

System Priority: Equitable, Adequate, and Stable Financing
Objective: Funding to Support Wisconsin’s State and Local Public Health System Infrastructure (Logic Model)

Long-term (2010) Subcommittee Outcome Objective: By 2010, there will be equitable, adequate, and stable funding to support Wisconsin’s state and local public health system infrastructure.

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Increase the flexibility of how state and local resources are used.</p> <p>Analyze and outline public health funding needs.</p> <p>Convene Legislative Council Study Committee to review, maximize, and expand resources.</p> <p>Identify Wisconsin’s health funding responsibility inclusive of the public health system.</p> <p>Ensure that fiscal reporting by local health departments is reflective of their local community health</p>	<p><u>Increase the flexibility of how state and local resources are used.</u></p> <ul style="list-style-type: none"> • Secure consent process from the Secretary of the Department of Health and Family Services. • Identify specific federal/state rules and regulations that require a waiver or change in statute. • Establish a workgroup to advise, develop models, and develop the specific elements of the briefing paper (Federal and State). • Identify federal and state contacts. • Begin correspondence/dialog with State and Federal officials. • Submit the formal request seeking greater flexibility of program resources. <p><u>Analyze and outline public health funding needs:</u></p> <ul style="list-style-type: none"> • A funding workgroup is convened to: <ul style="list-style-type: none"> ▪ Identify the current resources to support the state’s health plan. ▪ Identify emerging gaps/needs in funding the state’s health plan. ▪ Prepare a briefing document by/for the public health community that 	<p>All partners identified in the implementation plan for <i>Healthiest Wisconsin 2010</i> are public health system partners and must be considered as potential partners.</p>	<p>Outcome Objective #1: By July 2004, state and federal governmental agencies will optimize the flexibility with existing and/or new funds so that state and local public health system partners can develop models for the use of these dollars in support of essential services, infrastructure, and/or locally identified state health plan priorities consistent with <i>Healthiest Wisconsin 2010</i>.</p> <p>Outcome Objective #2: By May 2003, a report, developed under the leadership of the Public Health Advisory Committee, will analyze and outline the current status of public health funding for: (1) implementation of the state plan’s health priorities, (2) support of the public health system (infrastructure) priorities, (3) required essential public health services, and (4) emerging public health issues.</p>	<p>Outcome Objective #1: By January 2005, all local communities will develop a fiscal plan that maximizes locally generated public health dollars and reallocates public and private resources to implement their community health plan.</p> <p>Outcome Objective #2: By July 2007, a permanent state health plan oversight committee, created by statute, will be established to advise on resources to public health system partners and to report to the legislative and executive branches on the outcomes of health status as a result of activities.</p>	<p>By 2010, there will be equitable, adequate, and stable funding to support Wisconsin’s state and local public health system infrastructure.</p>

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	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>improvement plan and local health department operations.</p> <p>Create an oversight committee that reports outcomes to the Wisconsin State Legislature.</p>	<p>includes definitions and fiscal notes.</p> <ul style="list-style-type: none"> ▪ Develop an estimated budget report. ▪ Develop a request to convene a Legislative Council Study Committee to address public health funding. ▪ Develop a communication plan. ▪ Provide collaborative leadership with the public health system partners and transmit funding report to policy leaders in the Wisconsin State Legislature. <p><u>Convene Legislative Council Study Committee:</u></p> <ul style="list-style-type: none"> • Supportive legislative policy leaders are identified. • Mechanisms are identified to provide input into committee composition. • Public health partners attend, participate, and provide information to legislative council study committee. • Communication plan is activated to appraise public health partners of progress. • Legislative Council Study Committee is convened and proactive 		<p>Outcome Objective #3: By July 2002, a Legislative Council Study Committee will be convened to identify resources that could be leveraged, maximized and /or expanded to support the public health system, including: (1) implementation of the state plan’s health priorities; (2) support of the public health system infrastructure priorities; (3) required essential public health services; 4) emerging public health issues; and (5) creation of an oversight governance such as a State Board of Health to administer resources to local and state public health system partners.</p> <p>Outcome Objective #4: By February 2004, the Wisconsin State Legislature will identify the state’s funding responsibility to support: (1) implementation of the state plan’s health priorities; (2) support of the</p>		

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Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<p>recommendations are proposed. Public hearings held by legislative council study committee.</p> <p><u>Identify Wisconsin’s health funding responsibility inclusive of the public health system:</u></p> <ul style="list-style-type: none"> • Department of Health and Family Services prepares “Decision Item Narratives” for inclusion in the State’s budget process. • The Joint Finance Committee of the Wisconsin State Legislature incorporates recommendations and proposals into the budget process. • A sponsoring legislator proposes legislation through caucus and/or conference committee. <p><u>Ensure that fiscal reporting by local health departments is reflective of their local community health improvement plan and local health department operations:</u></p> <ul style="list-style-type: none"> • Create a plan (blueprint) for local health departments and their communities. • Establish a reporting plan. • Establish a budget process that ties funding to health priorities. • Develop a fiscal reporting system. <p><u>Create an oversight committee that reports outcomes to the Wisconsin State Legislature:</u></p>		<p>public health issues; and (5) creation of an oversight governance to administer resources to local and state public health system partners.</p>		

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Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<ul style="list-style-type: none"> • Create a list of all partners identified in the implementation plan for <i>Healthiest Wisconsin 2010</i> as they must be considered as potential members on the oversight committee. • Establish criteria for activities and membership on the oversight committee. • Establish timeline for action and reporting. • Seek oversight committee candidates based on established criteria. • Creation of the oversight committee. • Appoint members to the oversight committee. 				

System Priority: Equitable, Adequate, and Stable Financing
Objective: Funding to Support Wisconsin’s State and Local
Public Health System Infrastructure (Template)

Long-term (2010) Subcommittee Outcome Objective:

By 2010, there will be equitable, adequate, and stable funding to support Wisconsin’s state and local public health system infrastructure.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
<p>Current governmental funded state and local public health services. Federal: \$137.4 million within categorical grant awarded to the State of Wisconsin based on an annual funding cycle. (Year 2002/03) State: \$28.1 million—general purpose revenue; \$9.3 million—program/segregated revenue; \$3.1 million—inter/intra-agency. Total \$40.5 million—based on authorized budget level for SFY03 or estimated use of revenues received from rebate programs. Local: \$53.9 million in local taxes; \$48.8 million in other local program revenue for CY 2000. Total \$102.7 million from the <i>2000 Wisconsin Local Public Health Department Survey</i>.</p>	<p>Department of Health and Family Services, Division of Public Health. <i>2000 Wisconsin Local Public Health Department Survey</i>.</p>
<p>The rounded total number of full-time equivalent (FTE) employees working under the direction of the Wisconsin Division of Public Health Administrator is 436.</p> <ul style="list-style-type: none"> • 49.45 FTE positions—general purpose revenue • 81.00 FTE positions—program revenue • 19.50 FTE positions—inter-agency/intra-agency • 255.05 FTE positions—federal categorical grants • 8.00 FTE federal assignees • 23.00 FTE contractual employees 	<p>Department of Health and Family Services, Division of Public Health (September 21, 2002). <i>Payroll Management Information System</i>.</p> <p>Department of Health and Family Services (September 2002). <i>Organizational Chart of the Wisconsin Division of Public Health</i>.</p>
<p>There are significant numbers of public health system partners working with the Wisconsin Division of Public Health and the Department of Health and Family Services on policy committees, advisory committees, and workgroups. The following partial list demonstrates the extent of broad public health system partner involvement in Wisconsin’s public health system:</p> <ul style="list-style-type: none"> • 94 Official Local Health Departments • 11 Tribal Health Agencies • 14 Federally Qualified Health Centers • 30 Community-Based Organizations • 139 Hospitals • 444 Licensed Emergency Medical Service Providers 	<p>Wisconsin Statute 20.435.</p> <p>Wisconsin Division of Public Health, HFS 140, Local Health Department Reviews (January 1, 2001).</p> <p>Wisconsin Primary Health Care Association. <i>2001-2002 Directory of Members and Services</i>.</p> <p>Department of Health and Family Services, Division of Management and Technology. <i>Community Aids Reporting System</i>.</p> <p>Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. <i>FY 2000 Hospital Fiscal Survey</i>.</p> <p>Department of Health and Family Services, Division of Public Health, Bureau of Emergency Medical Services and Injury Prevention.</p>

Federal/National Baseline	Federal/National Sources and Year
Not available.	None.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
23–Public Health Infrastructure	Ensure that Federal, Tribal, State, and Local health agencies have the infrastructure to provide essential public health services effectively.	23-16	(Developmental) Increase the proportion of Federal, Tribal, State and local public health agencies that gather accurate data on public health expenditures categorized by essential public health service.

Definitions	
Term	Definition
Base funding	For state agency purposes, determining base funding level is the first formal step in developing a state budget. Base funding is identified as an approved budget as of some point in time. It is the amount of spending authority necessary to maintain a minimum/basic level of services.
Categorical Funding	Spending authority that is restricted for use to specific activities that have a common or related purpose.
General Purpose Revenue	General Purpose Revenues consist of general taxes, miscellaneous receipts, and revenues collected by state agencies, which are paid into a specific fund and are then available for appropriation by the legislature (s. 20.001(2)(a), Wis. Stats.).
Infrastructure	The underlying foundation or basic framework (as of a system or organization); the resources (as personnel, buildings, or equipment) required for an activity. (Merriam Webster, 1993). In the context of <i>Healthiest Wisconsin 2010</i> it refers to the five system priorities that include: (1) integrated electronic data and information systems, (2) community health improvement processes and plans, (3) coordination of state and local public health system partnerships, (4) sufficient and competent workforce, and (5) equitable, adequate, and stable financing. These system “infrastructure” priorities support capacity to act on the statewide health priorities. These system “infrastructure” priorities represent the engine of dynamic planned change (<i>Healthiest Wisconsin 2010</i>).

Rationale:

Funding for public health in Wisconsin (excluding home health and other reimbursable direct health care services) is approximately \$267.5 million per year. The Federal Government is the source of approximately \$137.4 million. Another \$74.3 million are generated directly from local property taxes and local program revenues. The Wisconsin State Legislature appropriates an additional \$28.1 million in general purpose revenue with the remainder of funds coming from a variety of sources that include, but are not limited to, segregated funds and inter/intra-agency funds. Based on total sources it is estimated that Wisconsin spends approximately \$50 per capita for public health services.

Local health departments receive an estimated \$105.3 million from all sources to provide a variety of public health services. Of this total, \$75.7 million, or 71.8 percent, comes from local sources (e.g., local property tax, program revenue, and inter/intra-agency charges). Federal revenues, generally in the form of categorical grants, accounted for \$13.9 million, or 13.2 percent of total funding. In contrast, \$3.2 million, or 3 percent of the total funding currently in place to support local health departments, comes from state general purpose revenue resources. (*Report of the Joint Study Committee on Public Health System Funding, 2000.*)

Almost all federal and state resources are for categorical services such as Breast and Cervical Cancer Screening, Tuberculosis Control, or Childhood Lead Prevention. There is no federal or state base funding, no per capita allocation, and no direct funding of the essential public health services and the core public health functions. As of 1993, the core public health functions have been mandated in state law for local health departments and the Department of Health and Family Services (Wisconsin Statutes, Chapters 250 and 251). As a result, funding for the core public health functions falls to the local property tax base of counties and municipalities. There is no equalization across jurisdictions in terms of the ability of counties and municipalities to fund the local public health infrastructure and carry out the essential public health services. The local property tax base to support public health programs and services ranges from approximately \$4 per capita to \$25 per capita across Wisconsin jurisdictions.

“Neighboring states of Minnesota and Illinois have taken a different approach to financially support local health departments. In these states, funding is available from state general purpose revenue and is provided with sufficient flexibility to meet locally identified needs. In Illinois, the Illinois Department of Public Health provides funding to health departments via their Local Health Protection grant. Local departments must assure that they are providing specified local services, such as food protection and well and septic inspections, to be eligible. The funds are unrestricted and can be used to meet locally identified needs including assessment and planning. In their 2000 fiscal year, \$13 million was available for distribution to locals via their grant program. In 1976 Minnesota passed the Community Health Services Act. This Act created a partnership between state and local governments to combine resources to serve public health needs. Local health agencies must complete a four-year Community Health Service Plan that assesses community needs and develops a local plan to be eligible for a CHS subsidy award. In 1996 the legislative appropriation for the CHS subsidy was \$14.1 million. In 1997 the Minnesota Legislature provided an additional \$5 million for local government core public health activities, increasing the CHS subsidy to \$19 million annually.” (*Report of the Joint Study Committee on Public Health System Funding, 2000.*)

To insure that a consistent, adequate, and uniform public health system is available across Wisconsin, there needs to be a sustainable mechanism for funding the essential services and support of the basic public health system infrastructure. Therefore, the approach to be taken is to provide base funding on a statewide basis for essential services and infrastructure. This is not just support for local health departments within the governmental sector, but support for all public health partners within a jurisdiction. The intent is system wide funding for essential services and infrastructure needs which will be used by all public health partners.

The public health system partners recommend that action on the following six short and medium term objectives result in the attainment of the 10-year long term outcome objective of for this priority that states: “By 2010, there will be equitable, adequate, and stable funding to support Wisconsin’s state and local public health system infrastructure.”

Outcomes:

Short-term Outcome Objective #1 (2002-2004)

Increase the flexibility of how state and local resources are used:

- By July 2004, state and federal governmental agencies will optimize the flexibility with existing and/or new funds so that state and local public health system partners can develop models for the use of these dollars in support of essential services, infrastructure, and/or locally identified state health plan priorities consistent with *Healthiest Wisconsin 2010*.

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

- Department of Health and Family Services staff.
- Refer to the comprehensive list of potential partners that follows the Objectives.
- Resources to develop and coordinate all aspects of waiver requests on State and Federal levels.
- Resources to develop, propose, and implement statutory language changes that may be needed.

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

- Secure consent process from the Secretary of the Department of Health and Family Services to go forward with the waiver process.
- Identify specific federal/state rules and regulations that require a waiver or change in statute.
- Establish a workgroup to advise, develop models, and develop the specific elements of the briefing paper (Federal and State).
- Identify federal and state contacts.
- Begin correspondence/dialog with State and Federal officials.
- Submit a formal request seeking greater flexibility of program resources.

Short-term Outcome Objective #2 (2002-2004)

Analyze and outline public health funding needs:

- By May 2003, a report, developed under the leadership of the Public Health Advisory Committee, will analyze and outline the current status of public health funding for: (1) implementation of the state plan's health priorities, (2) support of the public health system (infrastructure) priorities, (3) required essential public health services, and (4) emerging public health issues.

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

- Workgroup staff, Division of Public Health staff, and potential partners
- Resources to edit and layout the report
- Resources to print and distribute the document

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

A funding workgroup is convened to:

- Identify the current resources available to support the state's health plan.
- Identify emerging gaps/needs in funding the state's health plan and the impact these shortfalls have on the two chief outcomes of the transformation: improved health of the public and an improved public health system.
- Prepare a briefing document by/for the public health community that includes definitions and fiscal notes.

- Develop an estimated budget report, forecasting the annual cost to implement *Healthiest Wisconsin 2010*.
 - Develop a request to convene a Legislative Council Study Committee to address public health funding.
 - Develop a communication plan to inform public health partners of action, progress, and results of legislative council study committee.
 - Provide collaborative leadership with the public health system partners and transmit funding report to policy leaders in the Wisconsin State Legislature.

Short-term Outcome Objective #3 (2002-2004)

Convene Legislative Council Study Committee:

- By July 2002, a Legislative Council Study Committee will be convened to identify resources that could be leveraged, maximized and/or expanded to support the public health system, including: (1) implementation of the state plan’s health priorities; (2) support of the public health system infrastructure priorities; (3) required essential public health services; (4) emerging public health issues; and (5) creation of an oversight governance such as a State Board of Health to administer resources to local and state public health system partners.

Note: A 22-member Legislative Council Study Committee was created by the Joint Legislative Council in 2002. This Committee is addressing the public health system’s response to terrorism and public health emergencies and its charge follows:

“The Special Committee is directed to examine: (1) the capacity of the public health system and the adequacy of state laws to enable that system to detect and respond quickly to terrorist attack or a public health emergency; (2) the coordination of activities of the public health system with other systems involved in responding to a terrorist act or public health emergency; and (3) the adequacy and flexibility of resources available to these systems that can be used to detect and respond to terrorist acts and public health emergencies.”

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

- Legislative representatives
- Legislative Council staff
- Staff and representatives of the public health system partners
- Public Health Advisory Committee

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

- Supportive legislative policy leaders are identified.
- Mechanisms are identified to provide input into committee composition.
- Public health partners attend, participate, and provide information to Legislative Council Study Committee.
- Communication plan is activated to appraise public health partners of progress.
- Legislative Council Study Committee is convened and proactive recommendations are proposed.
- Public hearings held by the Legislative Council Study Committee.

Short-term Outcome Objective #4 (2002-2004)

Identify Wisconsin's health funding responsibility inclusive of the public health system:

- By February 2004, the Wisconsin State Legislature will identify the state's funding responsibility to support: (1) implementation of the state plan's health priorities; (2) support of the public health system infrastructure priorities; (3) required essential public health services; (4) emerging public health issues; and (5) creation of an oversight governance to administer resources to local and state public health system partners.

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

- Department of Health and Family Services staff
- Department of Administration staff
- Representatives of the public health partners
- Legislators and staff
- Results and recommendations from the Legislative Council Study Committee

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

- Department of Health and Family Services prepares “Decision Item Narratives” for inclusion in the State's budget process.
- The Joint Finance Committee of the Wisconsin State Legislature incorporates recommendations and proposals into the budget process.
- A sponsoring legislator proposes legislation through caucus and/or conference committee.

Medium-term Outcome Objective #1 (2005-2007)

Ensure that fiscal reporting by local health departments is reflective of their local community health improvement plan and local health department operations:

- By January 2005, all local communities will develop a fiscal plan that maximizes locally generated public health dollars and reallocates public and private resources to implement their community health plan.

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

- Locally generated tax, revenues, and grants are included in fiscal reports
- Health status based on local community health assessments
- Local Health Department staff
- Local jurisdictional governance representatives

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

- Create a plan (blueprint) for local health departments and their communities for permissive decision-making authority concerning reallocation.
- Establish a reporting plan to determine uses of local and State funding resources and changes in health status priorities.
- Establish a budget process that ties funding to health priorities as identified in the local needs assessment.
- Develop a fiscal reporting system for use by local health departments inclusive of public health partners contributions to *Healthiest Wisconsin 2010* and successor state health plans.

Medium-term Outcome Objective #2 (2005-2007):

Creation of an oversight committee that reports outcomes to the Wisconsin State Legislature:

- By July 2007, a permanent state health plan oversight committee, created by statute, will be established to advise on resources to public health system partners and to report to the legislative and executive branches on the outcomes of health status as a result of activities.

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

- Department of Health and Family Services staff
- Department of Administration staff
- Representatives of the public health system partners
- Legislators and staff
- Results and recommendations from the Legislative Council Study Committee

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

- Create a list of all partners identified in the implementation plan for *Healthiest Wisconsin 2010* as they must be considered as potential members on the oversight committee.
- Establish criteria for activities and membership on the oversight committee.
- Establish timeline for action and reporting.
- Seek oversight committee candidates based on established criteria.
- Creation of the oversight committee.
- Appoint members to the oversight committee.

Potential Partners—Participation/Reach (*applies to all objectives*):

All partners identified in the implementation plan for *Healthiest Wisconsin 2010* are public health system partners and must be considered as potential partners. The list that follows will never be totally complete but the partners include but are not limited to:

- American Indian Tribes
- State level program contacts/specialists
- Local program contacts/specialists
- Representatives of Community Stakeholder Groups (e.g., African Americans; Hispanic/Latinos; Asians; and Lesbian, Gay, Bisexual, and Transgendered Persons)
- Technical Support Team:
 - Members to include: Wisconsin Association of Local Health Departments and Boards, Wisconsin Public Health Association, Wisconsin Environmental Health Association, Public Health Advisory Committee.
- Insurance Companies: health, automobile, life, and income
- Hospitals, Clinics, Health Maintenance Organizations
- Wisconsin Association of Health Plans
- Long-Term Care Facilities
- Area Service Organizations
- Community-Based Organizations
- Wisconsin Primary Health Care Association
- Educational Institutions
- Laboratories
- Pharmaceutical Industry

- Wisconsin Lung Association
- Wisconsin Diabetes Association
- Wisconsin Dairy Council
- American Heart Association, Wisconsin Division
- Mental Health Association
- Drug and Alcohol Associations
- State Council on Alcohol and Other Drug Abuse
- Wisconsin Arthritis Association
- American Association of Retired Persons
- Wisconsin Dietetic Association
- Wisconsin Rehabilitation Association
- Veterans of Foreign Wars
- Citizens for a Better Environment
- Labor Unions
- United Way of Wisconsin
- Area Health Education Centers
- Wisconsin Taxpayers Alliance
- Wisconsin Counties Association
- Wisconsin Alliance of Cities
- Wisconsin League of Women's Voters
- Political Parties

Boards and Advisory Groups:

- Maternal and Child Health Advisory Committee
- Wisconsin Immunization Advisory Council
- Wisconsin Diabetes Advisory Council
- Board of Health Care Information

Professional Associations:

- Wisconsin Medical and County Medical Societies
- Wisconsin Academy of Family Physicians
- Wisconsin Academy of Pediatricians
- Wisconsin Dietetic Association
- Wisconsin Nurses Association
- Wisconsin Health Education Network
- Wisconsin Environmental Health Association
- Wisconsin League for Nursing
- Wisconsin Coalition of Nursing
- Wisconsin Bar Association
- Wisconsin Association for Clinical Laboratory Science
- Wisconsin Home Care Organization
- Wisconsin Health and Hospital Association
- Wisconsin Public Health Association
- Wisconsin Primary Care Health Care Association
- Wisconsin Association of Local Health Departments and Boards

Employers and Business:

- Manufacturing
- Commerce
- Tourism
- Gaming Services
- Agricultural and mining
- Governmental
- Utilities
- Service industry
- Education

Evaluation and Measurement

Adequate resources for Wisconsin's public health system and the necessary infrastructure will provide the means required by the partners to carry out sustained interventions to improve the health of the Wisconsin public and eliminate health disparities. It will assure that the essential services are provided in every Wisconsin community no matter how small the size. Measurement parameters include but are not limited to:

- Changes in the number of contract objectives that result in program flexibility.
- Changes in the amount of funds used to purchase contract objectives that result in program flexibility.
- Creation of a report identifying resources needed to fully implement the state's health plan.
- Recommendations proposed from the Legislative Council Study Committee that include a statement of clearly defined need, how that need will be met, and a mechanism to administer the resources.
- The number of recommendations proposed by the Legislative Council Study Committee enacted into the State's budget process.
- State and federal resources received at the local level are used to supplement and not supplant local funding. The local fiscal plan is coordinated with the local needs assessment survey results and the community's health improvement plan.
- Creation of an oversight State Health Plan Committee.
- Improved health of the public.
- Improved public health system infrastructure capacity.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Achievement of outcomes for the 5 system (infrastructure) priorities and the 11 health priorities will be achieved only if resources are brought to bear on these 16 priorities using an aggressive, goal-directed campaign. Wisconsin residents need the awareness and suggested solutions offered by this plan. In order for *Healthiest Wisconsin 2010* and successor state health plans to be accomplished, the working together of the state's residents with the public health system partners must be established and sustained. System wide resources will impact on each health priority listed below. The use of existing governmental, public, private, nonprofit, and voluntary sector resources is vital to address the priorities and thus impact on the underlying causes of illness, injury, premature death, and disability in the population. New resources will be needed in order to meet the current and emerging health needs of the state's population. Although many of the health conditions that fall under the health priorities are in part covered by health insurance plans it is the population prevention focus that is not. The fact is many of the areas listed impact on individual health but it will take system and societal change to bring about or solve the problems identified. "The vast majority of health care spending, as much of 95

percent by some estimates, is directed toward medical care and biomedical research. However, there is strong evidence that behavior and environment are responsible for more than 70 percent of avoidable mortality, and health care is just one of several determinants of health” (Institute of Medicine 2002). It is only with realignment of existing and new resources that Wisconsin be able to solve the identified system and health priorities. Use of these resources will allow for setting the direction, reporting, and analysis of the system infrastructure and health priorities. Realignment and flexibility of use of existing dollars and the infusion of new dollars are essential and must support the identification of current and emerging threats to health based on local community needs in order to protect and promote health and improve the health for all the people of Wisconsin.

System (Infrastructure) Priorities:

Integrated Electronic Data and Information Systems
Community Health Improvement Processes and Plans
Coordination of State and Local Public Health System Partnerships
Sufficient, Competent Workforce
Equitable, Adequate, and Stable Financing

Health Priorities:

Access to Primary and Preventive Health Services
Adequate and Appropriate Nutrition
Alcohol and Other Substance Use and Addiction
Environmental and Occupational Health Hazards
Existing, Emerging, and Re-emerging Communicable Diseases
High Risk Sexual Behavior
Intentional and Unintentional Injuries and Violence
Mental Health and Mental Disorders
Overweight, Obesity, and Lack of Physical Activity
Social and Economic Factors that Influence Health
Tobacco Use and Exposure

Significant Linkages to Wisconsin’s 12 Essential Public Health Services

The 12 essential services listed below are foundational to the successful implementation of *Healthiest Wisconsin 2010* and the transformation of Wisconsin’s public health system for the 21st Century. Wisconsin’s essential public health services must be available in every Wisconsin community no matter how small or large if we are to take collective action to assure conditions in which people can be healthy. Equitable, adequate, and stable financing of the public health system must be based on a public health system that assures the 12 essential services. These services represent the “shared” responsibility of the public health system partners and truly is the cornerstone for the 21st Century transformation of Wisconsin’s public health system.

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 insure 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.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Financing the essential public health services fosters the transformation of the public health system, assures critical community capacities, and directly contributes to achieving the three overarching goals to (1) protect and promote health for all, (2) eliminate health disparities, and (3) transform Wisconsin's public health system. The overarching goals transcend the 16 priorities set forth in *Healthiest Wisconsin 2010* and its implementation plan. Regardless if the community partners are addressing one or a cluster of priorities it is critical that they frame their knowledge and actions using the overarching goals as their central purpose and rationale. For example, under *Healthiest Wisconsin 2010*, it is no longer sufficient to simply implement tobacco prevention programs without considering how the programs will contribute to the elimination of health disparities and promotion and protection for all members of the community. Think of the cumulative value that is added to the quality of life for people and Wisconsin communities when public health systems' programs are focused on the same goals. Think about the cost savings that will accrue and the lives that are potentially saved. The overarching goals provide purpose and rationale for collective community action. In doing so, the public health system partners transform their knowledge, practice, and outcomes. In doing so, the public health system partners transform the public health system both locally and statewide. The goals, essential services, and priorities provide the pathway to attain our shared vision: "Healthy people in Healthy Wisconsin communities."

Key Interventions and/or Strategies Planned:

- Optimize flexibility with existing and/or new funds based on assessed local needs.
- Study current and future funding needs.
- Educate all partners and the general public.
- Advocate for a comprehensive public health system among the public health system partners, legislators, and the public at large.
- Provide for statutory and administrative code changes to reflect current and future regulatory needs.
- Evaluate and provide oversight of progress toward improving the health status of Wisconsin.
- Provide leadership resulting in the coordination and planning of all fiscal and program activities to accomplish changes in the public health system.

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