

EXECUTIVE SUMMARY

Everyone Living
Better, Longer

Healthiest
Wisconsin
2020



EXECUTIVE SUMMARY

Imagine what life in 2020 might look like. . .

Welcome to *Healthiest Wisconsin 2020*, a future state where everyone is living better, longer. Wisconsin is the healthiest state in the nation in 2020 because in 2010 hundreds of state residents helped identify powerful opportunities to prevent disease, injury and disability at all stages of life. Working in partnerships they implemented improvements wherever they lived, worked, learned and played, creating policies and environments that made healthy choices the preferred or even easiest choices for individuals, families, institutions, and communities. Lawmakers and policy-makers aligned incentives and removed barriers to create and foster conditions where people could be healthier. While building on Wisconsin's many strengths, they also directly tackled persistent problems: systematically building fairer access to the conditions for health, marshalling and focusing resources to help disadvantaged populations end longstanding health disparities, and strengthening the capability of health departments in every community to protect and improve health into the future.

INTRODUCTION

Healthiest Wisconsin 2020: Everyone Living Better, Longer, is the public health agenda required by Wisconsin statute every 10 years. This agenda is the first step of implementing a health improvement plan for the decade, 2010-2020 (Wisconsin Statutes, Section 250.07 (1) (a)).

As the title implies, Wisconsin aspires to be the healthiest state. The health of Wisconsin's people and environment compares favorably in many ways, but the state has also slipped in recent years in several comparative measures of health (see Section 1: Overview). In particular, the health of certain population groups lags behind the rest of the state. To be the Healthiest State, Wisconsin must address these persistent disparities in health outcomes, and the social, economic, educational and environmental inequities that contribute to them. No single government agency can simply "fix" problems of this complexity. Wisconsin's public

health departments today serve as conveners and advisors to diverse partnerships that include both public and private actors, and as stewards of needed expertise and data. The “public health system” that is the audience for this plan includes any person or organization willing to work with others to create conditions in which people can be healthy.

This plan builds upon the work of prior state health improvement plans. Like prior plans, *Healthiest Wisconsin 2020* focuses more on prevention than treatment, addressing the leading causes of illness, injury, disability and death, and shares a set of core values including fairness and justice, partnerships and shared responsibility. It repeats an urgent call for upgrading and equitably supporting the public health infrastructure needed to keep each community healthy. As the decade closes on *Healthiest Wisconsin 2010*, Wisconsin celebrates having one of the most complete rates of medical insurance coverage in the nation, thanks in part to the expanding family of BadgerCare Plus options combined with a strong tradition of employer-sponsored health insurance. Rates of tobacco smoking (the leading cause of death in the U.S.) and exposure to environmental tobacco smoke are both improving in the wake of major legislative policy changes. These are just two examples of legacies from the objectives established 10 years ago in the last state health plan.

These legacies position Wisconsin to benefit and move forward confidently in response to recent laws reforming the nation’s health care systems.

This plan also differs from previous plans. Rather than focusing exclusively on risk factors for death, it includes a new focus on the quality of life. This helps address the needs of an aging population with growing rates of chronic disease, and brings new attention to preventing and reducing suffering in areas like oral health, developmental disorders and for people with disabilities.

While continuing to help individuals and families take responsibility for their health, *Healthiest Wisconsin 2020* pays more attention to how health choices are influenced by skills and social relationships, economic and educational factors, the health care system, and the physical environment (which are sometimes referred to as conditions necessary for health, or health determinants). These are most effectively addressed by focusing on policies and systems in addition to individual choices. *Healthiest Wisconsin 2020* emphasizes aligning policies, systems and incentives to make healthy choices the easy choices.

Several trends and developments influenced the construction of the *Healthiest Wisconsin 2020* plan. These included projections of an aging population in Wisconsin; marked increases in obesity and related diseases like diabetes; increasing income disparities; new progress toward health care reform and the adoption of electronic health information systems; challenges related to terrorism and other emergencies, increasingly complex food safety issues, and global travel and commerce; worsening or stagnant indicators of reproductive and sexual health; decreasing real spending on governmental public health; a widening gap between the demand for and supply of health workers; and the development of new public health education institutions in Wisconsin.

Easy access to nutritious food; clean air and water; safe transportation; healthy spaces for walking, playing and socializing; schools that equip youth with important health skills; health care that prevents as well as treats; rewards for healthy behaviors over risky ones—these are goods created through shared decisions and actions, not just individual behaviors. Those who must help make and implement these decisions work in many fields, extending far beyond the health care sector.

The vision of *Healthiest Wisconsin 2020* is succinct: Everyone living better, longer. This phrase incorporates the two key goals for the decade: to improve health across the life span and to eliminate persistent health differences between groups that arise from unequal opportunities to be healthy. Achieving this vision will require people and organizations from all walks of life across the state to discuss, learn, plan and act together. Working together, Wisconsin can be the healthiest state by 2020.

WHAT IS THE PURPOSE OF THE STATE HEALTH PLAN?

Healthiest Wisconsin 2020 identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area.

These priority objectives are offered to focus the attention and work of policy-makers and organizations (including state, local and tribal government agencies, educational institutions, employers, health care organizations, non-profit and community-based organizations, faith communities, and others). The statutory requirement for every Wisconsin public health jurisdiction to create community health improvement plans provides an additional opportunity for many groups to plan and act together locally. *Healthiest Wisconsin 2020* will be implemented as each of these actors integrate some objectives into their strategic plans, and then through their actions or operations, often in cooperation with others.

When we use the term health, we mean more than the absence of disease. According to the World Health Organization (1948), “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It includes an understanding that the underlying determinants of health include our health behaviors, the environment in which we live, the health care setting, educational attainment, and the social support systems around us.

Different objectives will have more or less significance to different groups—no one person or group is likely to address every single objective. However, 10 objectives have been identified as having particular strategic importance, such that their achievement will greatly aid every other element of the plan. It is the hope of *Healthiest Wisconsin 2020* planners that these 10 Pillar Objectives will attract the attention of all who pick up the plan for use.

WHAT ARE THE KEY ELEMENTS OF THE PLAN?

Healthiest Wisconsin 2020 is a structure based on a foundation of shared values (see Section 2), upon which stand several mutually reinforcing objectives that together would accomplish and support the mission, vision and goals for the decade.

Vision: Everyone Living Better, Longer

Goals:

- Improve health across the life span.
- Eliminate health disparities and achieve health equity.

The first goal places emphasis on the positive lifelong impact of preventing disease and injury from an early age, while also recognizing the importance of ongoing prevention and good treatment for people who already have chronic diseases or disabilities. It also puts a premium on the quality as well as the length of life, which extends the attention of the plan to preserving functioning and well-being.

“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

The second goal emphasizes the critical importance of disparities (persistent and systematic differences) in the health outcomes of several Wisconsin populations. For example, African American children die before their first birthday at a rate that resembles infant mortality rates in Jamaica and Botswana, nearly three times the rate for White infants; death rates from diabetes in American Indians are nearly three times those of Whites; and the rate of suicidal thinking among gay youth is more than twice as high as for straight youth. Not only do such disparities violate values such as fairness and justice, they appear to be worse in Wisconsin than in many other states, undermining any chance for Wisconsin to be the healthiest state.

Such health disparities are often related to inequalities in access to the conditions in which people can be healthy, ranging from education to health care to environmental conditions. Economic resources and geographic location influence available options. In some groups it is a legacy of both historical and ongoing discrimination. Unequal treatment by formal laws and policies has been greatly reduced for many groups in the past 50 years. Nevertheless, informal attitudes and persisting economic, social and educational disparities affect racial and ethnic minorities, and debates remain over laws and formal policies that still affect health equity for Tribes; gay, lesbian, bisexual and transgender people; and people with disabilities in Wisconsin.

Focus Areas and Objectives

The plan's focus areas include most of the important facets of health across the life span; this enables a broad cross section of Wisconsin individuals and organizations to see themselves in the plan. Some areas focus on the infrastructure of the public health system (such as a skilled workforce, stable funding, partnership development and information systems). Others focus on more specific health issues (such as injuries and violence, physical activity, and mental health). Two focus on the overarching issues of health disparities; and social, economic and educational factors that influence health. For each focus area, a diverse and expert planning team worked to identify a small number of priority objectives, identifying achievements that would likely have the greatest impact on lifelong health, eliminating health disparities and achieving better equity in the conditions for health. The objectives for each focus area are listed at the end of the Executive Summary. This document includes proposed indicator metrics for most, but not all objectives (displayed in Sections 3-5). Further work will be needed on indicator metrics and quantifiable targets during plan implementation.

Pillar Objectives

While objectives were identified in 23 different focus areas, planning leaders also sought to identify a smaller number of powerful objectives that work together in mutually supportive (synergistic) ways to advance the plan's goals rapidly. This set of 10 objectives is referred to as the Pillar Objectives. Five of these objectives relate to the plan's focus on health disparities and on social, economic and educational factors that influence health; the other five were derived from themes that appeared repeatedly across multiple focus areas. Together the Pillar Objectives are considered so central to the plan's success that every implementation partner should consider acting in concert to bring them about. The 10 Pillar Objectives are:

1. By 2020, in partnership with members of affected populations, the Department of Health Services will develop and enforce policies and procedures to track

social determinants of health, health outcomes and system effectiveness in populations experiencing health disparities.

2. By 2020, the Department of Health Services, in collaboration with policy makers, private institutions, and affected communities, will fund efforts to eliminate health disparities at least equal to the Midwest state average.
3. By 2020, state and local governments will develop and implement policies and programs that improve social cohesion and social support for all by reducing racism and other forms of discrimination; creating health-enhancing environments at home, in the workplace and throughout the community; and promoting the values of diversity and social connectedness.
4. By 2020, local, state, and federal governments will develop and implement health-promoting policies and programs that reduce poverty to a residual level.
5. By 2020, state and local governments will develop and implement educational policies and practices supporting healthy outcomes, including universal early childhood education, universal completion of at least high school equivalency, and curricula in each community that support cultural competency, valuing diversity, health literacy and informed decision-making about health.
6. By 2020, improve Wisconsin's systems of primary health care; behavioral screening and intervention; services for mental health, alcohol and drug use, oral health, chronic disease management, and reproductive and sexual health; and enable secure, appropriate information exchange to optimize health decisions by providers, patients, public health workers, and policy makers.
7. By 2020, improve the health and resilience of youth and families to protect their health and the health of their communities through age-appropriate policies and curricula in child care centers and schools, in partnerships with educators, public health systems, and community-based agencies, that support recommended vaccinations, identify and refer potential childhood disabilities for care, establish healthy patterns of diet and activity, and equip children and their families with knowledge, attitudes and skills for basic child care and sick care; understanding health information and making health decisions; oral hygiene; non-violent conflict resolution; avoidance of tobacco, alcohol and substance abuse; injury prevention; home emergency preparedness; valuing diversity and inclusiveness; and establishing healthy relationships.
8. By 2020, implement community designs that foster safe and convenient foot, bicycle and public transportation, physical recreation, and food gardening to improve physical activity, healthy diets, and social interaction while reducing air and water pollution, carbon emissions, and urban heat retention.

9. By 2020, create dedicated capacity in Wisconsin to perform health impact assessment of proposed major policy changes, and to compare and disseminate the effectiveness of alternative population health policies and practices.
10. By 2020, increase sustainable local and state funding for governmental public health departments to at least the per-capita average of Region V states (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin).

A complete list of *Healthiest Wisconsin 2020* objectives is printed at the end of this section, and discussed in greater detail in Sections 4 and 5 of the plan.

WHAT IS NEEDED TO ACHIEVE SUCCESS BY 2020?

Achieving the goals of *Healthiest Wisconsin 2020* requires broad and committed partnerships, effective policies and systems aligned for health, adequate and stable resources for all dimensions of the public health system, and a sense of shared accountability.

Many partnerships and coalitions were created to work on the *Healthiest Wisconsin 2010* plan priorities. These mature partnerships provide examples to others of the shared and creative leadership necessary for success while they adjust their strategies to new and more challenging objectives in *Healthiest Wisconsin 2020*. Pillar Objectives, such as reforming community design and enlisting child care and K-12 education as key public health system partners, will require new levels of partnership and cooperation.

Steadily and confidently improving health requires effective policies and programs. Unfortunately, today it is often difficult to know which approaches are most effective. *Healthiest Wisconsin 2020* calls for building greater capability for and coordination of research and evaluation in the state. Meanwhile, information is accumulating about

“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, R.N., Ph.D.
Chair, Wisconsin Public Health Council
Associate Scientist, University of
Wisconsin Population Health Institute,
Madison

effective policies and programs for each of the *Healthiest Wisconsin 2020* focus areas that can help jump start implementation activities.

Aligning policies and systems that pull together for better health is critical. For example, the U.S. health care system pays well to treat illness but not to prevent it. Such mis-aligned incentives and policies pulling at cross-purposes are among the reasons why the U.S. has the highest per-person health care costs in the world (almost double those of the next highest nation) while it compares poorly with many nations in average life expectancy. As long as major policies continue to reproduce conditions that are not aligned for better health, Wisconsin will continue to miss opportunities to improve health and eliminate health disparities. Developing the capability to analyze social and economic policies for their health impacts is an important Pillar Objective for the coming decade.

Adequate, sufficient, equitable and sustainable resources are necessary across the entire public health system, even as we continue to seek new efficiencies. One of the clear objectives of national health care reform is to weight health care spending more toward prevention and establish a higher level of partnership between health care and public health. Achieving faster progress against health disparities also requires new resources. Meeting the challenge of stable and sufficient resources to achieve the aspirational goals of this plan requires renewed commitment, creativity and business planning from local, state and federal governments as well as the private sector. Another key to sustainable progress is to increase the number of partner organizations and institutions that incorporate the values, mission, and goals of *Healthiest Wisconsin 2020* into their work.

Because this public health plan depends so much on partnerships, accountability for its achievement is necessarily shared. Several new implementation concepts are outlined in Section 6 for consideration by public health stakeholders in 2010. *Healthiest Wisconsin 2020* will “happen” to the extent that many, many organizations across the state incorporate its objectives into their own strategic plans and operations. There is also a need for statewide strategic champions for each objective, both inside and outside of government, to advocate for effective policies, to support communities and organizations striving to meet objectives, and to help connect those working on similar issues across the state for learning and action. The Wisconsin Public Health Council (charged with reporting on health plan progress), working with the Department of Health Services’ Division of Public Health, could provide a valuable hub where such champions connect, creating a more coordinated and accountable partnership for progress across the decade.

Summary

Healthiest Wisconsin 2020 is different from many strategic plans because it is ready to be picked up and used; and 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.

Imagine what life in 2020 might look like (continued) . . .

It has been a few years since the *Healthiest Wisconsin 2020* plan was released, and there are already many signs of change. A legislative study committee is readying a menu of policy options, each of which is projected to reduce poverty in the state by at least 10 percent. The new Health Impact Analysis Consortium formed by faculty across multiple universities is preparing to analyze these proposals to try to predict how each might affect the health of the state over time. Today the Public Health Council heard reports from strategic champion organizations addressing objectives regarding disparities in infant mortality and rates of obesity. An encouraging drop in low birthweight is being observed in southeastern Wisconsin. There, BadgerCare Plus and other insurers increased incentives to deliver optimal prenatal care and developed model medical homes for families at high risk for infant death. Funds from the federal health care reform legislation (the Patient Protection and Affordable Care Act) are supporting evidence-based home visiting programs connected to the medical homes. Regional health information exchanges help to ensure that prenatal care providers, hospitals, home visitors and other helpers share vital up-to-date information about each patient. Service learning clubs in schools in both southeastern Wisconsin and other communities are taking what they've learned in school about infant care and survival and spreading the word in their neighborhoods. Meanwhile, programs that proved effective at reducing obesity in La Crosse and Wood counties are being expanded to serve surrounding counties by mutual agreement between local public health departments, again supported by the health care reform bill. Lessons from these programs are being considered across the state by school systems and employers, which are learning about them at the *Healthiest Wisconsin 2020* website. The Public Health Council also heard a report on the indicator metrics for several of the *Healthiest Wisconsin 2020* objectives; the report shows that while there is still a steep climb to reach plan goals before the end of the decade, all goals are within reach.

LIST OF *HEALTHIEST WISCONSIN 2020* FOCUS AREAS AND OBJECTIVES

Ten objectives for *Healthiest Wisconsin 2020* are called Pillar Objectives, because without them there will not be a sustainable structure to support the plan's vision, goals and mission. Because they are crucial to *Healthiest Wisconsin 2020*, all 10 of the Pillar Objectives deserve everyone's attention and work across the decade.

Pillar Objectives Derived from the Overarching Focus Areas

Five of the Pillar Objectives are derived from the plan's two Overarching Focus Areas: Health Disparities and Social, Economic and Educational Factors that Influence Health. These affect all the Health and Infrastructure Focus Areas.

Health Disparities:

Pillar Objective 1 (Comprehensive data to track health disparities)

By 2020, in partnership with members of affected populations, the Department of Health Services will develop and enforce policies and procedures to track social determinants of health, health outcomes and system effectiveness in populations experiencing health disparities.

Pillar Objective 2 (Resources to eliminate health disparities)

By 2020, the Department of Health Services, in collaboration with policy makers, private institutions, and affected communities, will fund efforts to eliminate health disparities at least equal to the Midwest state average.

Social, Economic, and Educational Factors That Influence Health:

Pillar Objective 3 (Policies to reduce discrimination and increase social cohesion)

By 2020, state and local governments will develop and implement policies and programs that improve social cohesion and social support for all by reducing racism and other forms of discrimination; creating health-enhancing environments at home, in the workplace and throughout the community; and promoting the values of diversity and social connectedness.

Pillar Objective 4 (Policies to reduce poverty)

By 2020, local, state, and federal governments will develop and implement health-promoting policies and programs that reduce poverty to a residual level.

Pillar Objective 5 (Policies to improve education)

By 2020, state and local governments will develop and implement educational policies and practices supporting healthy outcomes, including universal early childhood education, universal completion of at least high school equivalency, and curricula in each community that support cultural competency, valuing diversity, health literacy and informed decision-making about health.

Pillar Objectives Derived from Recurring Themes in the Focus Areas

Five Pillar Objectives emerged from themes that cut across many of the Health and Infrastructure Focus Areas.

Pillar Objective 6 (Improved and connected health service systems)

By 2020, improve Wisconsin's systems of primary health care; behavioral screening and intervention; services for mental health, alcohol and drug use, oral health, chronic disease management, and reproductive and sexual health; and enable secure, appropriate information exchange to optimize health decisions by providers, patients, public health workers, and policy makers.

Pillar Objective 7 (Youth and families prepared to protect their health and the health of their community)

By 2020, improve the health and resilience of youth and families to protect their health and the health of their communities through age-appropriate policies and curricula in child care centers and schools, in partnerships with educators, public health systems, and community-based agencies, that support recommended vaccinations, identify and refer potential childhood disabilities for care, establish healthy patterns of diet and activity, and equip children and their families with knowledge, attitudes and skills for basic child care and sick care; understanding health information and making health decisions; oral hygiene; non-violent conflict

resolution; avoidance of tobacco, alcohol and substance abuse; injury prevention; home emergency preparedness; valuing diversity and inclusiveness; and establishing healthy relationships.

Pillar Objective 8 (Environments that foster health and social networks)

By 2020, implement community designs that foster safe and convenient foot, bicycle and public transportation, physical recreation, and food gardening to improve physical activity, healthy diets, and social interaction while reducing air and water pollution, carbon emissions, and urban heat retention.

Pillar Objective 9 (Capability to evaluate the effectiveness and health impact of policies and programs)

By 2020, create dedicated capacity in Wisconsin to perform health impact assessment of proposed major policy changes, and to compare and disseminate the effectiveness of alternative population health policies and practices.

Pillar Objective 10 (Resources for governmental public health infrastructure)

By 2020, increase sustainable local and state funding for governmental public health departments to at least the per-capita average of Region V states (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin).

Infrastructure Focus Areas and Objectives

Access to high-quality health services

Objective 1

By 2020, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Objective 2

By 2020, assure that populations of differing races, ethnicities, sexual identities and orientations, gender identities and educational or economic status, and those with disabilities, have access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated and navigable.

Collaborative partnerships for community health improvement

Objective 1

By 2020, increase the use of effective strategies to promote partnerships to improve health outcomes through Web-based resources and a pool of trained experts.

Objective 2

By 2020, increase the proportion of public health partnerships that demonstrate balanced power, trust, respect, and understanding among affected individuals, interested individuals, and those with capacity to affect the issue.

Diverse, sufficient and competent workforce that promotes and protects health

Objective 1

By 2020, assure a sufficient and diverse health workforce competent to practice in current and evolving delivery systems to improve and protect the health and well-being of all people and populations in Wisconsin.

Objective 2

By 2020, establish a sustainable system to collect and analyze public health system workforce data including data on sufficiency, competency, and diversity reflecting Wisconsin's communities.

Emergency preparedness, response and recovery

Objective 1

By 2020, strengthen emergency preparedness, response, and recovery through integration into existing organizations and programs; and collaboration and coordination between partners.

Objective 2

By 2020, strengthen emergency preparedness, response, and recovery through individual and community empowerment, outreach and engagement to all sectors, particularly at-risk populations.

Equitable, adequate, and stable public health funding

Objective 1

By 2020, increase public health funding from diverse sectors to implement the objectives of *Healthiest Wisconsin 2020*.

Objective 2

By 2020, establish stable revenue sources to support state and local governmental health departments for public health services required by Wisconsin statute.

Health literacy

Objective 1

By 2020, increase awareness of the impact of literacy and health literacy on health outcomes.

Objective 2

By 2020, increase effective communication so that individuals, organizations, and communities can access, understand, share, and act on health information and services.

Public health capacity and quality

Objective 1

By 2020, all Wisconsin health departments will implement established quality improvement processes in daily practice.

Objective 2

By 2020, all Wisconsin health departments will be accredited using an established standard.

Public health research and evaluation

Objective 1

By 2020, a broad-based public health research and evaluation council will develop research and evaluation priorities; increase collaboration in research and data sharing; and report to the public about progress.

Objective 2

By 2020, programs and policies to improve public health in Wisconsin will be science-based, recognized by an expert panel, and include an evaluation.

Objective 3

By 2020, research projects will be implemented addressing no fewer than two-thirds of the disparity objectives identified in *Healthiest Wisconsin 2020*.

Systems to manage and share health information and knowledge

Objective 1

By 2020, there will be efficient, appropriate, and secure flow of electronic information among health information systems to optimize decisions for personal and community health.

Objective 2

By 2020, access to nationally certified electronic health record systems and health information exchange will be available to all health consumers, providers, and public health officials.

Objective 3

By 2020, electronic health information systems will collect comparable data allowing measurement of the magnitude and trends of disparities in health outcomes and determinants of health for those with disabilities and among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Health Focus Areas and Objectives

Adequate, appropriate, and safe food and nutrition

Objective 1

By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.

Objective 2

By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.

Objective 3

By 2020, Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Alcohol and other drug use

Objective 1

By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.

Objective 2

By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.

Objective 3

By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Chronic disease prevention and management

Objective 1

By 2020, increase sustainable funding and capacity for chronic disease prevention and management programs that reduce morbidity and mortality.

Objective 2

By 2020, increase access to high-quality, culturally competent, individualized chronic disease management among disparately affected populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3

By 2020, reduce the disparities in chronic disease experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Communicable disease prevention and control

Objective 1

By 2020, protect Wisconsin residents across the life span from vaccine-preventable diseases through vaccinations recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).

Objective 2

By 2020, implement strategies focused to prevent and control reportable communicable diseases and reduce disparities among populations with higher rates.

Environmental and occupational health

Objective 1

By 2020, improve the overall quality and safety of the food supply and the natural, built and work environments.

Objective 2

By 2020, increase the percentage of homes with healthy, safe environments in all communities. (Safe environments are free from lead paint hazards, mold or moisture damage, environmental tobacco smoke and safety hazards, and include carbon monoxide and smoke detectors, and radon testing and mitigation.)

Healthy growth and development

Objective 1

By 2020, increase the proportion of children who receive periodic developmental screening and individualized intervention.

Objective 2

By 2020, provide pre-conception and inter-conception care to Wisconsin women in population groups disproportionately affected by poor birth outcomes.

Objective 3

By 2020, reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality.

Injury and violence

Objective 1

By 2020, reduce the leading causes of injury (falls, motor vehicle crashes, suicide/self harm, poisoning and homicide/assault) and violence through policies and programs that create safe environments and practices.

Objective 2

By 2020, increase access to primary, secondary and tertiary prevention initiatives and services that address mental and physical injury and violence.

Objective 3

By 2020, reduce disparities in injury and violence among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Mental health

Objective 1

By 2020, reduce smoking and obesity (which lead to chronic disease and premature death) among people with mental health disorders.

Objective 2

By 2020, reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.

Objective 3

By 2020, reduce the rate of depression, anxiety and emotional problems among children with special health care needs.

Oral health

Objective 1

By 2020, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

Objective 2

By 2020, assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.

Physical activity

Objective 1

By 2020, increase physical activity for all through changes in facilities, community design, and policies.

Objective 2

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.

Objective 3

By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity for individuals among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Reproductive and sexual health

Objective 1

By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.

Objective 2

By 2020, establish social, economic and health policies that improve equity in sexual health and reproductive justice.

Objective 3

By 2020, reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Tobacco use and exposure

Objective 1

By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent.

Objective 2

By 2020, reduce tobacco use and exposure among the adult population by 25 percent.

Objective 3

By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

SECTION 1

OVERVIEW

Everyone Living
Better, Longer

Healthiest
Wisconsin
2020



SECTION 1

OVERVIEW

The title of this plan, *Healthiest Wisconsin 2020: Everyone Living Better, Longer*, is a statement of pride and a statement of aspiration for improving health and the quality of life for all. People in Wisconsin take pride in their heritage and expect to achieve the goals they set for themselves. Wisconsin is a great state with great people. In establishing the goals for *Healthiest Wisconsin 2020*, the stakeholders who created this plan recognized that some of our communities are not as safe or as healthy as they could be; some people in our state lack basic requirements for healthy living; and opportunities for the pursuit of health are not equal. There is no reason Wisconsin should not aspire to be the healthiest state, but to meet that goal it must first address the persisting disparities in health outcomes and the conditions that contribute to them.

THE PUBLIC HEALTH SYSTEM

The mission of public health has been defined as “the fulfillment of society’s interest in assuring conditions in which people can be healthy” (Institute of Medicine, 1988). The public health system refers to the people, programs, structures, and other resources that work together to provide conditions that support the health of a population. This includes state and local governmental public health departments, but also other government agencies, community-based organizations, health care systems, businesses, educational institutions, faith organizations and others.

Although they bear statutory responsibility for planning for and protecting the public’s health, governmental public health departments are only one part of the public health system. Other agencies, non-governmental organizations and institutions play critical roles in creating conditions in which people can be healthy. Public health departments place increased emphasis on facilitation, leadership, and stewardship because they cannot be “the primary actor in every situation that affects the health of the public, because assuring a healthy state cannot be accomplished through a single plan of action or through the efforts of a single governmental agency or sector of the economy” (Institute of Medicine, 2003). Wisconsin’s public health system must be broad, dynamic, cooperative, and collaborative in order to solve complex problems affecting health and the environment that are greater than any one partner can address alone.

Wisconsin Statute 250.03(L) lists 10 essential services to be carried out by the public health system (originally published as part of the Public Health in America Statement, 1994):

1. Monitor the health status of populations to identify and solve community health problems.
2. Investigate and diagnose community health problems and health hazards.
3. Inform and educate individuals about health issues.
4. Mobilize public and private sector collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce statutes and rules that protect health and ensure safety.
7. Link individuals to needed personal health services.
8. Assure a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Provide research to develop insights into and innovative solutions for health problems.

Those who help carry out one or more of the 10 essential public health services are part of Wisconsin's public health system and important partners in *Healthiest Wisconsin 2020*.

Successful Community Partnership Prepared to Respond to 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

Multiple priorities compete for the time and resources of people and organizations. In order for different sectors and organizations to successfully work together (for example, to vaccinate a community, to ensure safe and healthy food or to prevent violent injuries), effective partnerships are required. In effective partnerships, partners share certain values; participate fully in the development of plans and ownership for success; and fairly contribute time, talent, and resources to the achievement of goals and objectives. With effective partnerships, the costs and benefits of participation add up to a positive, or at least an affordable, balance.

The 2010 State Health Plan called for collaborative partnerships as a key infrastructure priority. Since then, partnerships have evolved as a basic public health business process in Wisconsin. *Healthiest Wisconsin 2020* also calls for sustainable partnerships, not only to assure engagement of new partners and communities, but to move the public health system to the next level where all partners demonstrate shared leadership, shared resources, and shared accountability to improve health across the life span, and eliminate health disparities and achieve health equity. The public should expect nothing less.

The Unique Status of 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.... 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

BUILDING ON THE MOMENTUM OF *HEALTHIEST WISCONSIN 2010*

The Strategic Leadership Team (See Appendix A) sought continuity between *Healthiest Wisconsin 2020* and its predecessor state health plan, *Healthiest Wisconsin 2010*. The Team chose not to “reinvent the wheel,” but rather to build on *Healthiest Wisconsin 2010* successes and learn from its challenges. Examples of what was learned from the challenges of *Healthiest Wisconsin 2010* include:

- Accountability for plan achievement is necessarily shared—but without organizations assuming specific roles, true accountability is sometimes lacking.
- Scattered groups working on a relatively large number of objectives can disperse energy and miss opportunities for concerted advocacy and action. Identifying a modest number of synergistic objectives for universal attention might remedy this.
- Plan partners need ways to share news about new initiatives, lessons learned, and critical advocacy opportunities. It is important to find ways to foster communication between plan partners, particularly those working on the same objectives.
- It is important to identify targets and indicators for the goals, not only for the objectives of the plan.
- Identification of indicators to measure objective achievement should occur during the planning phase rather than during the implementation phase. This would allow communities to “weigh in” on the indicators as the 10-year objectives are being proposed.
- The objectives and indicators should undergo a rigorous review by program and data experts. Several 2010 objectives were too broad or vague for measurement; many indicators could not be measured for want of data or definition.
- A statewide public health plan requires the full engagement, ownership, leadership, and accountability of the Department of Health Services, not just the Division of Public Health.
- Without robust statewide and local data, there cannot be adequate measurement of progress. Now as then, data collection and management are fractured, intermittently funded, and often rely on categorical grants (federal, national, and private). Health plan monitoring systems cannot depend primarily on grants – they must be built and reliably supported year after year to compare data and determine progress.

- A communications and marketing plan is critical to weave plan goals and objectives into the fabric of society, reach diverse communities and identify new and unconventional partners. Health plan goals compete with many other day-to-day priorities and interests. Plan goals and objectives require considerable marketing (“making the sale”) to achieve a sufficient level of commitment and urgency to accomplish them on a meaningful scale.

There were many successes during the past decade, including the following examples:

- Significant expansion of health insurance availability, making Wisconsin’s uninsured rate one of the lowest in the nation. Rates of child health insurance rose from 88 percent in 2000 to 93 percent in 2008, and with the passage of BadgerCare Plus in 2008, most are eligible for affordable coverage.
- New programs, taxes and laws reducing tobacco use and exposure to environmental tobacco smoke. Sustained declines in cigarette smoking occurred among youth, adults and pregnant women.
- A shared vision of a “public health system” that extends beyond governmental public health agencies to include many other public and private actors, leading to considerable growth of public-private health partnerships at both state and local levels. Partnerships have become a routine public health system business process.
- Increasing focus on preventable risk factors for disease, injury, disability and premature death and on the underlying determinants of health in planning, policy and programs.
- The passage of key public health laws, including laws requiring local community health improvement planning and requiring health departments to provide the 10 essential services of public health (see Appendix B).
- The expansion of public health as a core mission of the University of Wisconsin School of Medicine and Public Health and the creation of the University of Wisconsin-Milwaukee School of Public Health.
- Development of new and enhanced public health degrees at the master’s and doctoral levels, certificate and continuing education programs at the Medical College of Wisconsin, University of Wisconsin System schools, and other colleges and universities across our state.
- Establishment of the Healthy Wisconsin Leadership Institute.

- Establishment of an independent Institute for Wisconsin's Health.
- Funding of community-academic partnerships by the Healthier Wisconsin Partnership Program at the Medical College of Wisconsin, and the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health.
- Creation of the Wisconsin Public Health Council, by the Governor, to monitor state health plan progress and implementation, as well as progress in coordinating the response to public health emergencies.
- Creation of the Minority Health Leadership Council within the Department of Health Services to address current and emerging public health needs of racial and ethnic minority populations throughout Wisconsin.
- Successful implementation of hundreds of community health improvement projects by collaborative partners statewide, regionally, and locally.
- Incorporation of one or more of the *Healthiest Wisconsin 2010* goals and objectives into the strategic plans of state agencies, statewide collaborations, and local government and private organizations.
- Establishment of websites pointing to evidence-based and science-based practices related to plan objectives, and tracking objective achievement.
- Research and workshops to address ways to improve health and reduce health disparities in Wisconsin.

While *Healthiest Wisconsin 2010* was only one of many reasons for these positive changes, it provided justification, stimulated collaborations, and increased alignment and momentum for many of these initiatives. (See Appendix C for a detailed chart comparing *Healthiest Wisconsin 2010* with *Healthiest Wisconsin 2020*.)

Figure 1 depicts the major elements of the *Healthiest Wisconsin 2020* Framework.

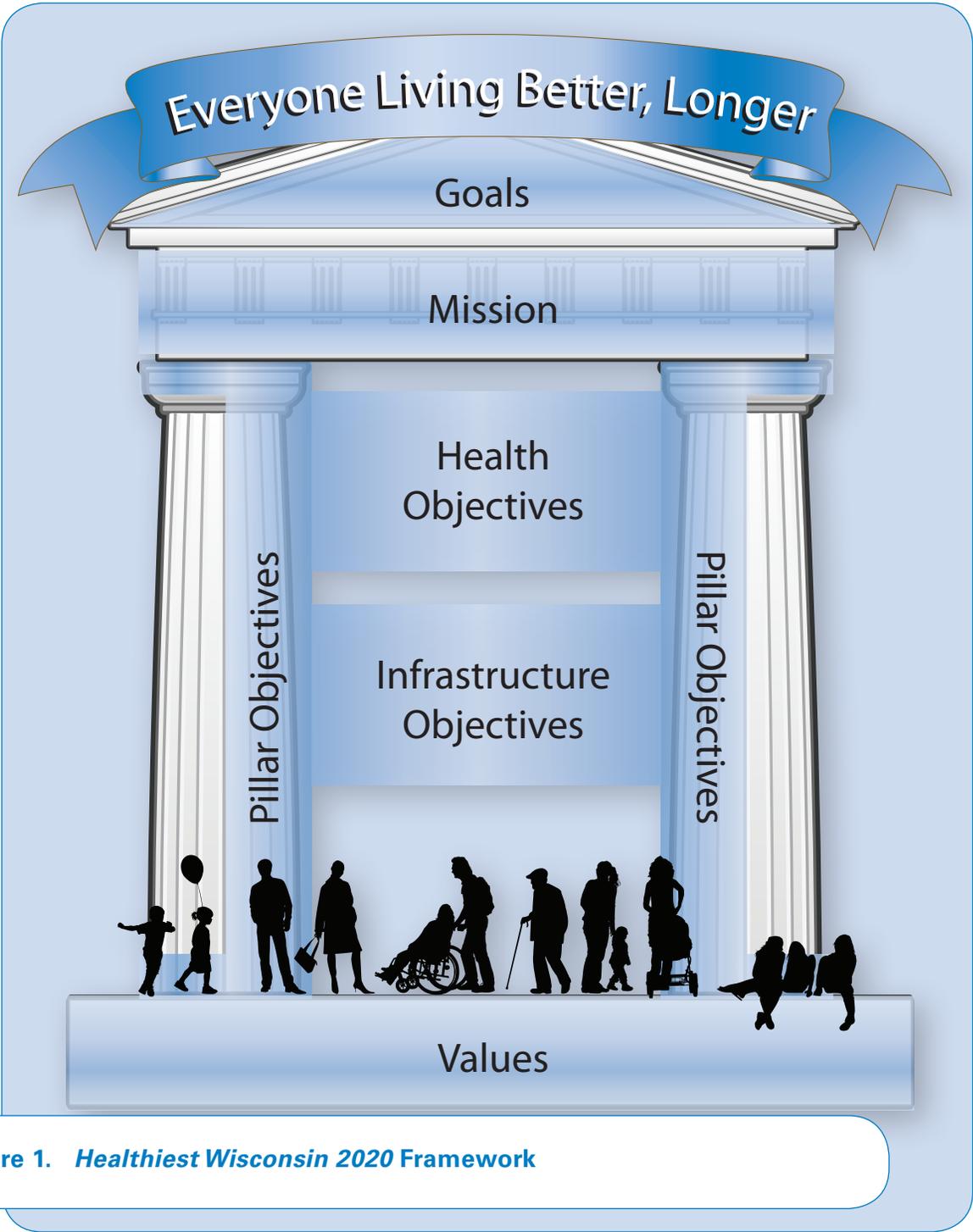


Figure 1. *Healthiest Wisconsin 2020* Framework

Key building blocks in the prior decade's plan allowed *Healthiest Wisconsin 2020* to begin from a stronger starting position. These key building blocks include:

- **Public health infrastructure focus.** *Healthiest Wisconsin 2020* continues to focus on key infrastructure objectives that strengthen public health system capacity as a whole. Over the past 10 years, work on the state health plan has given partners and stakeholders a better understanding of the importance and complexity of the public health system as a whole, including the essential roles of both government and non-governmental partners. *Healthiest Wisconsin 2020* builds on this shared understanding and commitment to a strong public health system.
- **Public health system partners.** *Healthiest Wisconsin 2020* builds on the strong, mature community-level partnerships that are experienced in organizing collective efforts for improvements. The public health partnership process has become so strong that collaboration has become a routine part of the public health system fabric.
- **Health and infrastructure priority areas.** *Healthiest Wisconsin 2010* organized the state health plan objectives into categories called health and system (infrastructure) priorities. The *Healthiest Wisconsin 2020* Strategic Leadership Team, based on recommendations of two technical teams, determined that the new plan should continue to focus on the 2010 priority areas because Wisconsin's most pressing health and infrastructure concerns had not changed over the past 10 years. The Team also noted that some important areas were missing from the 2010 list of priorities; for example, chronic disease management, emergency preparedness and response, healthy growth and development, health literacy, and research and evaluation. These areas, along with the 2010 priority areas, became the focus areas for the 2020 plan. *Healthiest Wisconsin 2020* contains 12 Health Focus Areas, nine Infrastructure Focus Areas and two Overarching Focus Areas.

New features of *Healthiest Wisconsin 2020* are:

- **A deeper focus on the broader determinants of health in addition to risk factors.** This focus on root causes provides for population-level changes that have the potential for longer-lasting health improvements.
- **Identification of two Overarching Focus Areas,** Health Disparities and Social, Economic and Educational Factors that Influence Health, as a way of assuring that these core issues receive prominent attention. Objectives from these two focus areas are also identified as Pillar Objectives, critical to the overall achievement of the plan's goals and, therefore, a responsibility for everyone.