographic profile of the community.

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### State Health Plan Tracking Measures

- **Enumeration (Sufficiency):** By 2010, Wisconsin will have a monitoring system in place with the capacity to describe the current and future composition, distribution, and trends of Wisconsin's public health system workforce.

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### State Health Plan Committee

Recommendations Submitted to the Public Health Council: February 9, 2007 and October 12, 2007

- Clarify and expand the meaning of diversity of the workforce.
- Identify programs that are supplying the public health workforce.
- Clarify and expand the definition of public health workforce.
- Track demographics of each of the various job titles.
- Include issues of public health in teacher preparation and in-service.
- Enumerate the base capacity needed to provide public health services.

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## Excerpts: Preliminary Public Health Workforce Assessment Findings

- Wisconsin Public Sector Projections
- Wisconsin Division of Public Health Workforce
- Wisconsin Local Health Department Workforce
- National Local Health Department Workforce

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## Wisconsin Public Sector Employment Projections

The total number of health care related jobs in public sector\*

In 2004: 23,160  
In 2014: 25,280 (an increase of 9.2% between 2004 and 2014)

The total number of health care related jobs in public sector\*

In 2006: 23,220  
In 2008: 23,540 (an increase of 1.4% between 2006 and 2008)

\*Excludes state and local education and hospitals. The occupations to be included in these projections were arbitrary selected representing the most prevailing occupations found within Wisconsin's public health sector.

Source: Wisconsin Department of Workforce Development, 2007

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## Wisconsin Emergency Medical Services Providers (EMS), 2008

- There are 17,881 EMS providers in Wisconsin
- The average age of a Wisconsin EMS provider is 41
- The majority are male
- Classification:
  - 3,748 Number of First Responders
  - 8,836 Number of EMT Basics
  - 2,478 Number of EMT Intermediate Technicians
  - 267 Number of EMT Intermediates
  - 2,552 Number of EMT Paramedics
- 32 EMS provider per 10,000 people

Source: Wisconsin Department of Health and Family Services, Division of Public Health, 2008

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## Wisconsin Division of Public Health Workforce, 2006

- Average age is 50
- Average number of years of service is 16
- Turnover rate in 2005 was 25.2%.
- 13.3% of positions were vacant in 2006

Source: Association of State and Territorial Health Officials (ASTHO) State Public Health Workforce Survey, 2006

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## Wisconsin Division of Public Health Workforce, 2006

- Average age of a *new hire* in 2006 was 47
- 34% of the staff was eligible to retire in 2006
- The percent of DPH staff eligible to retire will increase by 20% to 54% in five years (from 2006)

Source: Association of State and Territorial Health Officials (ASTHO) State Public Health Workforce Survey, 2006

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## Wisconsin Division of Public Health Occupational Classifications

Occupational Classification	Counts	Percent
Adm. and clerical personal	91	27%
Environmental health workers	50	15
Epidemiologists	20	6
Health educators	59	18
PH information system specialists	22	7
Nutritionists	17	5
Public health managers	46	14
Public health nurses	26	8
Public health physicians	5	1
<b>Total</b>	<b>336</b>	<b>100%</b>

Source: Association of State and Territorial Health Officials (ASTHO) State Public Health Workforce Survey, 2006

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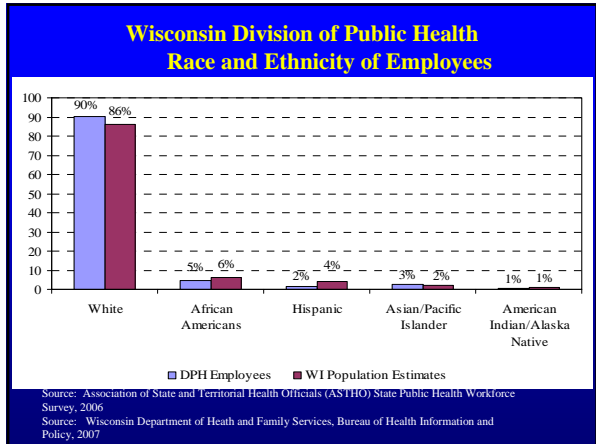
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### 2005 Wisconsin Local Health Department Survey

- 2,122 local health department staff and 5,581,839 people in Wisconsin
- 3.8 staff, and 3.2 full time equivalents (FTE) per 10,000 population in WI

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### Wisconsin Local Health Department Survey, 2005

Occupational Classification	Count	Percent
Public health nurses	624	29%
Administrative/clerical	620	29
Public information specialists	10	0
Environmental health workers	112	5
Epidemiologists	17	1
Registered sanitarians	98	5
Laboratory workers	50	2
Community Outreach Field Workers:	10	0
Health Educators	55	3
Public health information systems specialists	10	0
Nutritionists	120	6
Public health physicians	5	0
Others	391	18
<b>Total</b>	<b>2,122</b>	<b>100%</b>

Source: Wisconsin Local Health Department Survey, 2005

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### 2005 National Profile of Local Health Departments

- Description of local health department infrastructure and practice
- 80% response rate, 2,300 local health departments
- Examines workforce along with other infrastructure and practice topics

National Association of City and County Health Officers (NACCHO)

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### 2005 National Local Health Department Workforce Facts

- 160,000 FTE workers
- 36% of Local Health Departments employ fewer than 10 FTE workers
- Between 1996-97 and 2005, median number of employees remained constant for most local health departments but decreased for those serving populations of 500,000 or more

Source: National Association of City and County Health Officer (NACCHO), National Profile of Local Health Department Study, 2005

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### 2005 National Local Health Department Workforce Facts

- 100% employ administrative or clerical personnel, nurses, managers, directors
- 59% have emergency preparedness coordinators
- 40% of workforce are comprised of nurses; environmental health specialists and scientists and managers and directors
- Approximately 20% eligible for retirement within five years

Source: National Association of City and County Health Officer (NACCHO), National Profile of Local Health Department Study, 2005

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**National Local Health Department Local Health Officers**

- 86% have full-time top agency executives (local health officers)
- 55% are women
- Race and Ethnicity of top agency executives:
  - 92% White
  - Nearly 5% Black or African American (up from 2% in 1992-93)
  - 1.6% American Indian and Alaska native
  - 0.9% Asian, .3% Native Hawaiian and other Pacific islander
  - 1.5% Hispanic ethnicity

Source: National Association of City and County Health Officer (NACCHO), National Profile of Local Health Department Study, 2005

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**National Local Health Department Local Health Officers**

- Nearly half of top agency executives (local health officers) are in their 50's
- 32% have been in their current positions for ten years or more
- 58% of hold graduate level degrees
- 51% hold medical or nursing degrees

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**Wisconsin Local Health Department Local Health Officers**

- 99% response rate - 93 out of 94 Wisconsin local health departments
- 100% of Wisconsin local health departments have full-time top agency executives (local health officers)
- 80.7% are women
- 99% are White
- 1% Black or African American
- There were no top agency executives of Hispanic ethnicity.

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## **Wisconsin Local Health Department Local Health Officers**

- 57% of Wisconsin top agency executives (local health officers) are in their 50's
- 46% (41) have been in their current positions for ten years or more
- 42% (39) hold graduate level degrees
- 53% (49) hold medical or nursing degrees

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## **Where are we going?**



### ***Healthiest Wisconsin 2020***

Our Continuing Focus and Vision  
***Healthy People in Healthy and Safe Communities***



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## **Purpose of Healthiest Wisconsin 2020**

- Fulfill the statutory requirement set forth in 250.07, Wisconsin Statutes
- Provide an agreed-upon plan that provides strategic direction and aligns resources to the vision and goals:
  - Protect the health and safety of the public
  - Eliminate health disparities (inequities)
  - Transform Wisconsin's public health system

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## Healthiest Wisconsin 2020 Three-Year Timeframe

- 2007 – Ready the system for change
- 2008 – Large scale mobilization; draft plan; secure implementation planning grant
- 2009 – Publish plan (12/31/2009)
- 2010 – Publish implementation (12/31/2010)

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## *Healthiest Wisconsin 2020*

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A Pledge to Our Partners

We will move forward together.

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## Collaborative Vision for Action

- Inform the Healthiest Wisconsin 2020 Process
- Mobilize Partnerships Around Actions
  - Leverage existing resources
  - Secure new resources
- Sustain the Call to Action
  - Workgroups
  - Leadership
  - Call to Action Executive Committee




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*SHO Bi-Monthly Webcast  
Material & Agenda Link*

[http://dhfs.wisconsin.gov/aboutDHFS/  
dph/webcast/index.htm](http://dhfs.wisconsin.gov/aboutDHFS/dph/webcast/index.htm)

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**Time to ask  
questions**

**Reminder - Next Webcast  
April 25, 2008**

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