Wisconsin State Health Improvement Plan 2023-2027

Summary

WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

Contents

Foreword

The spotlight on public health has perhaps never been brighter, and the need for meaningful improvement has never been more evident. The COVID-19 pandemic laid bare cracks in our systems that cannot be solved by doing business as usual. At the same time, communities have shown that they have knowledge, skills, and experience that are vital to maintaining and improving individual, community, and population health. The Wisconsin Department of Health Services (DHS) State Health Improvement Plan (SHIP) lays out an ambitious roadmap to guide actions across sectors in order to address public health needs in ways that will help all Wisconsinites chart their course to better health and thriving communities. When the basic needs of people and communities are met, they can better prevent and recover from challenges to their health and well-being. This SHIP contains a wider range of opportunities for improvement, from upstream policy, systems, and environment change to downstream individual factors.

The SHIP lays out a pathway for Wisconsin to improve the health and well-being of its people and communities. This plan satisfies requirements under state law (Wis. Stat. § 250.07(1)(a)) that DHS produce a public health agenda for the people of Wisconsin at least every 10 years. In addition, this five-year plan fulfills the requirement of the Public Health Accreditation Board to maintain Wisconsin's status as one of 40 states to have an accredited state health department.

This SHIP is a living document that will grow with our work together. It is designed to be adaptable to individual communities while providing guidance on state-level goals for health improvement. Additionally, over its five-year life span it will evolve with Wisconsin's changing public health landscape. This initial summary describes the community-centered SHIP development process, and the principles and framework upon which a more detailed implementation plan will be built.

To the hundreds of community members and leaders, public health partners, health care practitioners, state staff, and many more, we cannot thank you enough for your time and contributions to this work and this report. This plan is dedicated to you. Public health improvement succeeds when it is a shared effort to ensure a vibrant future for all Wisconsinites.

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Developing the 2023-2027 Wisconsin State Health Improvement Plan

The 2023-2027 Wisconsin State Health Improvement Plan (SHIP) builds on the work of the 2017-2022 State Health Improvement Plan Transitional Report, as well as recent publications like the UW-Madison Population Health Institute's Population Health and Equity Report Card, Minority Health Report, and the Governor's Health Equity Council recommendations executive summary. These documents ask us to consider and address the root causes of health and well-being outcomes and inequities. The development process for the 2023-2027 SHIP centered the lived expertise and voices of community members from across the state to create a roadmap to improve the health and well-being of all Wisconsinites. This SHIP development process is more purposefully and deeply rooted in community knowledge and perspectives than in any previous SHIP. It builds on the hundreds of data points and voices of thousands of Wisconsinites through the State Health Assessment (SHA) development process. Additional input from local and tribal health departments, state agencies, health care organizations, and other institutional partners shaped the framing and structure of the SHIP framework. Ultimately, this plan reflects the health and well-being experiences, needs, and hopes of diverse groups of Wisconsinites. This SHIP lays out a roadmap for community health improvement in Wisconsin and a plan for long-term pandemic recovery.

Community Partners

To meaningfully center the needs of members of Wisconsin communities, SHIP development began and ended with community conversations. The series of community conversations focused on understanding what factors impact the health of Wisconsinites and how they experience those factors, as well as the assets of communities.

The initial rounds of SHIP development conversations included representatives of community-based organizations reflecting a diverse group of Wisconsinites, including rural, urban, immigrant, Black, Hispanic, LGBTQ+, disabled, and other communities. Participants reflected on an initial set of priority areas developed through more than 70 community conversations held in 2019 during the SHA process. Community members described how their priorities evolved since 2019, especially throughout the COVID-19 pandemic and changing economic and social landscape. Their updated set of priorities laid the foundation for conversations with additional groups of partners.

After further partner conversations, described below, the SHIP development process concluded with additional community conversations. These conversations ensured that the final SHIP framework still accurately reflected the health and well-being priorities shared by community members in the initial rounds of conversation.

Local and Tribal Health Departments

Wisconsin's local and tribal health departments are essential partners who understand the health and well-being, hopes, and concerns of their communities, as well as how the SHIP may be most useful to their work and that of local partners. In a series of Community of Practice conversations, intended to promote collective learning and improvement, local and tribal health departments considered how the priorities described by statewide community members aligned with the issues they've heard expressed by their own local community members. They also shared opportunities for how the SHIP may best be framed to support the development of their own community health improvement plans to address root causes of health related to their own priorities.

Institutional Partners

Community partners strongly expressed that effectively improving health and well-being in Wisconsin will require collaboration and alignment for a common purpose across many different agencies and sectors. Building this alignment requires reaffirming existing partnerships, as well as developing new relationships and ways of working together. Most organizations currently work relatively independently. DHS, state health-related councils and advisory bodies, other state agencies, health care systems, public health funders, and others contributed feedback on the foundational shifts and priority areas described in the SHIP. They also suggested ways to align their work with the SHIP to break down silos, coordinate strategies and activities, and achieve more improvement together than we could separately.
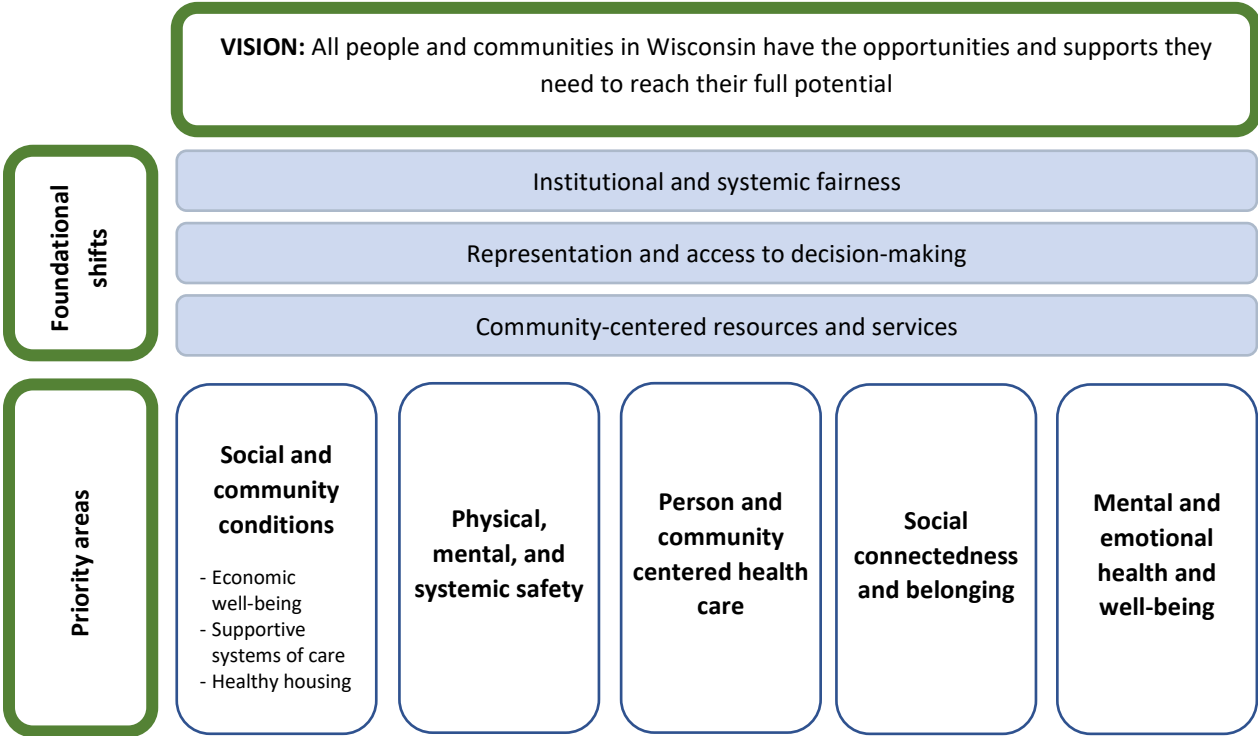
SHIP Framework

Wisconsin communities have diverse strengths as well as diverse needs to improve health and well-being. It would be impossible to create a comprehensive one-size-fits-all framework. The 2023-2027 SHIP framework reflects the health needs and hopes most strongly and frequently expressed by Wisconsinites in a series of conversations. With an ultimate vision that all people and communities in Wisconsin have the opportunities and supports they need to reach their full potential. The framework centers changing policies, systems, and environments to improve health and well-being. It also features an aspirational, ideal-state framing of the improvements that are needed. Rather than solely focusing on the problems to be solved, the framework describes what communities would look like when we succeed in improving the factors that affect health and well-being.

Many of the foundational shifts and priority areas described in this framework are areas that are not traditionally addressed by public health agencies. Housing, child care, community resources, and the systems that affect access to decision-making, for example, are currently addressed by other sectors. However, the direct links between these factors and health have become increasingly clear.

In public health we often reference the parable of the river. In this story a person sees several people in a river struggling to swim to shore. A crowd of rescuers gathers to help, but no matter how many people they pull from the river, more keep coming. So, the person walks upstream and sees that people are falling into the river because the bridge to cross it has fallen down, and they understand that to truly solve the problem they don't just need more rescuers; the bridge needs to be repaired too.

Similarly, we know that, while they are also absolutely needed, recruiting more health care workers alone, for example, is not enough to permanently improve the health and well-being of Wisconsin communities. We must work upstream to fundamentally improve our environments (the bridge), policies (how the bridge was designed, built, and funded), and systems (how it was decided how, where, and by whom the bridge was designed and built in the first place) that affect health.

VISION: All people and communities in Wisconsin have the opportunities and supports they need to reach their full potential	

Foundational shifts

- Institutional and systemic fairness
- Representation and access to decision-making
- Community-centered resources and services

Priority areas

Social and community conditions - Economic well-being - Supportive systems of care - Healthy housing	**Physical, mental, and systemic safety**	**Person and community centered health care**	**Social connectedness and belonging**	**Mental and emotional health and well-being**

Foundational Shifts

Foundational shifts are the fundamental changes we must make in the way we do the work of public health to effectively and sustainably address and improve the health and well-being of all Wisconsinites. For example, to achieve a key factor for health such as economic well-being for all, institutions and systems must fairly support and address the needs of Wisconsin's diverse individuals and communities. And for health care to be truly person- and community-centered, all groups must be represented in and have access to the spaces in which decisions that affect their health are being made. Foundational shifts are difficult to define and measure but should be prioritized regardless, both for their own sake and to ensure there is a strong base upon which sustainable improvements further downstream can be made.

Institutional and systemic fairness

Members of many Wisconsin communities described the ingrained structural barriers they experience when interacting with systems and institutions and accessing services, which in turn create inequitable health outcomes. These systems and institutions include health care, education, the civil and criminal legal systems, employment, and more. Some of these structural barriers are deeply rooted, like the forced removal of Native Americans from their land and discriminatory lending practices such as red-lining. These aspects of our state's and nation's history continue to cause harm in Black and Native American communities in Wisconsin. Other structural barriers, such as housing rental and mortgage application requirements or city zoning policies that affect where transit hubs and grocery stores are located, are more modern and have similar impacts.

By contrast, institutional and systemic fairness may look like:

- Communities are supported in ways that take into account current and historical systems and policies that have created disparities in health and well-being behaviors and outcomes
- New policies and systems address disparities in resource allocation across communities

Representation and access to decision-making

One of the clearest themes that arose in the SHIP community conversations was the need for individuals and communities to have the power to influence the decisions being made that affect their health and lives. Having a more diverse group of problem solvers at decision-making tables, including those actually living in and experiencing the negative effects of current systems, policies, and environments, will improve how responsive the decisions being made are to the needs and desires of the community. Inclusive decision-making can make actions taken more likely to effectively address intended issues, and less likely to have unintended negative effects.

Community members suggested several ways representation and access to decision-making could look in practice, including:

- Community-based leadership and advocacy receive long-term support and investment
- Decision-making authority shifts from high-level policy-makers to the community level whenever possible, and community voices are always meaningfully included in the decision-making process
- Trusting relationships exist between traditional decision makers and community members
- Communities use assets-focused approaches to build on their wisdom, experience, and strengths

Community-centered resources and services

In conversations, communities expressed that they best understand their own situations and needs, and they have the skills and knowledge to address those needs themselves if adequately supported and resourced to do so. Every community in Wisconsin is unique. No single policy or service will be appropriate for all communities across the state. Community-level decision-makers have the greatest insight into their community's needs as well as their knowledge and ability to problem solve. Communities have untapped talent and skills that are not being utilized. Supporting communities by investing in them and giving them more control over resources, service design, and implementation can yield more efficient and effective improvement.

Centering community-based resources and services may look like:

- Communities receive sufficient, sustainable, flexible, and easy-to-use funding to address their needs
- Resources and services offered are easily accessible to and meet the unique needs of all who need them, regardless of identity, language spoken, mental or physical ability, location, etc.
- Resources and services offered are adapted to the specific needs and practices of individual communities
- Resources and services offered are coordinated with one another and wrap around the complete needs of individuals and communities

> "Health equity begs us to be more insightful and creative about the ways we use funding and resources…we want our communities to own public health," - *Community conversation participant*

Priority Areas

Priority areas are the issues Wisconsin community members raised as being the most important factors in improving their health and well-being. Many of these priorities are outside the current scope of public health, but we know have clear impact on health outcomes. The COVID-19 pandemic, for example, shone a light on the effects of housing, employment, and social support on how individuals, families, and communities were able to respond to and protect themselves from the virus and its larger societal impact.

Priority areas are more concrete and further downstream than foundational shifts, but still require collective effort to improve. They may be addressed through collaborative, community-centered partnerships of state and local public health organizations, community-based organizations, policy-makers, health care organizations, and others. These partnerships will help to develop specific objectives and strategies to shift policies, systems, and environments that affect the priority areas identified by members of the Wisconsin community.

Social and community conditions

Social and community conditions, also called social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1] There are many social and community conditions that affect health and well-being. Wisconsinites identified three as being most impactful on their lives: economic well-being, supportive systems of care, and healthy housing.

Economic well-being

Wisconsinites shared a range of concerns regarding their individual and community economic security and success. These include availability of family supporting jobs and wages; paid family and sick leave; accessible, affordable education and job training; and help understanding and resolving medical and other debt.

- Eleven percent of households in Wisconsin live below the federal poverty line and another 23% of Wisconsin households earn more than this but cannot afford basic household necessities.[2]
- Seventy-seven percent of working Wisconsinites do not have access to paid family leave, and 61% lack access to unpaid family leave.[3]

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[1] Social Determinants of Health, *Healthy People 2030*

[2] Wisconsin 2020 state report, *United for ALICE*

[3] Working parents who are eligible and can afford FMLA unpaid leave by race/ethnicity, *Data Diversity Kids*

- The median annual income of white households ($66,073) is more than double that of Black households ($32,857) in Wisconsin[4], and the urban per-capita income is 15.5% higher ($57,586) than rural per-capita income ($49,842).[5]

Economic well-being is closely associated with health and well-being.[6] Income, for example, is associated with the health outcomes, such as the frequency of chronic health conditions in a community, as well as life expectancy. Economic status and health can also interact to create a health-poverty trap, where low economic status contributes to poor health, and poor health perpetuates low economic status.

Supportive systems of care

Wisconsin community members identified a wide gap between child care and other care (part- or full-time care for children and adults who need help with daily activities of living) that is available in their communities and the care that is needed. Their concerns include the affordability and appropriateness of currently available care (how well available care matches the care that's needed), as well as the need for more care options. Location of care options is also important, especially for those who live in rural communities and those who commute using public transportation.

- Fifty-four percent of Wisconsinites live in a child care desert where there are significantly more children in need of child care than available child care spots.[7]
- Infant care for one child costs 18.5% of the median family income in Wisconsin; affordable care costs less than 7%. By this standard, only 6.5% of Wisconsin families can afford infant care.[8]
- Eighty-five percent of Wisconsinites who rely on direct care services to lead safe and healthy lives cannot find enough direct care workers to cover all needed shifts.[9]

Systems of care directly affect the health and well-being of those being cared for by safely providing needed care. Additionally, they indirectly affect the health of individuals and communities by impacting employment stability, social connectedness, and mental and emotional health and well-being.

Healthy housing

Housing is a basic need for all. Housing needs of communities in Wisconsin often do not match the housing and related resources that are available. Community members described healthy housing as housing that is affordable, stable, safe, and meets the needs of those who live there. Housing that meets the needs of all Wisconsinites may mean many things, including that the housing is located near good jobs, that there is enough space for the individuals who live there, that it's multigenerational, or that it is physically accessible and supportive for people with mobility concerns. Current and historical policies in Wisconsin make it more difficult for some groups to secure healthy housing, resulting in ongoing

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[4] Median income in the past 12 months, *American Communities Survey*

[5] Population, Income, Food Insecurity, Education, and Employment, *USDA Economic Research Service*

[6] Health, Income, & Poverty: Where We Are & What Could Help, *Health Affairs*

[7] Wisconsin Childcare Deserts, *Center for American Progress*

[8] Child care costs in the United States- Wisconsin, *Economic Policy Institute*

[9] Wisconsin's Direct Care Workforce Crisis, Survival Coalition of Wisconsin Disability Organizations

disparities in rates of homeownership, eviction, experiences of homelessness, childhood lead exposure, and more.

- Twenty-one percent of homeowners and 42% of renters in Wisconsin spend more than 30% of their monthly income on housing.[10]
- Seventy-two percent of white Wisconsin households own their homes, while only 41% of Hispanic households and 26% of Black households own their homes.[11]
- More than 350,000 homes in Wisconsin have potential lead-based paint hazards that are harmful to health, especially in children.[12]

Housing may affect health directly by, for example, being free of pollutants and lead. Housing may also indirectly affect health through factors like location and accessibility by facilitating economic well-being, social connectedness, access to education, access to nearby health care services, and more. Healthy housing is an important contributor to the overall social and economic vitality of a community.

Physical, mental, and systemic safety

Safety means many different things to different people. It manifests uniquely across Wisconsin's diverse communities, and different people need different conditions to feel safe. In community conversations, Wisconsinites shared concerns about physical, mental, and systemic safety. To them, physical and mental safety include protection from the bodily and psychological effects of interpersonal violence, including firearms and other weapons, intimate partner violence, and violence based on race, ethnicity, gender, or other personal characteristics. The mental safety aspect of this priority area also includes the need for a trauma-informed approach to violence prevention and individual and community healing. Systemic safety is closely tied to the institutional and systemic fairness foundational shift and includes protection from harm caused by policies or systems, based on race or ethnicity, gender or sexual identities, immigration status, or other characteristics. Criminalization of mental illness and addiction is one way current systems and policies harm health and people.

- Thirty-six percent of Wisconsin women and 32% of Wisconsin men experience intimate partner physical violence, intimate partner rape and/or intimate partner stalking in their lifetimes.[13]
- Nearly one in four Wisconsin students reports being bullied at school.[14]
- The rate of incarceration among Black Wisconsinites is 12 times that of white Wisconsinites, the second highest disparity in incarceration rates between these two groups in the U.S.[15]

Physical violence, including firearm-related incidents, directly impacts physical health through the injuries or death they may cause. The after-effects of this physical violence, as well as mental and systemic violence, can affect mental health, causing conditions including anxiety and depression. These mental

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[10] Selected housing characteristics, *American Communities Survey*

[11] Racial disparities in homeownership extend beyond Milwaukee, *Wisconsin Policy Forum*

[12] American Healthy homes survey Lead and Arsenic Findings, *US Dept. of Housing and Urban Development*

[13] Domestic violence in Wisconsin, *National Coalition Against Domestic Violence*

[14] High School Youth Risk Behavior Survey, *Centers for Disease Control and Prevention*

[15] The Color of Justice: Racial and Ethnic Disparities in State Prisons, *The Sentencing Project*

health issues may in turn cause additional physical health issues, like high blood pressure, poor immune function, and more.[16]

Person- and community-centered health care

Community partners shared several ways in which current health care systems and institutions, including mental health, dental, and vision care, do not adequately meet their needs. They expressed a desire for care that is accessible financially (including insurance and options for non-insured individuals) and physically (in terms of location, transportation options, and other physical barriers). Many community members stated that their communities need more care options and systems that are inclusive of and responsive to cultural and other identity-specific needs and preferences. They said that when they receive care from providers who share their identities it makes the patient-provider relationship more effective at addressing their needs and improving their health and well-being outcomes. The need for improved long-term care options also arose repeatedly in conversations. Additionally, Wisconsinites said it is essential that our complex insurance and health care systems are made easier to navigate and understand.

- More than 8% percent of Wisconsinites did not receive needed medical care in the past 12 months because of cost. This proportion is higher (up to 19.3%) for non-white Wisconsinites.[17]
- Thirty percent of Wisconsinites who are not U.S. citizens do not have health insurance.[18]
- Rural Wisconsin counties have only 5.7 dentists per 10,000 people, while urban Wisconsin counties have 7.7 dentists per 10,000 people.[19]

Health care systems and institutions have clear direct links to the health and well-being of communities. Whether an individual can afford and access care that meets their needs when and where they need it has an immediate effect on health outcomes. Upstream factors such as policies that affect cost of care, insurance access, location of health care services, which types of services are offered, and more are also critical to the health and well-being of individuals and communities in Wisconsin.

Social connectedness and belonging

Both before and during the COVID-19 pandemic, Wisconsinites expressed a desire for their communities to be more socially connected. This includes individual and group, virtual and face-to-face social interactions, community events, and celebrations for all ages. It also includes civic engagement, such as voting, participating in local government processes, and being a community advocate. Community partners said they want their communities to be more inclusive of and welcoming to people of all personal characteristics and abilities.

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[16] The Effects of Violence on Health, *Health Affairs*

[17] Behavioral Risk Factor Surveillance Survey 2020, *Centers for Disease Control and Prevention*

[18] Selected characteristics of health insurance coverage in the United States, *American Communities Survey*

[19] Dentists per 10,000 people for metro and nonmetro counties, 2020- Wisconsin, *Rural Health Information Hub*

- Twenty-three percent of Wisconsinites report that they only sometimes or never get the social and emotional support they need.[20]
- Fifteen percent of Wisconsinites aged 15 years or older and 29% aged 65 years or older live alone.[21]
- Sixty-one percent of eligible Wisconsinites voted in the 2020 elections, including 75% of white Wisconsinites, 44% of Black Wisconsinites, and 42% of Hispanic Wisconsinites, and 42% of Asian Wisconsinites.[22]

Social connection and belonging impact health in many ways. Socially connected communities create more opportunities for mental and physical activity, keeping minds and bodies healthier and safer. In a well-connected and welcoming community, people are also more likely to notice when someone else is unwell and needs support to improve their health and well-being. This priority area also includes being able to leverage the collective power of connected communities to create change, aligning it closely with the representation and access to decision-making foundational shift. This may enable communities to more successfully influence the creation of policies and building of systems and environments that can positively impact their health.

Mental and emotional health and well-being

While mental and emotional health and well-being have long been high priorities in public health, during the COVID-19 pandemic mental health, substance use, and other topics closely related to emotional well-being, became especially urgent to address. Wisconsinites described the need for mental health and well-being to be addressed in broad ways, including both prevention and treatment services, to be more accessible and affordable, and for this issue to be addressed across the life span. They also stressed the importance of mental health care that is responsive to their cultural context and delivered by care providers from their own communities.

- Forty percent of Wisconsinites experienced poor mental health at some point during the past month.[23]
- Sixty-six of Wisconsin's seventy-two counties contain a mental health professional shortage area.[24]
- In 2021, there were 1,401 opioid-related deaths and 4,258 opioid-related hospital visits in Wisconsin.[25]

Mental health is increasingly being treated as equally important to physical health, which is an important shift in thinking and practice. This includes mental health parity, an important policy change that requires large group insurance plans to offer more equal mental health and physical health benefit coverage. Mental health is meaningful independently, and as a factor that influences physical health. Poor mental

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[20] Behavioral Risk Factor Surveillance Survey, *Centers for Disease Control and Prevention*

[21] Selected social characteristics in the United States, *American Communities Survey*

[22] Voting and registration in the election of November 2020, *United States Census Bureau*

[23] Behavioral Risk Factor Surveillance Survey, *Centers for Disease Control and Surveillance*

[24] Health professional shortage areas: mental health, by county 2022- Wisconsin, *Rural Health Information Hub*

[25] Dose of Reality: Opioids Data Summary Dashboard, *Wisconsin Department of Health Services*

health is associated with greater use of tobacco, alcohol, drugs, higher rates of suicide and accidents, [26] as well as decreased school performance and lost productive workdays, which are factors in economic well-being.[27] Wisconsin must support the whole health of individuals, families, and communities through the creation of policies, systems, and environments that seek to improve mental health.

Implementing SHIP

The SHIP framework described in this report is not an endpoint. Now that the necessary foundational shifts and priority areas have been identified, it is essential to outline how improvement will be made on each. As this happens over the coming months, and new processes, partnerships, and actions begin, the SHIP will continue to grow and evolve. Importantly, the process will remain community-centered as stakeholders collaborate to put the SHIP into action.

Principles of SHIP Implementation

There are several principles upon which the SHIP implementation plan will be built. These principles are necessary to ensure sustainable improvement for all Wisconsinites.

Partnership	The SHIP is not a roadmap only for state government-based public health, but for all of Wisconsin. It was developed through partnership and, in order to be effective in improving the health and well-being of all Wisconsinites, must be implemented in partnership. Community-based organizations, local and tribal health departments, health care organizations, funders, state agencies, academic partners, and others all have important roles to play to ensure meaningful progress is made to further the SHIP's foundational shifts and make improvement in the priority areas.
Policy, systems, and environment change	Health and well-being outcomes are largely influenced by factors outside of individual genetics and choices, and outside the medical system. Health is a product of the policies, systems, and environments in which a person or community lives, and only by addressing those external, upstream factors can sustainable improvement be made.
Whole-systems approach	Health and well-being cannot be wholly improved by any one sector alone. Sustainably and comprehensively improving health and well-being will require working across sectors (health care, housing, transportation) as well as across stakeholder types (state government, local government, private industry) to address the whole system in which individuals and communities live.
Shifting narratives	Given the whole systems approach required to do this work, it will be necessary to expand the popular understanding of what creates health. Many of the dominant narratives or embedded cultural stories in our communities (the self-made man or pulling oneself up by one's bootstraps) emphasize the importance of individual factors or behaviors on well-being outcomes. Public health and its partners must instead work to transform leading narratives around the importance of working collectively and changing policies, systems, and environments to improve individual and community health and well-being.

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[26] Physical morbidity and mortality in people with mental illness, *British Journal of Medical Practitioners*

[27] Lost productivity among full-time workers with mental disorders, *Journal of Mental Health Policy and Economics*

SHIP Implementation Next Steps

Partnerships and engagement

Building on the successful collaboration in the SHIP framework development phase, continued partnership and engagement will be needed to create an implementation plan. This implementation plan will strongly reflect the needs and strengths of Wisconsin's communities and be inclusive of all partner types. This will include collaborations based on the priority areas, partner sectors, or programmatic areas of focus; trainings to build capacity; and more. One example of a current partnership space upon which momentum will be built is the community of practice for local and tribal health departments, which meets monthly to share issues and experiences and to learn together.

This invitation to join the SHIP implementation planning process is open to all current and potential future partners. An all-in approach is necessary to sustainably improve health and well-being through progress across the foundational shifts and priority areas.

Objectives, strategies, and measures

For each foundational shift and priority area a set of objectives, strategies, and measures will be developed. These will be generated through collaboration with community, governmental, and other institutional partners.

Objectives	Specific goals or aims that would indicate improvement in each foundational shift and priority area
Strategies	Policies, programs, or other actions intended to address the objectives
Measures	Qualitative and quantitative methods to track the progress of actions (process measures) and community-level health and well-being changes (outcome measures) related to the objectives and strategies

Using SHIP

This SHIP framework and forthcoming implementation plan are intended to be living documents that stakeholders may use to take on health and well-being improvement work in their own communities in ways that are responsive to their specific needs. Partners are encouraged to align their own priorities and efforts to those described in the SHIP. They may also use the SHIP as a supporting document when advocating for policy change, applying for project funding, and more. The upstream factors described in this SHIP are relevant across geographies, economic sectors, public health topical areas, and more. Making and clarifying these connections will be an important component of implementing the SHIP.

Through annual updates and other iterative revisions, the SHIP will also regularly respond to the ever-changing contexts in which Wisconsinites live. Continuous engagement and partnership will be important to keeping the SHIP relevant and helpful to communities. You can access all SHIP related documents on the Wisconsin State Health plan website.