

System Priority: Coordination of State and Local Public Health System Partnerships
Objective 1: Influencing Partnership Participation to Improve Health (Logic Model)

Long-term (2010) Subcommittee Outcome Objective: By December 31, 2010, 100 percent of public/private health partnerships, within 5 years of being formed, have successfully changed one or more significant systems or health priorities that support *Healthiest Wisconsin 2010*.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>The Department of Health and Family Services will establish a taskforce and provide a charge.</p> <p>The Department of Health and Family Services will provide staff or funds to contract with a facilitator for the taskforce.</p> <p>Funds to publish and distribute documents.</p> <p>The Division of Public Health will modify funding policies to require that community partners are involved as a stipulation for receiving grants.</p> <p>Technical assistance</p> <p>Foundation funds</p>	<p>The Department of Health and Family Services will establish a statewide Taskforce on Partnerships whose charge will be to develop a framework for public/private health partnerships; develop a document on best practices for developing, improving, and sustaining partnerships; develop education; and obtain funding for partnerships.</p> <p>The Taskforce on Partnerships will develop and publish a document on the framework for public/private health partnerships in Wisconsin.</p> <p>The Taskforce on Partnerships will identify a permanent structure for ongoing development and support of public/private health partnerships.</p> <p>The Taskforce on Partnerships will provide a list of recommendations to the Division of Public Health identifying new ways to do business to support effective public/private health partnerships at the state, regional, and local level.</p> <p>The Taskforce on Partnerships will develop funding criteria for</p>	<p>Department of Health and Family Services, Division of Public Health</p> <p>Legislature</p> <p>Public/private partnerships</p>	<p>By December 31, 2002, 20 percent of public/private health partnerships, at the state, regional, and local level will demonstrate joint decision making, sharing of resources, and the implementation of <i>Healthiest Wisconsin 2010</i> strategies for their target population.</p> <p>By December 31, 2003, the Division of Public Health will require partnership participation in the planning and utilization of federal and state funds targeted to accomplishing the priorities in <i>Healthiest Wisconsin 2010</i>.</p> <p>By July 1, 2004, new General Purpose Revenue funding, at the level identified in the business plan, will support a public/private health partnership infrastructure development.</p>		<p>By July 1, 2008, new General Purpose Revenue funding, at the level identified in the business plan, will be available to public/private health partnerships to implement evidence-based strategies to accomplish the priorities identified in <i>Healthiest Wisconsin 2010</i>.</p> <p>By July 1, 2008, new private and public resources, in addition to General Purpose Revenue, will support strategies to accomplish the priorities identified in <i>Healthiest Wisconsin 2010</i>.</p> <p>By December 31, 2008, 50 percent of public/private health partnerships, at the state, regional, and local level will demonstrate joint decision making, sharing of resources, and the implementation of <i>Healthiest Wisconsin 2010</i> strategies for their target population.</p>

**System Priority: Coordination of State and Local Public Health System Partnerships
Objective 1: Influencing Partnership Participation to Improve Health (Logic Model)**

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Untapped resources of partners.	<p>The Taskforce on Partnerships will develop funding criteria for public/private health partnerships which will include partnership function and performance-based contracting.</p> <p>The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus, and attempt to find Department of Health and Family Services support or legislative sponsorship.</p> <p>The Taskforce on Partnerships will develop a resource list with requirement criteria for public/private health partnerships to identify potential private funding.</p>				

System Priority: Coordination of State and Local Public Health System Partnerships
Objective 3: Developing a Data System to Collect, Manage, Assess and Evaluate Partnerships (Logic Model)

Long-term (2010) Subcommittee Outcome Objective: By December 31, 2010, the Department of Health and Family Services maintains an electronic public health data system that collects critical public/private health partnership indicators.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Resources and staff to develop the data system. The system will support web-based data entry and analysis by partnership members. At a minimum, data elements will include:</p> <ul style="list-style-type: none"> • Location of partnership • Focus area(s) of partnership • Partnership members by affiliation • Funding and budget information • Locally identified measurable objectives • Six and twelve month progress on objectives 	<p>The Taskforce on Partnerships will provide a written recommendation, listing the data elements for inclusion in the public health data system.</p> <p>The Taskforce on Partnerships will gather and publish baseline data including: current operating partnerships; public and private funds supporting strategies to impact on health priorities identified in <i>Healthiest Wisconsin 2010</i>; health priorities being addressed; and successes over the past four years.</p> <p>The Department of Health and Family Services data system will include a section about public/private health partnerships with the elements and analysis consistent with the Taskforce on Partnership's recommendations.</p> <p>The Department of Health and Family Services will publish an annual public health data system report to include a section on public/private health partnerships.</p> <p>The Taskforce on Partnerships will provide a written recommendation of the elements needed for the Geographic Information System to display existing public/private health partnerships cross-referenced with health indicators to show the health impact.</p>	<p>Department of Health and Family Services</p> <p>Taskforce on Partnerships</p> <p>Traditional and Nontraditional partners</p>	<p>By December 31, 2002, the Department of Health and Family Services will identify and purchase the technology needed to operate an electronic database.</p> <p>By December 31, 2003, the Department of Health and Family Services will develop and pilot a data collection tool including indicators related to public/private health partnerships.</p>	<p>By December 31, 2005, the Department of Health and Family Services will operate a data system that will collect indicators about public/private health partnerships.</p> <p>By December 31, 2006, 75 percent of public/private health system partnerships will report partnership indicators.</p> <p>By December 31, 2007, the Department of Health and Family Services will develop a geographic information system which will identify public/private health partnership successes in 6 areas.</p>	<p>By December 31, 2010, the Department of Health and Family Services maintains an electronic public health data system that collects critical public/private health partnership indicators.</p>

System Priority: Coordination of State and Local Public Health System Partnerships
Objective 3: Developing a Data System to Collect, Manage, Assess and Evaluate Partnerships (Logic Model)

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Members' time.</p> <p>Department of Health and Family Services resources and staff.</p> <p>Data collection and analysis of results.</p> <p>Resources and staff to develop and operate the data system.</p> <p>Technical assistance from Division of Public Health Regional Offices.</p> <p>Consultation from the public health data system administrator.</p>	<p>The Department of Health and Family Services will include Geographic Information System data about public/private health partnerships in the annual report.</p>				

**System Priority: Coordination of State and Local Public Health System Partnerships
Objective 1: Influencing Partnership Participation to Improve Health (Template)**

Long-term (2010) Subcommittee Outcome Objective:

By December 31, 2010, 100 percent of public/private health partnerships, within 5 years of being formed, have successfully changed one or more significant systems or health priorities that support *Healthiest Wisconsin 2010*.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective only.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective only.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
None identified			

Definitions	
Term	Definition
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (Institute of Medicine, 1997 - modified). Special efforts should be made to include nontraditional partners, such as churches, service groups, school districts, and representatives from populations that bear a disproportionate burden of illness.
Public health system partnerships	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish. Public health system partnerships vary in their organizational structure, developmental stage, geographic focus, resource availability, and purpose. Operationally, these partnerships may share information, coordinate health-related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes. Public health system partners include individual residents and diverse governmental, public, private, nonprofit, and voluntary organizations, agencies, and groups. (Lasker, 2001 – modified)

Rationale:

Effective partnerships are an integral component to achieve the priorities in *Healthiest Wisconsin 2010*. Partnerships are critical to eliminating health disparities, harnessing resources, and fostering an environment conducive to problem solving and participation from all Wisconsin

citizens. Partnerships bring the decision making to those most affected by it. Engaging the participation of groups not involved with public health in the past is a powerful way to positively affect the health culture in individual communities, as well as the state as a whole. Partnerships bring decision making to those affected by it. Through engaging and sustaining multi-system collaborative partnerships, systems are strengthened and built to address the reduction of health risk behaviors in Wisconsin.

Outcomes:

Short-term Outcome Objectives (2002-2004)

By December 31, 2002, 20 percent of public/private health partnerships, at the state, regional, and local level will demonstrate joint decision making, sharing of resources, and the implementation of *Healthiest Wisconsin 2010* strategies for their target population.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- The Department of Health and Family Services will establish a taskforce and provide a charge.
- The Department of Health and Family Services will provide staff or funds to contract with a facilitator for the taskforce.
- Funds to publish and distribute documents.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Department of Health and Family Services will establish a statewide Taskforce on Partnerships whose charge will be to develop a framework for public/private health partnerships; develop a document on best practices for developing, improving, and sustaining partnerships; develop education; and obtain funding for partnerships.
- The Taskforce on Partnerships will develop and publish a document on the framework for public/private health partnerships in Wisconsin.
- The Taskforce on Partnerships will identify a permanent structure for ongoing development and support of public/private health partnerships.

By December 31, 2003, the Division of Public Health will require partnership participation in the planning and utilization of federal and state funds targeted to accomplishing the priorities in *Healthiest Wisconsin 2010*.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- The Division of Public Health will modify funding policies to require that community partners are involved as a stipulation for receiving grants.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will provide a list of recommendations to the Division of Public Health identifying new ways to do business to support effective public/private health partnerships at the state, regional, and local level.

- The Taskforce on Partnerships will develop funding criteria for public/private health partnerships which will include partnership function and performance-based contracting.

By July 1, 2004, new General Purpose Revenue funding, at the level identified in the business plan, will support a public/private health partnership infrastructure development.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Funds to print and distribute documents.
- Technical assistance.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus, and attempt to find Department of Health and Family Services support or legislative sponsorship.

Long-term Outcome Objectives (2008-2010)

By July 1, 2008, new General Purpose Revenue funding, at the level identified in the business plan, will be available to public/private health partnerships to implement evidence-based strategies to accomplish the priorities identified in *Healthiest Wisconsin 2010*.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Funds to print and distribute documents.
- Technical assistance.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus, and attempt to find Department of Health and Family Services support or legislative sponsorship.

By July 1, 2008, new private and public resources, in addition to General Purpose Revenue, will support strategies to accomplish the priorities identified in *Healthiest Wisconsin 2010*.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Foundation funds.
- Untapped resources of partners.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health

community consensus, and attempt to find Department of Health and Family Services' support or legislative sponsorship.

By December 31, 2008, 50 percent of public/private health partnerships, at the state, regional, and local level will demonstrate joint decision making, sharing of resources, and the implementation of *Healthiest Wisconsin 2010* strategies for their target population.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Technical assistance from Division of Public Health regional offices and central office.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop a resource list with requirement criteria for public/private health partnerships to identify potential private funding.

Evaluation and Measurement:

The public health data system will provide information about public/private health partnerships and their success in changing one or more significant systems or health conditions or behaviors that support *Healthiest Wisconsin 2010*. Partnership information needed to evaluate success includes the names of the partners, the focus of the partnership, and progress on specific indicators they have chosen.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: A data system with the capacity to collect and analyze information related to partnerships and their success is essential to demonstrate success.

Sufficient, Competent Workforce: Inclusion of education related to developing and sustaining partnerships is needed for partnerships to flourish in Wisconsin.

Equitable, Adequate, and Stable Financing: Although one of the benefits of partnerships is the opportunity to bring additional resources to bear on health problems, adequate basic funding is necessary for the initiation and maintenance of partnerships. The Taskforce on Partnerships needs to work closely with the Finance Implementation Team to assure transition from the task force to be linked to the permanent public health system board identified in the Equitable, Adequate, and State Financing Implementation Plan.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Partnerships are key to monitoring health status and identifying emerging health problems. A wealth of data is available through local clinics, schools, emergency rooms, emergency medical services, dentists, mental health providers, zoning departments, parks and recreation departments, and others that provide information about the health of the community that is not available through statewide data sources.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Community partners are essential in all aspects of identification and control of health problems. Health care providers are part of the system of surveillance; health professionals, law enforcement, and employers may be involved in an investigation; and the entire community is involved in disease prevention and control.

Educate the public about current and emerging health issues: Media, health care providers, and local businesses are all examples of partners who participate in providing current health information.

Promote community partnerships to identify and solve health problems: Community partnerships improve integrated delivery of health care and prevention services. Partnerships prevent unnecessary duplication of services and gaps in service.

Create policies and plans that support individual and community health efforts: Community partnerships are effective in changing the health culture in a community.

Enforce laws and regulations that protect health and insure safety: Promotion of partnerships to include traditional and nontraditional partners will raise the awareness of laws and regulations that protect the health and insure the safety of every community. With committed partnerships, enforcement will be strengthened and promoted through the planning and implementation of enforcement strategies.

Link people to needed health services: Partnerships which reflect the diversity of Wisconsin, including populations with disparate health conditions, will strengthen existing systems and provide opportunities to link people to needed health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Partnerships can help develop and sustain needed educational and training opportunities. Partnerships that reflect the diversity of Wisconsin, including populations with disparate health conditions, will assure the opportunities to increase diversity within the public health workforce.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: State and local partnerships provide the opportunities for evaluation of current existing health services.

Conduct research to seek new insights and innovative solutions to health problems: Partnerships provide the infrastructure in which stakeholders influence the pursuit of new and innovative research opportunities.

Assure access to primary health care for all: Partnerships develop and sustain the infrastructure that supports a wide range of health services with the capacity to reach populations with special needs and unique circumstances. Partnerships can adapt to the specific access issues that differ in communities.

Foster the understanding and promotion of social and economic conditions that support good health: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies.

Connections to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies. Partnerships strengthen and build the public health infrastructure which assures the protection and promotes the health of the every community.

Eliminate health disparities: Development of partnerships to address health problems assures that affected groups are involved in developing strategies to impact on disparities.

Transform Wisconsin's public health system: A hallmark of the transformation of the public health system will be the establishment and maintenance of vibrant and successful partnerships that improve community health. The development and sustainability of viable public health partnerships is achieved through the collaborative leadership of state and local public health departments which will provide an inclusive and responsive public health system.

Key Interventions and/or Strategies Planned:

The underpinning for success for the partnership objectives is the formation of a Taskforce on Partnerships. This is a short-term taskforce to initiate quick action so results can follow. Strategically, it must have links and influences with the Department of Health and Family Services, and the state, regional, and local partnerships. Its members are to be appointed by the Secretary of the Department of Health and Family Services. The taskforce (15 - 20 members) will reflect broad public and private representation, including members with expertise in partnership development. The taskforce membership will reflect the diversity of Wisconsin, including populations with disparate health conditions. A governing structure with clear roles for taskforce members will be identified, and the taskforce will sunset upon the establishment of the public health board.

References:

Glover Blackwell, Angela, and Colmenar, Raymond. Community-Building: From Local Wisdom to Public Policy. *Public Health Reports*. Volume 115. March/April and May/June 2000.

Himmelman, Arthur T. (1992). *Communities Working Collaboratively For A Change*. The Himmelman Consulting Group.

Institute of Medicine (IOM). *Improving Health In The Community: A Role for Performance Monitoring*. 1997. Washington, DC: National Academy Press.

Kesler, John T. Healthy Communities and Civil Discourse: A Leadership Opportunity for Public Health Professionals. *Public Health Reports*. Volume 115. March/April and May/June 2000.

Lasker, Roz D., Weiss, Elisa S., and Miller, Rebecca. Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage. *The Milbank Quarterly*. Vol. 79, No. 2, 2001.

Stewart, J., Kassler, W., and McLeod, M. A Publication of Turning Point: Collaborating for a New Century in Public Health. *Transformations in Public Health*. Volume 3/Issue 3. Winter 2002.

System Priority: Coordination of State and Local Public Health System Partnerships
Objective 2: Establishing Collaborative Leadership and Educational Processes (Logic Model)

Long-term (2010) Subcommittee Outcome Objective: By December 31, 2010, members of 100 percent of defined local, regional, and state partnerships will evaluate that the partnership has effectively met locally defined strategic goals that support *Healthiest Wisconsin 2010*.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>The Department of Health and Family Services will provide support for the development of partnership training.</p> <p>The Department of Health and Family Services will provide staff or funds to contract with a trainer.</p> <p>Funds and staff to establish and support a web site.</p> <p>Funds to publish and distribute documents.</p> <p>Institutions of higher learning will modify their curriculum.</p> <p>Resources for recognition.</p> <p>Local health departments investment in partnerships.</p>	<p>The Taskforce on Partnerships will develop and pilot a partnership survey to assess the components of a successful public/private health partnership.</p> <p>The Taskforce on Partnerships will develop and publish a document outlining best practices for developing, improving, and sustaining private/public health partnerships.</p> <p>The Department of Health and Family Services, in coordination with the Taskforce on Partnerships, will provide a minimum of two training sessions per year on building and sustaining effective partnerships based on the best practices document.</p> <p>The Taskforce on Partnerships will develop a document focused on institutions of higher learning outlining learning objectives for health professionals related to partnership skills development and the new public health system.</p> <p>The Taskforce on Partnerships will develop and implement a survey to establish the number of health professional basic degree programs and the percent that includes, for all students, curriculum related to partnership skills and the new public health paradigm.</p>	<p>Department of Health and Family Services</p> <p>University of Wisconsin and other institutions of higher learning</p> <p>Medical College of Wisconsin</p> <p>Local public health departments</p>	<p>By December 31, 2004, at least 10 public/private health partnerships will be recognized for successes.</p> <p>By December 31, 2004, 50 percent of health professional basic degree programs offered through the institutions of higher learning (e.g., UW Systems, Technical College system, Medical College of Wisconsin, Marquette University, private universities) will include, for all students, curriculum related to partnership skills and the new public health paradigm.</p>	<p>By December 31, 2007, at least 25 public/private health partnerships will be recognized for successes through a formal system of evaluation and recognition.</p>	<p>By December 31, 2008, 100 percent of local health departments will be in partnerships that have successfully implemented evidence-based strategies to accomplish the priorities identified in <i>Healthiest Wisconsin 2010</i>.</p>

System Priority: Coordination of State and Local Public Health System Partnerships
Objective 2: Establishing Collaborative Leadership and Educational Processes (Template)

Long-term (2010) Subcommittee Outcome Objective:

By December 31, 2010, members of 100 percent of defined local, regional, and state partnerships will evaluate that the partnership has effectively met locally defined goals that support *Healthiest Wisconsin 2010*.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective only.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective only.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
None identified			

Definitions	
Term	Definition
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (Institute of Medicine, 1997 - modified). Special efforts should be made to include nontraditional partners, such as churches, service groups, school districts, and representatives from populations that bear a disproportionate burden of illness.
Public health system partnerships	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish. Public health system partnerships vary in their organizational structure, developmental stage, geographic focus, resource availability, and purpose. Operationally, these partnerships may share information, coordinate health related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes. Public health system partners include individual residents and diverse governmental, public, private, nonprofit, and voluntary organizations, agencies, and groups. (Lasker, 2001 – modified)

Rationale:

Effective partnerships are key to achieving the priority objectives in *Healthiest Wisconsin 2010*. A variety of public/private health partners and community members are needed who are educated to work in effective partnerships to achieve the priority objectives in *Healthiest Wisconsin 2010*. Ongoing and evolving training is needed to develop and sustain effective partnerships. Interdisciplinary partnership training is essential for health professionals and community partners which will result in successful partnerships.

Partnerships can be the tool to provide long-term solutions to some of the most complex health issues. Through sharing of talent and material resources, partnerships are often the most cost-effective means to speak to the ever-decreasing health resources. Through engaging and sustaining multi-system collaborative partnerships, systems are strengthened and built to address the reduction of health risk behaviors in Wisconsin.

Partnerships, through coordination and sharing of resources, provide benefits and incentives for all participants and the community. By sharing responsibility for obtaining and evaluating results, partnerships provide ownership to health issues and opportunities to increase the quality of life for all residents of Wisconsin.

Outcomes:**Short-term Outcome Objectives (2002-2004)**

By December 31, 2004, at least 10 public/private health partnerships will be recognized for successes.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- The Department of Health and Family Services will provide support for the development of partnership training.
- The Department of Health and Family Services will provide staff or funds to contract with a trainer.
- Funds and staff to establish and support a web site.
- Funds to publish and distribute documents.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop and pilot a partnership survey to assess the components of a successful public/private health partnership.
- The Taskforce on Partnerships will develop and publish a document outlining best practices for developing, improving, and sustaining private/public health partnerships.
- The Department of Health and Family Services, in coordination with the Taskforce on Partnerships, will provide a minimum of two training sessions per year on building and sustaining effective partnerships based on the best practices document.

By December 31, 2004, 50 percent of health professional basic degree programs offered through the institutions of higher learning (e.g., UW Systems, Technical College system, Medical

College of Wisconsin, Marquette University, private universities) will include, for all students, curriculum related to partnership skills and the new public health paradigm.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Institutions of higher learning will modify their curriculum.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop a document focused on institutions of higher learning outlining learning objectives for health professionals related to partnership skills development and the new public health system.
- The Taskforce on Partnerships will develop and implement a survey to establish the number of health professional basic degree programs and the percent that includes, for all students, curriculum related to partnership skills and the new public health paradigm.

Medium-term Outcome Objective (2005-2007)

By December 31, 2007, at least 25 public/private health partnerships will be recognized for successes through a formal system of evaluation and recognition.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Resources for recognition

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop and implement a recognition and reward system for successful public/private health partnerships.
- The Taskforce on Partnerships will develop a technical assistance team(s), comprised of private, voluntary, and public sector leaders, to provide on-site assistance to state, regional, and local partnerships upon request.
- The Department of Health and Family Services, in coordination with the Partnership Taskforce, will have a Partnership web site to provide resources for partnership, training, and a communication link.

Long-term Outcome Objective (2008-2010)

By December 31, 2008, 100 percent of local health departments will be in partnerships that have successfully implemented evidence-based strategies to accomplish the priorities identified in *Healthiest Wisconsin 2010*.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Local health departments investment in partnerships.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop strategies for marketing the value of partnerships in utilizing tax and other funds in more effective and efficient ways.
- The Taskforce on Partnerships will develop a long-term evaluation process for the partnership training.

Evaluation and Measurement

Effectiveness will be demonstrated through data collected, reflecting the number of health departments in Wisconsin, the number who have identifiable partnerships, and the number who report having implemented an evidence-based health improvement strategy.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: A data system with the capacity to collect and analyze information related to partnerships and their success is essential to demonstrate success.

Sufficient, Competent Workforce: Inclusion of education related to developing and sustaining partnerships is needed for partnerships to flourish in Wisconsin.

Equitable, Adequate, and Stable Financing: Although one of the benefits of partnerships is the opportunity to bring additional resources to bear on health problems, adequate basic funding is necessary for the initiation and maintenance of partnerships.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Partnerships are key to monitoring health status and identifying emerging health problems. A wealth of data is available through local clinics, schools, emergency rooms, emergency medical services, dentists, mental health providers, zoning departments, parks and recreation departments, and others that provide information about the health of the community that is not available through statewide data sources.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Community partners are essential in all aspects of identification and control of health problems. Health care providers are part of the system of surveillance; health professionals, law enforcement, and employers may be involved in investigations, and, the entire community is involved in disease prevention and control.

Educate the public about current and emerging health issues: Media, health care providers, and local businesses are all examples of partners who participate in providing current health information.

Promote community partnerships to identify and solve health problems: Community partnerships improve integrated delivery of health care and prevention services. Partnerships prevent unnecessary duplication of services and gaps in service.

Create policies and plans that support individual and community health efforts: Community partnerships are effective in changing the health culture in a community.

Enforce laws and regulations that protect health and insure safety: Promotion of partnerships to include traditional and nontraditional partners will raise the awareness of laws and regulations that protect the health and insure the safety of every community. With committed partnerships, enforcement will be strengthened and promoted through the planning and implementation of enforcement strategies.

Link people to needed health services: Partnerships which reflect the diversity of Wisconsin including populations with disparate health conditions, will strengthen existing systems and provide opportunities to link people to needed health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Partnerships can help develop and sustain needed educational and training opportunities. Partnerships which reflect the diversity of Wisconsin, including populations with disparate health conditions, will assure the opportunities to increase diversity within the public health workforce.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: State and local partnerships provide the opportunities for evaluation of current existing health services.

Conduct research to seek new insights and innovative solutions to health problems: Partnerships provide the infrastructure in which stakeholders influence the pursuit of new and innovative research opportunities.

Assure access to primary health care for all: Partnerships develop and sustain the infrastructure supporting a wide range of health services with the capacity to reach populations with special needs and unique circumstances. Partnerships can adapt to the specific access issues that differ in communities.

Foster the understanding and promotion of social and economic conditions that support good health: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies.

Connections to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies. Partnerships strengthen and build the public health infrastructure, which assures the protection, and promotes the health of the every community.

Eliminate health disparities: Development of partnerships to address health problems assures that affected groups are involved in developing strategies to impact on disparities.

Transform Wisconsin's public health system: A hallmark of the transformation of the public health system will be the establishment and maintenance of vibrant and successful partnerships that improve community health. The development and sustainability of viable public health partnerships is achieved through the collaborative leadership of state and local public health departments, which will provide an inclusive and responsive public health system.

Key Interventions and/or Strategies Planned:

Marketing the value of partnerships and providing training and technical assistance to assure they are successful is essential for implementation of *Healthiest Wisconsin 2010*. Three priority areas were identified for training.

- The development of a web site for partnerships to exchange ideas and successes, to post best practice documents, to provide links to valuable sites, to locate funding opportunities and other resources, to provide interactive training, and other services yet to be determined.
- Ongoing training sessions that are geographically accessible and that focus on skills building for partners that reflect the diversity of Wisconsin. The training would target both private and public partners. Trained individuals may become mentors or future trainers.
- Technical assistance teams comprised of public and private representatives that could provide on-site technical assistance.
- Monitoring and evaluation to identify successful partnerships to mentor those that are struggling.

References:

Glover Blackwell, A., and Colmenar, R. Community-Building: From Local Wisdom to Public Policy. *Public Health Reports*. Volume 115. March/April and May/June 2000.

Himmelman, Arthur T. (1992). *Communities Working Collaboratively For A Change*. The Himmelman Consulting Group.

Institute of Medicine (IOM). *Improving Health In The Community: A Role for Performance Monitoring*. 1997. Washington, DC: National Academy Press.

Kesler, John T. Healthy Communities and Civil Discourse: A Leadership Opportunity for Public Health Professionals. *Public Health Reports*. Volume 115. March/April and May/June 2000.

Lasker, Roz D., Weiss, Elisa S., and Miller, Rebecca. Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage. *The Milbank Quarterly*. Vol. 79. No. 2. 2001.

Stewart, J., Kassler, W., and McLeod, M. Transformations in Public Health. Volume 3/Issue 3. Winter 2002. *A Publication of National Turning Point Program: Collaborating for a New Century in Public Health*.

**System Priority: Coordination of State and Local Public Health System Partnerships
Objective 3: Developing a Data System to Collect, Manage, Assess,
and Evaluate Partnerships (Template)**

Long-term (2010) Subcommittee Outcome Objective:

By December 31, 2010, the Department of Health and Family Services maintains an electronic public health data system that collects critical public/private health partnership indicators.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
Wisconsin local health directors (n=88) identified 924 local public health system partnerships. The local health departments reported an average of 18 partnerships (ranging from 3 to 70). Tobacco, emergency planning, maternal and child health, community assessment, and immunization were most frequently addressed by the partnerships. Governmental agencies, hospitals, medical groups, community-based organizations, and schools were the most frequent type of partners. Activities included networking/information sharing, disseminating information, and creating action plans.	Zahner, S. (October 2003). Findings from the Wisconsin Local Public Health System Partnership Survey: Report to Local Health Departments. Available from the author and the Wisconsin Turning Point Initiative.

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective only.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
None identified			

Definitions	
Term	Definition
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (Institute of Medicine, 1997 - modified). Special efforts should be made to include nontraditional partners, such as churches, service groups, school districts, and representatives from populations that bear a disproportionate burden of illness.

Definitions	
Term	Definition
Public health system partnerships	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish. Public health system partnerships vary in their organizational structure, developmental stage, geographic focus, resource availability, and purpose. Operationally, these partnerships may share information, coordinate health-related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes. Public health system partners include individual residents and diverse governmental, public, private, nonprofit, and voluntary organizations, agencies, and groups. (Lasker, 2001 – modified)

Rationale:

To assess the effectiveness of partnerships, it is vital to have an electronic data system to supply baseline and trend data needed to evaluate partnership building outcomes. The system will identify partners involved, the location and focus of the partnerships, and the benefit to the communities where public/private health partners are working together. The data will be beneficial in developing future policy. The system will provide evidence of the transformation of the public health system through public/private health partnerships.

Outcomes:

Short-term Outcome Objectives (2002-2004)

By December 31, 2002, the Department of Health and Family Services will identify and purchase the technology needed to operate an electronic database.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Resources and staff to develop the data system. The system will support web-based data entry and analysis by partnership members. At a minimum, data elements will include:
 - Location of partnership
 - Focus area(s) of partnership
 - Partnership members by affiliation
 - Funding and budget information
 - Locally identified measurable objectives
 - Six and twelve month progress on objectives

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will provide a written recommendation, listing the data elements for inclusion in the public health data system.

By December 31, 2003, the Department of Health and Family Services will develop and pilot a data collection tool including indicators related to public/private health partnerships.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Members' time.
- Department of Health and Family Services resources and staff.
- Data collection and analysis of results.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will gather and publish baseline data including: current operating partnerships; public and private funds supporting strategies to impact on health priorities identified in *Healthiest Wisconsin 2010*; health priorities being addressed; and successes over the past four years.

Medium-term Outcome Objectives (2005-2007)

By December 31, 2005, the Department of Health and Family Services will operate a data system that will collect indicators about public/private health partnerships.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Resources and staff to develop and operate the data system.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Department of Health and Family Services data system will include a section about public/private health partnerships with the elements and analysis consistent with the Taskforce on Partnership's recommendations.

By December 31, 2006, 75 percent of public/private health system partnerships will report partnership indicators.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Technical assistance from Division of Public Health Regional Offices.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Department of Health and Family Services will publish an annual public health data system report to include a section on public/private health partnerships.

By December 31, 2007, the Department of Health and Family Services will develop a geographic information system which will identify public/private health partnership successes in 6 areas.

Inputs (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Consultation from the public health data system administrator.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will provide a written recommendation of the elements needed for the Geographic Information System to display existing public/private health partnerships cross-referenced with health indicators to show the health impact.
- The Department of Health and Family Services will include Geographic Information System data about public/private health partnerships in the annual report.

Evaluation and Measurement:

The data system will provide reports that demonstrate accomplishment toward the partnership objectives. These include:

- Critical public/private health partnership indicators
- Partnerships that report significant systems or health conditions changed
- Partnerships that report they have met their strategic goals

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: A data system with the capacity to collect and analyze information related to partnerships and their success is essential to demonstrate success.

Sufficient, Competent Workforce: Inclusion of education related to developing and sustaining partnerships is needed for partnerships to flourish in Wisconsin.

Equitable, Adequate, and Stable Financing: Although one of the benefits of partnerships is the opportunity to bring additional resources to bear on health problems, adequate basic funding is necessary for the initiation and maintenance of partnerships.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Partnerships are key to monitoring health status and identifying emerging health problems. A wealth of data is available through local clinics, schools, emergency rooms, emergency medical services, dentists, mental health providers, zoning departments, parks and recreation departments, and others that provide information about the health of the community that is not available through statewide data sources.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Community partners are essential in all aspects of identification and control of health problems. Health care providers are part of the system of surveillance; health professionals, law enforcement, and employers may be involved in investigation and the entire community is involved in disease prevention and control.

Educate the public about current and emerging health issues: Media, health care providers, and local businesses are all examples of partners who participate in providing current health information.

Promote community partnerships to identify and solve health problems: Community partnerships improve integrated delivery of health care and prevention services. Partnerships prevent unnecessary duplication of services and gaps in service.

Create policies and plans that support individual and community health efforts: Community partnerships are effective in changing the health culture in a community.

Enforce laws and regulations that protect health and insure safety: Promotion of partnerships to include traditional and nontraditional partners will raise the awareness of laws and regulations that protect the health and insure the safety of every community. With committed partnerships, enforcement will be strengthened and promoted through the planning and implementation of enforcement strategies.

Link people to needed health services: Partnerships which reflect the diversity of Wisconsin, including populations with disparate health conditions, will strengthen existing systems and provide opportunities to link people to needed health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Partnerships can help develop and sustain needed educational and training opportunities. Partnerships, which reflect the diversity of Wisconsin including populations with disparate health conditions, will assure the opportunities to increase diversity within the public health workforce.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: State and local partnerships provide the opportunities for evaluation of current existing health services.

Conduct research to seek new insights and innovative solutions to health problems: Partnerships provide the infrastructure in which stakeholders influence the pursuit of new and innovative research opportunities.

Assure access to primary health care for all: Partnerships develop and sustain the infrastructure supporting a wide range of health services with the capacity to reach populations with special needs and unique circumstances. Partnerships can adapt to the specific access issues that differ in communities.

Foster the understanding and promotion of social and economic conditions that support good health: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies.

Connections to the Three Overarching Goals of Healthiest Wisconsin 2010

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Eliminate health disparities: Development of partnerships to address health problems assures that affected groups are involved in developing strategies to impact on disparities.

Transform Wisconsin's public health system: A hallmark of the transformation of the public health system will be the establishment and maintenance of vibrant and successful partnerships that improve community health. The development and sustainability of viable public health partnerships is achieved through the collaborative leadership of state and local public health departments which will provide an inclusive and responsive public health system.

Key Interventions and/or Strategies Planned:

Two levels of data need to be collected. A data collection tool will be developed and piloted in order to compile baseline data. The Taskforce on Partnerships (or its subsequent form) needs to have partnership specific information such as name of organization, address, phone number, e-mail, etc., for those partnerships who want to be eligible for funding and want technical assistance. The public health data system needs to collect more global data that will be used to identify geographic coverage, success of partnerships in meeting their strategic goals, and success of partnerships in changing one or more significant systems or health conditions that support *Healthiest Wisconsin 2010*. Data items for the public health data system include: number of organizations in the partnership; which sectors are represented; base line data for the health priorities of focus and data reflecting successes over the past year; funding sources; and cost to operate.

References:

Glover Blackwell, Angela and Colmenar, Raymond. Community-Building: From Local Wisdom to Public Policy. *Public Health Reports*. Volume 115. March/April and May/June 2000.

Himmelman, Arthur T. (1992). *Communities Working Collaboratively For A Change*. The Himmelman Consulting Group.

Institute of Medicine (IOM). *Improving Health In The Community: A Role for Performance Monitoring*. 1997. Washington, DC: National Academy Press.

Kesler, John T. Healthy Communities and Civil Discourse: A Leadership Opportunity for Public Health Professionals. *Public Health Reports*. Volume 115. March/April and May/June 2000.

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Zahner, S. (2003). Findings from the Wisconsin Local Public Health System Partnership Survey: Report to Local Health Departments. Available from the author and the Wisconsin Turning Point Initiative.