



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Brief Report

Transforming Wisconsin's Public Health System

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ABSTRACT

Objectives: The goal for this project was to assess Wisconsin's progress towards 'Transforming Wisconsin's public health system,' one of three overarching goals in the State Health Plan.

Methods: Key informant interviews and an online survey were conducted to assess respondents' perceptions of progress.

Results: Interviewees articulated a variety of interpretations of transformation as it relates to Wisconsin's public health system. Survey respondents indicated a high degree of familiarity with the State Health Plan and extensive use of the plan to guide ongoing activities. Their responses suggested that increased attention is particularly needed in three infrastructure areas: workforce development, financing, and integrated information systems.

Conclusions: There is a broad awareness of the State Health Plan and it is a significant guiding reference point in Wisconsin's public health system. Although interviewees' understandings of 'transformation' varied, two common themes emerged: transformation involves fundamental change and is never easy. There is clearly room for movement in a positive direction on all infrastructure issues highlighted in the State Health Plan.

BACKGROUND

In the spring of 2005, the Department of Health and Family Services, Division of Public Health partnered with the University of Wisconsin Population Health Institute to assess Wisconsin's progress towards 'Transforming Wisconsin's public health system,' one of the three overarching goals cited in *A Partnership Plan to Improve the Health of the Public*, the State Health Plan for the decade 2000-2010. This assessment included a focused effort to operationalize transformation, in-depth interviews with 21 key informants that represent a broad cross-section of the state's public health system, and an on-line survey of public health stakeholders. This report summarizes

the results of the key informant interviews and the on-line survey.

PART I: KEY INFORMANT INTERVIEWS

Key informant interviews garnered the 'pulse' of the public health system related to transformation. They also informed development of the online survey used to assess transformation on a broader scale. In addition, these interviews captured key informants' understanding of "transformation" as it relates to Wisconsin's public health system. Key informants shared various perspectives and interpretations of this goal, its intent, and benchmarks by which to measure its attainment. Ultimately, however, the range of

views presented reflect the State Health Plan’s integration of infrastructure and health priorities.

Methods

The project team conducted five pilot interviews and sixteen final interviews with individuals representing a broad cross-section of Wisconsin’s public health system. Interviewees included individuals with a variety of racial and ethnic backgrounds, subject matter expertise, professional interests, and geographic locations. Interviews took place in person and over the phone using a standard interview guide, with customized probes to fit each interviewee’s experience and expertise. Tapes of the interviews and hand-written notes were analyzed to find emerging themes regarding each of the plan’s five infrastructure priorities as well as representative quotes from individual interviewees.

Results: Defining Transformation

Key informants’ understandings of the concept of transformation ranged along a continuum of opinions with the following anchors:

1. Transformation as a revitalization of the systems underlying Wisconsin’s public health enterprise, which we call a “**systemic approach**”; and
2. Transformation as a broadening of the public health discipline and delivery system, focusing across organizational boundaries to emphasize health outcome status, which we call a “**health outcomes approach**”.

Although there is some overlap in these groupings, there was considerable divergence in the suggested indicators of success. Key informants who embraced the systemic approach emphasized measuring transformation in terms of infrastructure change, whereas those who subscribed to the health outcomes approach focused on measuring success as an increase in individuals served and/or better health outcomes.

Systemic Approach

Key informants who emphasized the “systemic” end of the continuum drew heavily on the infrastructure priorities of the State Health Plan when defining transformation. For example, one individual described a transformed system as:

“A system that does the things that the State Health Plan says we should do...provides sufficient, competent public health workforce, collects and provides data that is needed for planning and decision making. It would include all of the infrastructure priorities.”

Many of these individuals noted the importance of equitable, adequate, and sufficient resource allocation, echoing the State Health Plan’s call for “equitable, adequate, and stable financing.” Another respondent described transformation as “striving for efficiency, the maximum use of limited dollars to achieve the best health outcomes in Wisconsin.”

Others championed a unified system of statistics and data—*integrated electronic data and information systems*—and deep and frequent partnerships—*coordination of state and local public health system partnerships*. Another key informant, noting the importance of data, described one characteristic of a transformed system as “[having the] ability to measure key health outcomes and indicators such as infant mortality, morbidity, quality of life, and disability.” This individual went on to note:

“The State Health Plan is the only thing that we have that provides the views of the constituents [or] community on what their public health needs are. It gives us something to measure in terms of what these community health providers feel is important.”

Others focused on the coordination of state and local public health systems, listing “partnerships formed to eliminate or minimize certain diseases”

as a possible indicator of transformation. Finally, a number of key informants referenced the importance of professional expertise in local health departments, capturing the State Health Plan's priority for a "sufficient, competent workforce." One key informant described a transformed system as a system that "assur[es] a competent workforce to accomplish the goals set by the community."

Health Outcomes Approach

Most key informants saw transformation as embracing a broader concept of public health and movement towards a common vision, better coordination between local and state entities. For example, one key informant noted that transformation involves "looking at public health in a manner that encompasses all aspects of the health of the members of our community...social, economic, and medical."

Another individual described a changed system as "a system that provides more access and an easily navigable system for all people, whether disabled, English as a second language, uninsured or otherwise." Many key informants voiced the benefits of a broader, more community-focused public health system: such a system would meet the needs of changing demographics, allow for greater access, and assist in moving toward a more encompassing concept of public health that addresses the determinants of health that drive demand for health care services. One respondent captured this concept as follows:

"Moving away from a more traditional notion of public health such as surveillance and protection...to broader concepts such as population health which embrace those traditional notions and also look to things that drive ultimately the demand for health services be it nutrition to smoking to seat belt use."

Key informants who suggested that improved health outcomes are the best indicators of transformation

cited outcomes such as decreased alcohol consumption, increased exercise, and smoking cessation. Others called for data driven results in decreasing disparities and improving health outcome measures in infant mortality, injuries, morbidity, and mortality at local and aggregate levels.

Key informants frequently underscored the importance of small, community-based measures to consider changes in access and populations served. For example:

"Smaller community based measures are better indicators of transformation... being able to capture smaller pockets of data...will be a good way of seeing some changes."

Others suggested that indicators for change could be found in the outcomes for goals and measures outlined in Community Health Improvement Processes and Plans (CHIPs).

Shared Themes

Despite differences in the details of what transformation means and how it can be measured, most key informants agreed on two key points. First, transformation involves fundamental change. According to one individual, "transformation implies that kind of significant evolution or change or development, not merely tinkering with the edges or components." Another key informant described transformation as follows: "The word transformation connotes change, but, it presents change from the place in time, not from the beginning: an evolution."

Second, this type of change is rarely easy. According to another key informant, "change has an intimidation factor to it...there is a reluctance towards it." Whether transformation refers to systems change or changes in health outcomes, then, buy-in at the community and state level are crucial components of success. In fact, these interviews confirmed the need to consider both systemic change and health outcomes in the dialogue

and measurement of transformation. As well, respondents across the board called for eliminating silos, and voiced the concepts of efficient use of resources and need for a sufficient, competent public health workforce.

PART II: ON-LINE SURVEY

A second component of the evaluation of Wisconsin’s progress towards transforming its public health system was an on-line survey of public health stakeholders. The survey results provide a mid-course snapshot of how the public health community in Wisconsin perceives its progress on the infrastructure priorities established as part of the State Health Plan. These five priorities are:

1. Equitable, adequate, and stable financing;
2. Sufficient and competent workforce;
3. Integrated electronic data and information systems;
4. Coordination of state and local public health system partnerships; and
5. Community health improvement processes and plans (CHIPs).

Methods

This assessment adopted the State Health Plan’s definition of Wisconsin’s public health system: *a social enterprise between government, the people, and the public, private, non-profit and voluntary sectors to promote the health of everyone.* As noted earlier in this report, however, key informant interviews demonstrated that, in practice, this definition is not universally accepted. The absence of a universally accepted definition of the individuals, organizations, and services that comprise Wisconsin’s public health system led to a broad and inclusive sampling frame for the survey component of this assessment.

With assistance from numerous public health partners, an online survey was distributed broadly via the WebSurvey@UW service to individuals who might consider themselves to be part of Wisconsin’s public health system (6,433 unique e-mail addresses). A total

of 1,945 surveys (with at least one answer) were completed online. The project team conducted descriptive analyses summarizing responses and examining key items by region, occupational sector, years of public health service, and credential(s).³

Results

Impact of the State Health Plan

As demonstrated in Table A, respondents are generally familiar with and making use of the State Health Plan. Respondents reported most familiarity with the plan’s health priorities and goals and least familiarity with its implementation plans and infrastructure priorities. The majority of those who reported familiarity with the plan indicated referencing it in their public health work occasionally or often.

| Table A: Familiarity With and Use of the State Health Plan (n = 1945) | |
|------------------------------------------------------------------------------------------------------------|-----|
| Familiar with State Health Plan (n=1470) | 76% |
| What components of the State Health Plan are you familiar with? (If familiar and responded, n=1128) | |
| Health priorities | 86% |
| Overarching goals | 64% |
| Infrastructure priorities | 37% |
| Implementation plans | 32% |
| How often do you reference the State Health Plan in your public health work? (n=1284 responses) | |
| Daily | 2% |
| Often | 19% |
| Occasionally | 52% |
| Never | 26% |

Progress on Infrastructure Priorities

Throughout the survey, a scale of 1 (not at all) to 10 (very much so) was used to obtain respondent’s perceptions of various aspects of the public health system. Mean ratings were calculated to provide baseline measures of Wisconsin’s progress towards the goals of each infrastructure priority area, serving as a baseline for comparison in future evaluations. Table B provides the mean ratings attained for each infrastructure priority of the plan. This table is arranged in descending order, with the highest rated priority listed first.

The highest mean rating (6.7) was given to the competence of Wisconsin’s public health workforce. This was followed by high ratings for the trust, credibility, collaboration, and communication between partners. The partnerships DHFS has with local health departments were also given a relatively high rating.

Resource sharing, joint planning and joint decision-making, and community participation, all part of the recommended ‘community health improvement planning’ (CHIP) approach advocated in the State Health Plan, were rated at a more moderate

Table B: Perceptions of Achievement of the State Health Plan’s Infrastructure Priorities

| To what extent... | Mean* | SD |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| Does Wisconsin's public health system have a competent workforce? | 6.7 | 1.9 |
| Is there communication between your organization and its public health partners? | 6.4 | 2.2 |
| Is there trust and credibility between public health system partners and the local health department in the community where you live or work? (CHIP) | 6.3 | 2.2 |
| Do partners representing the public, private, non-profit, and voluntary sectors collaborate to create and promote healthy communities across Wisconsin? | 6.1 | 2.0 |
| Are the partnerships between Wisconsin's Department of Health and Family Services (DHFS) and local public health departments strong partnerships? | 6.1 | 2.1 |
| Are resources (data, technical assistance, etc.) shared among local public health system partners to achieve your community's public health priorities? (CHIP) | 5.9 | 2.2 |
| Is there joint planning and joint decision-making (turning planning into action) between your organization and its public health partner? | 5.6 | 2.3 |
| Is there community participation in setting and supporting local public health priorities in your community? (CHIP) | 5.6 | 2.3 |
| Do Wisconsin's educational institutions provide adequate training for the state's public health workforce? | 5.4 | 2.1 |
| Does your organization's workforce represent the racial and ethnic composition of the population it serves? | 5.4 | 2.6 |
| Does Wisconsin's public health system... | Mean* | SD |
| Have a diverse workforce? | 4.9 | 2.0 |
| Have a sufficient workforce? | 4.7 | 1.9 |
| Have an integrated electronic information system that measures public health system capacity? | 4.2 | 2.1 |
| Have an integrated electronic information system that provides meaningful information about the health priorities outlined in Healthiest Wisconsin 2010? | 4.2 | 2.1 |
| Have equitable financing? | 3.8 | 1.8 |
| Have adequate financing? | 3.7 | 1.8 |
| Have stable financing? | 3.6 | 1.8 |

*Mean rating on a scale of 1 (not at all) to 10 (very much so). The number of valid responses ranged from 858 to 1396.

level (5.6 to 5.9). This may indicate that these processes are less widespread and have not yet accomplished enough to attain high perceived success.

Other workforce issues fell into a low-middle tier of perceived attainment. Adequate training and ethnic/racial composition were both rated at a mean of 5.4. Perceived diversity and sufficiency of the workforce both received mean ratings below 5.0.

The existence of an integrated electronic data system providing meaningful information on health priorities and public health system capacity was rated quite low (mean 4.2). Finally, the three aspects of financing specified as infrastructure priorities in the plan were rated the lowest of all areas.

CONCLUSION

Although *Healthiest Wisconsin 2010* calls for systemic changes, the key informant interviews suggested that such changes are not intuitively appealing to some members of the public health system. Instead, a number of key informants cited change in more familiar terms, focusing on improvements in *health outcome* measures such as infant mortality; morbidity and mortality in both the general population and specific sub-populations; changes in access and populations served; and decreases in disparities as indicators of transformation. (These are being monitored by the Department of Health and Family Services and the UW Population Health Institute).

These articulations are not contradictory but, rather, they emphasize different components of the transformation process. While some individuals focused on the processes of systemic change (the means), others highlighted the ends of this process—improved health outcomes and reduced disparities. This variation in emphasis reflects the State Health Plan’s integration of infrastructure and health priorities working in tandem to achieve the plan’s overarching goals.

The data from the on-line survey provide a mid-course snapshot of how the public health community in Wisconsin perceives its progress on the infrastructure priorities established in the state health plan. There is clearly room for movement in a positive direction on all issues—even the highest rated areas could be interpreted as receiving only from 61% to 67% of the possible rating. Further, the data suggest infrastructure areas in which increased attention is particularly needed: workforce development, financing, and integrated information systems. Improvements in each of these infrastructure priorities are expected to positively influence priority health outcomes and better prepare Wisconsin’s public health system to address current and emerging public health challenges.

These findings demonstrate a broad awareness of the State Health Plan. The plan is a significant guiding reference point in Wisconsin’s public health system. Continued collection and monitoring of objective indicator data to (a) track progress on the health priorities, and (b) future surveys regarding perceptions of progress in implementing the infrastructure priorities, will help evaluate and may help stimulate the accomplishment of the priorities which have been set.

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