

SECTION 6

PROPOSED IMPLEMENTATION MODEL



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INTRODUCTION

What makes *Healthiest Wisconsin 2020* different from other strategic plans, many of which sit unread and unused on office bookshelves? *Healthiest Wisconsin 2020* is ready to be picked up and used. It was developed in partnership with more than a thousand people, representing a wide variety of stakeholders throughout Wisconsin who are invested in the expected outcomes of the plan and anxious to see it made real. *Healthiest Wisconsin 2020* builds upon the achievements and lessons learned from its predecessor, *Healthiest Wisconsin 2010*, so many people are prepared to act in the context of existing collaborations, knowledge, experience, and hope.

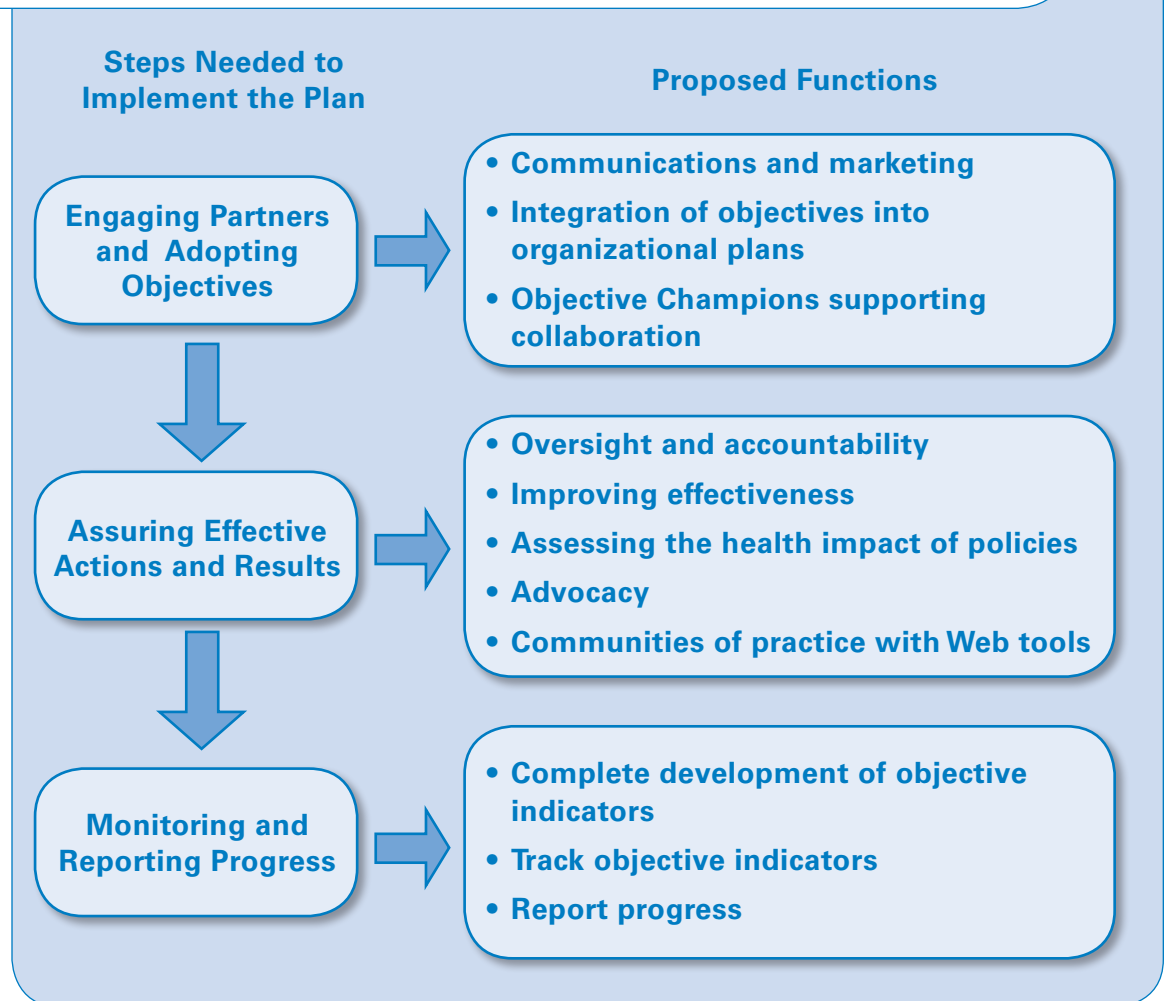
Because it is designed for anyone to use, not just a single organization or a set of professionals, it can be read, owned, interpreted and put into practice by anyone, anywhere. No matter how you define your “community,” whether a neighborhood, a city, town or county, an organization, a school, a professional society – some aspect of *Healthiest Wisconsin 2020* will be of interest to you, and you will be able to integrate it into your ongoing strategic planning and implementation.

Finally, *Healthiest Wisconsin 2020* is anchored in systematic public health approaches based on science, evidence, strategic planning, quality improvement, collaborative leadership and diverse partnerships.

PROPOSED IMPLEMENTATION MODEL

To jump-start discussions with public health system partners about the best implementation strategies to pursue, the *Healthiest Wisconsin 2020* Strategic Leadership Team has proposed a set of implementation strategies it believes can lead to rapid adoption and implementation of the plan by partners.

Figure 4. Proposed Implementation Model for *Healthiest Wisconsin 2020*



The proposed implementation model will be rolled out in two major steps.

- The first step of implementation is to engage partners in a discussion of the proposed model, like the one outlined in the diagram below, and with an expectation that partners will refine and improve the proposed concepts and adopt a complete implementation plan. This process will take place during the summer and fall of 2010.
- The second step of implementation is to put the implementation plan into action. This step should begin in late fall of 2010 with full implementation under way by January 2011.

The proposed implementation model (Figure 4) has three major components: (1) engaging partners and adopting objectives, (2) assuring effective actions and results, and (3) monitoring and reporting progress.

ENGAGING PARTNERS AND ADOPTING OBJECTIVES

Successful implementation of *Healthiest Wisconsin 2020* will require engaged leaders and organizations, representing many diverse sectors and systems, all aligned for action. It will require collaborative leadership from many people and organizations across Wisconsin. As stated in Section 1, if you carry out one or more of the 10 essential public health services, then you are part of Wisconsin's public health system and an important partner in *Healthiest Wisconsin 2020*.

Communications and Marketing

Many partners have been engaged in the process of developing *Healthiest Wisconsin 2020* and understand the goals and objectives of the plan. These partners and their organizations will provide leadership and share responsibility and accountability for putting the plan into action.

Partners and organizations who have yet to be engaged in *Healthiest Wisconsin 2020*, including the general public, need to learn about and become invested in the plan's goals. This process will take a multi-pronged approach. Partners will be encouraged to circulate the plan among their own organizations, networks, and constituencies. Ideally this will be supplemented by small-group discussions of some of the plan's less familiar concepts. These discussions will require easy-to-access, easy-to-use, culturally sensitive educational materials that explain the plan. Marketing materials must make the case about how involvement in the plan's implementation can create value for their organizations and the people and communities they care about the most. Such a marketing effort will benefit from the creation of a multi-stakeholder communications and marketing workgroup.

People across Wisconsin will likely encounter the plan in many different situations. For example,

- Local health departments will use the plan in their required multi-stakeholder community health improvement planning (CHIP) process.
- *Healthiest Wisconsin 2020* can become a part of the curriculum for health professions students.
- *Healthiest Wisconsin 2020* goals and objectives can become a required component for grant and contract applications for state and local agencies, medical school academic-community partnership programs, and philanthropic funds.
- Partner organizations, agencies and researchers will cite goals and objectives of *Healthiest Wisconsin 2020* when applying for grants and contracts.

Healthiest Wisconsin 2020 Objective Champion organizations (described below) will be particularly important in helping people and organizations learn about the need for, and benefits of, engaging in actions related to particular objectives.

Ideally, each partner in Wisconsin will become particularly acquainted and engaged with at least some of the plan's Pillar Objectives (objectives that require everyone's attention), as well as working intensively on one or more health and/or infrastructure focus area objectives that closely align with their organizational mission.

Integration of Objectives into Partners' Organizational Plans

A reliable way of ensuring that agencies and organizations remain sustainably engaged with *Healthiest Wisconsin 2020* is to encourage adoption and integration of the state health plan goals and objectives into the strategic or operating plans of all partners. This gets the plan into their organizational "DNA."

For example, local communities in Wisconsin create community health improvement plans, commonly known as a CHIP, with the support of their local health department and in collaboration with community stakeholders. They can adopt those *Healthiest Wisconsin 2020* objectives best aligned to their unique, local priorities. During the life of the *Healthiest Wisconsin 2010* plan, all local health departments in Wisconsin adopted several of the state-level priorities into their plans, consistent with the needs of their communities. Similarly, other agencies and organizations also adopted *Healthiest Wisconsin 2010* into their strategic plans. For example, the Wisconsin Hospital Association regularly published information about how their community members were addressing *Healthiest Wisconsin 2010*. Whether we are talking about government, the public or private sectors, this level of adoption over the past decade must be not only repeated but expanded into many more organizations during this new decade.

Healthiest Wisconsin 2020 Objective Champion organizations (described below) will likely recruit organizations and collaborations to become engaged in work related to particular objectives, ideally at the level of strategic organizational initiatives.

Because *Healthiest Wisconsin 2020* focuses strongly on high-impact policies and systems aligned for better health, action must occur at the state level as well as the local and regional levels. This includes integration of the plan's objectives into state agencies' priorities as they plan their work for the next several years. Just as important are the opportunities brought about by changes in state statute and state administrative rule to incorporate evidence- and science-based practices, which can help align incentives across Wisconsin toward healthy outcomes.

Focus Area and Objective "Champions"

State and local health departments will play important roles in achieving the goals of *Healthiest Wisconsin 2020*. Nevertheless, the magnitude of the work to be done is so great, it is essential for other public health system partners to share responsibility and accountability for planning, leading and monitoring the state health plan objectives. This is rooted in the values of collaboration and strategic leadership at all levels discussed in Section 2; or, in short, that it takes the work of many to protect and improve the health of all. For some of the 23 focus areas, broadly representative and well-organized councils, organizations or collaborations may already exist. The proposed implementation model suggests that some existing organizations or collaborations will want to step forward to provide leadership, coordination, and oversight of activities for *Healthiest Wisconsin 2020* objectives that relate to the organization's or collaboration's area of interest. These would be called Objective Champions.

Objective Champions are envisioned as organizations or collaborations prepared to adopt responsibility for achievement of specific *Healthiest Wisconsin 2020* objectives statewide. They would also commit to share and model the values of *Healthiest Wisconsin 2020* and reach out to others who share an interest in the objective for which they serve as champion. People who served on Focus Area Strategic Teams or participated in community engagement opportunities during the development phase of *Healthiest Wisconsin 2020* are examples of leaders who may be ready to partner with such champion organizations. Examples of existing organizations that may be interested in serving as Objective Champions include the Wisconsin Minority Health Leadership Council, the Public Health Council Emergency Preparedness Committee; the Wisconsin Relay of Electronic Data (WIRED) for Health Board; and the Public Health Workforce Call to Action Workgroup. Where existing organizations or collaborations do not exist or are not able to accept this leadership role, a new group may need to be created. Some Objective

Champions may need to expand their networks, or create new partnerships, so that unconventional organizations and non-traditional constituencies sharing interest in the objectives can be accommodated on common ground.

Identifying or creating organizations that will provide sustainable, accountable leadership for the 23 focus areas and 10 Pillar Objectives is an important task for the first year of the plan.

ASSURING EFFECTIVE ACTIONS AND RESULTS

Carrying out an ambitious, outcome-driven plan leaves little leeway for ineffective action. Ideally this means that most programs, system changes and policies are either demonstrated to be highly effective, or are being evaluated for their effectiveness. *Healthiest Wisconsin 2020's* focus on aligning high-impact policies for health (not only in the health sector, but in other sectors such as housing, transportation, human services, finance and education) requires that we study and project the health impact of proposed policy changes. Finally, even the most evidence-based programs will not affect health outcomes if they are not implemented to a scale or in a way that meets current and emerging need.

Oversight and Accountability

Even though *Healthiest Wisconsin 2020* is a plan for everyone, “everyone” can mean “no one” if oversight and accountability are left undefined. The Wisconsin Public Health Council, the State Health Officer and the Division of Public Health’s Office of Policy and Practice Alignment play special leadership roles in overseeing and reporting on plan achievement. In particular, the Wisconsin Public Health Council is accountable for reporting on progress regarding plan achievement to the Governor and Legislature. The Wisconsin Department of Health Services is responsible for coordinating the activities within state government involving the collection, retrieval, analysis, reporting and publication of statistical and other information related to health and health care, and also for providing technical assistance to local units of government for the development of local community health improvement plans.

However, concerted action at the level of individual focus areas or objectives will require a larger set of organizations to share leadership and accountability, especially in light of the low funding for public health in Wisconsin compared to other states. The role of Objective Champion organizations is critical to successful implementation and ultimate achievement of the goals of *Healthiest Wisconsin 2020*. Ideally such organizations would report their activities regularly to the Wisconsin Public Health Council (or a similar public forum) to help ensure that gaps in plan implementation are filled, redundancy is avoided, core values are respected, progress is being made, and the public is informed.

Improving Effectiveness

Many programs and policies now in place have never been rigorously evaluated and compared to alternatives based on evidence of their effect on health outcomes. This does not mean those programs or policies should be dropped; it simply means it is difficult to know how to continuously improve the effectiveness of our interventions on behalf of health without a baseline and a measuring stick.

One *Healthiest Wisconsin 2020* objective would create a public health research and evaluation council that would help facilitate and prioritize such research, thus helping to ensure that innovation in public health is informed by good science. To further improve access to evaluation results and policy health impact assessments, one of the plan's Pillar Objectives calls for the creation of dedicated capacity in Wisconsin to assess, compare and disseminate findings about the effectiveness of alternative population health policies and practices. Particularly as we try to expand the numbers and types of people who participate in the implementation of *Healthiest Wisconsin 2020*, the need grows for easily accessible, objective information to guide policy leaders, individuals and organizations toward known, effective practices and policies. Meanwhile, those who desire to innovate need access to those with appropriate skills to evaluate the outcomes of those innovations.

Such resources live largely in three settings: academic institutions, community-based nonprofit organizations (like Milwaukee's Planning Council for Health and Human Services) and for-profit consulting organizations. The proposed implementation model suggests that the major public health research institutions of the state (such as the University of Wisconsin System, the Medical College of Wisconsin, and Marquette University) join together to create an easy-to-use system, both as a place to learn about the effectiveness of programs and policies, and to link untested programs to high-quality evaluation capacity.

Assessing the Health Impact of Policies

To effectively align policies for health across many different sectors, it is necessary to be able to assess the likely health impact of potential policy changes. Consequently, a Pillar Objective for *Healthiest Wisconsin 2020* is to create a dedicated capacity in Wisconsin to perform a health impact assessment of proposed policy changes. The Centers for Disease Control and Prevention provides the following definition for health impact assessment.

Health impact assessment (HIA) is commonly defined as 'a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population' (1999 Gothenburg consensus statement). Health impact

assessment can be used to objectively evaluate the potential health effects of a project or policy before it is built or implemented. It can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. A major benefit of the health impact assessment process is that it brings public health issues to the attention of those who make decisions about areas that fall outside of traditional public health arenas, such as transportation or land use (Centers for Disease Control and Prevention, 2007).

The emerging science of health impact assessment needs a home in Wisconsin. Health impact assessments require the interaction of scientists and policy experts across a wide variety of fields. Because the number of people in each field who have expertise in public health is quite limited, an inter-institutional, inter-disciplinary organization linked to all of Wisconsin's institutions of higher education could become the coordinating center for such work. This organization could provide access for public health system partners and stakeholders by assembling and coordinating appropriate expertise on any given issue from the pool of state experts, rather than being restricted to the talent in any single institution.

Advocacy

It will take coordinated and effective advocacy to propel *Healthiest Wisconsin 2020* into the strategies, policies and practices of some state agencies, local agencies, regional agencies and private sector organizations. Legislators and agency heads are subjected to constant requests for health-related policy change, ranging from trivial to profound, and often with proposals lacking good scientific grounding or political sense. Simply contributing to the noise will not move Wisconsin strategically toward the *Healthiest Wisconsin 2020* goals. It is likely that Objective Champions will want to define advocacy agendas on behalf of their objectives and strategies.

Thus, the proposed implementation model suggests that Objective Champions and other interested parties join together to form an advocacy-oriented resource that can strategically coordinate advocacy, as well as offer training and other tools to make health policy advocacy more effective at both local and state levels.

Communities of Practice with Web Tools

Whichever focus areas and objectives one might pick, thousands of other Wisconsin stakeholders will have a similar interest. Though it may not be feasible for all organizations or individuals who are interested in, or working on, the same issue to become part of the Objective Champion organization or collaboration, it is important that all be provided an invitation and a mechanism to contribute information about their health plan-related activities and outcomes, to share best practices with others,

and to learn about opportunities to learn or advocate. This constellation of people and organizations can be described as a community of practice. For example, Objective 2 in the Physical Activity Focus Area states: “By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.” The universe of interested people might include scout troops; physical education teachers; parks and recreation departments; pediatricians and nurses; sporting supplies vendors; summer camps; neighborhood centers; rehabilitation specialists; parents; faith communities; police departments; and athletic leagues.

The proposed implementation model suggests that a community of practice for each focus area be supported by a set of Web 2.0 tools that invites this larger collection of stakeholders to communicate with relative ease. Web 2.0 tools include social networking features such as moderated listserves, discussion boards, publications, live and archived webcasts, podcasts, blogs and videos. Establishing such communities of practice would allow an expanding universe of people from all walks of life and all levels of skill to become involved in implementing components of the state health plan, along with a broad network of those with similar interests. While face-to-face conferences will still help people learn and discuss, Web-based communities of practice can help people stay better engaged throughout the year and accommodate those less able to travel, or who need to participate at unstructured times of the day. Such Web-enabled communities of practice would benefit from being jointly managed with expert guidance from Objective Champions, each using a portion of a centrally organized technology platform.

MONITORING AND REPORTING PROGRESS

Complete Development of Objective Indicators

Some *Healthiest Wisconsin 2020* objectives are not adequately measurable by existing data. This may mean that no standardized and reliable system exists to collect and analyze relevant data, or that research needs to verify the relationship between a collectible piece of information and a health outcome. An important step early in the decade will be the creation of ways to measure objective achievement where they do not exist today. This is viewed as a shared responsibility between the Wisconsin Department of Health Services and proposed Objective Champions, as neither alone may have the necessary capability.

Track Objective Indicators

The Department of Health Services, as previously noted, is responsible for coordinating data collection within state government related to health and

health care. Some objective indicators may be created and tracked outside the Department. In all cases such indicators will need to be presented on a periodic basis to the Wisconsin Public Health Council, and also made widely available to interested stakeholders and the public. As in *Healthiest Wisconsin 2010*, a website will likely play a critical role in the dissemination of progress tracking.

Report Progress to Governor, Legislature, and Public

This activity is assigned in statute to the Wisconsin Public Health Council, with the assistance of the Department of Health Services. Nevertheless, the plan will have the greatest chance of success if outcomes are regularly made available to the broadest audience possible through many mechanisms and the active engagement in the process of many organizations and collaborations supporting the plan.

NEXT STEPS

The Division of Public Health will continue to serve as a convener, and to the extent possible, give partners access to subject matter expertise and to different types of health information within the Department's capability. The Division of Public Health will also coordinate efforts to establish final objective indicators, even when these are produced by other organizations. The Division proposes to work closely with the Wisconsin Public Health Council and other organizations on plan marketing and communication, recruitment and deployment of Objective Champions, and development of the tools to support them. Similar work is expected with educational institutions and other stakeholders regarding the pathway to developing additional capabilities for sharing evidence on policy and practice effectiveness and on creating additional capability for health program evaluation and policy health impact analysis. Once a basic implementation framework has been established, partners can collaborate on developing necessary shared resources related to collaboration, advocacy and other critical needs. Some activities will need to be supported through grants and contracts, in-kind donations or public funding. For some ideas on how you might get started with implementing *Healthiest Wisconsin 2020*, refer to Appendix F, "Don't Wait: Ideas for Effective Action".

Summary

Implementation of *Healthiest Wisconsin 2020* is rich with both opportunity and challenge. As with the state health plan of the last decade, it is both necessary and desirable for the public health system partners to share leadership and accountability. This proposed implementation model identifies many ways for partners to:

- Bring the plan to organizations and communities so they can assess how it fits into their strategic initiatives;
- Participate in communications and marketing efforts;
- Become an Objective Champion for one of the focus areas or for one or more of the Pillar Objectives;
- Provide financial or in-kind support for plan communication and marketing, community of practice tools, systems to measure plan outcomes; development of the framework to improve evaluation, perform impact assessment and share evidence and best practices; and many other plan needs;
- Provide technical assistance in the development and dissemination of Web 2.0 tools;
- Participate in a public health research and evaluation council;
- Establish a home for health impact assessments; and
- Contribute expertise in the development of strategies and tools for gathering information to measure and report progress.

Challenges include the limited resources available to create and sustain the infrastructure needed to implement this plan, and the task of staying focused on long-term goals as competing crises continue to emerge. These are considerable challenges that must be addressed as a long-term response to making Wisconsin the healthiest state, and will require many creative approaches. One strategy that can be implemented immediately is for public health system partners to invite new partners to join this work. By expanding the number of people and organizations engaged in one or more of the state health plan's objectives, we can share leadership as we improve health and create a more just society.

Reference

Centers for Disease Control and Prevention, Fact Sheet, National Center for Environmental Health, Division of Emergency and Environmental Health Services, October 2007. Retrieved March 16, 2010 at http://www.cdc.gov/healthyplaces/publications/Health_Impact_Assessment2.pdf

