

Healthiest Wisconsin 2020
Glossary of Terms
April 24, 2008

Vision: A vision is not an idea. It is a force in people’s hearts. It creates a sense of commonality that permeates the organization and gives coherence to diverse activities. Visions must be shared. Visions bind people to a common aspiration.

Example:

“Healthy people in healthy Wisconsin communities” (Healthiest Wisconsin 2010)

- All residents reach their highest potential.
- Communities support the physical, emotional, mental, spiritual, and cultural needs of all people.
- People work together to create a healthy, sustainable physical and social environments for their own benefit and that of future generations.

Overarching Goals: Goals are broad, encompassing statements about the health outcomes to be achieved in the target population, generally within a longer timeframe. Goals usually do not include quantifiable measures. They refer to the most important anticipated effects of the program in broad terms.

Example: *Healthiest Wisconsin 2010*

- Eliminate health disparities
- Promote and protect health for all
- Transform the public health system

Example: *Healthy People 2010*

- Increase quality and years of healthy life
- Eliminate health disparities

Priorities - health priorities and infrastructure priorities: The health priorities were determined (empirically) using science. They summarize the most important underlying causes of hundreds of diseases and health conditions affecting the people of Wisconsin. On the other hand, the infrastructure priorities were determined intuitively and represent an “engine” to take action on the health priorities. Both sets of priorities were agreed upon with input from the public health system partners. The 2010 priorities are stated in general rather than measurable terms.

Example: *Healthiest Wisconsin 2010*

Health Priorities	Infrastructure Priorities
Access to primary and preventive health services	Integrated, electronic data and information systems
Adequate and appropriate nutrition	Community health improvement processes and plans

Health Priorities	Infrastructure Priorities
Alcohol, substance use and addiction	Coordination of state and local public health system partnerships
Environmental and occupational health hazards	Sufficient and competent workforce
Existing, emerging, and re-emerging communicable diseases	Equitable, adequate, and stable financing
High risk sexual behavior	Community health improvement processes and plans
Intentional and unintentional injuries and violence	Sufficient, competent workforce
Mental health and mental disorders	Equitable, adequate, and stable financing
Overweight, obesity, and lack of physical activity	
Social and economic factors that influence health	
Tobacco use and exposure	

Objective: Objectives are specific statements about impacts to be achieved and are stated in measurable terms. They specify *what, how much, and when* they will be achieved. Objectives should follow the “SMART” format.

- *Specific* – Objectives should specify what they want to achieve.
- *Measurable* – You should be able to measure whether you are meeting the objectives or not.
- *Achievable* - Are the objectives you set achievable and attainable?
- *Realistic* – Can you realistically achieve the objectives with the resources you have?
- *Time* – When do you want to achieve the set objectives?

Percent of Wisconsin mothers who breastfed their Infants in the birth hospital and at 6 months of age

Examples from Healthiest Wisconsin 2010

Priority	Objective	Indicator
Access to primary and preventive health services	Increase the percentage of the population with health insurance for all of the year: Objective: by 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.	Percent of Wisconsin household residents with health insurance coverage during the past 12 months
Adequate and appropriate nutrition	Breastfeeding and healthy eating: Objective: By 2010, increase the proportion of mothers who breastfeed their infants.	Percent of Wisconsin mothers who breastfed their Infants in the birth hospital and at 6 months of age

Priority	Objective	Indicator
Existing, emerging, and re-emerging communicable diseases	Foodborne and waterborne disease control: Objective: By 2010, the incidence of E. coli 0157:H7 infection will be 3 per 100,000 population.	Incidence of E. Coli 0157:H7 infection in Wisconsin
Intentional and unintentional injuries and violence	Prevention of child maltreatment: Objective: By 2010, there will be a 10 percent reduction in the reported number of children who are abused and neglected in Wisconsin.	Wisconsin Child Abuse and Neglect Reports
Mental health and mental disorders	Discrimination and anti-stigma: Objective: by 2010, an additional 15 percent of the general public will demonstrate the belief that individuals with mental disorders are capable of sustaining long-term productive employment.	None
Tobacco use and exposure	Youth prevention: Objective: Tobacco use by Wisconsin middle school youth will decrease from 16 percent in 2000 to 12 percent in 2010.	Percent of Wisconsin middle school students who use any form of tobacco
Community health improvement processes and plans	Community health improvement plans: Objective: By 2010, 100 percent of local health department will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.	None

Targets: This is the “how much” portion of the objective, or the quantifiable measure of the objective.

Example:

- increase to 92 percent
- increase the proportion of the population to 40 percent
- increase proportion to 80 percent

Indicator: Refers to the “what” portion of the objective, to the variables used to measure the “what”, or to performance benchmarks used to determine the success or failure of the program.

Example:

- health insurance for all of the year
- makes healthy food choices
- initiates breastfeeding their infants in the hospital

Framework: A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality.

Example:

- Health determinants model
- *Healthiest Wisconsin 2010: Framework to Transform Wisconsin’s Public Health System for the 21st Century*
- *Healthy People 2010: Model describing the systematic approach to health improvement*

Essential Public Health Functions:

The work of the public health system—all the partners around the state—builds from the three core functions to encompass 12 essential public health services. The essential public health services represent an important pathway to attain the public health vision.

1. *Monitor health status to identify community health problems.*
2. *Identify, investigate, control, and prevent health problems and environmental health hazards in the community.*
3. *Educate the public about current and emerging health issues.*
4. *Promote community partnerships to identify and solve health problems.*
5. *Create policies and plans that support individual and community health efforts.*
6. *Enforce laws and regulations that protect health and ensure safety.*
7. *Link people to needed health services.*
8. *Assure a diverse, adequate, and competent workforce to support the public health system.*
9. *Evaluate effectiveness, accessibility, and quality of personal and population-based health services.*
10. *Conduct research to seek new insights and innovative solutions to health problems.*
11. *Assure access to primary health care for all.*
12. *Foster the understanding and promotion of social and economic conditions that support good health.*

Leadership for the 12 essential public health services is anchored in state and local health departments and local boards of health. They are responsible for assuring that the services are available and that they are coordinated and shared among the public health system partners in both local and statewide communities. These services must be in place to sustain a strong public health system.

Core Public Health Functions:

Within the statutes there are requirements for the Department of Health and Family Services, all local health departments, their boards of health, and health officers that can be grouped into three broad population-based core public health functions.

1. **Assessment:** *Determine community strengths and current/emerging threats to the community’s health through regular and systematic review of the community’s health indicators with the public health system partners.*
2. **Policy Development:** *Establish a community health improvement plan and action steps with the public health system partners to promote and protect the health of the community through formal and informal policies, programs, guidelines, environmental changes, and programs and services.*
3. **Assurance:** *Address current/emerging community health needs and threats through governmental*

leadership and action with the public health system partners. Take necessary and reasonable action through direct services, regulations, and enforcement. Evaluate the improvement plan and actions and provide feedback to the community.

Prioritization Process: A defensible, evidence-based set of procedures to recommend the State Health Plan priorities for inclusion into the next State Health Plan.

References:

Michelle L. Issel. *Health Program Planning and Evaluation. A Practical, Systematic Approach for Community Health.* Jones and Bartlett Publishers, Inc., Sudbury, MA, 2004.

Peter M. Senge. *The Fifth Discipline: The Art and Practice of the Learning Organization.* Currency Doubleday. New York, London, Toronto, Sydney, and Auckland. 1994.

U.S. Department of Health and Human Services. *Healthy People 2010.* U.S. Government Printing Office. Washington, D.C. 2000.

Wisconsin Department of Health and Family Services, Division of Public Health. *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public.* April 2002.

Wisconsin Department of Health and Family Services, Division of Public Health. *Implementation Plan Summary: Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public (PPH 0277).* June 2005.