



**State Health Plan Community Stakeholder Survey**  
**Division of Public Health Stakeholder Survey**  
**Selected Results**  
**May 2008**

The purpose of the surveys was to elicit stakeholder views on how to strengthen planning processes and inform the work of teams associated with development of Healthiest Wisconsin 2020. The State Health Plan Community Stakeholder survey was sent via email in March and April 2008 to a sample chosen by Division of Public Health (DPH) management due to expertise related to HW2010. Response rate 65% (29/44). (Respondents: LHD:14 ; Academia: 7; Community agency: 5; Governmental Agency -DPI, State Lab:3). The DPH Stakeholder Survey was completed by DPH Expanded Management Team Members in November, 2007. Response rate 39% (29/73). This summary is based on a representative sample of the most common responses to each question.

Survey report completed by Marina De Pablo, RN, UW Madison MS / MPH Graduate Student, May 2008. For more information contact Marina at [depablo@wisc.edu](mailto:depablo@wisc.edu).



## State Health Plan Community Stakeholder Survey Division of Public Health Stakeholder Survey Selected Results

### How familiar are you with Healthiest Wisconsin 2010?

-respondents were very familiar with HW 2010

#### Community Stakeholders:

- 72% Involved in planning HW2010
- 68% Use it regularly in their work
- 34% Were part of a community review team

#### Division of Public Health Stakeholders:

- 62% Involved in planning HW2010
- 55% Use it regularly in their work
- 34% Use it now and then

### What are the strengths of Healthiest Wisconsin 2010?

#### Community Stakeholder Responses:

*“It creates a mission and goals for Public Health in Wisconsin.”*

##### Shared vision for Public Health in Wisconsin

- Priority health issues
- Mission and goals
- Framework for population health planning
- Common language

*“Development of the plan and the implementation plan was a diverse and intensive process. It was the best of many in which I have participated.”*

##### Process was comprehensive and inclusive

- Brought together stakeholders
- Statewide & local impact on public health in WI
- Collaborative process resulted in widespread use and ownership of plan
- Diverse, community, and partner based process

*“I’m especially proud that Wisconsin includes the Social and Economic Determinants of Health – and did so far ahead of the rest of the nation.”*

##### Determinants of Health Model

- Evidence based
- Scientific
- Social and economic conditions

#### Division of Public Health (DPH) Responses:

##### Common goal/vision for Public Health in Wisconsin

- Clear framework, priorities
- Common language and vision
- Goals to strive for to address Wisconsin’s most pressing health issues

*“It lays out goals for the Public Health community that can prioritize our work”*

##### Partnership

- Health plan owned by all partners not just DHFS
- Decreased program silos
- Foundation to join partners

*“It included many traditional and non-traditional partners. That makes it more Wisconsin’s plan than the Division’s plan.”*

##### Scientific process

- Determinants model
- Data driven
- Use of logic model and best practices
- SMART objectives



## What are the gaps in Healthiest Wisconsin 2010?

*“If we can establish more meaningful measures, we should report progress at least annually. Consider reporting “efforts” quarterly to keep people interested and focused.”*

*“Include underserved population stakeholders from the beginning before decisions are made, not just to review, comment on and approve a plan that has been conceived and developed by others.”*

*“Transforming the public health system takes resources and information. It also takes a will to do so. The health departments have done about as much as they can operating on influence and goodwill. Now they need resources and a mandate.”*

### Community Stakeholder Responses:

#### Evaluation

- Lack of measurable objectives
- Lack of measurable health outcomes (use logic model)

#### Suggestions for improvement:

- Identification and collection of outcome data
- Updates on goal attainment
- Annual review and reporting of progress
- Stronger evaluation criteria and evaluation plan
- Data collection at community level on success stories
- Specific objectives for maternal / child health, elderly, ethnic groups

#### Implementation

- Make implementation specific to ethnic and racial communities
- Delayed creation of implementation plan made it less useable and visible
- Links to implementation need to happen earlier
- Implementation document is too long

#### Funding

- Need to market plan to increase awareness among health care providers and government officials
- Public health workforce development needed – build skill capacity at the local level
- Lack of support to reach targets

### Division of Public Health Responses:

#### Implementation and Evaluation

- Need to reorganize systems around priorities
- Need measurable goals and objectives
- Need implementation plan explanations, timelines
- Should involve staff in writing plan to increase implementation, accountability and feasibility
- Ensure fuller inclusion of communities of color on front end

*“DHFS DPH Vision, Mission, Goals, Objectives, Activities and the DPH Budget could be developed to support the priorities.”*

#### Marketing/Communication

- Make connection between everyday work and the plan
- Need continual process of communicating progress
- Public does not know about it
- Not shared with enough partners – business, private sector

*“Integrate tracking into partnerships and provide a way for partners to take a role in implementation, evaluation, and tracking.”*

#### Funding / Infrastructure Development

- Need infrastructure to focus work on priorities of plan
- Need more attention to structural priorities – concrete ways to increase public health funding
- Should focus on workforce development and retention and diversity
- The plan is good- implementation requires resources



## What is the chief public health message of HW2010?

*“Through collaborative work and a shared vision of our state priorities, we can improve the health of our people, reduce health disparities and transform our system into something great.”*

*“Public health transcends individuals, groups, and communities, is greater than specific health problems, and should be addressed on individual and system levels.”*

### Community Stakeholder Responses:

#### Shared Vision / Shared Strategy for Public Health

- Same health priorities throughout the state
- HW2010 is a template and strategy for Public Health
- Systematic way of addressing population health

#### Public Health is a System of Partners

- Collaborative work and shared vision
- Not just government
- Everyone needs to contribute

### Division of Public Health Responses:

#### Overarching Plan for Public Health in Wisconsin

- Promote primary prevention
- Road map for public health
- Goal setting for the State
- Health for All in Wisconsin
- Transform the system

*“Traditional ‘public health’ cannot achieve these goals alone; it takes a broad spectrum of partners working together.”*

#### Importance of Partnership

- Public health is everywhere
- Need engagement of all sectors
- Overarching themes across programs
- Public health is a system, not one entity

## How would you connect HW2020 to existing programs in your agency or Bureau?

### Community Stakeholder Responses:

- Build on 2010
- Involve staff in development
- Funding streams applied to strategic planning and implementation
- Basis for strategic planning to define our priorities
- Use it for Teaching / Research

*“I would anticipate and hope that HW2020 is not... a totally new plan, but an update and extension of HW2010.”*

### Division of Public Health Responses:

#### Program Planning

- Reorganize division around priorities of plan
- Incorporate plan goals into Bureau grants
- Link indicators to 2020 goals
- Program strategic plans address plan

#### Diverse involvement in creation and use of plan

- Make plan part of line staff’s everyday work
- Share at Regional forums
- Connect now with partners and existing plans

#### Funding

- Do crosswalk of categorical funding streams for programs and see where they intersect
- Need for more funding from other programs in DHFS to evaluate progress toward meeting goals and objectives

*“The division employees need to feel we are all working together toward common goals from administration to line staff. It is something like the family concept of management that we had in the past.”*



*“Make sure it doesn’t stray significantly from the 2010 priorities...as it is difficult to get momentum if the target moves substantially.”*

What is the best way to make the next State Health Plan useful for your agency?

**Community Stakeholder Responses:**

**Build on HW2010**

- Do not recreate the entire process and format
- Should be an update and extension of HW2010
- Do not wish to re-evaluate our connection to the state health plan

**Communication**

- Keep us informed with regular updates
- Include some “previews” so that we can be planning along the same lines
- Staff trainings and education at the regional level, at public health trainings
- Seek input from agencies during development
- Make it reasonably short, available on-line

**Clear road map for implementation**

- More specific priority strategies
- Include key linkages to systems other than public health
- Clear, concise, measurable objectives
- Include reports – burden of tobacco, alcohol, asthma, and county rankings
- Be very specific about the person/program/agency responsible for implementation
- Measure progress both good and bad. Refine infrastructure

What can DHFS do to get system partners engaged in the next State Health Plan?

**Division of Public Health Stakeholder Responses:**

**Support at DHFS for implementation**

- Take leadership role in bringing partners together
- Show how plan connects with their mission/goals
- Demonstrate data and products from 2010 on website and relevance to meeting goals
- Demonstrate how HW2020 will build on HW2010
- Include evaluation data, make goals measurable
- Streamline development process
- Define Public Health and what PH can solve

*“This cannot be DPH’s plan...it must be the plan of our PH system partners, with DPH at the helm to assure the work gets done.”*

**Include Partners in planning**

- Clear identification of timeline and opportunities for engagement of partners
- Involve grassroots representatives
- Involve Secretary and Governor, Legislators, top management from DHFS/DPH, local level leadership
- Engage communities of color early in process.
- Engage new voices including long-term care, faith-based organizations, department of corrections
- Connect with DPI & DWD, DOT

*“Choose & market one of the priorities as a statewide / state sponsored activity – real system change.”*

**Communication and Marketing**

- Clear social marketing plan
- Develop relevant, specific messages, connect to systems transformation
- Ensure program managers promote plan
- Enlist high level and grassroots ambassadors
- Use variety of media: conferences and workshops, email, webcasts, use EdTRAC, regional meetings
- Use examples of how plan can support their practice
- Create a brand name for the public



## What is the best way to assure open communication throughout the development of Healthiest Wisconsin 2020?

### What are the two best communication methods for us to keep you and your agency informed?

#### Community Stakeholder Responses:

##### Staying informed -

Half of the respondents chose electronic means for staying informed about progress on HW2020. Summits/trainings and conference calls were chosen by a third of respondents. Quarterly updates rated lowest.

- Electronic quarterly newsletter: n= 15/29
- Website: n= 11/29
- Conference calls: n=10/29
- Summits/Trainings: n=9/29
- Quarterly updates: n=7/29
- Other: webcasts, WALHDAB(2)

##### Providing input -

Over half of the respondents chose conference calls as their preferred way to give input, followed by quarterly update meetings and electronic quarterly communication. The website was rated lowest.

- Conference calls: n=18/29
- Quarterly update meetings: n=12/29
- Electronic quarterly communication: n=12/29
- Website: n=6/29
- Other: short email surveys (2), WALHDAB(3)

#### Community Respondents:

Mary Ann Borman, UMOS, Minority Health Leadership Council  
 Diane Cappozzo, Fond du Lac County Health Department  
 Joel Davidson, Southwest Wisconsin AHEC  
 Neill DeClerq, UW Extension, School for Workers  
 Gina Dennik-Champion, Wisconsin Nurses Association  
 Jean Durch, Chippewa County Health Department  
 Gina Egan, Vilas County Health Department  
 Kurt Eggebrecht, Appleton Health Department  
 Patricia Harrington, Sawyer County Health Department  
 Jeanne Hewitt, UW Milwaukee Institute of Environmental Health  
 Peggy Hintzman, Wisconsin State Lab of Hygiene  
 Gary Hollander, Diverse and Resilient, Inc.  
 Christine Hovell, Jackson County Public Health Department  
 Sue Knuferman, Wood County Health Department  
 Carol Lobes, Center for Democracy in Action  
 Wendy MacDougall, Dunn County Health Department  
 Glenda Madlom, Ozaukee County Public Health  
 Linda McFarlin, Adams County Health Department  
 Mary Pieschek, Bellin College of Nursing  
 Patrick Remington, UW School of Medicine and Public Health  
 Susan Riesch, UW Madison School of Nursing  
 Gretchen Sampson, Polk County Health Department  
 Doris Schoneman, UW Milwaukee College of Nursing  
 Geoffrey Swain, City of Milwaukee Health Department  
 Brian Weaver, Department of Public Instruction  
 Douglas White, Department of Public Instruction  
 Susan Zahner, UW Madison School of Nursing

#### Division of Public Health Responses:

##### Staying informed -

Half of the respondents chose electronic means for staying informed about progress on HW2020. Webcasts and summits/trainings were preferred by a third of respondents. Conference calls rated lowest.

- Website: n=14/29
- Electronic quarterly newsletter: n=13/29
- Summits/Trainings: n=9/29
- Webcasts: n=9/29
- Conference calls: n=4/29
- Other: Secure blog for major initiatives, options for e-alerts

##### Providing input -

Half of the respondents chose electronic means for providing input, followed by quarterly update meetings. A third or less chose conference calls and a website.

- Electronic quarterly communication: n=15/29
- Quarterly update meetings: n=12/29
- Conference calls: n=8/29
- Website: n=5/29
- Other: Basecamp or robust Listserve, Speakers Bureau, webcasts, blog, electronic surveys

#### DHFS Respondents by Bureau:

Henry Anderson, Environmental and Occupational Health  
 Marni Bekkedal, Environmental and Occupational Health  
 Patricia Bollig, Local Health Support and EMS  
 Sandy Breitborde, Communicable Diseases and Preparedness  
 Georgia Cameron, Southeast Regional Office  
 Rebecca Cohen, Mental Health and Substance Abuse Services  
 Evelyn Cruz, Minority Health Program  
 Diana Ditsch, Public Health Preparedness  
 Yvonne Eide, Southern Regional Office  
 Kristine Freundlich, Enterprise Services  
 Lieske Giese, Western Regional Office  
 Claude Gilmore, Community Health Promotion  
 Mary Gothard, Community Health Promotion  
 Robert Harris, Southeast Regional Office  
 Patti Herrick, Community Health Promotion  
 Dennis Hibray, Northeast Regional Office  
 Sheri Johnson, Division of Public Health  
 Millie Jones, Community Health Promotion  
 Murray Katcher, Community Health Promotion  
 Lynda Knobloch, Environmental and Occupational Health  
 Terry Kruse, Community Health Promotion  
 Katherine Kvale, Community Health Promotion  
 Nancy McKenney, Health Information and Policy  
 Pat Nametz, Health Information and Policy  
 Patrice Onheiber, Community Health Promotion  
 6 Sheri Siemers, Southern Regional Office  
 Stephanie Ward, Office of the Secretary - Communications  
 Chuck Warzecha, Environmental and Occupational Health  
 Lorian Wunder, Communicable Disease and Preparedness