Healthiest Wisconsin 2020 Everyone Living Better, Longer, is the public health agenda that identifies priority objectives for improving health and quality of life. Through a coordinated approach, we can strengthen our capacity to improve health across the lifespan and eliminate health disparities and achieve health equity.

WISCONSIN CHRONIC DISEASE PREVENTION & CONTROL FRAMEWORK LEADERSHIP GROUP

LEDERSHIP GROUP

- The leadership group will develop a long-term plan to strategically engage and mobilize public-private partnerships, accelerate progress and leverage resources required to support system initiatives, monitoring and evaluation. Representation to the leadership team will include local and state partners from multiple sectors.

  – Wisconsin Chronic Disease Prevention and Control Framework

POPULATION HEALTH CHALLENGE

- Over half of wisconsin residents (56%) are living with at least one chronic disease (BRFSS 2007-08). Chronic diseases affect Wisconsin's economy through direct medical care costs and through indirect costs such as lost productivity and lost wages. It is estimated that direct costs to all payers (Medicaid, Medicare, private insurers) total $3.6 billion for diabetes and HTN. Direct costs increased by 24% for each condition from 2010-2014. Indirect costs total $194 million (CDC Chronic Disease Cost Calculator).

- Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma, and arthritis, are among the most common and costly of all health problems in the United States; however, they are also among the most preventable.

- Four modifiable health risk behaviors are responsible for much of the illness, suffering, and early death related to chronic diseases: (1) unhealthy diet; (2) insufficient physical activity; (3) tobacco use and secondhand smoke exposure; and (4) excessive alcohol consumption.

- Cardiovascular disease is the leading cause of death in Wisconsin. Significant disparities by race/ethnicity exist in the rates of premature death from stroke and coronary heart disease. Significant disparities by household income exist in the prevalence of heart attack, stroke, high blood pressure, and high cholesterol (those with lower incomes have a higher prevalence).

- Diabetes prevalence is significantly higher among blacks and american indians than in whites. Significant disparities exist for the prevalence of diabetes by household income: those with lower incomes have a higher prevalence.

- In 2009, the direct costs associated with diabetes in wisconsin were estimated to be $4.07 billion, while the indirect costs were estimated at $2.04 billion ($6.10 billion total).

- Blacks with diabetes are far more likely to be hospitalized for short- and long-term complications than are their white counterparts. Hispanics with diabetes are much more likely than non-hispanic whites to be hospitalized for long-term complications and for end-stage renal disease.

- Good nutritional practices can reduce the risk for a number of chronic diseases, such as type 2 diabetes, cancer, heart disease, and stroke, as well as chronic conditions such as obesity.

- Over the past several decades, cultural, social and individual changes have occurred to make healthful eating more difficult and obesity more likely. Changing environments and implementing policies to support healthful eating are likely to be critical for preventing obesity and improving overall health.

- In 2009-2011, approximately two-thirds (65%) of Wisconsin adults were overweight or obese and 29% were obese. Significant disparities exist in the prevalence of adult obesity. For example:
    - Black and American Indian adults were significantly more likely to be obese compared to White adults.
    - Adults with the lowest household income were significantly more likely to be overweight or obese compared to middle- or high-income adults.
    - Among Wisconsin adults ages 18-64, those with a disability were more likely to be overweight or obese than those without a disability.

- In 2013, 30.6% or almost 17,000 children (ages 2-4 years) enrolled in WIC were either overweight or obese. (Wisconsin WIC data 7-2013-12-2013)

- Nearly one-quarter of Wisconsin adults ages 18-24 consumed less than two servings of vegetables per day, a significantly higher proportion than for adults over age 25.

- Physical inactivity is significantly more prevalent among:
    - Black, hispanic, and american indian adults, compared to white and asian adults.
    - Adults with lower household incomes, compared to adults with higher incomes.
    - Adults living with a disability, compared to adults without a disability.

http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm

LEADERSHIP GROUP FOCUS

- The Leadership Group will focus on strategically building a sustainable and flexible infrastructure to support the implementation of evidence-based strategies and interventions that are coordinated across the CDC Domains and are mutally-reinforcing. The four CDC Domains include, 1) Epidemiology and Surveillance, 2) Environmental Approaches to support health and reinforce healthy behaviors, 3) Health Systems Strategies, and 4) Community-Clinical Linkages. The four domains will help to focus on strategies that:
    - Collectively address the behaviors and other risk factors that can cause chronic disease
    - Address multiple diseases and conditions at the same time
    - Reach as many people as possible by promoting healthy enviornments and improving the performance of public health and health care systems
    - Link community and health care efforts to prevent and control disease
    - Reduce disparities and achieve health equity

PRIORITIES

- To be determined

MEASURABLE OBJECTIVES OR INDICATORS

- To be determined

IMPORTANT RESOURCES

- Coordinating Efforts in Wisconsin to Promote Health and Prevent Chronic Disease, http://www.dhs.wisconsin.gov/publications/P0/p00587.pdf
- Healthiest Wisconsin 2020, http://www.dhs.wisconsin.gov/hw2020/
- Stanford Social Innovation Review – Collective Impact, http://www.ssireview.org/articles/entry/collective_impact
- Tamarack Institute for Community Engagement, http://tamarackcommunity.ca/
- Chronic Disease Prevention and Health Promotion Domains, http://www.cdc.gov/chronicdisease/pdf/four-domains-nov2012.pdf

- Prevention of Chronic Disease in the 21st Century: Elimination of the leading preventable causes of premature death and disability in the USA, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60648-6/abstract

LEADERSHIP GROUP PROGRESS

Plan | Implement | Communicate

	Actions	Timeline
Plan	Convene stakeholders, map assets and gaps	TO BE DETERMINED
	Identify resources and potential strategies	
	Analyze, discuss & prioritize strategies	
	Collectively decide on priorities	
Implement	Develop action plan (objectives, milestones, accountability, how progress will be measured)	
	Implement action plan and monitor progress	
Communicate	Monitor and evaluate progress	
	Communicate and promote results	

SUPPORT THE LEADERSHIP GROUP – ACTION OPPORTUNITIES

- Join the Leadership Group and actively participate in strategic conversations.
- Share information about the Chronic Disease Prevention & Control Framework within your coalition, organization, community and decision makers.
- Collaborate with other partners to provide infrastructure support, such as content specific technical assistance, communication, meeting facilitation, logistical support, or financial support for partner meetings and work.
- Tell your story of coordination !

ACTION TEAM POINT OF CONTACT

- Mary Pesik, 608-267-3694 or mary.pesik@wisconsin.gov

ALIGNMENT WITH CDC CHRONIC DISEASE PREVENTION EVALUATION PLAN (1305)

- How has coordination with critical partners* changed due to the implementation of 1305?
- How has working across categorical program areas affected enhanced coordination with critical partners?
- How has your organizational structure and approach changed due to the implementation of 1305?
- How has working across categorical program areas increased or decreased operational efficiencies

*Critical partners are those partners essential to the successful implementation of the required intervention strategies.