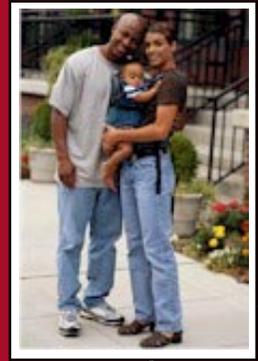


# Healthiest Wisconsin 2010:

*An  
Implementation  
Plan to Improve  
the Health of  
the Public*

## Implementation Plan Summary



# **Implementation Plan Summary**

## **Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public**

**June 2005**

Prepared by the Division of Public Health, Wisconsin Department of Health and Family Services, from the full *Healthiest Wisconsin 2010* Implementation Plan developed under the Wisconsin Turning Point Initiative by a wide variety of public health partners in Wisconsin, including the Robert Wood Johnson Foundation.

### **Robert Wood Johnson Foundation**

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The Robert Wood Johnson Foundation, based in Princeton, New Jersey, is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grant making in three goal areas: to assure that all Americans have access to basic health care at reasonable cost; to improve care and support for people with chronic health conditions; and to reduce the personal, social, and economic harm caused by substance abuse—of tobacco, alcohol, and illicit drugs.

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## Foreword

This summary of the *Healthiest Wisconsin 2010* Implementation Plan was prepared in the Division of Public Health, Wisconsin Department of Health and Family Services. It is a condensed version of the full Implementation Plan, which was developed under the Wisconsin Turning Point Initiative by a wide variety of public health partners in Wisconsin. See page v for the full list of contributors to the Implementation Plan.

The Implementation Plan Summary consists of an introduction and 16 chapters, one for each of the 16 health and system priorities established in the Implementation Plan. For each priority, the specific objectives for 2010 are presented, as well as selected action steps to achieve the objective.

This publication is aimed at policy makers and community partners who need a summary of how to achieve Wisconsin's State Health Plan goals for 2010. Embodied in this summary is the vision of *Healthiest Wisconsin 2010*: "Healthy people in healthy Wisconsin communities."

State health plan materials and updates are available on the DHFS Web site at <https://www.dhs.wisconsin.gov/statehealthplan/index.htm>. Questions about the Implementation Plan Summary and the full Implementation Plan may be directed to:

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# Implementation Plan Summary

## *Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public*

### **I. INTRODUCTION**

This is a summary of *Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public*, also known as the Implementation Plan. The Implementation Plan is a companion document to the State Health Plan, entitled *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. The terms “State Health Plan” and “*Healthiest Wisconsin 2010*” are used interchangeably. As part of a comprehensive framework to transform Wisconsin’s public health system for the 21<sup>st</sup> century, the State Health Plan identified 11 health priorities and five system priorities for the state.

The Implementation Plan was developed under the leadership of the Executive Committee for *Healthiest Wisconsin 2010*, with the support of the Department of Health and Family Services. Sixteen subcommittees were formed to produce implementation action plans for the 16 statewide priorities. Over 300 diverse representatives from government, public, private, nonprofit, and voluntary sectors throughout Wisconsin worked together on these subcommittees during 2002-2003. The Implementation Plan Summary summarizes the work of the Executive Committee and its 16 subcommittees.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

### **How to Use This Document**

For each priority, the Implementation Plan Summary presents definitions of the 2010 long-term objectives, and a synopsis of actions needed to meet the objectives. The Summary is designed to:

- Provide an overview of *Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public*, as developed by Wisconsin’s public health system partners.
- Assist Wisconsin’s public health system partners in adapting the Implementation Plan to fit community needs and agency/organization priorities.
- Communicate the substance of the plan's 16 priorities in a manner that is easy to understand and act upon.

- Convey that prevention and health promotion require whole-system thinking and action.
- Educate new and existing partners about how their work already aligns or can be aligned to the State Health Plan, and encourage them to join in the transformation of Wisconsin’s public health system.

### **A Flexible, Living Document**

The Implementation Plan is not static and will be adapted and updated over time by the Department in consultation with its partners, including the new Public Health Council, whose members were recently appointed by the Governor. Such changes will assure the plan fits the current context of public health in Wisconsin and keeps pace with changes in knowledge, science, evidence, and practice.

The Implementation Plan is designed to be flexible so it can be adapted to fit the unique needs of neighborhoods, local communities, regions, and the state population as a whole. The plan offers a rich set of opportunities to promote collective action by community groups, professionals, agencies, and organizations throughout Wisconsin. Partners can use portions or all of the content in the templates to fit local needs and issues. The Implementation Plan is designed to galvanize collective action to achieve the overarching goals of the state health plan: (1) promote and protect health for all, (2) eliminate health disparities, and (3) transform Wisconsin's public health system.

## **II. BACKGROUND**

### **Elements of the New Vision**

The State Health Plan reflects a cultural shift from how the public health system has done business in the past – from reactive “fix it” approaches toward proactive “build it” approaches for supporting and creating healthy Wisconsin communities. In a distinct departure from traditional state-level public health plans, this plan emphasizes:

- A current understanding of health and public health.
- Building, creating, and sustaining collaborative partnerships.
- The benefits of protection and prevention.
- Community-based approaches to addressing current and emerging public health needs and issues.

*Healthiest Wisconsin 2010* defines health as “a state of well being and the capacity to function in the face of changing circumstances” (Durch, Bailey, and Stoto, 1997). It defines public health as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will maximize impact on the health status of the entire population (Turnock, 2001) in several key areas:

1. Prevent injury, illness, and the spread of disease.
2. Create a healthful environment and protect against environmental hazards.
3. Promote and engage healthy behaviors and promote mental health.
4. Respond to disasters and assist communities in recovery.
5. Promote accessible, high quality health services.

*Healthiest Wisconsin 2010* calls for a broader lens to assure conditions in which people can be healthy. This requires alignment of diverse resources, inclusive thinking, and strategies and tactics to protect health, promote health, and eliminate health disparities. Inclusive thinking and action are found when sectors are aligned by a common vision. These sectors include environmental health, education, transportation, commerce, agriculture, natural resources, businesses, economic development, and health care, to name a few. This broader lens calls for balancing our focus on problem-solving with recognizing and appreciating the strengths, assets, and resiliency in our communities and the organizations that serve them.

Public health is often equated with government, primarily state and local health departments. While government continues to play a substantial leadership and policy role, and is identified as the foundation for Wisconsin's system, a public health system is more than government agencies. To assure conditions in which people can be healthy requires a partnership between government, the people, and agencies and organizations that span the public, private, nonprofit, and voluntary sectors.

Protection and promotion of health and the prevention of disease occurrence, progression, and complications are the primary obligations of the public health system and are focused on the population level. Protection and promotion form the basis of primary prevention, whereas secondary prevention is focused on early detection and prompt treatment where the focus narrows to the individual and family. The Implementation Plan is focused on primary and secondary prevention strategies and tactics aimed at addressing the underlying causes of illness, injury, premature death, and disability. Primary and secondary prevention efforts save lives, contribute to quality of life, and conserve precious resources.

### **Community Health, Health Care, and Public Health**

*Healthiest Wisconsin 2010* readies the landscape for a shift in culture and context. Throughout the Implementation Plan, partners are identified to help solve problems that are beyond the capacity of any agency to address alone. Alliances between community sectors can provide community capacity to assure conditions in which people can be healthy. In the United States “. . .approximately 95 percent of the trillion dollars we spend on health goes to direct medical care services, while just 5 percent is allocated to population-wide approaches to health improvement. However, some 40 percent of the deaths are caused by behavior that could be modified by interventions” (McGinnis, 2002). Much is at stake. Sectors aligned to focus on primary and secondary prevention have great potential to improve the quality of life for Wisconsin residents. Alliances can connect political will, social capital, and organizational resources to attack the underlying

causes of illness, injury, and premature death. These underlying causes (determinants of health) are described on page 25 of the State Health Plan.

*Healthiest Wisconsin 2010* provides the vision and framework, developed by the public health system partners, to guide thought and collective action. (See pages 8 and 9 of this Summary for a graphic of the framework.) It is grounded in science, strategic planning, quality improvement, and diverse collaborative partnerships. It includes the shared vision, core beliefs/values, mission, core functions, essential public health services, and an agreed-upon set of infrastructure (system) and health priorities. The Implementation Plan provides the objectives, strategies, and tactics to collaboratively address the priorities and meet our goals.

### **III. WISCONSIN'S IMPLEMENTATION PLAN – A COMPANION DOCUMENT TO THE STATE HEALTH PLAN**

The Implementation Plan represents the work and vision of Wisconsin's public health partners (see partial list below). The Department was one of many partners who developed this plan. While the Department embraces its pivotal role in providing statewide leadership to implement the plan, all of Wisconsin's public health system partners share responsibility for its implementation. These partners represent an emerging set of individuals, agencies, and organizations concerned with the health and safety of Wisconsin residents. They include:

- Institutions of higher education
- Primary and secondary schools
- Business and commerce
- Transportation
- Natural resources
- Agriculture and veterinary science
- Allied health professionals
- Community health centers
- Mutual assistance associations
- Media
- Advocacy organizations
- Professional associations
- Faith communities
- Boards of Health
- Teachers, educators and school administrators
- Law enforcement
- Economic development
- Neighborhood associations
- Advisory committees and boards
- Foundations
- Civic organizations
- Health care providers, consumers, and purchasers
- Hospitals and clinics
- Managed care organizations
- Social workers
- Environmental specialists
- Toxicologists
- Health educators
- Policy makers
- Physicians
- Nutritionists/dieticians
- Nurses
- Epidemiologists
- Scientists
- Dentists
- Dental hygienists
- Local and state elected officials
- Anyone concerned with the health and safety of the people of Wisconsin

One of the greatest challenges faced by the 16 Implementation Plan subcommittees was to identify a manageable set of outcome objectives for each *Healthiest Wisconsin 2010* priority. They needed to create objectives whose achievement would not only improve health and eliminate health disparities for the people of Wisconsin but also improve capacity for collective action. In their work, they employed nominal group techniques and collaborative processes using the following guideposts to determine the 10-year, long-term outcome objectives for each of the 16 priorities:

- Link work to *Healthy People 2010* objectives (the federal health plan).
- Use multiple intervention approaches that included education, social support, laws, policies, incentives, and behavioral change.
- Incorporate multiple levels of influence to include individuals, families, local communities, and the state population as a whole.

In support of the subcommittees, data experts and epidemiologists in the Department reviewed the objectives to assure measurability of the long-term outcome objectives and identified additional baseline data without changing the integrity of the original objectives.

### **Components of the Implementation Plan**

The Implementation Plan revolves around specific 10-year, long-term outcome objectives and subsequent strategies and tactics to achieve the 16 priorities. The 16 priorities are addressed in separate chapters, which can be read independently from each other. Most priorities have an average of three long-term outcome objectives. These objectives represent high-leveraged actions (actions with the greatest potential for impact) to be achieved by the year 2010. Every long-term outcome objective includes the following parts:

- Template – work plan
- Logic Model - synopsis

Public health partners may use the templates and logic models as written, or tailor them to fit the context and prevailing needs and issues in their community.

The 11 health priorities influence both health and illness; each priority has behavioral, environmental, and societal dimensions. The five system priorities address public health infrastructure improvements that will support the health priorities. Since the health and infrastructure priorities are complementary and overlapping, each priority should be addressed using “whole system” thinking to avoid single-focus approaches to solving health and environmental problems. For example: (1) tobacco use influences asthma, cardiovascular diseases, and lung cancer; (2) inappropriate nutrition affects overweight and obesity, which in turn can influence mental health and cardiovascular disease; and (3) access to care is

influenced by social and economic factors; workforce shortages, including shortages of ethnic and racially diverse providers; inadequate distribution of resources; and fragmented health information systems.

### **Templates (Work Plans)**

Every 10-year, long-term outcome objective includes a template (work plan). Each template has 13 components:

1. Statement of the 2010 long-term outcome objective.
2. Identification of state and federal/national baseline data.
3. Linkages to the objectives in the federal health plan, *Healthy People 2010*.
4. Definition of terms.
5. Rationale for action.
6. Identification of short-, medium-, and long-term expected outcomes.
7. Inputs and outputs to achieve the outcomes.
8. Evaluation and measurement of the objective.
9. Connections to other health and infrastructure priorities.
10. Linkages to the 12 essential public health services.
11. Connections to the three overarching public health goals.
12. Summary of key interventions.
13. References.

### **Logic Models (Synopsis)**

Every 10-year, long-term outcome objective also includes a logic model (synopsis). Each logic model discusses the inputs (what is invested), outputs (actions to take and people who need to be reached) and short-, medium-, and long-term expected outcomes.

1. Short-term objectives – focus on learning (knowledge, awareness, attitudes, skills, and aspirations).
2. Medium-term objectives – focus on action (behavior, practice, decisions, policies, and social action).
3. Long-term objectives – focus on underlying conditions (social, civic, economic, and environmental).

### **Health Priorities**

The State Health Plan's 11 health priorities reflect, to a large extent, the underlying causes of hundreds of diseases and health conditions affecting the people of Wisconsin. Addressing these health priorities will have a significant impact in promoting health and preventing disease; effectively use scarce prevention resources; and improve the quality of life for all, including the segments of the population most affected by diagnosed conditions/diseases, such as diabetes,

coronary heart disease, and HIV. Health disparities are an underlying concern for all the priorities.

The 11 health priorities are:

- Access to Primary and Preventive Health Services
- Adequate and Appropriate Nutrition
- Alcohol and Other Substances Use and Addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging, and Re-emerging Communicable Diseases
- High-Risk Sexual Behavior
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Overweight, Obesity, and Lack of Physical Activity
- Social and Economic Factors that Influence Health
- Tobacco Use and Exposure

### **System (Infrastructure) Priorities**

“Public health infrastructure means the underlying foundation that supports the planning, delivery, and evaluation of public health activities and practices” (CDC, *Public Health’s Infrastructure*, 2001, p. 5). In the context of *Healthiest Wisconsin 2010*, it refers to the five infrastructure priorities. These five priorities represent the “engine” for public health action and guide the public health system partners in building the capacity needed to improve the health of the Wisconsin population.

These essential infrastructure priorities must be in place in every community, to enable the partners to take action on the health priorities. Partners need a strong infrastructure supporting their actions to be more effective and achieve the public health goals of protecting and promoting health and eliminating health disparities. They need an integrated data and information system with local and statewide data; a community plan with agreed-upon priorities; diverse partnerships and social capital; a well-trained, culturally competent workforce; and adequate, stable resources. A public health system with a strong infrastructure would be transformational.

These infrastructure (system) priorities are:

- Integrated Electronic Data and Information Systems
- Community Health Improvement Processes and Plans
- Coordination of State and Local Public Health System Partnerships
- Sufficient, Competent Workforce
- Equitable, Adequate, and Stable Financing

## IV. Framework to Transform Wisconsin’s Public Health System for the 21<sup>st</sup> Century

### Shared Vision of Wisconsin’s Public Health System Partners

*Healthy People in Healthy Wisconsin Communities*

*A healthy Wisconsin is a place where...*

- All residents reach their highest potential
- Communities support the physical, emotional, mental, spiritual, and cultural needs of all people
- People work together to create healthy, sustainable physical and social environments for their own benefit and that of future generations

### Core Principles and Values

*Social Justice, the Common Good, and Creating Positive Futures for All*

- Basic public health and primary health care services must be available to all residents of Wisconsin.
- A strong and sustainable public health system infrastructure is essential to enable the public health system partners to protect the health of the community and effectively provide services and act upon goals and priorities.
- Prevention is the most effective public health strategy.
- Collaboration is the key to success.
- Value diverse perspectives, assure a voice for all, and leave no one behind.
- Evidence and best practices tempered by the wisdom of communities are essential to identifying and solving problems.
- Governmental leadership is essential to fulfill the core public health functions of assessment, policy development, and assurance.
- Respect privacy and confidentiality.

### Mission

*To Protect and Promote the Health of the People of Wisconsin*

Core Public Health System Functions:

1. **Assessment:** Determine community strengths and current/emerging threats to the community’s health through regular and systematic review of the community’s health indicators with the public health system partners.
2. **Policy Development:** Establish a community health improvement plan and action steps with the public health system partners to promote and protect the health of the community through formal and informal policies, programs, guidelines, environmental changes, and programs and services.
3. **Assurance:** Address current/emerging community health needs/threats through governmental leadership and action with the public health system partners. Take necessary/reasonable actions through direct services, regulations, and enforcement. Evaluate the improvement plan and actions and provide feedback to the community.

Essential Public Health System Services:

1. Monitor health status to identify community health problems.
2. Identify, investigate, control, and prevent health problems and environmental health hazards in the community.
3. Educate the public about current and emerging health issues.
4. Promote community partnerships to identify and solve health problems.
5. Create policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed health services.
8. Assure a diverse, adequate, and competent workforce to support the public health system.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research to seek new insights and innovative solutions to health problems.
11. Assure access to primary health care for all.
12. Foster the understanding and promotion of social and economic conditions that support good health.

## Overarching Goals

*Eliminate Health Disparities*

*Promote and Protect Health for All*

*Transform Wisconsin's Public Health System*

### System (Infrastructure) Priorities

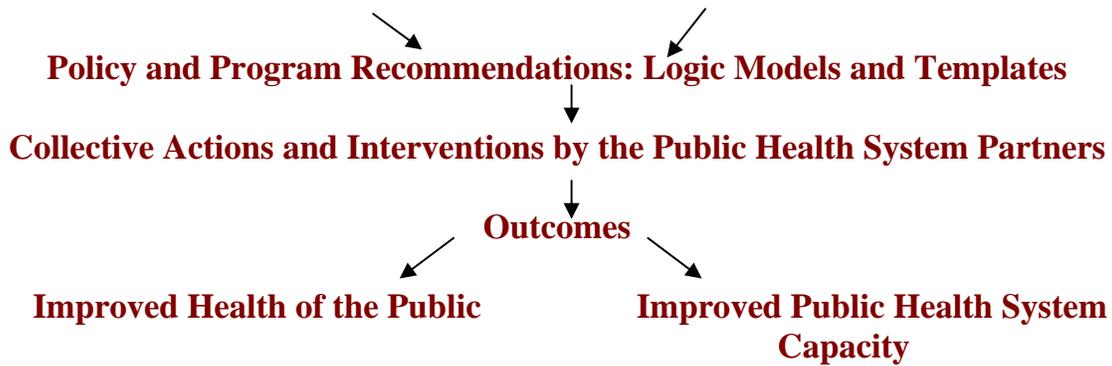
- Integrated electronic data and information systems
- Community health improvement processes and plans
- Coordination of state and local public health system partnerships
- Sufficient, competent workforce
- Equitable, adequate, and stable financing

### Health Priorities

- Access to primary and preventive health services
- Adequate and appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and occupational health hazards
- Existing, emerging, and re-emerging communicable diseases
- High-risk sexual behavior
- Intentional and unintentional injuries and violence
- Mental health and mental disorders
- Overweight, obesity, and lack of physical activity
- Social and economic factors that influence health
- Tobacco use and exposure

GOALS AND PRIORITIES

IMPLEMENTATION



## V. FUTURE DIRECTIONS: STRATEGIES AND INTERVENTIONS FOR 2005-2010

To take *Healthiest Wisconsin 2010* into the future, the Department is carrying out a variety of activities to support collective action by public health system partners (government, the public, private, nonprofit, and voluntary sectors) in order to achieve the goals and shared vision of the State Health Plan. Activities include:

**Mapping Local Priorities:** The Department completed a Mapping Project, which illustrated the link between the State Health Plan and local priorities. For each local health department, the Mapping Project identified: (1) State Health Plan priorities and objectives that were important in the local communities, and (2) progress toward implementing the objectives associated with those priorities. Maps and graphs were used to illustrate the results. CD-ROMs containing information from the Mapping Project were disseminated to local health departments and will be made publicly available in 2005.

**Evidence-based Practices:** The Division of Public Health, in conjunction with the University of Wisconsin-Madison, is researching and compiling a list of evidence-based practices relating to the 16 priorities to assist local communities in providing more effective services.

**Local Partnership Database:** In conjunction with the University of Wisconsin-Madison School of Nursing, the Division of Public Health has developed a partnership database to help public health system partners learn about existing collaborations throughout the state and to facilitate resource sharing and communication.

**Tracking the State Health Plan 2010—State-Level Data:** The Division of Public Health has developed a Web-based system to provide state-level data to track progress toward achieving the State Health Plan health and infrastructure priorities. Initially, the tracking system provides data for about 60 indicators that reflect progress in meeting health priority objectives. The tracking system provides baseline 2000 data and data for subsequent years, and will be updated through 2010.

**Tracking the State Health Plan 2010—Local Data:** The Division of Public Health's plan for local data to track progress toward meeting the State Health Plan health and infrastructure objectives includes: assessment of currently available local-area data and identification of data needs; determination of priority data needs and options; and exploration of new partnerships between public and private entities to support and sustain local-area data collection and dissemination.

**Evaluation of the Three Overarching Goals:** The Department is developing a plan to evaluate the three overarching goals: (1) promote and protect health for all, (2) eliminate health disparities, and (3) transform the public health system. The purpose

of this project is to have reliable and timely information to inform policy makers and to adjust activities if needed.

**Communications Plan:** The Department is developing a plan to communicate activities related to the State Health Plan.

**Annual Status Report:** As part of the Communications Plan, the Department released the first annual status report in January, 2005. The purpose of a status report is to provide regular and timely information to keep people focused on State Health Plan goals.

**Minority Health:** The Department is developing a plan to reconvene the five stakeholder groups from the Wisconsin Stakeholders Report Project. The purpose is to identify strategies for eliminating disparities in Wisconsin.

Information about these activities, along with other activities that may take place in the future, will be made accessible to their target audience. Please refer to the State Health Plan Web site: <https://www.dhs.wisconsin.gov/statehealthplan/index.htm>.

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Durch, J.S., Bailey, L.A., and Stoto, M.A. (1997). *Improving Health in the Community: A Role for Performance Monitoring*. Institute of Medicine. Washington, D.C.: National Academy Press.

McGinnis, M.J., Williams-Russo, P., and Knickman, J.R. The Case for More Active Policy Attention to Health Promotion. (2002). *Health Affairs*, Vol. 21, No. 2.

Turnock, B.I. (2001). *Public Health: What It is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.

# Health Priority:

## Access to Primary and Preventive Health Services

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**Definition** Access means that primary and preventive health care services are available and organized in a way that makes sense to individuals and families. Access means that people have the resources, both financial and non-financial, needed to obtain and use available services. Accessible health care includes an infrastructure supporting a range of health services with the capacity to reach diverse people and adapt to the specific access issues that differ in communities.

**Long-term (2010)**

***1. Increase the Percentage of the Population with Health Insurance***

**Outcome Objectives**

By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.

***2. System Infrastructure Capacity for Prevention***

By 2010, increase the Public Health System infrastructure capacity (data systems, service delivery, and workforce) to assure population access to clinical and community preventive health services.

- Increase provider screening for chronic diseases and other health risks including alcohol and drug abuse.
- Increase provider exposure to U.S. Preventive Services Guidelines (evidence-based practice guidelines) for preventive care.

***3. Reducing Barriers to Access***

By 2010, reduce by 10 percent the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute or chronic illnesses).

***4. Access to Oral Health Services***

By 2010, increase by 10 percent the proportion of each of the following populations who receive ongoing preventive and restorative oral health care: Medicaid/BadgerCare, uninsured, and underinsured populations.

By 2010, 70 percent or more of Wisconsin's residents who were uninsured for part of the previous year will have received oral health services from a dental provider in the past year.

**Objective 1:  
Increase the  
Percentage of  
the Population  
with Health  
Insurance**

**Key Interventions and Strategies**

Develop a benchmark plan to identify basic services to be covered, and propose an implementation plan and budget to fill identified gaps.

Provide incentives for group purchasing. Initiate the Wisconsin Private Employer Health Care Coverage Program and increase the number of companies that participate in this program.

Provide vouchers to qualified employees to purchase coverage from a qualified set of options under BadgerCare. Increase the target percentages of BadgerCare enrollment.

Compile data on sub-populations that are more likely to be uninsured (e.g., low-income workers, workers in small firms, migrants) and develop options for expanding their access to public and/or private insurance coverage (e.g., Medicaid, BadgerCare, purchasing cooperatives, private insurance).

**Objective 2:  
System  
Infrastructure  
Capacity for  
Prevention**

**Key Interventions and Strategies**

Compile and make available data on preventable hospitalizations across population groups.

Implement financial incentives to increase the use of evidence-based preventive health services in public, private, and voluntary health care programs.

Form a workgroup composed of both DHFS and external partners to study the effectiveness of state and community preventive efforts and to document and facilitate a continual process of quality improvement on a local and statewide level.

Incorporate data elements that measure access to clinical and population-based preventive health services into the integrated public health data system.

Compile and disseminate information on evidence-based and patient-based preventive health services that are linked to *Healthiest Wisconsin 2010* priorities.

**Objective 3:  
Reducing  
Barriers to  
Access**

**Key Interventions and Strategies**

Compile and expand the use of effective service delivery models (e.g., collaborative practice models and best practices) to increase access to care and to cost-effectively deliver primary and preventive health care.

Reduce policy barriers to workforce utilization by supporting statutory changes to update definitions of eligible providers. Expand workforce data collection.

Identify and reduce billing barriers to increase provider participation in publicly funded programs.

For the diverse Medicaid-eligible populations, expand the use of patient education materials and increase payment for Medicaid physician services.

For workers with private insurance, collaborate with community partners and the business sector to develop and implement a plan to expand use of primary and preventive health services.

Measure barriers to access using the Wisconsin Family Health Survey.

Increase the number of health care sites participating in the federal National Service Corps, State J-1 Visa Waiver, or state loan repayment programs.

Assure an adequate supply of primary care professionals who reflect the diversity of the state's population and have skills in primary and preventive health care by expanding recruitment from underserved populations; expanding student learning experiences in primary and preventive health services areas, shortage areas and underserved populations; and expanding the use of distance education.

**Objective 4:  
Access to Oral  
Health  
Services**

**Key Interventions and Strategies**

Provide preventive care (dental sealant, fluoride mouthrinse, fluoride supplement and fluoride varnish programs).

Expand the utilization of oral health providers to increase access (e.g., expand dental hygienist scope of practice, expand delegation of care, expand use of retired providers, implement a more flexible dental licensure policy, use distance technology to provide services).

Establish oral health start-up grants to increase the capacity of community and school-based clinics to serve high-risk populations. Provide additional funding for community water fluoridation (community-based preventive service).

Increase dental Medical Assistance reimbursement rates and capacity to designate Health Professional Shortage Areas.

Collect data in the Wisconsin Family Health Survey and incorporate into the Wisconsin youth oral health data collection plan.

Benchmark minimum services for health insurance coverage that includes dental care.

Increase the number of oral health professionals (including racially and ethnically diverse providers) and expand the use of evidence-based outreach and education programs to underserved groups.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Access to Primary and Preventive Health Services*? Contact the Wisconsin Division of Public Health through the Bureau Director of Local Health Support and Emergency Medical Services at (608) 267-1440, or the Bureau Director of Community Health Promotion at (608) 267-0531.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

# Health Priority: Adequate and Appropriate Nutrition

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- Definition** Adequate and appropriate nutrition has two dimensions:
- Adequate nutrition means food security. This means Wisconsin residents have access at all times to nutritious and safe foods. They can obtain these foods in socially acceptable ways—that is, through regular sources and not through emergency coping strategies such as food pantries.
  - Appropriate nutrition refers to foods that promote overall good health. Nutritious foods contribute to healthy birth outcomes for pregnant women and the growth and development of infants and children. Nutritious foods, in appropriate amounts, help prevent many chronic diseases related to diet and weight.

**Long Term (2010) Outcome Objectives** *1. Infrastructure*

By 2010, Wisconsin will have a public health nutrition infrastructure to assure that local health departments have qualified and culturally competent public health nutritionists.

*2. Breastfeeding and Healthy Eating*

By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.

By 2010, increase the proportion of mothers who initiate breastfeeding their infants in the hospital to 80 percent.

*3. Adequate, Safe, and Appropriate Food*

By 2010, increase the number of Wisconsin households that have access to adequate, safe, and appropriate food at all times.

By 2010, increase the proportion of Wisconsin households that have access (physical and economic) to adequate, safe, and appropriate food at all times.

**Objective 1:  
Infra-  
structure**

**Key Interventions and Strategies**

Position public health nutritionists in a leadership role by giving them representation on key committees and initiatives including workforce development, community health improvement, data systems, and other efforts to build and support the system for public health nutrition services.

Promote best practices in public health nutrition through education and training.

Implement cultural competency assessment and plans for improvement in education, training, and recruitment to improve the cultural competency of the nutrition workforce. Define measures for culturally competent services, assess cultural competence and diversity in the public health nutrition workforce in the Association of State and Territorial Public Health Nutrition Directors 1999 Public Health Nutrition Workforce Survey and community data, and increase recruitment, education, and training of minorities for the nutrition workforce.

Inter- and intra-agency nutrition stakeholders will identify all potential funding streams and maximize resources for food and nutrition services.

Communities will conduct comprehensive community nutrition needs assessment and address priority nutrition needs through partnerships and coalitions.

Enhance the nutrition surveillance system through inter- and intra-agency collaboration to identify nutrition indicators, needs in data collection, program planning and evaluation, and data linkages.

Recognize and assure public health nutrition functions through statutory change. Health departments will identify core public health nutrition functions and essential services and utilize a qualified nutrition professional in the public health assurance role.

**Objective 2:  
Breastfeed-  
ing and  
Healthy  
Eating**

**Key Interventions and Strategies**

Conduct ongoing campaigns or initiatives such as “1 Percent or Less Campaign,” “Move to Low-Fat Milk,” “5 a Day,” or the Folic Acid Education Program to promote consumption of healthy foods such as low-fat milk, fruits and vegetables, and vitamins with folic acid for women of childbearing age.

Partner with the public health community to promote and support the initiation and duration of breastfeeding through the elimination of barriers to breastfeeding. (Implement “10 Steps to Successful Breastfeeding” in hospitals; implement the Loving Support media campaign to promote a positive image of breastfeeding; promote active local breastfeeding coalitions to address breastfeeding throughout the community; increase the number of work sites that support breastfeeding mothers; and incorporate breastfeeding into health and nutrition school curricula.)

Public health nutritionists will provide the leadership in developing and maintaining community nutrition coalitions that bring together partners within the community to promote various nutrition-related activities, e.g., breastfeeding, food security efforts, and healthy eating.

Train local health departments, tribes, and other nutrition partners on making nutrition policy changes in the community and developing a system of community nutrition education based on a community needs assessment.

Monitor the progress of nutrition outcomes.

Develop and distribute standards of practice for health care providers regarding the nutrition-related components for the prevention and treatment of chronic diseases in the public health setting.

**Objective 3:  
Adequate,  
Safe, and  
Appropriate  
Foods**

**Key Interventions and Strategies**

Develop a system to track hunger and food insecurity and identify at-risk and vulnerable populations and areas of the state.

Increase public awareness about the problem of food insecurity and hunger and its effect on health through the following:

- Develop white papers identifying food-insecure populations.
- Use mass media and technology to draw attention to hunger concerns and successes.
- Hold a Food Security Summit to call to action state, local and tribal partners to learn about effective strategies for reducing food insecurity.
- Develop and implement plans created by local stakeholders to meet community needs.

Develop and implement state and local food security plans to improve food security across the state.

Increase the availability of and access to community gardens, farmer's markets, community-supported agriculture programs, food-buying clubs/co-ops, and federal nutrition programs.

Educate consumers and emergency food providers about safe food handling practices.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Adequate and Appropriate Nutrition*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhsf.state.wi.us](mailto:bhip@dhsf.state.wi.us).

# **Health Priority:**

## **Alcohol and Other Substance Use and Addiction**

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**Definition**      What is “inappropriate use?” According to the American Psychiatric Association (1994), inappropriate use is the use of a substance in a manner that exceeds the safe or prescribed amount and frequency, or poses a health or safety risk to the user or others. Examples of inappropriate use include use during pregnancy, intoxicated driving, drinking to incapacitation, underage drinking, or heavy or immoderate drinking. It also includes the infrequent or experimental use of illegal street drugs.

**Long Term (2010)**      ***1. Stigma Reduction Through Increased Knowledge and Understanding***

**Outcome Objectives**      By 2010, 55 percent or more of Wisconsin’s general public will demonstrate a basic understanding of the scientific knowledge about alcohol and other drug use, addiction, addiction treatment, recovery, and alcohol or drug use during pregnancy.

By 2010, 55 percent or more of Wisconsin’s general public will demonstrate positive, non-prejudicial attitudes toward persons with or recovering from alcohol and other drug use disorders.

***2. Evidence-Based Prevention Practices for Youth***

By 2010, reduce alcohol and other drug abuse among 12-17-year-old youth using evidence-based practices:

- By 2010, reduce the percentage of youth who report binge drinking in the past 30 days to 26.7%.
- By 2010, reduce the percentage of youth who report using marijuana in the past 30 days to 20.7%.
- By 2010, reduce the percentage of youth who report using tobacco in past 30 days to 22.4%.
- By 2010, reduce the percentage of youth who report first use of alcohol prior to age 13 to 24.1%.
- By 2010, reduce the percentage of youth who report first use of marijuana prior to age 13 to 8.5%.
- By 2010, reduce the number of youth under the age of 18 arrested for operating while intoxicated to 641.

- By 2010, reduce the number of youth under the age of 18 arrested for liquor law violations to 11,647.

### ***3. Improving Screening***

By 2010, 80 percent or more of providers of health and medical services and managed care plans under Medicaid, BadgerCare, the Health Insurance Risk Sharing Plan (HIRSP), the Community Options Program (COP-W), the Community Integration Program (CIP II), Family Care, SSI managed care, other Medicaid waiver programs, and state employee group health plans, by contract, will provide screening and referral for alcohol and other drug use in order to increase the identification and provision of specialized services for persons with alcohol and drug use-related problems.

### ***4. Closing the Treatment Gap***

By 2010, annual state/federal aids and grants and Medicaid admissions for alcohol and other drug use disorder treatment will increase by 10 percent or more over the 5-year average of admissions between 2001 and 2005 in order to increase access to treatment and close the gap between those receiving treatment and those needing treatment.

### ***5. Meeting the Needs of Other Family Members when an Individual has a Substance Use Disorder***

By 2010, 60 percent or more of the families served under the women's treatment, juvenile court intake, Nexus, and coordinated services team programs will achieve improved family functioning which will be evidence of an increase in screening and provision of appropriate services to family members of persons with a substance use disorder.

## **Objective 1: Stigma Reduction Through Increased Knowledge and Under- standing**

### **Key Interventions and Strategies**

Survey employers in Wisconsin to determine the extent to which they have policies and procedures that offer help to employees in the areas of alcohol and other substance use, addiction, recovery, and substance use during pregnancy, and report results to the State Council on Alcohol and Other Drug Abuse.

Implement a work plan to increase the number of workplaces offering help to their employees and scientific information about alcohol and other substance use, addiction, recovery, and substance use during pregnancy.

Develop a culturally competent and linguistically appropriate program, designed under the leadership of the Public Health Advisory Committee, for the general Wisconsin population to assure knowledge and understanding of alcohol and other substance use, addiction, recovery, and substance use during pregnancy.

Collect and analyze data to assess the prevalence of a basic understanding of alcohol and other substance use, addiction, recovery, and substance use during pregnancy. Use the information to guide current and future prevention programs and services.

Assure adequate knowledge and competence of staff in state and local level governmental agencies and in the public, private, nonprofit, and voluntary sectors so that they incorporate into their policies and procedures and training efforts scientific knowledge about alcohol use, substance use, addiction, recovery, and substance use during pregnancy.

Develop a comprehensive report on the burden of alcohol in Wisconsin which would include the parameters of social and economic impact, years of potential life lost, and related co-morbid conditions, using the Alcohol Related Death Index developed by the U.S. Centers for Disease Control and Prevention.

**Objective 2:  
Evidence-  
Based  
Prevention  
Practices**

**Key Interventions and Strategies**

Appoint committees/workgroups to define the alcohol and other substance abuse-related prevention needs and plans.

Determine a baseline of the quality of prevention services being provided.

Assess prevention funding streams and resources.

Determine a baseline of the capacity of the service delivery system to provide evidence-based prevention services.

Determine a baseline of the outcome measures for age of first use and binge drinking.

Prepare a comprehensive plan that defines and interprets the baseline data and prevention service needs in Wisconsin.

Prepare and incorporate recommendations from the State Council on Alcohol and Other Drug Abuse into the strategic planning objectives of the Department of Health and Family Services, its appropriate divisions, and *Healthiest Wisconsin 2010*.

**Objective 3:  
Improving  
Screening**

**Key Interventions and Strategies**

Propose legislation or policy recommendations to:

Screen for alcohol and other drug use and addiction, including use during pregnancy, and provide treatment for persons as an alternative to incarceration for persons convicted who are nonviolent offenders.

Close infrastructure gaps and expand statewide capacity for screening and early identification of alcohol and other drug use, including substance use during pregnancy.

Increase the capacity of professionals to identify and recognize persons who will benefit from alcohol and other substance use and addiction treatment, including use during pregnancy, as an alternative to incarceration.

Repeal the Uniform Accident and Sickness Policy Law that allows insurers to exclude coverage for medical conditions incurred by intoxicated drivers.

Training and education:

Develop a training and educational curriculum to improve knowledge and practice in screening for alcohol and other substance use disorders and addiction in the general population and among pregnant women.

Increase the number of providers (school nurses, physicians, public health nurses, health educators, nutritionists, and staff from local health departments, tribal clinics, 51.42 Boards, and hospitals) who have received training and education to enhance their ability to screen for alcohol and other substance use and addiction.

Determine a baseline level of health care and human services professionals who have been trained and educated to routinely screen for alcohol, tobacco, other substance use and addiction, and substance use during pregnancy.

Develop and submit a grant application to the Center for Substance Abuse Treatment to build capacity to screen, conduct brief interventions, make referrals, and provide treatment with an initial focus on general medical/primary care settings.

Convene, support, and facilitate the work of a diverse leadership team of Wisconsin's health care and human service professionals to identify infrastructure gaps/supports to increase screening.

Determine the potential capacity and opportunities for improving access to consistent prevention and screening services in Wisconsin's jails and prisons.

Achieve consensus on a “uniform screening tool” to be routinely incorporated into the ongoing practice of Wisconsin’s health care and human services providers to assure early identification of alcohol and other drug abuse screening, including substance use during pregnancy.

Establish a performance measure that requires screening for alcohol, tobacco, and other substance use and addiction, including use during pregnancy, in primary care and emergency room settings.

Develop a comprehensive evaluation report that addresses the effectiveness of training, the screening tool, and the extent of the Wisconsin population that was reached through screening for alcohol, tobacco, and other substance use and addiction, including use during pregnancy, and report results to the State Council on Alcohol and Other Drug Abuse and the Public Health Council.

**Objective 4:  
Closing the  
Treatment  
Gap**

**Key Interventions and Strategies**

Appoint committees/workgroups to define the addiction treatment needs of special population groups, including women, pregnant women, incarcerated youth and adults, ethnic/racial minorities, American Indians, youth, and the elderly.

Determine a baseline of the following:

- Private and public sector treatment services being provided to Wisconsin residents.
- The capacity of the service delivery system to treat addiction health issues.
- The characteristics of the population(s) needing treatment services for problem use or addiction to alcohol and other drugs.
- Workforce needs, comparing the current supply of health care providers with the numbers and types of trained professionals needed for the treatment of persons with problem use or addiction to alcohol or other drugs.
- The shortage of services, comparing the treatment currently provided with the amount and type of treatment that needs to be provided to meet the needs of all populations of problem users and persons with addiction.

Prepare a comprehensive report that defines and interprets the baseline data and service delivery needs for closing the treatment gap and provider gap in Wisconsin.

Prepare policy recommendations for closing the treatment gap and the provider gap in Wisconsin.

Incorporate recommendations from the State Council on Alcohol and Other Drug Abuse into the strategic planning objectives of the Department of Health and Family Services and its appropriate divisions.

**Objective 5:  
Meeting the  
Needs of  
Other  
Family  
Members  
when an  
Individual  
Has a  
Substance  
Use  
Disorder**

**Key Interventions and Strategies**

Appoint committees/workgroups to define the alcohol and other substance abuse-related prevention, treatment, and support needs of affected family members.

Determine the baseline of the following:

- Private and public sector services being provided to affected family members. Capacity of the service delivery system to provide prevention, treatment, and support services for affected family members.
- The population(s) needing treatment and support services for co-dependency and other problems.
- Workforce needs, comparing the current supply of health care providers with the numbers and types of trained professionals needed for the treatment and support of affected family members.
- The shortage of services, comparing the services currently provided with the amount and type of services that need to be provided to meet the needs of affected family members.

Prepare and integrate policy recommendations of the University of Wisconsin System Campuses, Department of Regulation and Licensing, and all program divisions in the Department of Health and Family Services.

Incorporate recommendations from the State Council on Alcohol and Other Drug Abuse into the strategic planning objectives of the Department of Health and Family Services, its appropriate divisions, and *Healthiest Wisconsin 2010*.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Alcohol and Other Substance Use and Addiction*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531, or the Bureau Director of Mental Health and Substance Abuse Services at (608) 266-2717.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

# **Health Priority: Environmental and Occupational Health Hazards**

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**Definition** Exposure to toxic substances, noise, vibration and other hazardous agents in the environment or the workplace that can create or aggravate health conditions.

**Long-term  
(2010)  
Outcome  
Objectives**

## ***1. Microbial or Chemical Contamination***

By 2010, decrease the incidence of illness resulting from microbial or chemical contamination of food and drinking water.

By 2010, reduce CDC risk factor violations for food and water by 25 percent, based on a 2004 baseline.

By 2010, the incidence of E.coli 0157:H7 infection will be 3 per 100,000 population or less.

By 2010, the incidence of Salmonellosis will be 8 per 100,000 population or less.

By 2010, the incidence of Shigellosis will be 4 per 100,000 population or less.

By 2010, the incidence of Campylobacteriosis will be 11 per 100,000 population or less.

By 2010, the incidence of Hepatitis A will be 1 per 100,000 population or less.

By 2010, increase the awareness of health threats from arsenic in private water supplies, mercury in sports fish, and methemoglobinemia, by 50 percent in each case, over a 2002 (or future) baseline.

## ***2. Respiratory Diseases***

By 2010, reduce the incidence of illness and death from respiratory diseases related to or aggravated by environmental and occupational exposures.

By 2010, reduce the asthma hospitalization rate to 8.5 per 10,000 population from the 2000 baseline asthma hospitalization rate of 10.6 per 10,000.

Reduce public exposures to indoor radon in all buildings with radon concentrations >4 pCi/L in occupied spaces.

By 2010, reduce occupational mesothelioma, illness and death by 30 percent below the 2000 baseline.

By 2010, reduce occupational pneumoconiosis illness and death by 30 percent below the 2000 baseline.

### ***3. Occupational Injury, Illness, and Death***

By December 31, 2010, the incidence of occupational injury, illness, and death will be reduced by 30 percent.

### ***4. Chemical and Biological Contaminants in the Home***

By December 31, 2010, reduce by 50 percent the incidence of illness and death related to chemical and biological contaminants in the home.

By 2010, rehabilitate 120,000 dwellings in Wisconsin with lead hazards present and occupied by children under six years old.

By 2010, all Wisconsin children enrolled in Medicaid will receive age-appropriate blood lead tests.

By the end of 2010, among all Wisconsin children age six or younger, there will be no children newly identified with lead poisoning.

By 2010, increase the capacity of local health departments to address environmental health issues in the home.

Reduce public exposures to indoor radon in all buildings with radon concentrations >4 pCi/L in occupied spaces.

By 2010, there will be no unintentional carbon monoxide poisoning fatalities in Wisconsin.

By 2010, there will be no unwanted environmental tobacco smoke exposure in homes.

### ***5. Environmental Health Indicators for Air, Land, and Water***

By 2010, enhance the quality of life in Wisconsin through improvements in environmental health indicators for air, land, and water.

**Objective 1:  
Microbial or  
Chemical  
Contamination**

**Key Interventions and Strategies**

Increase the frequency of facility (food establishments, well, and septic installations) inspections by developing capacity for these programs within Wisconsin's local public health departments.

Provide significant education efforts aimed at business/industry (facility owners, operators, and employees) and consumers to increase recognition and prevention of risk factors associated with foodborne and waterborne illness.

Identify and track a set of environmental quality indicators to monitor progress toward the reduction of contaminants in food and water supplies. This information, together with more effective disease surveillance systems, will provide focus for disease prevention and early intervention activities by the public health system.

**Objective 2:  
Respiratory  
Diseases**

**Key Interventions and Strategies**

Enhance management of respiratory disease by both individuals and their health care providers.

Provide educational interventions for individuals when it is necessary to bring about change in their risk-related behavior, and for health care providers and public health staff in assessing patient and client exposures to respiratory hazards.

Improve statewide capacity for the collection, analysis, and dissemination of data on respiratory diseases and their occupational and environmental causes to shed new light on effective means of recognizing, evaluating, and controlling respiratory disease.

**Objective 3:  
Occupational  
Injury, Illness,  
and Death**

**Key Interventions and Strategies**

Develop a statewide occupational surveillance program in order to improve the collection, analysis, and dissemination of occupational health data.

Develop a comprehensive and integrated state occupational injury, disease, and fatality prevention program.

Work with partners throughout Wisconsin to create training and technical assistance programs and educational materials. These programs and materials will be made available to employees, employers, educators, health care providers, schools and the general public regarding ways to prevent occupational injury and disease. Resources will also be provided to those who may have questions or concerns regarding occupational health issues.

**Objective 4:  
Chemical and  
Biological  
Contaminants  
in the Home**

**Key Interventions and Strategies**

A reduction in the burden of illness and death caused by environmental hazards in the home will be achieved by stressing education and partnerships.

Provide education to the public including the public health workforce, health care providers, inspectors, and builders. Create a statewide taskforce of public agency and private participants to develop and implement a public awareness campaign on issues such as testing children for lead poisoning. Train health care providers on assessing the dangers of environmental hazards in the home and develop and implement an educational effort for at-risk employees.

Work with partners including the Wisconsin State Laboratory of Hygiene and the University of Wisconsin System to develop training programs and initiate training sessions across the state on: testing of environmental samples collected from the home environment; develop a standard testing protocol for evaluation of contaminated homes; identify areas where improved methodologies are needed to improve environmental assessments in the home; develop indoor air quality criteria for new construction; and submit to the legislature rule revisions concerning indoor air quality for new construction.

Conduct research into the effectiveness of home-based interventions in reducing health risks and the development of standards and accepted practices for hazard abatement and minimization in residential construction.

Improve the collection, analysis, and dissemination of data on illnesses associated with environmental hazards in the home.

**Objective 5:  
Environmental  
Health  
Indicators  
for Air, Land,  
and  
Water**

**Key Interventions and Strategies**

Communicating the need to view environmental quality as a critical public health endpoint will require interventions among legislators and other high-level policymakers, local and regional planners as well as the general public. Legislators and policymakers will need data and new information as public health science becomes better informed on the impact of environmental changes on health outcomes. Making local and regional governments (e.g., land use planning and zoning agencies) aware of the public health implications of their decisions will be key to making progress on this objective. Finally, it will be necessary to bring about behavior change among consumers, commuters, well owners, and other sectors of the public if sustainable changes in environmental quality are to be made.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Environmental and Occupational Health Hazards*? Contact the Wisconsin Division of Public Health through the Bureau Director of Environmental and Occupational Health Hazards at (608) 266-1120.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhs.state.wi.us](mailto:bhip@dhs.state.wi.us).

# Health Priority: Existing, Emerging, and Re-emerging Communicable Diseases

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**Definition** Emerging communicable diseases may result from changes in or evolution of existing organisms or diseases that are known to occur in one setting may spread to new geographic areas or human populations. Previously unrecognized infections may appear in persons living or working in areas undergoing ecological changes (e.g., deforestation) that increase human exposure to insects, animals, or environmental sources that may harbor new or unusual infectious agents (Morse, 1995).

Communicable diseases re-emerge by developing antimicrobial resistance (e.g., gonorrhea, pneumococci) or when the public health measures that originally brought them under control are reduced or eliminated (e.g., tuberculosis, pertussis) (Institute of Medicine, 1992).

**Long-term  
(2010)  
Outcome  
Objectives**

## ***1. Statewide Communicable Disease Surveillance and Response***

Assure the timely detection of, and effective response to, communicable diseases.

- By 2010, at least 85 percent of communicable disease reports will be received by the local or state public health agency within the timeframe specified by HFS 145.04(3)(a) and HFS 145.04(3)(b).
- By 2010, 100 percent of local health departments will have documented capacity to respond to outbreaks of communicable disease as defined in HFS 140.

## ***2. Vaccine Preventable Diseases and Immunization***

Increase to at least 90 percent the percentage of children and adults who are fully immunized with vaccines recommended for routine use by the Advisory Committee on Immunization Practices (ACIP).

- By 2010, at least 90 percent of Wisconsin residents under two years of age will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.
- By 2010, at least 97 percent of Wisconsin school-age residents will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

- By 2010, at least 90 percent of Wisconsin residents 65 years of age and older and individuals with chronic health conditions will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

### ***3. Foodborne and Waterborne Disease Control***

Reduce disease caused by reportable foodborne and waterborne pathogens.

- By 2010, the incidence of E. coli 0157:H7 infection will be 3 per 100,000 population or less.
- By 2010, the incidence of Salmonellosis will be 8 per 100,000 population or less.
- By 2010, the incidence of Shigellosis will be 4 per 100,000 population or less.
- By 2010, the incidence of Campylobacteriosis will be 11 per 100,000 population or less.
- By 2010, the incidence of Hepatitis A will be 1 per 100,000 population or less.

### ***4. Antibiotic and Antimicrobial Resistance***

Ensure that the use of antibiotics and antimicrobials is appropriate.

- By 2010, at least 95 percent of medical antibiotic usage in Wisconsin will be appropriate according to generally accepted medical standards of practice.
- By 2010, at least 90 percent of poultry and livestock producers in Wisconsin will adhere to generally accepted standards for antibiotic feed supplementation.

#### **Objective 1: Statewide Communicable Disease Surveillance and Response**

#### **Key Interventions and Strategies**

Develop an orientation to communicable disease reporting and control programs for newly employed physicians and other appropriate clinical staff.

Collaborate with the Wisconsin State Laboratory of Hygiene to establish and maintain an epidemiologic system, which directly and through the coordinated

efforts of local providers is capable of providing early detection of and response to any infectious disease outbreaks or acts of bioterrorism which would threaten the health and safety of the state's citizens.

Establish and maintain ongoing state mechanisms for training and credentialing local health department staff in epidemiology and establish qualifications for public health epidemiologists.

Create and maintain an electronic communicable disease reporting system for all clinical, laboratory providers, and local health departments. Train all reporters and make data accessible to local health departments.

**Objective 2  
Vaccine  
Preventable  
Diseases and  
Immunization**

**Key Interventions and Strategies**

Fully implement the Wisconsin Immunization Registry and use it to record and monitor the immunization status of all Wisconsin children.

Expand the Wisconsin Immunization Registry to allow recording of adult immunizations on a voluntary participation basis.

Initiate and maintain a targeted outreach program to children in populations with disparities in immunization status, and to elderly and disabled individuals, particularly those in institutional or community-supported care settings and their caregiver organizations.

Establish a state plan to manage and guarantee an adequate vaccine supply.

**Objective 3:  
Foodborne  
and  
Waterborne  
Disease  
Control**

**Key Interventions and Strategies**

Increase the number and capacity of local health departments serving as state agents for environmental licensure inspections.

Increase the number and resultant positive impact of trained and qualified managers in licensed food and beverage establishments by collaborating with partners to provide training and technical assistance and by establishing and maintaining a certification program.

Collaborate with local health departments and consortia acting as agents to conduct public educational campaigns in promoting food safety in the home and to inspect and regulate transient non-community wells.

Collaborate with the State Laboratory of Hygiene to establish an active foodborne and waterborne disease surveillance program and survey laboratories to determine test methods used and referral practices adopted for gastrointestinal illness specimens.

Issue updated guidelines to all physicians and clinical laboratories on clinical diagnosis and reporting procedures for gastrointestinal and other foodborne illnesses.

**Objective 4:  
Antibiotic and  
Antimicrobial  
Resistance**

**Key Interventions and Strategies**

Reduce the excessive and inappropriate uses of antibiotics and antimicrobials in medical care, over-the-counter products in home and personal hygiene, and food animal production.

Conduct a statewide assessment of existing surveillance and monitoring activities for pathogens resistant to antibiotics, identify critical gaps, and identify actual practices in uses of antibiotics in health care facilities.

Develop a program of technical assistance and proficiency testing for clinical laboratories doing antibiotic susceptibility analyses to ensure the accuracy and reliability of that testing.

Develop the expanded capacity to electronically gather, use, and pool existing data on antibiotic resistance from hospitals, laboratories, and medical practice groups.

Establish an initiative to promote the use of rapid bacterial diagnostic testing methods to guide antibiotic prescribing practices in outpatient treatment by clinicians of acute infectious diseases.

Develop a sampling and sentinel surveillance program to (1) test meat and other animal food samples from retail grocery and restaurant food establishments for antibiotic residues, and (2) test groundwater and other environmental indicators of animal waste and agricultural runoff for the presence of antimicrobial-resistant disease pathogens.

Establish an interagency workgroup to review the scientific literature on potential human health problems from the addition of antibiotics to food animal feeds. Develop state policies and (if indicated) legislation to address identified problems.

Research and prepare a briefing paper for the Secretary of the Department of Health and Family Services and the Legislature on the costs and benefits of controlling antibiotic use in animal feeds.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Existing, Emerging, and Re-emerging Communicable Diseases*? Contact the Wisconsin Division of Public Health through the Bureau Director of Communicable Diseases and Preparedness at (608) 266-7550.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhs.state.wi.us](mailto:bhip@dhs.state.wi.us).

# Health Priority: High-Risk Sexual Behavior

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**Definition** Sexual behaviors, including unprotected sex, that make someone more susceptible to infections or diseases, or that result in unintended pregnancy.

**Long-term (2010)** *1. Adolescent Sexual Activity*

**Outcome Objectives** By 2010, 30 percent or less of Wisconsin high school youth will report ever having had sexual intercourse.

*2. Unintended Pregnancy in Wisconsin*

By 2010, 30 percent or less of pregnancies to Wisconsin residents will be unintended.

*3. Sexually Transmitted Disease, including HIV Infection*

It is a public health goal to reduce the incidence of sexually transmitted disease (STD), including human immunodeficiency virus (HIV) infection, by promoting responsible sexual behavior throughout the life span, strengthening community capacity, and increasing access to high-quality prevention services.

- By the year 2010 the incidence of primary and secondary syphilis in Wisconsin will be 0.2 cases per 100,000 population.
- By the year 2010 the incidence of genital Chlamydia trachomatis infection in Wisconsin will be 138 cases per 100,000 population.
- By the year 2010 the incidence of Neisseria gonorrhoeae infection in Wisconsin will be 63 cases per 100,000 population.
- By the year 2010 the incidence of human immunodeficiency virus (HIV) infection in Wisconsin will be 2.5 cases per 100,000 population.

**Objective 1:  
Adolescent  
Sexual  
Activity**

**Key Interventions and Strategies**

Extensively educate and train targeted groups on the promotion of abstinence and delaying the initiation of sexual activity. Provide information on effective programs (i.e., web sites, speakers, curricula, media materials) to those promoting abstinence or the delay of sexual activity.

Provide case management and mentoring as important and effective means of reaching youth at high risk of initiating or continuing in sexual activity.

Provide multi-strategy programs to address the multi-faceted needs of youth, since those are the most successful programs in preventing risk behaviors.

Provide relationship education as an important component of all youth development efforts.

Collect data on program effectiveness and evaluate strategies for preventing teen pregnancies.

**Objective 2:  
Unintended  
Pregnancy**

**Key Interventions and Strategies**

Build awareness of the roles of individuals, families, and communities in promoting and protecting sexual health and responsible sexual behavior by disseminating the Surgeon General's *Call to Action to Promote Sexual Health and Responsible Sexual Behavior 2001* or other research reports of best-practice models, developing a Web site with links to current reports, and engaging the media.

Assure access to comprehensive reproductive and perinatal health services for all Wisconsin residents.

Build a health care workforce that has developmental and cultural expertise as well as expertise in providing reproductive and perinatal services.

Assure access to best-practice models for reducing unintended pregnancies such as case management programs for pregnant and parenting teenagers.

Improve community-based education that targets adolescents out of school.

Increase the number of accessible parent education programs in schools, community-based organizations, churches and other faith-based organizations, and other groups. Programs should integrate sexual development and reproductive health issues into discussions of normal growth and development.

Provide early identification of pregnancy services for adolescents in and out of school and for other women at risk for delayed prenatal care.

**Objective 3:  
Sexually  
Transmitted  
Disease,  
including  
HIV  
Infection**

**Key Interventions and Strategies**

Raise awareness of the risk factors associated with STDs and HIV infection and the impact of these infections on community health by conducting media campaigns, school-based education, and community-based health education aimed at parents, populations at risk, and people in correctional and other institutional settings.

Provide comprehensive training and education to health care providers regarding risk, testing, treatment, and risk reduction strategies related to STDs, including HIV infection.

Provide partner notification and risk reduction counseling services to all individuals diagnosed with HIV and/or STDs in a variety of settings, including health care facilities, schools, half-way houses and other alcohol and drug treatment facilities.

Enhance the overall infrastructure of STD surveillance, prevention, care, and treatment services by the following:

- Provide reimbursement for appropriate testing and treatment services.
- Increase public health staffing for partner counseling and referral, surveillance, and laboratory services related to STDs, including HIV infection.
- Build coalitions between public and private providers to coordinate services and raise awareness in specific groups.
- Establish coordination and collaboration between existing services that serve only persons with HIV infection or only persons with STDs.
- Develop improved surveillance and data collection systems.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *High-Risk Sexual Behavior*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531, or the Bureau Director of Communicable Diseases and Preparedness at (608) 266-7550.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

# Health Priority: Intentional and Unintentional Injuries and Violence

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**Definition** Injury is defined as “any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen” (National Committee for Injury Prevention and Control, 1989).

There are two classifications of injuries:

- Unintentional, such as falls, burns, motor vehicle crashes, poisonings, and drowning.
- Intentional, violent injury, including suicide, homicide, and assaults such as sexual assault, intimate partner violence, child abuse, and elder abuse.

Injuries do not happen by chance. They follow a distinct pattern, like diseases. Injuries are predictable and preventable. Injury occurs because of the interaction of three sources: the host (injured person), the agent (form of energy), and the environment.

In Wisconsin more than 2,700 people died from both unintentional and intentional injuries in 1998, accounting for six percent of all deaths (Department of Health and Family Services, 2000). Injuries are the third leading cause of death in the U.S. and the fourth most frequent cause of death in Wisconsin, following cancer, diseases of the circulatory system, and diseases of the respiratory system (Department of Health and Family Services, 2000).

**Long-term  
(2010)  
Outcome  
Objectives**

## ***1. Prevention of Child Maltreatment***

By 2010, there will be a 10 percent reduction in the number of children who are abused and neglected in Wisconsin as reported by the Department of Health and Family Services and other appropriate governmental data sources.

## ***2. Motor Vehicle-Related Injuries and Death***

By 2010, the rate of motor vehicle crash-related deaths and incapacitating injuries will be 104 per 100,000 population.

By 2010, the rate of motor vehicle fatality and incapacitating injuries will be 9.4 per hundred million vehicle miles traveled.

By 2010, the age-adjusted overall motor vehicle death rate will be 14.0 per 100,000 population.

### ***3. Fall-Related Injuries and Death***

By 2010, the age-adjusted rate of death from falls will be 9.0 per 100,000 population.

Between 2000 and 2010, reduce the rate of hospitalizations due to falls from 382 per 100,000 population.

### ***4. Trauma System Development***

By 2010, evaluate the effectiveness of the system by comparing mortality and morbidity data from 2001 and 2010 or the most recent year available.

### ***5. Injury Surveillance System***

By 2010, combine or coordinate existing data systems into a surveillance system.

#### **Objective 1: Prevention of Child Maltreatment**

#### **Key Interventions and Strategies**

Assure that data collection and management accurately reflect the incidence of child abuse and neglect and prevention in Wisconsin.

Identify key elements of an effective, comprehensive, accessible, interdisciplinary child abuse and neglect program at the community level.

Educate community members involved in child abuse and neglect prevention about creating effective interdisciplinary prevention groups and the variety of ways to prevent child abuse and neglect.

Create local prevention programs.

#### **Objective 2: Motor Vehicle- Related Injuries and Death**

#### **Key Interventions and Strategies**

Increase electronic communication and enhanced injury data collection and linkages.

Develop the statewide injury coordinating committee.

Develop the Safe Communities Projects integrating disciplines and based upon data.

Institutionalize the coordinated state injury prevention efforts.

Develop standards and publish best practices.

Develop and distribute community-level data by means of an Internet query-based system.

Provide training in coalition development, community development skills, and data analysis.

**Objective 3:  
Fall-Related  
Injuries and  
Death**

**Key Interventions and Strategies**

Develop local and statewide falls prevention coalitions.

Develop and disseminate a statewide media campaign on falls prevention.

Implement in-home assessment, screening, and follow-up training in at least every region of the state.

Develop and disseminate a “Physician Tool Kit for Falls Prevention.”

Develop and implement a standardized “Home Safety Checklist” with recommended modifications as part of a comprehensive falls prevention program.

Develop a model curriculum for health and allied health professionals and integrate it into institutions of higher learning in Wisconsin. Develop a model playground safety curriculum and introduce it into daycare settings and schools.

Develop a Web-based data query system that is accessible to all counties in Wisconsin.

**Objective 4:  
Trauma  
System  
Development**

**Key Interventions and Strategies**

Develop regional partnerships in creating Regional Trauma Advisory Councils to improve the collaborative work involved in caring for and following-up on trauma patients.

Develop focused prevention strategies based on regional data and trends.

**Objective 5:  
Injury  
Surveillance  
System**

**Key Interventions and Strategies**

Develop partnerships to share data and develop program focus.

Focus prevention strategies based on state, regional, and local data and trends.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Intentional and Unintentional Injuries and Violence*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhsf.state.wi.us](mailto:bhip@dhsf.state.wi.us).

# Health Priority: Mental Health and Mental Disorders

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**Definition** Mental health is inextricably linked with physical health and is fundamental to good health and human functioning. *Mental health* is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and meaningful contribution to community and society.

*Mental illness* is the term that refers collectively to all diagnosable mental disorders. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior, or some combination thereof, which are associated with distress and impaired functioning and result in human problems that may include disability, pain, or death (U.S. Department of Health and Human Services, 1999).

**Long-term  
(2010)  
Outcome  
Objectives**

**1. *Screening and Referral***

By 2010, 80 percent of State-administered employee group health plans, Medicaid-funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes.

**2. *Discrimination/Anti-Stigma***

By 2010, an additional 15 percent of the general public will demonstrate an understanding that individuals with mental health disorders can recover through treatment to lead productive, healthy, and happy lives.

By 2010, an additional 15 percent of the general public will demonstrate the belief that individuals with mental health disorders are capable of sustaining long-term productive employment.

**3. *Cultural Competence***

By 2010, 87 percent of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment, planning, and delivery process.

#### **4. Access to Care**

By 2010, Wisconsin’s public mental health clients who have access to “best practice” mental health treatments will increase by 10 percent.

By 2010, Wisconsin’s public mental health clients who have access to “evidence-based” mental health treatments will increase by 10 percent.

#### **Objective 1: Screening and Referral**

#### **Key Interventions and Strategies**

Develop the Mental Health Workgroup implementation plan and get “buy-in” from partner systems.

Identify valid and appropriate screening tools by expert panels for partner systems to review.

Participate in field-testing and evaluation of screening tools.

Evaluate referral procedures and practices and make revisions, as needed.

Train staff from partner systems on new screening tools and referral policies.

Incorporate training on mental health screening into curricula of professional schools.

Incorporate mental health screening and referral requirements into relevant contracts by the Department of Health and Family Services.

#### **Objective 2: Discrimination/ Anti-Stigma**

#### **Key Interventions and Strategies**

Establish a three-module Anti-Discrimination/Anti-Stigma Campaign.

Create Wisconsin United for Mental Health, a Web site, and engage high-level, visible spokespersons.

Pass parity legislation in Wisconsin.

Promote best practice models throughout Wisconsin.

Increase the capacity of the current and future workforce to understand stigma, discrimination, and recovery and be better able to identify and respond to persons with mental disorders.

Increase the number of state residents who know their rights to mental health services through their health insurance plans.

Create baseline measures.

**Objective 3:  
Cultural  
Competence**

**Key Interventions and Strategies**

Build awareness, knowledge and capacity regarding cultural competency.

**Short-term interventions and strategies:**

Develop and/or implement a self-assessment tool for providers to determine their challenges and opportunities to provide effective services to targeted groups.

Distribute available informational materials and training to enhance the knowledge of providers regarding strategies to address challenges identified in their assessment.

In collaboration with providers, appointed officials and advocates, initiate research and review of policies and procedures that can have a positive impact on the equitable and fair delivery of services to targeted populations.

**Medium-term interventions and strategies:**

Assist providers in evaluating the overall impact of activities carried out.

Seek input and information from mental health consumers in targeted communities to assess their level of satisfaction and their evaluation of the effectiveness of services they were provided.

In collaboration with providers and appointed officials and advocates, develop recommendations for the creation, amendment, or modification of policies and procedures to enhance the capacity for providers and other stakeholders to provide full access to all services for consumers of mental health services in Wisconsin.

Develop an assessment process that will allow Wisconsin to identify providers' best practices and recognize those providers for the provision of equitable, fair, and culturally competent services.

**Long-term interventions and strategies:**

Create and utilize evaluation tools to evaluate the overall implementation of the provider's self-assessments and outreach strategies.

Develop culturally competent models and make them available to providers.

Develop contract language with providers to ensure that they offer culturally appropriate services delivered by appropriate, credentialed, and culturally competent staff.

Submit and promote legislation, policies, and procedure to ensure fair and equitable services to all consumers of mental health services in Wisconsin.

**Objective 4:  
Access to  
Care**

**Key Interventions and Strategies**

Increase access to health insurance for Wisconsin citizens.

Pass legislation mandating parity in insurance coverage for mental health and substance abuse treatment services.

Develop model guidelines for access to care and delivery of best practices, and work to have these adopted by providers and payers.

Build on the recommendations of the Governor's Blue Ribbon Commission on Mental Health, ensuring adequate and equitable funding for public mental health services.

Increase the availability of trained professionals to provide mental health services in underserved areas of the state.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Mental Health and Mental Disorders*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531, or the Division of Disability and Elder Services through the Bureau Director of Mental Health and Substance Abuse at (608) 266-2717.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

# **Health Priority: Overweight, Obesity, and Lack of Physical Activity**

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**Definition** People are considered overweight or obese based on their Body Mass Index (BMI). BMI is a mathematical formula that is a ratio of weight and height correlated with body fat (kg/m<sup>2</sup>). BMI is a better predictor of disease risk than body weight alone. Risk of mortality from many chronic conditions increases with a BMI over 25.0 (National Institutes of Health, 1998).

Definitions from the National Health, Lung and Blood Institute (1998) of the National Institutes of Health show the following: a BMI between 18.5 and 24.9 is considered “normal weight;” overweight is having a BMI of 25.0 to 29.9. Three separate classes of obesity range from BMIs of 30.0 to 40.0.

Level of activity, like obesity, occurs along a continuum. As a guideline, the 1996 Surgeon General’s Report on Physical Activity and Health (U.S. Department of Health and Human Services, 1996) recommends each person accumulate 30 minutes of moderately intensive physical activity for five or more days of the week, minimally 150 minutes a week of activity.

**Long-term  
(2010)  
Outcome  
Objectives**

***1. Leadership***

By 2010, an infrastructure will be in place that fosters the development, support, and sustainability of healthy lifestyles among Wisconsin residents.

***2. Physical Activity for Children and Adolescents***

Between 2001 and 2010, increase the proportion of Wisconsin adolescents who report they engaged in at least 30 minutes of moderate physical activity, on five or more of the previous seven days, from 27 percent to 37 percent.

***3. Physical Activity for Adults***

Between 2000 and 2010, increase the proportion of Wisconsin adults who reported they engaged in any physical activities during the past month from 78 percent to 88 percent.

***4. Overweight and Obesity***

Between 2000 and 2010, reduce the proportion of Wisconsin children who are overweight from 11.4 percent to 9.4 percent.

Between 2000 and 2010, reduce the proportion of Wisconsin adolescents who are overweight from 10 percent to 8 percent.

Between 2000 and 2010, reduce the proportion of Wisconsin adults who are obese from 20 percent to 15 percent.

**Objective 1:  
Leadership**

**Key Interventions and Strategies**

Establish a statewide coalition to address overweight, obesity, and physical activity with a detailed plan for statewide leadership and coordination, including support for the development and activities of local coalition efforts. Among other partners, key members of the coalition will be the Wisconsin Department of Public Instruction and the Wisconsin Division of Public Health. Some of the strategies the statewide coalition will use include increasing statewide initiatives/events promoting physical activity and healthy weight, implementing a statewide multimedia campaign, and increasing statewide advocacy for legislation and state funding that increases physical activity and prevents/reduces overweight and obesity.

**Objective 2:  
Physical  
Activity  
for Children  
and  
Adolescents**

**Key Interventions and Strategies**

The strategies that will be used to increase physical activity among children and adolescents fall into five categories: schools, environmental, health care system, sedentary lifestyle, and program-based.

Gather assessment data from children, adolescents, teachers, school administrators, and parents regarding interests in, opportunities for, and barriers to, physical activity.

Support professional development for physical education teachers and coaches on using inclusive curricula; training for health care providers on motivational interviewing; and integration of information on the health benefits of physical activity.

Form local coalitions consisting of the target population(s) to do grassroots advocacy for policy and environmental change.

Local community health advocates will seek funding for facility development and/or improvement, and educational campaigns will promote physical activity and reduce sedentary behavior (such as watching TV).

**Objective 3:  
Physical  
Activity  
for Adults**

**Key Interventions and Strategies**

Key interventions and strategies to promote physical activity for adults fall into four categories: worksite and senior site, environmental, health care system, and sedentary lifestyle.

Form local coalitions to conduct outreach and education that promote physical activity among adults and to seek funding for these activities.

Increase employer support for worksite wellness activities and increase the number of worksites that actively promote physical activity as a key outcome.

Support the provision in communities of safe and accessible facilities for adults to be physically active. Such facility changes may include public access to schools, churches, malls, hotels and community centers; paths for walking and biking; and sidewalks that are safe from crime and other causes of injury.

Work with the health care system to increase the knowledge, awareness, and skills of health care providers in counseling patients to be more physically active. Health care providers need to be aware of available facilities for physical activity and certified fitness professionals in the community, have formalized referral linkages, and seek insurance coverage for counseling about physical activity.

Encourage spending less time engaged in sedentary activities such as watching TV and using computers. Encourage families to be physically active together.

**Objective 4:  
Overweight  
and  
Obesity**

**Key Interventions and Strategies**

The key interventions and strategies that will be used to promote a reduction of overweight for children and adolescents and obesity for adults fall into five categories: school, worksite and senior site, environmental, health care system, and breastfeeding/ feeding relationship.

Promote the United States Department of Agriculture's Dietary Guidelines for Americans and the Food Guide Pyramid through policies and education in schools, worksites, and senior sites. These strategies will result in more children, adolescents, and adults following the recommendations for diet and physical activity as outlined in the Dietary Guidelines for Americans and the Food Guide Pyramid.

Increase the availability of and access to healthier food options when eating away from home, healthier foods from which to prepare meals at home, and opportunities to learn at-home food preparation skills. Food environment changes include increasing the availability of fruits and vegetables, low-fat or fat-free milk options, and point-of-purchase nutrition information.

Health care providers play a vital role in prevention and treatment of overweight and obesity through routine assessment, counseling, and anticipatory guidance. Because of this role, strategies are aimed at increasing the knowledge, awareness, and skills of health care providers in counseling patients to maintain or achieve a healthy weight. Health care providers need to have formalized referral linkages and seek insurance coverage for counseling regarding nutrition and weight management.

Promoting and supporting breastfeeding and educating new parents and families on the feeding relationship, feeding cues, and the division of responsibility in feeding are key strategies for preventing the rapid increase in the number of children who are overweight and lessening the risk that these children will become overweight adults. These outcomes will be achieved through training health care providers, incorporating the Ten Steps to Successful Breastfeeding into hospital practices, promoting worksite lactation programs, and implementing an educational campaign targeted to parents and healthcare professionals.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Overweight, Obesity, and Lack of Physical Activity*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhs.state.wi.us](mailto:bhip@dhs.state.wi.us).

# Health Priority:

## Social and Economic Factors that Influence Health

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**Definition** The direct relationship between the socioeconomic position of a population and its health is well established. Research studies have clearly documented that people who are socioeconomically better off do better on most measures of health status. These differences in morbidity and mortality between socioeconomic groups have been observed in many studies and constitute one of the most consistent epidemiological research findings (Antonovsky, 1967; Kitagawa and Hauser, 1973; Backlund, Sorlie and Johnson, 1996).

**Long-term (2010)** *1. Improving Income Levels of Wisconsin Households*

**Outcome Objectives** By 2010, at least 70 percent of Wisconsin households will have annual income at or above 300 percent of the federal poverty level.

*2. Social Connectedness and Cultural Competence*

Between 2000 and 2010, increase the level of (a) social connectedness of individuals within communities and (b) cultural competence in health care services settings.

*3. Literacy and Educational Attainment*

Between 2000 and 2010, attain a literacy rate in Wisconsin of 91 percent.

Between 2000 and 2010, attain an overall high school graduation rate for Wisconsin students of 95 percent.

Between 2000 and 2010, eliminate racial disparities in high school graduation rates for Wisconsin students.

*4. Child Care*

By 2010, no Wisconsin family will pay more than 20 percent of their income for day-care expenses.

By 2010, no more than 5 percent of families at or below 200 percent of the federal poverty level (FPL) will have out-of-pocket expenses for day care.

**Objective 1:  
Improving  
Income  
Levels of  
Wisconsin  
Households**

**Key Interventions and Strategies**

Raise awareness, understanding, and concern on the part of policymakers, those who influence policymakers, and the broader public. Increase the recognition that social and economic change can have significant beneficial effects on health status, quality of life, and reduction in violence and criminal behavior. Social and economic investments will not only benefit the targeted individuals, but business and the broader society.

Invest in the social and economic infrastructure to reduce societal costs in other, less productive areas (e.g., criminal justice system, certain health care costs, remedial education costs). A shift in how society views and supports its most vulnerable populations would be the most transformative action that could occur.

**Objective 2:  
Social  
Connected-  
ness  
and Cultural  
Competence**

**Key Interventions and Strategies**

Survey the racial/ethnic climate and cultural competence throughout the state.

Enforce civil rights legislation and CLAS standards to ensure cultural and linguistic competence.

Assist with public information campaigns, training, and technical assistance.

Organize self-assessment of cultural and linguistic competence.

Encourage community initiatives to address social/racial climate issues.

Provide legislative and private funding and evaluation of interventions to foster social cohesion and civic participation by diverse segments of communities.

**Objective 3:  
Literacy and  
Educational  
Attainment**

**Key Interventions and Strategies**

Enhance and improve collaboration within systems already in place to educate Wisconsin residents using traditional and nontraditional partners. The emphasis will be on improved services and targeting of services to our residents who cannot yet read at a level that allows them full access to the benefits of their citizenship. Key strategies will focus on improving the efforts of all literacy service providers through:

- Identification of a lead literacy agency in Wisconsin.
- Implementation of a state literacy summit.
- Development of a coordinated statewide work plan, including targeted media efforts.
- Evaluation and ongoing modification of the work plan.
- Dissemination of the results, including identification of the most effective local literacy methods and strategies.

**Objective 4:  
Child Care**

**Key Interventions and Strategies**

Raise awareness about the benefits of affordable, high-quality child care to improve the likelihood of increased financial support for Wisconsin Shares and other child care subsidy programs.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Social and Economic Factors that Influence Health*? Contact the Wisconsin Division of Public Health through the Bureau Director of Health Information and Policy at (608) 266-7568.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

## **Health Priority: Tobacco Use and Exposure**

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**Definition** Tobacco use and exposure is the active or passive introduction into the human body of toxins found in tobacco products. Tobacco use and exposure is a complex web of social influences, physiological addiction, and marketing and promotion of tobacco products. Effective tobacco prevention and control efforts reduce youth initiation, promote cessation, eliminate environmental tobacco smoke, and address the disparate impact of tobacco on various populations. Comprehensive efforts include counter-marketing, community interventions, legislation and policy change, and evaluation and monitoring.

**Long-term  
(2010)  
Outcome  
Objectives**

### ***1. Youth Prevention***

Tobacco use among Wisconsin middle school youth will decrease from 16 percent in 2000 to 12 percent in 2010.

Tobacco use among Wisconsin high school youth will decrease from 39 percent in 2000 to 29 percent in 2010.

### ***2. Tobacco Cessation***

Current cigarette smoking among all adults (18+) will decrease from 24 percent in 2000 to 19 percent in 2010.

Current cigarette smoking among young adults (18-24) will decrease from 40 percent in 2000 to 32 percent in 2010.

### ***3. Secondhand Smoke***

Adults who reported that they or someone else smoked in their home in the past 30 days will decrease from 28 percent in 2000 to 21 percent in 2010.

Adults who reported that smoking is allowed in some or all work areas as their place of work's official smoking policy will decrease from 26 percent in 2000 to 19 percent in 2010.

Youth who reported that they live with someone who smokes will decrease from 44 percent in 2000 to 33 percent in 2010.

**Objective 1:  
Youth  
Prevention**

**Key Interventions and Strategies**

Collaborate with school programs to include tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services.

Pass and enforce laws that restrict tobacco sales to minors.

Link school-based efforts with local community coalitions and statewide counter-advertising programs.

Promote youth leadership skill development, such as media advocacy, by participation in community tobacco control activities.

Foster a change in social norms and attitudes toward tobacco and the industry that promotes and distributes it.

**Objective 2:  
Tobacco  
Cessation**

**Key Interventions and Strategies**

Promote and support comprehensive tobacco prevention and control efforts on university and college campuses, including counter-marketing, cessation services, social norm campaigns, and smoke-free dorm and facility initiatives.

Increase availability of population-based counseling and treatment programs. A variety of cessation interventions are effective, including advice to quit by clinicians; individual and group counseling; telephone helplines; and the U.S. Department of Food and Drug Administration's approved nicotine replacement therapy.

Support implementation of the clinical practice guidelines for cessation as identified by the Agency for Healthcare Research and Quality, which concluded that the efficacy of intervention increases with intensity.

Advocate for treatment of tobacco use under both public and private insurance while eliminating barriers to treatment for underserved populations.

Support increasing excise taxes on tobacco products, because doing so reduces tobacco consumption rates. These taxes should support effective community, media, and school programs.

**Objective 3:  
Secondhand  
Smoke**

**Key Interventions and Strategies**

Promote and support smoke-free environments at all locations accessible by the public.

Promote and support the economic and health benefits of smoke-free workplaces.

Support community education programs that promote smoke-free home environments.

Implement community interventions that link tobacco control interventions with cardiovascular disease prevention.

Develop counter-marketing to increase awareness of environmental tobacco smoke as a trigger for asthma.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Tobacco Use and Exposure*? Contact the Wisconsin Division of Public Health through the Bureau Director of Community Health Promotion at (608) 267-0531.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

## **System (Infrastructure) Priority: Integrated Electronic Data and Information Systems**

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<b>Background</b>	Wisconsin must develop an integrated electronic public health information system to provide statewide and community-level population data needed for community health status assessment, policy development, assurance, service delivery, resources management, and accountability.
<b>Long-term (2010) Outcome Objective</b>	By 2010, Wisconsin will have an integrated electronic information system that measures public health system capacity and provides meaningful information about Wisconsin's 5 infrastructure priorities and 11 health priorities for individuals and organizations to improve the health of Wisconsin's population.

### **Key Interventions and Strategies**

Educate and train participants and stakeholders: Education is needed about the Public Health Information Network (PHIN) and the power and potential use of information this system can generate across all public health system disciplines, the general public, elected and organizational leaders, and all of Wisconsin's public health system partners.

Secure long-term funding through the Legislature: The Wisconsin Legislature plays an important role in the success of PHIN, because sustainable funding and support will protect the health of the Wisconsin public and save costs through anticipated efficiencies from connecting data and information systems. As professionals and residents generate interest in the concept, momentum in Wisconsin will continue to build and influence the need for sustained financial support for public health system infrastructure.

Change the way government and others carry out business practices by:

- Providing secure access to appropriate and relevant information.
- Decreasing the time needed to obtain current data.
- Enabling a more informed public (e.g., health system partners, the public, state and local elected officials).
- Providing reliable fiscal impact data related to health, conditions, injury, and disease.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Integrated Electronic Data and Information Systems*? Contact the Wisconsin Division of Public Health through the Bureau Director of Health Information and Policy at (608) 266-7568.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

## **System (Infrastructure) Priority: Community Health Improvement Processes and Plans**

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**Background** Wisconsin local communities must continue to take responsibility to develop, implement, and sustain community-wide health improvement processes and plans for improving the health of the public. Experience throughout Wisconsin communities has shown that broad-based community health assessments driven by communities is planning that achieves results.

**Long-term (2010) Outcome Objective** By 2010, 100 percent of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.

### **Key Interventions and Strategies**

Develop the Community Health Improvement Processes and Plans Steering Committee to outline processes, establish timelines, assign tasks, and assure a coordinated effort throughout the state.

Create an infrastructure whereby local community health improvement partnerships have access to state-coordinated resources (e.g., technical assistance, training, technology). Specific tasks can include: assessing and prioritizing needs and resources for training, technical assistance, and technology; developing and implementing a plan to address needs for training, technical assistance, and technology; evaluating results of the implementation of the technical assistance, training, and technology plan.

Implement and maintain a centralized, searchable, Web-based database of best practices, community health improvement plans, and progress reports that are utilized by local health departments and their partners. Specific tasks can include: identifying an administrator/coordinator; identifying appropriate software and interfaces; developing a security system; creating effective data collection and documentation systems; and training local health departments in how to access the information.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Community Health Improvement Processes and Plans*? Contact the Wisconsin Division of Public Health through the Bureau Director of Local Health Support and Emergency Medical Services at (608) 267-1440, or the Bureau Director of Health Information and Policy at (608) 266-7568.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhfs.state.wi.us](mailto:bhip@dhfs.state.wi.us).

# **System (Infrastructure) Priority: Coordination of State and Local Public Health System Partnerships**

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**Background** The productive engagement of all the public health system partners and their networks is essential to achieving the shared vision. To be effective, the work of Wisconsin's public health system must be coordinated through collaborative partnerships at both the state and local levels.

**Long-term (2010)** *1. Influencing Partnership Participation to Improve Health*

**Outcome Objectives** By December 31, 2010, 100 percent of public/private health partnerships, within five years of being formed, have successfully changed one or more significant systems or health priorities that support *Healthiest Wisconsin 2010*.

*2. Establishing Collaborative Leadership and Educational Processes*

By December 31, 2010, members of 100 percent of defined local, regional, and state partnerships will evaluate that the partnership has effectively met locally defined goals that support *Healthiest Wisconsin 2010*.

*3. Developing a Data System to Manage, Assess, and Evaluate Partnerships*

By December 31, 2010, the Department of Health and Family Services will maintain an electronic public health data system that collects data on critical public/private health partnership indicators.

**Objective 1:  
Influencing  
Partnership  
Participation  
to Improve  
Health**

### **Key Interventions and Strategies**

The underpinning for success for the partnership objectives is the formation of a taskforce on partnerships. This is a short-term taskforce to initiate quick action, so results can follow. Strategically, it must have links and influences with the Department of Health and Family Services and the state, regional, and local partnerships. The Secretary of the Department of Health and Family Services appoints its members. The taskforce (15 - 20 members) will reflect broad public and private representation, including members with expertise in partnership development. The taskforce membership will reflect the diversity of Wisconsin, including populations with disparate health conditions. A governing structure with clear roles for taskforce members will be identified, and the taskforce will sunset upon establishment of the public health board.

**Objective 2:  
Establishing  
Collaborative  
Leadership  
and  
Educational  
Processes**

**Key Interventions and Strategies**

Marketing the value of partnerships and providing training and technical assistance to assure they are successful are essential for implementation of *Healthiest Wisconsin 2010*. Three priority areas were identified for training.

- Develop a Web site for partnerships to exchange ideas and successes, to post best-practice documents, to provide links to valuable sites about funding opportunities and other resources, and to provide interactive training and other services yet to be determined.
- Provide ongoing training sessions that are geographically accessible and that focus on skills-building for partners who reflect the diversity of Wisconsin. The training would target both private and public partners. Trained individuals may become mentors or future trainers.
- Develop technical assistance teams comprised of public and private representatives that could provide on-site technical assistance.

Through monitoring and evaluation, identify successful partnerships to mentor those that are struggling.

**Objective 3:  
Developing a  
Data System  
to Manage,  
Assess, and  
Evaluate  
Partnerships**

**Key Interventions and Strategies**

Two levels of data need to be collected: (1) a data collection tool will be developed and piloted to compile baseline data. The taskforce on partnerships (or its subsequent form) needs partnership-specific information such as name of organization, address, phone number, e-mail, for those partnerships that want to be eligible for funding and want technical assistance; and (2) the public health data system also needs to collect more global data that will be used to identify geographic coverage, success of partnerships in meeting their strategic goals, and success of partnerships in changing one or more significant systems or health conditions that support *Healthiest Wisconsin 2010*. Data items for the public health data system include: number of organizations in the partnership; which sectors are represented; baseline data for the health priorities of focus and data reflecting successes over the past year; funding sources; and cost to operate.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Coordination of State and Local Public Health System Partnerships*? Contact the Wisconsin Division of Public Health through the Bureau Director of Local Health Support and Emergency Medical Services at (608) 267-1440, and/or the Bureau Director of Health Information and Policy at (608) 266-7568.

To order the CD-ROM entitled *Healthiest Wisconsin 2010 and Supporting Documents 2004*, contact the Wisconsin Division of Public Health through the Bureau of Health Information and Policy at [bhip@dhs.state.wi.us](mailto:bhip@dhs.state.wi.us).

## System (Infrastructure) Priority: Sufficient, Competent Workforce

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**Background** Many system partners (e.g., institutions of higher education, technical colleges, Area Health Education Centers, local health departments) have key roles in the development of the public health workforce. There must be a sufficient number of competent workers in Wisconsin's communities to carry out the core public health functions and essential public health services. Competent leaders, policy developers, planners, epidemiologists, philanthropists, evaluators, laboratory staff, environmental specialists, health care providers, and others must be in place to protect the health of the public. This workforce must be culturally and linguistically competent to understand the needs and deliver services to diverse populations in all Wisconsin communities.

**Long-term  
(2010)  
Outcome  
Objectives**

### *1. 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.

### *2. Diversity*

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

### *3. Enumeration*

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.

**Objective 1:  
Competency**

### **Key Interventions and Strategies**

Identify core competencies for the governmental public health workforce by specific discipline (e.g., medicine, nursing, health education, nutrition, environmental health specialists).

Promote the development of joint faculty appointments in state and local health departments.

Ensure that the state and local health department workforce has position descriptions that reflect specific competencies in the essential public health services.

Foster interventions using a “champion” strategy to promote policy and system changes.

Establish an education and practice forum composed of representatives from Wisconsin’s institutions of higher education, technical colleges, and the Division of Public Health, among others.

Engage the workforce in the modernization of Wisconsin’s public health statutes.

Design and implement orientation programs for new state and local health department staff that focus on the essential public health services and are computer-based. The Division of Public Health will study the possibility of expanding the orientation program to include new audiences from state and local public health systems.

Utilize the Health Alert Network to share a Web-based catalog of education programs and activities that support continuing education of the public health system workforce.

Institute ongoing review of core competencies in health promotion and disease prevention in institutions of higher education and technical college programs that educate and/or train the public health workforce.

Offer a continuing education course series that will address public health core competencies.

Link all training and education sponsored and/or provided by the Division of Public Health to professional competencies and the twelve essential public health services.

Link local health departments' continuing education budgets to professional competencies or the essential public health services provided by the health department.

Develop a system to communicate evidence-based practice to the public health system workforce.

Collaborate in the development of a management and leadership development program for the public health system workforce.

Develop a system to identify and monitor the current and emerging continuing education needs of the public health system workforce.

**Objective 2:  
Diversity**

**Key Interventions and Strategies**

Create a media campaign to positively influence attitudes and perceptions about public health careers among school-age and college-age students.

Develop mentoring relationships between public health partners and children/youth groups from communities with minority populations.

Use career development offices as vehicles to communicate and disseminate information about public health careers – special targets include primary, secondary, and post-secondary students.

Promote models that promote academic success among minority students.

Promote summer internship programs for minority students interested in or enrolled in public health careers.

Create a media campaign to increase knowledge of the benefits of having a diverse public health workforce.

Engage public health partners to champion successful models in recruitment of minority public health workers.

Institute policies within public health partner agencies and organizations that promote recruitment of staff who reflect the demographic profile of the community.

Create a media campaign on the benefits of investing in retention strategies to promote a diverse public health workforce.

Engage public health partners to champion successful models of advancement and career change opportunities to promote diversity of the public health workforce.

Public health partners will institute policies that incorporate state and national retention strategies that promote a diverse public health workforce.

**Objective 3:  
Enumeration**

**Key Interventions and Strategies**

Establish an enumeration task force to provide oversight into the development and implementation of Wisconsin's public health workforce enumerating system.

Identify public health workforce categories and minimum data elements for enumerating the public health system workforce.

Link the enumeration system with the efforts of Wisconsin's Integrated Public Health Data System and national enumeration efforts.

Conduct a media campaign among public health system workforce partners and policymakers on the benefits of enumerating the public health workforce.

Begin by biennially enumerating Wisconsin's governmental public health workforce, with the intention of expanding the biennial enumeration to the entire public health workforce in the state.

Link enumeration information and data to continuing education, recruitment, and retention planning.

Develop a system to link public health workforce information and data to state and local community health priorities and needs.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Sufficient, Competent Workforce*? Contact the Wisconsin Division of Public Health through the Bureau Director of Health Information and Policy at (608) 266-7568, the Director of the Office of Operations at (608) 261-9434, or the Bureau Director of Local Health Support and Emergency Medical Services at (608) 267-1440.

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## **System (Infrastructure) Priority: Equitable, Adequate, and Stable Financing**

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**Background** The transformation of Wisconsin’s public health system cannot happen without equitable, adequate, and stable financing. This transformation process provides an opportunity to improve the health of our residents and communities through a more cost-effective use of our resources. The public health system is uniquely equipped and positioned to promote community health through primary prevention measures. Investing in the essential public health services allows us to leverage resources to address risk factors in order to prevent diseases, injuries, and health conditions. An investment in primary prevention is a far wiser use of our scarce funds than reacting to problems after they occur.

To accomplish this transformation, we need to first assess our current programs to ensure that funds are spent effectively and efficiently. Best practices need to be established to replicate successful programs while also adapting them to fit local needs. We also need to review current funding sources and the distribution of funds to determine if funding levels are adequate and distributions are equitable. Finally, we need to explore new funding mechanisms, possibly by identifying savings to other partners resulting from the provision of primary prevention services, and also by reviewing and possibly adjusting funding levels, sources, and distributions.

**Long-term (2010) Outcome Objective** By 2010, there will be equitable, adequate, and stable funding to support Wisconsin’s state and local public health system infrastructure.

### **Key Interventions and Strategies**

Optimize flexibility with existing and/or new funds based on assessed local needs.

Study current and future funding needs.

Educate all partners and the general public.

Advocate for a comprehensive public health system among public health system partners, legislators, and the public at large.

Provide for statutory and administrative code changes to reflect current and future regulatory needs.

Convene a legislative council study committee to identify resources that could be leveraged, maximized, and/or expanded to support the public health system.

Identify the state's funding responsibility to support: (1) implementation of the state health plan's health priorities; (2) implementation of the public health system infrastructure priorities; (3) required essential public health services; (4) emerging public health issues; and (5) creation of an oversight governance to administer resources to local and state public health system partners.

Local communities will develop a fiscal plan that maximizes locally generated public health dollars and reallocates public and private resources to implement their community health plan.

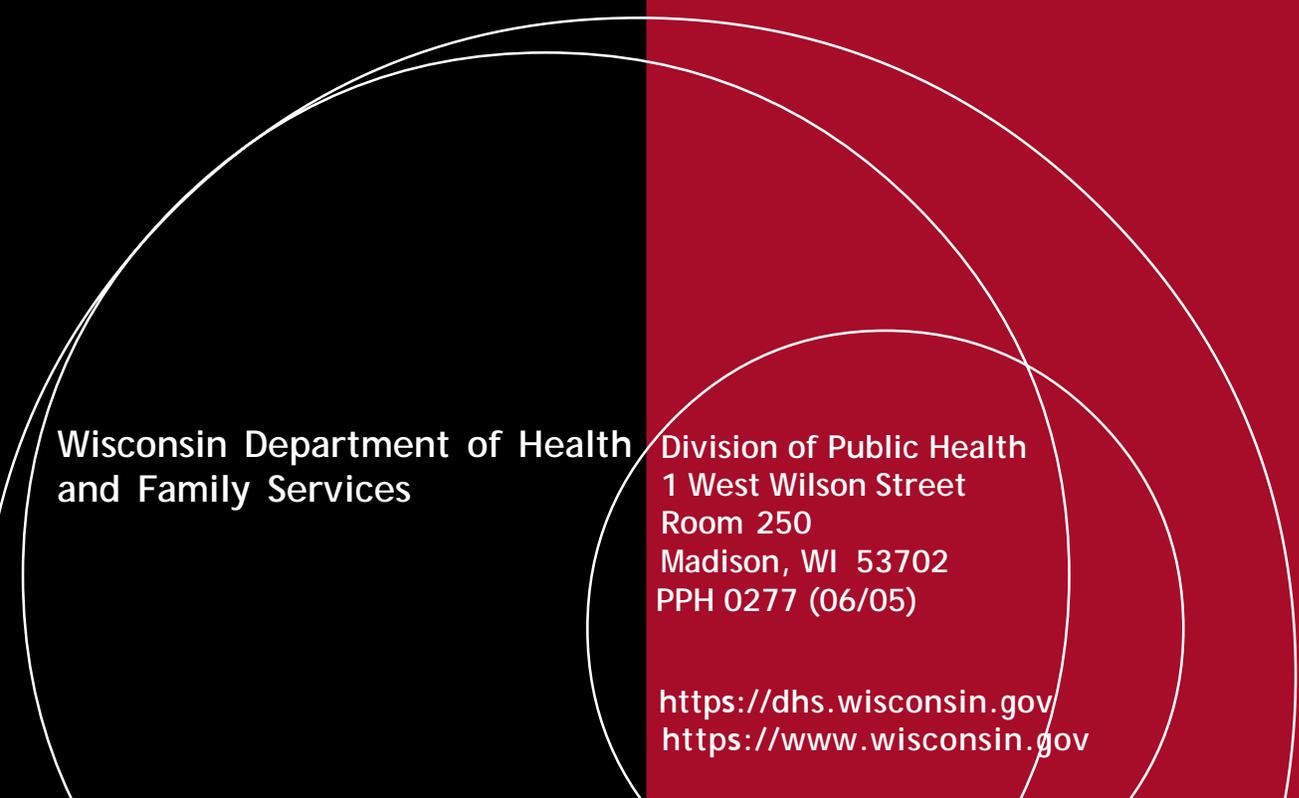
Evaluate and provide oversight of progress toward improving the health status of Wisconsin.

Provide leadership resulting in the coordination and planning of all fiscal and program activities to accomplish changes in the public health system.

Create an oversight committee that advises on resources to the public health system partners and reports to the legislative and executive branches on the health status outcomes achieved as a result of activities.

Do you need more information? Do you want to connect your work and the work of your organization to achieving the statewide priority, *Equitable, Adequate, and Stable Financing*? Contact the Wisconsin Division of Public Health through the Bureau Director of Health Information and Policy at (608) 266-7568, or the Director of the Office of Operations at (608) 261-9434.

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The logo consists of two overlapping white circles. The larger circle is on the left, and the smaller one is on the right, overlapping the larger one. The background is split vertically into black on the left and red on the right.

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