



Division of Public Health

STATE HEALTH OFFICER

Bi-Monthly Webcast
April 27, 2010



Overview

- *Announcements*
- *HW2020 Update*
- *WIRED for Health*
- *ARRA Awards for Prevention & Wellness*
- *Questions & Answers*



Announcements

1. New Deputy Administrator – Sandra Breitborde
2. Former Deputy Tom Sieger
3. Office of Health Informatics Manager



Announcements cont.

City of Neenah Health Department:

Health Officer Judy Crouch Smolarek will retire after 19 years as Health Officer and 33 years of public health service.



Announcements cont.

MultiState Learning Collaborative Grant Participants:

Chippewa

Forest

LaCrosse

Manitowoc

St. Croix

Douglas

Forest County Potawatomi

Langlade

Pierce

Vilas

Fond du Lac

North Shore

Portage

Washington

We are awaiting confirmation on the remainder of the applicants

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Announcements cont.

Outagamie County Public Health Division

One of four agencies in Wisconsin that received a Healthy Lifestyles grant focusing on Nutrition, Physical Activity and Tobacco. Outagamie County is making large strides in building infrastructure and identifying strategies to address the three lifestyle focus areas.



Announcements cont.

Four new health departments are taking on Environmental Health Agent contracts:

- *Chippewa*
- *Rusk*
- *Vilas*
- *Washington*



Announcements cont.

Oneida Tribe

Announced that two of the four “one stop” casino/gas stations located on tribal property will be implementing a 100% smoke free policy. This smoke free status in a casino is a first for Oneida tribe and will be the first smoke free casinos in Wisconsin.



Announcements cont.

NE region:

Feedback from the three tobacco Multiple Jurisdictional Coalitions for tobacco prevention control indicate that the goals and partnerships are moving forward in a positive manner.



Announcements cont.

Health Department Change in Designation

- *Oak Creek from Level I to Level II*
- *Clark County moved from Level I to Level II*
- *Pierce County moved from Level II to Level III*



STATE HEALTH PLAN

Healthiest Wisconsin 2020

<http://dhs.wisconsin.gov/hw2020/>



Getting There!

- Draft submitted to Secretary 3/31
- Minor revisions underway
- Anticipate release of objectives in two-three weeks; Agenda document in June or July
- 10 Pillar objectives addressing
 - Disparities
 - Social, economic and educational factors
 - Cross-cutting objectives



HW2020

- 9 infrastructure focus areas
- 12 health outcome focus areas
- Implementation
 - Marketing
 - Strategic champions
 - Partner integration
 - Communities of practice
 - Accountability
 - Advocacy
 - Evidence and policy assessment



WIRED for Health

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2004 Presidential Executive Order

- Commitment to Electronic Health Records by 2014
- Established Office of National Coordinator, minor funding (~\$50m/year)
- American Health Information Community
 - Established priority use cases, including
 - Biosurveillance
 - Electronic laboratory reporting
 - Immunization information systems



2009 American Recovery and Renewal Act (ARRA – “Stimulus”)

- Formally recognized and funded ONC
 - To endorse standards, implementation specifications and certification criteria
 - Coordinate HIT policy
 - Strategic plan
- Formal Policy and Standards committees
- \$2B in operational funding
- \$34 billion for Medicaid and Medicare incentives for HIT/exchange adoption and “Meaningful Use”
- Several \$B more to other agencies (health centers, IHS, SSA, VA, broadband, etc.)



ARRA's Health Information Technology for Economic and Clinical Health (HITECH)

- “Meaningful Use” priorities to receive MA/MC incentives (and avoid cuts in reimbursements later)
 - Improve quality, safety, efficiency and reduce disparities (in health care)
 - Engage patients and families
 - Improve population and public health
 - Ensure adequate privacy and security
- Requirements staged for 2011, 2013, 2015



Proposed Meaningful Use for 2011

- Affects MedSurg hospitals and outpatient providers
- Use Computerized Provider Order Entry
- Adverse drug event prevention, medication list
- Problem/diagnosis list
- ePrescribing
- Patient demographics
- Track vital signs, growth, smoking
- Send patient reminders



Proposed Meaningful Use for 2011 cont.

- 5 Clinical decision support rules
- Insurance eligibility and claims submission
- Patient access to electronic information
- Exchange clinical summaries and key information between providers
- Reconcile medication lists
- Submit immunization information
- Electronic laboratory reporting
- Electronic syndromic surveillance information
- Maintain privacy and Security



Other HITECH funding

- WI Health IT Extension Center (WHITEC)
- HIT Workforce Development
- State Health Information Exchange (HIE) Cooperative Agreement Program – Wisconsin Relay of Electronic Data (WIRED) for Health
- Medicaid HIT Plan



Wisconsin Health Information Technology Extension Center (WHITEC)



Wisconsin **Medical** Society
Your Doctor. Your Health.





HIT Workforce Development – Community Colleges

- Purpose: to rapidly create HIT academic programs at Community Colleges or expand existing ones over a 2-year period
- One Community College Consortium in each of five regions received an award
- Region C: Wisconsin, Nebraska, Kansas, Minnesota, Iowa, Missouri, Illinois, Michigan, Indiana, and Ohio
- Cuyahoga Community College is leading the Region C consortium and has 17 member colleges, including Madison and Milwaukee Area Technical Colleges

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State HIE Cooperative Agreement Program – WIRED for Health

- What is the program's purpose?
 - Facilitate and expand HIE through a 4-year cooperative agreement with the Office of the National Coordinator (ONC) for HIT beginning Feb 2010
- Who is eligible for the program?
 - State government agency or state designated entity (SDE)
 - WI DHS received a \$9.441M award for its WIRED for Health application
- What does the program require?
 - Plan and implement strategic and operational plans for statewide HIE across five domains: governance, finance, legal/policy, technical infrastructure, and business and technical operations



Status of Wisconsin's State-Level HIE Planning To Date

- Completed Phase 1 of the State-Level HIE Planning and Design Project with Deloitte Consulting
 - Conducted stakeholder assessment and environmental scan
 - Completed an inventory of statewide public and private functional and technical assets and resources
 - Identified and prioritized patient/population health-focused and shared-utility HIE technical services
 - Defined an operating model and governance structure for a state-level HIE entity
- Governor Doyle signed Executive Order 303 creating the new WIRED for Health Board on Dec 1, 2009 and appointed 15 members to the Board on Feb 23
 - Board completed strategic planning sessions to establish vision, mission, guiding principles, and strategic goals for statewide HIE
 - Board established five working committees (handout)
- Legislation pending to create permanent state-level HIE public-private entity (SDE)

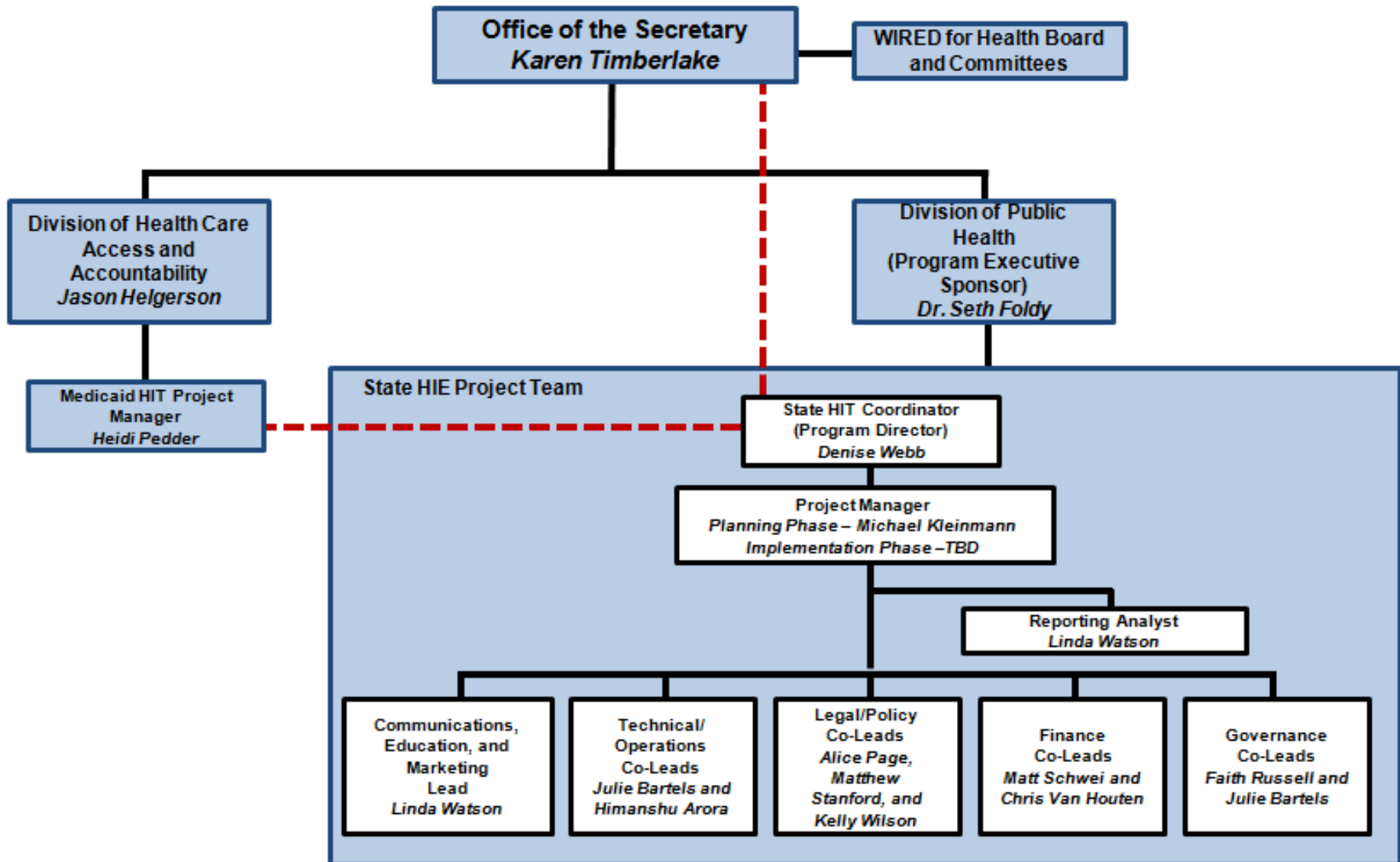
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State HIE Cooperative Agreement Program – Expectations of States

- Create an effective model for HIE governance and accountability
- Convene health care stakeholders
- Coordinate an integrated approach with Medicaid and state public health programs
- Remove barriers and create enablers for HIE
- Develop or update privacy and security policies and laws
- Develop shared technical services

Wisconsin Department of Health Services





State Medicaid HIT Plan

- Administering HIT incentive payments to eligible professionals and hospitals
- Conducting adequate program oversight including tracking meaningful use by providers
- Encouraging adoption of certified EHR technology and HIE to promote health care quality: “As Is Landscape,” “To Be Landscape,” “Roadmap”



Contact for input: seth.foldy@wi.gov



For more information, go to <http://dhs.wisconsin.gov/ehealth>



Office of Health Informatics

- Population health
- Health care information
- Vital records
- Public Health Information Network (PHIN)
- eHealth program



Federal Funding Opportunities

Bureau of Community
Health Promotion
Update

April 27, 2010



Healthy People at Every Stage of Life

BCHP Mission



Categories of Federal Funds

- American Recovery and Reinvestment Act (ARRA) – Federal Stimulus Dollars
- Health Reform Law



ARRA funds in BCHIP

- TEFAP (The Emergency Food Assistance Program)
 - \$405,296 for FY 2009
 - \$389,377 for FY 2010
 - \$1.2 million of food commodities
- WIC
 - \$401, 800 (Technology)
 - \$122,437 (Electronic Benefits Transfer Feasibility Study)

ARRA provides “Once-in-a-lifetime” resources focused on prevention and wellness





“Prevention is the best buy!”

Dr. Thomas Frieden, CDC Director

But we must show results.





“We have to move the needle”

Dr. Thomas Frieden, CDC Director

To improve health outcomes





With this Opportunity Comes Obligation

Public health must prove that *prevention works on populations!*

This will make health care more *affordable* because people are *healthier!*

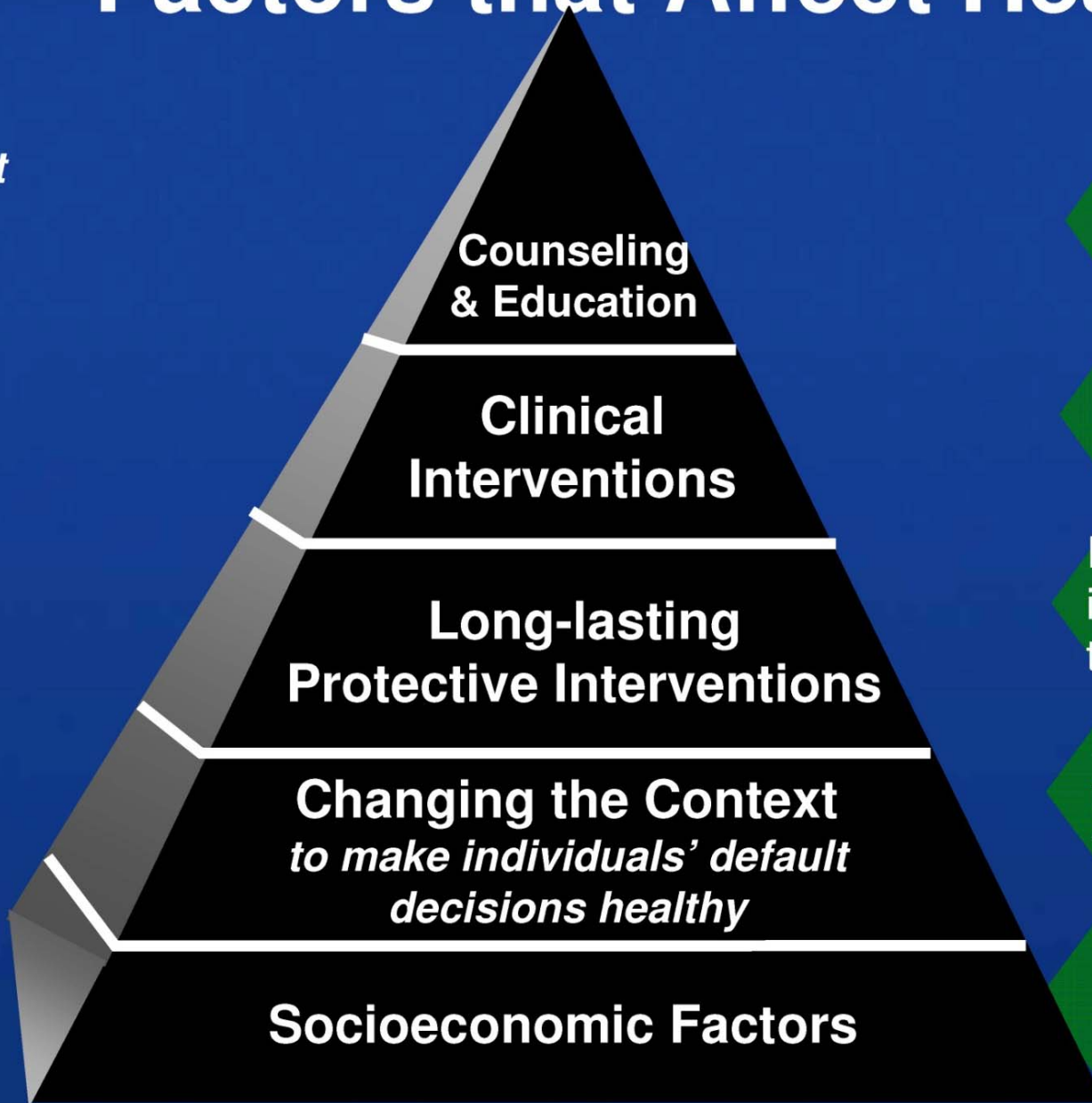
Factors that Affect Health

Examples

Smallest Impact



Largest Impact



Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality



Prevention Formula

- **Policy, system and environmental change**
- **that results in lasting change (7 generations) which ultimately**
- **changes behavior and social norms**



We are getting closer . . .

. . . To the day when kids won't know what an ashtray is







Putting Prevention to Work

On May 18, 2009, Governor Jim Doyle signed the statewide smoke-free workplace law that will go into effect on July 5, 2010.



As leaders, you understand the power of policy change!





ARRA Prevention and Wellness Grant Guidance

- Applicants were required to focus on:
 - nutrition
 - physical activity
 - obesity, and
 - tobacco control strategies



With the purpose to:

1. Advance public health across the lifespan
2. Eliminate health disparities, and
3. Impact ***population groups*** rather than individuals.



With a strong emphasis on:

State and local

- policy
- system and
- environmental change



Using Five Evidence-Based MAPPS strategies

- Media
- Access
- Point of Purchase/Promotion
- Price
- Social Support and Services



ARRA Prevention and Wellness Strategies Fund

DPH/BCHP Award - \$10,690,350

- Two year grant period:
 - February/March 2010 – 2012
- 1. State Supplemental - State and Territories
- 2. Communities Putting Prevention to Work (CPPW) - State-Coordinated Small City and Rural Areas



ARRA-driven Wisconsin Policies

- Provide 60 minutes of physical activity per day to students (1,050,000)
- Provide 60 minutes of physical activity per day to children in child care settings (250,000)
- Increase access to fruits and vegetables in school meals through comprehensive farm to school efforts (857,000 students)
- 97% compliance with Wisconsin's Smoke Free Workplace Law



1. *State Supplemental – State and Territories*

● **Component I - \$862,979**

Promote state-wide policy and environmental changes that focus on healthy behaviors:

- 60 minutes of daily physical activity
- Farm to school nutrition
- Compliance with smoke free work place law
 - **Small grants to MJC's to conduct air quality testing**



1. *State Supplemental – State and Territories*

● **Component II - \$3,000,000 for Nutrition**

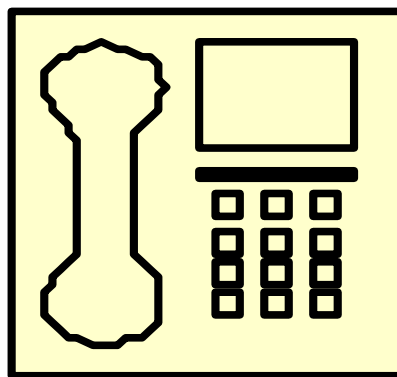
State-level policy change in school and child care settings – 60 minutes of daily physical activity for youth 2 – 18.

- Funds for local coalitions/organizations to support policy strategy and media
- Funds for schools to support policy strategy

1. *State Supplemental – State and Territories*

● **Component III - \$870,403**

- Expand and enhance tobacco cessation services through the Quit Line





2. *Communities Putting Prevention to Work (CPPW) - Nationwide*

- 44 communities were selected from 263 applicants nationwide
 - 14 large cities
 - 11 urban cities
 - 16 small city / rural areas
 - Wood County and La Crosse County
 - 3 tribes
 - GLITC



44 Communities Putting Prevention to Work with ARRA funds

Will reach 50 million people through policy change

1 in 6 Americans



2. *CPPW - State-Coordinated Small City and Rural Areas*

- Nutrition, Physical Activity and Obesity
\$5,956,968
 - Implement evidence-based policy and environmental change that will reduce obesity and promote healthy living
 - La Crosse County
 - Wood County



State-Coordinated Small City and Rural Areas had to Demonstrate:

- An established, high-level functioning coalition that is “community ready” to do policy and environmental change
- High level support from the mayor, county executive or other equivalent government official
- Close working relationships with all public school districts within their jurisdiction



2. *CPPW - State-Coordinated Small City and Rural Areas*

- La Crosse and Wood County activities to move policy and environmental change
 - Increase:
 - Awareness of healthy eating and physical activity
 - Availability and accessibility of healthy foods
 - Number of school districts to adopt Farm 2 School
 - 500 calorie club restaurants
 - Biking to work
 - Safe Routes to School
 - Senior citizens in exercise programs



2. *CPPW - State-Coordinated Small City and Rural Areas*

- La Crosse and Wood County activities to move policy and environmental change
 - Decrease:
 - Screen time
 - Price associated with healthy foods

Additional “Once-in-a-lifetime” resources focused on prevention and wellness





Health Reform Law (HRL)

- Prevention and Wellness - Public Health Investment Fund
 - \$500 million for FY 10
 - \$750 million for FY 11
 - \$1 billion for FY 12
 - \$1.25 billion for FY 13
 - \$1.5 billion for FY 14
 - \$2 billion for FY 15 and every year thereafter



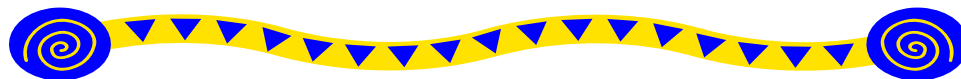
HRL - Public Health Investment Fund

- Evidenced–based, community-based and wellness services aimed at strengthening prevention activities, reduce chronic disease rates, and addressing health disparities.



LPHD Role in Policy, System and Environmental Change

- Become familiar with MAPPS Strategies
 - Media
 - Access
 - Point of Purchase/Promotion
 - Price
 - Social Support and Services





MAPPS Strategies

- Will help to change social norms
- Make healthier choices easier, and
- More affordable to residents



Evidence-based MAPPs Strategies

Media Examples

● Nutrition

- *Promote healthy food/drink choices*
- *Counter-advertising for unhealthy choices*

● Physical Activity

- *Promote increased activity*
- *Promote active transportation (biking and walking)*
- *Counter-advertising for screen time*



Evidence-based MAPPS Strategies

Access Examples

● Nutrition

- *Healthy food/drink availability*
- *Limit unhealthy food/drink availability*
- *Farm to school*

● Physical Activity

- *Safe, attractive accessible places for activity*
- *City planning, zoning and transportation, Health Impact Assessments*
- *Require daily quality PE in schools and after school/childcare settings*



Evidence-based MAPPS Strategies

Point of Purchase/Promotion Examples

● Nutrition

- *Signage for healthy vs less healthy items*
- *Product placement and attractiveness*
- *Menu labeling*

● Physical Activity

- *Signage for walkable neighborhood destinations*
- *Signage for public transportation, bike lanes*



Evidence-based MAPPS Strategies

Price Examples

- **Nutrition**

- *Changing relevant prices of healthy and unhealthy items (competitive pricing, purchasing in bulk, etc.)*

- **Physical Activity**

- *Reduce price for park/facility use*
- *Incentives for active transit*
- *Subsidized memberships to recreational facilities*



Evidence-based MAPPs Strategies

Social Support and Services Examples

● Nutrition

- *Support breastfeeding through policy change and maternal care practices*

● Physical Activity

- *Safe routes to school*
- *Workplace, faith, park, neighborhood activity groups focused on walking, biking, hiking*



Questions & Answers

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