

# APPENDIX E

## PARTNER PERSPECTIVES: CHALLENGES AND SUCCESSES IN PUBLIC HEALTH

*Everyone Living  
Better, Longer*

*Healthiest  
Wisconsin  
2020*





# APPENDIX E

## PARTNER PERSPECTIVES: CHALLENGES AND SUCCESSES IN PUBLIC HEALTH

### INTRODUCTION

Every day, public health system partners in Wisconsin are working to protect and improve the health of the public, usually without fanfare and limelight. Their days are filled with achievements and challenges ranging from assessing current and emerging needs for individuals, families, and entire communities; to developing and implementing policies to intervene early on the upstream conditions that cause downstream problems; to assuring that health is protected, the quality of life improving, and gaps in care and health disparities are closing. These partners realize firsthand that it takes the work of many people in communities to improve the health of all. They understand that no one agency or organization can solve problems alone but realize that a system can.

The following stories, perspectives, and opinions reflect many of the values, focus areas and goals of *Healthiest Wisconsin 2020*. They show what it takes to align policies and systems to increase productivity, prosperity, participation and well-being.

The statements that follow reflect creativity and ingenuity in solving problems, often with limited personnel, financial, and material resources. They also describe obvious and insidious barriers to health improvement. In all cases, these stories reflect how successes can be achieved using leadership, evidence, partnerships, foresight, diligence and dedication to creating the conditions in which people can be healthy.

These stories are the beginning of a process. Many stories are yet to be told, documented and shared as *Healthiest Wisconsin 2020* is implemented over the next decade. Stories like these provide insights into what it will take to align policies and systems as a critical step to achieve our shared vision: “Everyone living better, longer.”

## Infrastructure Focus Area: Collaborative Partnerships

### *The Tribes as Partners in Building Wisconsin's Public Health System*

Because of their existence predating the formation of the United States, the tribes are recognized under law as distinct political entities, unique from one to another, independent of the States formed around them, and having a direct relationship to the federated states comprising the United States under the Supremacy Clause and the Commerce Clause of the United States Constitution. Under the Constitution, the treaties and federal laws dealing with Indian tribes are the supreme law of the land, and commerce between the individual states and the tribes is severely limited. Thus, it was necessary in 1924 for Congress to act in order to extend citizenship of the states in which they reside to Indian people, which confers a dual citizenship on tribal members: they are constituents of their tribes and of the state in which they reside. Similarly, the tribes retain rights of jurisdiction and sovereign authority within their territories, along with rights of off-reservation use under treaties, unless otherwise specifically limited by Congressional action. Each tribe in Wisconsin is therefore a separate political entity, having its own written constitution, laws, democratically elected governing body, and agencies. Each has its own independent structures and processes for determining policy, planning, allocating resources, and decision-making. There exists no “umbrella” government or federation of tribes, and each tribe speaks for itself through its elected leadership. Substantially more than just interest groups or service populations and having their own arrays of concerns and priorities, the tribes are political and jurisdictional partners with the State in addressing issues and solutions in public health.

*Jim Hawkins, J.D., Legal Counsel  
Great Lakes Inter-Tribal Council, Lac du Flambeau*

### *Partnerships, Policy Alignment and System-wide Leadership*

Health is everybody's business. From each person making his or her own individual health choices to champions who lead local health initiatives, to policy makers who consider health impact in every law they adopt, together we will assure that 'everyone does live better and longer.' To do so, the vision, goals, and objectives of *Healthiest Wisconsin 2020* must permeate every sector's program and policy decisions over the next decade. The Wisconsin Public Health Council will lead the way by providing advocacy and outcome monitoring of this plan.

*Julie Willems Van Dijk, RN, PhD  
Chair, Wisconsin Public Health Council  
Associate Scientist, University of Wisconsin Population Health Institute, Madison*

### *Hospitals and Health Care – Partners for the Public's Health*

While medical care provider organizations and public health each have important roles in community health improvement, the real strength is in our partnership. By working together, we can more effectively achieve our overall societal goal of living long and living better.

*Frank D. Byrne, MD, FACHE  
President, St. Mary's Hospital, Madison*

## **Overarching Focus Area: Health Disparities**

### *Race and Gender – “We are not what they say we are”*

Health disparities and health equity are a complex set of issues for populations who experience life through the intersections of race, gender and/or as a sexual minority. The stress of these identities caused by stigma and discrimination, not the identity itself, affects a person's self esteem, which often affects people's ability to take preventive measures to assure good health. We must therefore teach psychological independence. We are not what they say we are.

*Brenda Coley, Chairperson  
Wisconsin Minority Leadership Council  
Director of Adult Services, Diverse and Resilient, Inc., Milwaukee*

## *Infant Mortality – Calling the Future into Question*

An untimely death is a singular tragedy, but it is never a solitary one. Ralph Abernathy said, “I don’t know what the future may hold, but I know who holds the future.” The death of an infant ripples outward, shattering families, which splinters communities, which calls that future into question. I worked in African communities for 14 years to improve maternal and child health outcomes, ensuring that children born in West Africa had access to the future. Upon returning to Wisconsin, I found it difficult to accept that our infant mortality rates are worse than some of the communities I had just left. And I refuse to accept it.

Many others are raising their voices. Mothers, fathers, advocates, state and local government, community-based agencies, doctors, nurses, social workers, and students are taking up the call to action. The Lifecourse Initiative for Healthy Families – which started in 2009 with a \$10 million commitment from the Wisconsin Partnership Program – is seeking to change these facts. In 2010, a Black child born in Wisconsin is three times more likely to die before his or her first birthday than a White one. If the disparity were eliminated, at least one African American child would be saved each week in Wisconsin. Through the Lifecourse Initiative for Healthy Families we have helped bring together coalitions in Beloit, Kenosha, Milwaukee, and Racine to mobilize community assets toward improving the health of women throughout their life spans, including healthy pregnancies and healthy births. The communities are driving this process. Each city is unique and its residents are best able to identify interventions that match their needs. By 2020, we hope to be able to say that every child born in Wisconsin has the same access to a healthy future.

*Lorraine Lathen, MA  
President, Jump at the Sun Consultants, LLC  
Program Leader, Lifecourse Initiatives for Healthy Families,  
Wisconsin Partnership Program*

## **Overarching Focus Area: Social, Economic and Educational Factors that Influence Health**

### *Tribal Wisdom*

The further back we go on the chain of events that leads to a problem, the stronger the healing can be.

*Sparky Waukau, Menominee Tribal Leader*

## *Community as the Client*

Working in some of Milwaukee's lowest income areas where residents are at particular risk for unhealthy nutrition, lack of physical activity, overweight and obesity, our project worked with eight member agencies of United Neighborhood Centers of Milwaukee to change food and fitness environments, programming and policy.

Our project was able to leverage significant extramural funds to continue the important work of improving the nutrition and physical activity policies for children, youth and families in the central city.

*John Meurer, MD, and David Nelson, Medical College of Wisconsin;  
Tony Shields, United Neighborhood Centers of Milwaukee*

## *Leadership – Strengthening the Fabric of Wisconsin Communities*

Poverty, unemployment, and other economic and social problems do far more damage to Wisconsin's population than the weaknesses in our public health system or the flaws in our so-called health care "delivery" system. If we want to greatly improve the health of the people of Wisconsin—and if we're serious about reducing racial and other forms of health inequality—we need to identify and implement changes in public policy that the evidence shows will greatly reduce poverty and joblessness, particularly among African-Americans and Hispanics but also among many low-income Whites in both urban and rural areas.

Improving health outcomes means augmenting the incomes of thousands who rely on Supplemental Security Income (SSI) and Social Security but still live below the poverty line. It also means transitioning the unemployed—now nearly 10% of the workforce—into stable jobs, which in turn means creating and funding large numbers of transitional jobs to carry out useful projects that meet public needs if the regular labor market has a serious shortage of jobs. Improving health outcomes also means raising the minimum wage, and strengthening our system of earning supplements and other work supports.

In addition, improving the health of Wisconsin's population means reforming our primary and secondary (K12) education system so that all children learn to read, write, and work with numbers; driving down crime rates; and reducing domestic violence. Unless we make dramatic gains across a broad front of economic and social determinants of health in Wisconsin, we'll make little progress on health outcomes and the reduction of disparities.

The primary responsibility for improving the economic and social determinants of health in Wisconsin lies with the Wisconsin Legislature and the U.S. Congress, together with the Governor and the President. Public health officials and academic experts can help by driving home the point that anti-poverty policy is health policy. It will also be necessary to form broad-based coalitions to press our elected officials to take tangible steps to raise the incomes of persons with disabilities and seniors, fill the job shortage, increase wages and incomes, and redesign the education system so that it actually educates all children. In the end, however, state and federal legislators and chief executives will need to exhibit leadership. Specifically, they will need to adopt the budgets and pass the laws that can—if properly crafted—drive down poverty and unemployment to low single digits, and by so doing improve health outcomes and narrow disparities.

*David R. Riemer*

*Director, Community Advocates Public Policy Institute  
Community Advocates, Inc., Milwaukee*

### *Discrimination – An Insidious Obstacle to Overcome*

Lesbian, gay, bisexual, and transgender people in Wisconsin would thrive if not for the daily obstacles that stand in their way toward health, well-being, and full participation in society. In the context of safe, supportive communities, they would be full contributing partners in a robust society, with organizations and leadership to support them along the way.

*Gary Hollander, PhD*

*Executive Director, Diverse and Resilient, Inc., Milwaukee*

### *Education – A Key to Wisconsin's Health*

Historically the connections between learning and health have aided social and cultural advancements. In our community the partnership shared by school districts and public health agencies is vital to the health of the general community. This essential collaboration also dramatically supports the education of the students and adult residents. During periods of significant economic restriction, school districts and public health agencies have the opportunity to maximize dwindling resources and potentially provide the public with services that can be lifesaving.



In Appleton, we have the good fortune of being supported by a highly qualified and professional public health department. This team has made it their business to provide essential services to the community in a manner that supports the values of the school district. The collaboration established with our health department during the recent H1N1 crisis provided the district with a method of monitoring the health of our students that will benefit our entire community.

*Yvette T. Dunlap, Assistant Superintendent - Student Services  
Appleton Area School District*

### *People with Disabilities – Leaving No One Behind*

Health issues for those with disabilities should not be seen solely as a social service, health care, or long term support issue, but must also be viewed within the context of public health. As the Wisconsin public health system moves forward over the next decade, it must determine what it will do to support the health of all people, including those with disabilities.

*Healthiest Wisconsin 2020* challenges the public health community and disability community to come together and explore how their respective values, principles and strategies can be blended to promote the health of individuals with disabilities as one subset of the state's population.

*Daniel Bier, Associate Director, Waisman Center  
University Center for Excellence in Developmental Disabilities  
University of Wisconsin-Madison*

## **Health Focus Area: Communicable Disease Prevention and Control**

### *H1N1 – A New and Emerging Threat to Health*

In mid-March, 2009, reports began to surface in the media about an unknown illness that appeared to be causing severe illness and death in Mexico. By late April, our health department, Public Health of Madison and Dane County, had its first cases of novel H1N1 influenza. As the epidemic unfolded, the crush of calls and requests for information led to a partnership with the Dane County 211 information line. Our work at large immunization clinics led to partnerships with Dane County Emergency Medical Services, Home Health United and Bright Star staffing, local health care provider staff, public and private schools, the American Red Cross, Dane County deputies, Madison police, and many, many others.

[From a Dane County resident]: “I have never received such kind, polite and encouraging words as I did from parking attendants, line monitors, police, questionnaire examiners and vaccine administrators. God forbid that we should ever have another disaster in our county. But if we do, I am confident that it will be handled with the same compassion, orderliness and competence as was shown at the Alliant Center.”

*Judith Aubey, MS, RN  
Public Health Nursing Supervisor  
Public Health - Madison and Dane County*

## **Health Focus Area: Environmental and Occupational Health**

### *Blastomycosis – The Physical Environment as a Determinant of Health*

When Marathon County Health Department staff noticed a dramatic increase in blastomycosis cases during the winter of 2009, public health emergency response plans kicked in. Blastomycosis is caused by inhaling spores from a fungus that grows in rotting leaves and plant debris. Farmers, construction workers, hunters and campers are at greater risk due to exposure to moist soils containing rotting leaves and wood. Alerts to area health care systems prompted health care providers to heighten their surveillance for blastomycosis cases. An epidemiological investigation was launched with partners from the state Division of Public Health and the Marshfield Medical Research Foundation. Risk communication messages helped the public understand the signs and symptoms of blastomycosis, which are similar to pneumonia, and how to avoid being exposed. People affected were helped by public health and medical personnel.

“In many ways we did what we have always done: protect the health of the public,” said Joan Theurer, Marathon County Health Officer. “But because of all the preparation we have done, we now do it more efficiently, more collaboratively, and, we believe, more effectively.”

*Julie Hladky, MPH  
Northwoods Public Health Preparedness Consortium Program Manager  
Marathon County Health Department*

### *Flooding – The Effect of Weather on Health and Well-Being*

In 2007 and then again in 2008, Federally Designated Disaster Flooding in western Wisconsin and eastern Minnesota resulted in the deaths of three people from the flood waters, destruction and damage to over 60 private homes, displacing about 200 people and putting several hundred more in danger of illnesses such as typhoid, cryptosporidiosis and gastroenteritis from contaminated private wells. The La Crosse County Health Department sanitarians, public health nurses and health educators coordinated services with other local health departments; town, village, city, county and state elected officials; fire departments; emergency government; law enforcement; the American Red Cross and others, including across state lines, to keep people healthy. Drinking water samples were collected by various helping organizations and transported to the La Crosse County Health Department laboratory and the Wisconsin State Laboratory of Hygiene for testing. Staff at all laboratories quickly responded to the influx of many times the normal amount of testing by working the needed evening and weekend hours to provide quick results to enable the quick return of families to safe homes.

*Doug Mormann, MS*

*Health Officer and Director, La Crosse County Health Department*

### *Southwest Environmental Health Consortium – Banding Together to Fight Grime*

Six counties in southwestern Wisconsin have chosen to pool their Preventive Health Services Block Grant funds, lead poisoning prevention funding and radon funding to support one full-time position to address environmental health problems to coordinate with other agencies that have authority over environmental issues. This consortium includes the counties of Grant, Richland, Vernon, Iowa, Lafayette and Crawford. An idea that began in 1985 continues today and now provides services to over 151,000 people, covering almost 4,600 square miles. This shared resource assures that each participating county has regular access to a highly trained environmental health professional.

Wisconsin's children are being poisoned by lead in greater numbers than many other states, with nearly all of them being lead-poisoned by lead hazards in their own homes. The effects of lead poisoning can persist throughout a lifetime, and include permanent negative changes in intellect, behavior and health. The costs to society include increased medical expenses, increased private health care insurance premiums, increased government expenses for Medicaid and case management, lifelong loss of earnings, increased special education expenses, and increased use of juvenile and adult correctional programs by persons poisoned by lead as children.

It is estimated that societal health savings would be \$40,000-\$50,000 for each Wisconsin child under age six who is protected from lead poisoning by living in housing with new lead-free windows.

If you live in a small rural county and you know you have lead on the windows and a new baby coming, who are you going to call? Small rural counties have to prioritize how to utilize their resources. In Wisconsin, environmental health has not always made the cut. When that happens, no environmental health specialist is available to assist individuals and families affected by environmental health problems.

"I know there is a risk of lead poisoning if there is lead in the paint on my windows, and I was lucky to have the county sanitarian to call to find out what to do," said Mary, a mom living in a 1950s farm house in Vernon County.

The Southwest Environmental Health Consortium, residents and visitors to Grant, Richland, Vernon, Iowa, Lafayette and Crawford counties, have access to a specialist who has developed programs and provided environmental health solutions, including lead poisoning prevention, for the past 25 years. A few of the accomplishments include:

- Developed relationships with area realtors to assess properties that may be sold to families with small children and assure they are lead safe.
- Provided free consultation to families who are considering remodeling.
- Provided lead risk assessment on homes of 6-10 children each year with elevated blood lead levels.
- Provided home visits to 250 individuals for health hazard evaluations, mobilizing partners when needed, to address the issues.
- Responded to 1,873 inquiries about environmental health issues in the past year.

*Mary Young, MSED  
Regional Director, Southern Regional Office, Division of Public Health  
Wisconsin Department of Health Services*

## **Infrastructure Focus Area: Public Health Funding**

### *Creating Healthy Rural Communities*

We are a very small, rural, impoverished county. Yet when you consider the resources this grant provides – combined with the high level of enthusiasm and motivation of so many residents here to enact change – I believe we have the potential to significantly impact the health of our citizens. Without the Wisconsin Partnership Program grant investment in Juneau County, I sincerely feel we would not have accomplished what we have.

*Barb Theis, Health Officer and Director  
Juneau County Health Department*

## **Infrastructure Focus Area: Diverse, Sufficient, Competent Workforce that Promotes and Protects Health**

### *Building a Bridge Between Academia and Practice – Strengthening Public Health Nursing Capacity to Serve Individuals, Families and Communities*

In 2007, practicing public health nurses and nursing faculty throughout Wisconsin came together to strengthen knowledge and the capacity of nurses to address new and emerging issues facing the public's health in Wisconsin communities. Strong partnerships were developed between faculty who teach nursing students and nurses who provide public health nursing services in Wisconsin's 93 local health departments. These academic/practice partnerships have endured. As a result of these partnerships, the nursing curriculum in Wisconsin's 21 schools and colleges of nursing was strengthened and integrated. Within health departments, public health nurses now benefit from standardized orientation and regular access to professional education to ensure excellence in the delivery of public health nursing services, communicable disease prevention, health promotion, disease prevention, and environmental services to individuals, families, and entire communities.

[Derryl Block, University of Wisconsin – Green Bay]: "Today's nursing students in Wisconsin are exceptionally prepared to take on the responsibilities of promoting and improving the health of entire communities. Wisconsin has been a leader in the nation."

*Rebecca D. Hovarter, MS, APHN, RN, BC  
Regional Public Health Nursing Consultant, Division of Public Health/  
Wisconsin Department of Health Services*

## *Calling All Physicians – Bridging Individual Care and Population Health*

Many physicians and health care providers contribute to successful patient in-office behavior change by implementing evidence-based interventions for public health problems such as tobacco cessation; alcohol misuse through screening, brief intervention, and treatment; and obesity prevention such as measuring body mass and abdominal girth.

In addition to protecting health for individuals and families, physicians are needed by local health departments and community-based organizations to help address the health risks within our communities. Physician involvement with public health is critical to building the capacity to shift harmful behavior patterns and perceptions for improved overall population health.

*Michael Kretz, M.D.  
Former Health and Human Services Medical Advisor  
Sr. Croix County, New Richmond*

## **Infrastructure Focus Area: Access to High-Quality Health Services**

### *Kenosha's Medicaid Navigator – Improving Access to Prenatal Care*

To address serious concerns about access to obstetrical care for Medicaid women in Kenosha County and an unequal distribution of Medicaid women among health care providers, the Wisconsin Department of Health Services, in 2008, reached out to medical providers in the community and other stakeholders to develop a strategy to ensure that women in the community could access high-quality prenatal care and achieve healthy births. Seventeen medical providers who serve Kenosha women made the commitment to deliver care to a set number of Medicaid women each month. For its part, the Department of Health Services hired a navigator to help pregnant women find a medical care provider and to refer women to other prenatal care services in the community to improve healthy birth outcomes.

Thanks to the commitment of the health care providers, local hospitals, the Kenosha Community Health Center, WIC, Kenosha County Human Services, Kenosha County Health Department, the navigator, and other community leaders, this strategy is paying off for women and their families in Kenosha County.

When a young pregnant mother was faced with the difficult challenges of finding a prenatal health care provider, the navigator was there to provide compassionate assistance. This included getting her a medical appointment, assisting her with getting her Medicaid coverage secured, and providing information about other support programs offered by the health department, WIC, and other community agencies. This example shows how aligning systems for better health directly helped individuals and families. The health and well-being of mothers and children are at the core of these successful collaborative efforts in Kenosha County.

*Sarah J. Fraley  
Southeast Wisconsin Medicaid Liaison  
Division of Health Care Access and Accountability  
Wisconsin Department of Health Services*

## **Health Focus Area: Injury and Violence**

### *Violence as a Public Health Problem*

The Centers for Disease Control and Prevention (CDC) has declared violence an epidemic in the United States. Violence has emerged as one of the most under-recognized major public health problems. The consequences of violence for victims and those exposed to it are severe and include serious physical injuries and death, post-traumatic stress syndrome, depression, substance abuse, and long-term health problems. Moreover, a growing body of research confirms that violence is a factor in the development of chronic diseases, which account for a majority of premature deaths, lost productivity and significant health care spending.

In recognition of these far-reaching consequences, a strong national movement is calling for a new approach that recognizes violence as a community-wide public health crisis. Using a public health framework to prevent violence in Wisconsin is a first and important step to healthier communities, individuals, and families.

*Syed M. Ahmed, MD, DrPH  
Associate Dean for Public and Community Health  
Professor, Family and Community Medicine*

## *Drowning in Drinks – Preventing Unintentional Injuries and Deaths*

Wisconsin residents consumed 2.02 gallons of alcohol per person in 2005. Chippewa County's 60,000-plus residents have many places to find alcohol, with 130 licensed taverns, a local brewery, two large music festivals and dozens of events where drinking is featured prominently. Wisconsin's laws provide access to alcohol, and social norms support heavy drinking as acceptable. In 2009, the incidence of binge drinking in Chippewa County was 22 percent. In 2006, Chippewa County had 746 arrests for "operating while intoxicated" per 100,000 people. But it's not just in the statistics, it's in the headlines. Recently a man was killed when he was run over by a drunk driver, who was arrested for her third offense of operating while intoxicated. Another county resident was arrested twice in one weekend – for his sixth and seventh offense.

The local newspaper, once criticized for featuring excessive front page stories and photos involving community activities with alcohol, has taken this evaluation to heart. It recently published a four-part series on alcohol use in Wisconsin. The series included: (1) "Drinking, drinking everywhere," (2) "You're paying the cost of drinking, even if you've never touched alcohol," (3) "Teens soak in the drinking habits of adults, leading youths to consume alcohol at high rates," and (4) "Lawmakers and local leaders aim to change Wisconsin's drinking culture." These articles have been a call to action for the community.

As a result of the heightened awareness of the impact of alcohol, Chippewa County is making progress on dealing with the problem. The hope is to keep people out of treatment by stopping alcohol abuse before it begins. A few of the accomplishments include:

- In 2009, the Chippewa County Department of Public Health enrolled 21 expectant mothers who needed to stop drinking in a program called My Baby and Me. All of these mothers stopped drinking.
- The Youth Issues Committee has focused on underage drinking. Some of the projects included the "Parents Who Host, Lose the Most" campaign and a "Show and Tell" campaign that focuses on communication between parents and children as well as adolescent brain development.



- The Chippewa County Prevention Coalition was formed in April 2009, combining the forces of law enforcement, human services, juvenile justice, schools, public health and others to focus on substance abuse. In addition to local policy, this group is working on educating people on the alcohol laws in Wisconsin. These include the underage drinking law, which allows those under the age of 21 to consume alcohol as long as they are accompanied by their parent or guardian. A current bill proposes to restrict legal underage drinking to only those between the ages of 18 and 20.

*Jean Durch, RN, MS*

*Health Officer and Director, Chippewa County Health Department, Chippewa Falls*

## **Health Focus Area: Tobacco Use and Exposure**

### *Clean Indoor Air – A Win for Appleton Helped Create a Win for Wisconsin*

The story of David and Goliath comes to mind when you compare the marketing budgets and influence the tobacco industry has in our state compared to public health tobacco prevention funding. Yet in 2005, with expanding knowledge, creativity and grassroots networks, a major public health policy advance took place in Appleton. The residents took control of their health by voting, through direct legislation, for 100 percent clean indoor air policy. Rather than a stone, knowledge was the weapon of choice in this modern day battle with the tobacco giants.

Once Appleton went smoke-free and the smoke and misinformation cleared, honest business owners reported increased sales and greater employee satisfaction with improved working conditions. News spread and soon other communities wanted improved health. Before long, the people of our state demanded more of their elected officials and policy changed at the state level for improved air quality. As we track associated declines in both lung cancer and heart disease deaths in our state as a result of this policy victory, we must double our efforts and protect our next generation of children.

*Kurt Eggebrecht, M.Ed*

*Health Officer and Director, Appleton City Health Department*

## **Health Focus Area: Mental Health**

### *A Comprehensive Mental Health System Is Needed in Wisconsin*

The impact of mental illness and substance abuse crosses over all of our public and private intervention systems, including health care, human services, and the criminal justice systems. Approaches to interventions normally depend on which system a person enters, and outcomes vary greatly due in part to a fragmented approach to services and interventions. What is lacking is a comprehensive system of care which assures treatment regardless of the “door” that a person enters.

In Wisconsin, we need to develop a continuum of care model which assures the availability of prevention, early identification, crisis and ongoing treatment depending on need. A public health emphasis for mental health and substance abuse is needed in Wisconsin which can cross over many sectors with committed outcomes to assure access, funding, and a common understanding of effective approaches to treatment and intervention.

*Gerald Huber, MSW, MPH, MPA  
Human Services Director and Deputy County Administrator  
La Crosse County, La Crosse*

## **Health Focus Area: Adequate, Appropriate, and Safe Food and Nutrition**

### *A Community Approach to Preventing Hunger in Burnett County*

Late in 2008, the national economic crisis was just beginning, and there seemed to be little or no coordination or communication among county food pantries and churches or civic organizations that were donating or distributing food to local food pantries and residents of Burnett County. The unemployment rate was gradually increasing in Burnett County and by February 2009 was 12.4 percent, the highest since 1991, and there was national indication this trend may continue for some time. Food costs were continuing to increase as well as the number of hungry people.

A County Board member approached a member of the Burnett County Nutrition Coalition to address the issue of hunger in Burnett County. The Coalition systematically determined the needs, usage, and best practices from various food pantries and churches and organizations. The Coalition found a definite increase in food pantry usage ranging from 10 to 30 percent as reported by food pantry directors, which correlated with an increased need for donations. Responses showed there was also a need for better communication and coordination of distribution, access and availability of nutrition programs throughout the county.

“We are seeing people at the food shelves that we haven’t seen before,” says Lori Heller, Community Services Specialist at Burnett County Indianhead Community Action Agency in the village of Webster. “Some of the people who used to contribute to the food shelves now find themselves in need of food. We are seeing more of what was our middle class.” “This is all about people in our county,” Heller continued, “and using donations the best we can to help as many people as we can.”

The Burnett County Hunger Task Force was formed in early 2009 with great interest from churches, food collection and distribution sites as well as concerned citizens. Preventive Health and Human Services Block Grant funds were used to support the coordination and action plan objectives of the Burnett County Nutrition Coalition, which included strategies and interventions to initiate and support the development of the Hunger Task Force. The organizing group included the Burnett County Public Health Dietitian and WIC Director, Burnett County UW-Extension Family Living Agent and Nutrition Educator, Burnett County Board Member, and the Burnett County Farmers Market Coordinator.

The list of Burnett County food distribution resources was updated and distributed through county food pantries, WIC, Health and Human Services, the Family Resource Center, service organizations, the County Board and others. Several newspaper articles were written by Hunger Task Force members and published to bring awareness of these resources to the citizens of Burnett County. The local newspaper is now publishing a box ad public service announcement listing local food pantries, how people can donate money or food to the pantry of their choice or to the Burnett County Hunger Task Force, which now has a Post Office box and an account at a local bank.

By assessing the need and interest of starting a Burnett County Hunger Task Force, this has brought community leaders and members together to work toward preventing hunger in Burnett County through improving or expanding community programs or services and increasing the awareness of them. There is better communication, organization and access to food among the food pantries who receive and distribute food, the churches and local organizations that collect donations, and other food distribution organizations that include Feed My Sheep in Grantsburg, the SHARE program, and Ruby’s Pantry in Siren. A new food pantry (Ruby’s Pantry and Food Shelf) serving Siren residents was opened. The Grantsburg Food Pantry has a new director and is in the process of joining Second Harvest Heartland in order to provide more food to families residing in the Grantsburg School district. The Indianhead Community Action Agency has relocated to a larger facility and expanded services to residents of Burnett County.

Preliminary accounting shows donations to the Hunger Task Force have totaled over \$2,000 to date. Food donations will continue to be accepted by local food pantries; however, monetary donations will provide more food for each dollar donated and will be encouraged as well. Individual food pantries are also reporting a substantial increase in monetary and food donations, being able to better serve the needs of residents in Burnett County.

*Sarah Miller, RD, CD, CLC, Burnett County Public Health Dietitian and WIC Director  
Carol Larson, RN, Health Officer and Public Health Supervisor  
Burnett County Department of Health and Human Services, Siren*

## **Health Focus Area: Alcohol and Other Drug Use**

### *Reduce Recidivism to Increase Everyone's Safety*

It is awfully tempting to jump to the conclusion that substance abuse only affects "those people": the indigent, the homeless and those in the justice system. But, it really affects everyone. Seventy-five percent of people in the county jail had some involvement with drugs or alcohol. We are all at risk of being injured by an impaired driver. The connection between substance abuse and domestic abuse is undeniable. And, the costs of dealing with the aftershocks of alcohol and other drug abuse keep mounting in the face of dwindling resources to create solutions. That is why in North Central Wisconsin, we have made reducing the recidivism rate of repeat offenders a key goal in our area.

*Gary Bezucha, FACHE  
Chief Executive Officer, North Central Health Care, Wausau*