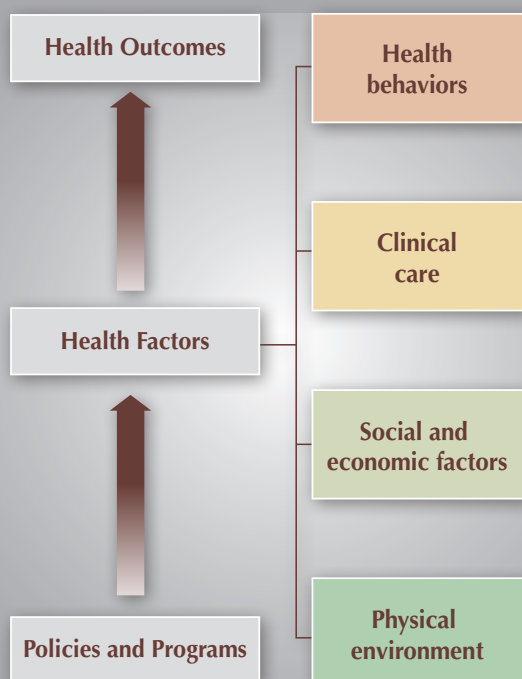

What Works? Policies and Programs to Improve Wisconsin's Health

<http://whatworksforhealth.wisc.edu>



September 2012



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON

Funded by the Wisconsin Partnership Program,
University of Wisconsin School of Medicine and Public Health

University of Wisconsin Population Health Institute
Department of Population Health Sciences

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Acknowledgements

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This report offers a snapshot in time of *What Works for Health*, an online database of policies and programs that can improve health. New policies, programs, and evidence summaries are added to *What Works for Health* every month. For the most current policies, programs, evidence and effectiveness ratings, visit <http://whatworksforhealth.wisc.edu/>.

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Foreword

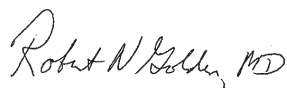
What will it take to make Wisconsin the healthiest state in America? In the 2011 *America's Health Rankings*, Wisconsin came in 13th, reflecting high rankings for our rate of high school graduation, our relatively low rates of those without insurance, infectious disease, and childhood poverty. On the flip side, we continue to rank absolutely last among the 50 states in binge drinking. Also, there is a huge red flag that we must not ignore: if we do nothing to stem the current obesity epidemic, nearly half of all Wisconsin residents will be obese – not just overweight – by 2018, with staggering consequences for individual and family health, economic prosperity, and consumption of already strained health care resources.

We know from the annual release of the *County Health Rankings* that in Wisconsin, as in every state in America, where we live, learn, work, and play matters to our health. Health is not the same across Wisconsin's 72 counties. While this is our challenge, it also presents an opportunity: health can, and must, be influenced at both local and state levels.

In the context of this complex environment, the UW Population Health Institute presents this guide for action to improve health by selecting not just any strategy, but those policies and programs that have demonstrated effectiveness in improving health in “real-world” situations. Research and experience tell us that we will have a greater impact on health if we choose evidence-based policies and programs like the ones featured in this guide.

How should communities choose which policies and programs to pursue? Start by examining the new and expanded resources for taking action to improve health, found at www.countyhealthroadmaps.org. From a state perspective, take a look at our newest summary of Wisconsin's health, the *Wisconsin Health Trends: Progress Report*, found at <http://uwphi.pophealth.wisc.edu/programs/match/healthiest-state/index.htm>. We can make a big difference in the health of our communities, and the health of the entire state, if we pursue policies and programs that are highlighted in this report and which address the key drivers of overall population health.

We hope this report helps foster decisions by leaders and others in government and business, schools and communities, public health and health care, and our own University to improve Wisconsin's health. If we all do our part, and align actions for maximum impact, it will make a big difference for our state.



Robert N. Golden, M.D.
Dean, UW School of Medicine and Public Health

How Can We Make Wisconsin Healthier?

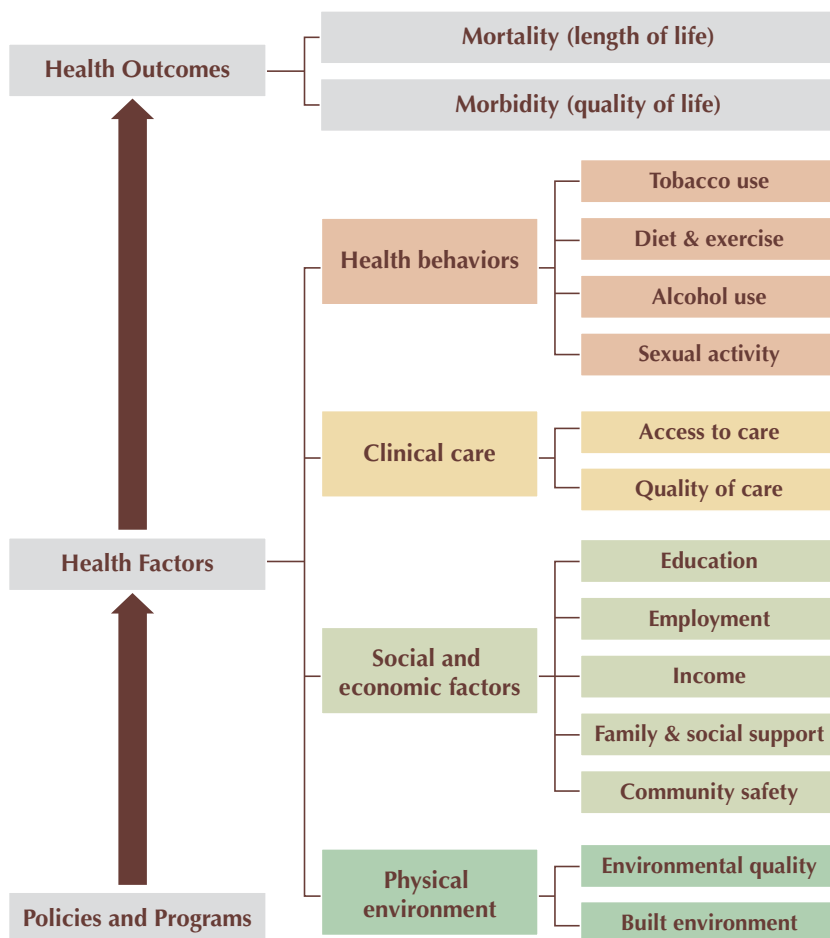
What Works for Health is a web-based database of policies and programs that can improve health. These policies and programs address key health factors that, in turn, improve health outcomes. This report, *What Works: Policies and Programs to Improve Wisconsin's Health*, highlights effective policies and programs included in the database as of July 2012. For the most current policies, programs, evidence, and ratings, visit <http://whatworksforhealth.wisc.edu/>.

Before adding policies and programs to the database, analysts systematically identify, assess, summarize, and rate available evidence of effectiveness. For each policy or program, detailed listings include:

- A policy/program description,
- Expected beneficial outcomes,
- The evidence of effectiveness rating,
- A summary of research supporting the rating,
- Potential population reach, i.e., the portion of Wisconsin residents potentially affected,
- Potential impact of the policy or program on health disparities,
- Decision maker(s) who could enact the policy or program, and
- Implementation examples and resources, in Wisconsin and beyond.

"Evidence of effectiveness" can mean different things to different people. We use a broad definition grounded in science but acknowledge that there are many policies and programs that have been evaluated and are considered "effective" but have not been the subject of rigorous scientific study. More information about our rating of evidence is available on page 6.

We focus our search efforts on identifying policies and programs that could be initiated or expanded by decision makers in Wisconsin (rather than on existing programs that are fully implemented or funded primarily by the federal government). The *What Works for Health* database contains cost-related information when it is available, but we generally do not provide evidence on the feasibility or relative cost effectiveness of each included policy or program. Empirical cost studies as well as state and local experiences implementing policies and programs will be extremely helpful to decision makers going forward.



About the Report

This report provides a menu of policies and programs for possible implementation in Wisconsin. The policies and programs are organized by four health factors that have demonstrated relationships to health outcomes:

- 1) health behaviors,
- 2) clinical care,
- 3) social and economic factors, and
- 4) the physical environment.

As a guide to the full range of potential policies and programs that are listed beginning on page 7, we first provide an introduction for each of these factors. We then identify potential goals of policies and programs that address each factor.

What about evidence on the relative impact on health?

Evidence summarized in this report addresses the effectiveness of policies and programs on the relevant health factor, e.g., programs in the “Income” section are reviewed in terms of their impact on income, not on the program’s effect on health. Unfortunately, available research does not provide adequate evidence of the relative importance or impact of most individual policies or programs, or even of the health factors themselves, on overall health or health disparities. We believe that investments in all areas will be required for us to make maximum and efficient improvement in our health.

What about evidence on the impact on disparities?

In this scan of research we found little evidence regarding effectiveness of policies and programs with respect to their impact on health disparities. Since it is likely that some policies and programs that will improve the average health of the population may actually increase disparities (such as those aimed at or most likely to affect high socioeconomic status populations), this remains a critical research agenda for the future.

What about evidence on cost effectiveness?

In this scan of research we found limited evidence regarding the cost effectiveness of the policies and programs included in this database. Since it is likely that some policies and programs are more cost effective than others, this remains a critical research agenda for the future.

What are the next steps?

The purpose of this report is to stimulate discussion and collective action to implement policies and programs that will improve Wisconsin’s health. We have provided examples of various strategies that different decision makers could choose to enact in order to influence the multiple factors that affect health.

We are not making specific recommendations but believe that these decision makers should collectively:

- a. Take on a broad and balanced portfolio of short- and long-term actions to address the many causes of poor health,
- b. Base actions on evidence of what works or is promising,
- c. Strive to reduce the differences in health and their causes between various populations,
- d. Approach the solution as a partnership, working together across “silos” to achieve broad goals, and
- e. Be held accountable for improvement.

Improving Health Behaviors

How people act affects their health in a direct way. Avoiding tobacco, drinking moderately, eating appropriately and exercising regularly all help us avoid a number of preventable chronic conditions. In addition, engaging in healthy practices, such as healthy food selection, responsible sports and recreation, and safe sex, can help us avoid unnecessary injury and illness. Nearly one-half of all deaths in Wisconsin are considered preventable; engaging in healthy behaviors could help us avoid considerable numbers of premature deaths and improve our quality of life.

GOALS OF EFFECTIVE POLICIES AND PROGRAMS	
Tobacco Use	<ul style="list-style-type: none"> • Reduce initiation and/or increase cessation • Reduce exposure to environmental tobacco smoke
Diet & Exercise	<ul style="list-style-type: none"> • Create opportunities for active living • Increase access to healthy food options • Promote broad approaches to increasing physical activity • Promote healthy eating • Provide physical activity information & education • Reduce access to unhealthy foods
Alcohol Use	<ul style="list-style-type: none"> • Implement broad initiatives to reduce alcohol use • Raise the price of alcohol • Reduce alcohol-impaired driving • Reduce availability of alcohol • Support responsible marketing and provision of alcohol
Sexual Activity	<ul style="list-style-type: none"> • Reduce sexually transmitted infections (STIs) & pregnancy

Improving Clinical Care

Our health care system helps to save lives and improves our quality of life. Health care coverage and access to high quality health care services can help improve health outcomes for everyone.

GOALS OF EFFECTIVE POLICIES AND PROGRAMS	
Access to Care	<ul style="list-style-type: none"> • Adopt alternate models of care • Increase opportunities for oral health care • Recruit & retain high quality workforce • Recruit providers to underserved areas • Reduce financial barriers to care • Reduce non-financial barriers to effective care • Reduce spending and use of unnecessary services
Quality of Care	<ul style="list-style-type: none"> • Implement patient safety strategies • Increase coordination of care • Provide culturally and linguistically competent care • Utilize data to improve quality of care

Improving Social & Economic Factors

Beginning even before birth and continuing through old age, the resources we have and the environments where we work, play, eat, and sleep impact our health. Resources such as quality jobs, family income, educational attainment, and the social characteristics of the neighborhoods we live in can all affect health. Research suggests that these factors can influence our health at least as much as genetics and health care.

GOALS OF EFFECTIVE POLICIES AND PROGRAMS	
Education	<ul style="list-style-type: none">• Create safe environments that support learning• Establish home visiting or parent education programs• Improve quality of K-12 education• Increase early childhood education• Increase education beyond high school• Increase high school graduation rates
Employment	<ul style="list-style-type: none">• Adopt incentives to attract and retain employers• Create supportive work environments• Ensure workplace safety• Increase employment for mature workers• Reduce long-term unemployment
Income	<ul style="list-style-type: none">• Increase or supplement income• Support asset development• Support workers
Family & Social Support	<ul style="list-style-type: none">• Build social capital within communities• Build social capital within families• Ensure access to housing• Increase social connectedness among adults/special populations• Increase social connectedness among youth
Community Safety	<ul style="list-style-type: none">• Assist youth involved with the justice system• Prevent child maltreatment• Prevent intimate partner violence• Prevent neighborhood crime and violence

Improving the Physical Environment

Environmental factors such as biological/chemical contamination, quality and availability of man-made structures, transportation emissions, and the physical characteristics of neighborhoods can all affect health. Research suggests that the character of our physical environment can impact not only the quality of the air we breathe or water we drink, but also, our opportunities for physical activity and interaction with our neighbors.







GOALS OF EFFECTIVE POLICIES AND PROGRAMS	
Environmental Quality	<ul style="list-style-type: none">• Implement agricultural programs to reduce environmental contamination• Reduce energy use• Reduce transportation emissions
Built Environment	<ul style="list-style-type: none">• Create opportunities for active living• Create safe places for recreation & play• Improve housing quality• Improve traffic safety• Increase access to healthy food options• Support affordable housing options

Policy and Program Listing

“Effectiveness” means whether a policy or program works in real life while the American Heritage Dictionary defines “evidence” as “the data on which a judgment can be based or proof established.” However, there can be a range of different types of evidence, from “data resulting from scientific controlled trials and research” through “expert or user consensus, evaluation, or anecdotal information,” or personal observation.

























The *What Works for Health* database summarizes scientific evidence—data accumulated through evaluation and research that carefully examines how an intervention is delivered and what improvements result—rather than intuitive judgment, expertise, or experience. Our gold standard for effectiveness is based on comprehensive systematic reviews finding strong evidence of effectiveness for a particular policy or program. When systematic reviews are not available, direct searches for research evaluating effectiveness may be conducted, seeking randomized controlled trials (RCTs) whenever possible. In areas where it is not feasible, practical, or ethical to evaluate policies and programs using RCTs, we look for evidence based on relevance, objectivity, and credibility, and to experts’ opinions.


















































































The scale below shows how we rate the evidence we find. We focus on the strength of the evidence (amount and quality), as well as the degree of effectiveness. The following listings include policies or programs rated scientifically supported, some evidence, and expert opinion.




















































Evidence Rating (availability and strength)		Potential Population Reach	Decision Makers	
Scientifically supported	Numerous studies or systematic review(s) with strong positive results; no substantial contradictory evidence.	<p>% of Wisconsin population:</p> <div><div><div></div></div><1%</div> <div><div><div></div><div></div></div>1-9%</div> <div><div><div></div><div></div><div></div></div>10-19%</div> <div><div><div></div><div></div><div></div><div></div></div>20-49%</div> <div><div><div></div><div></div><div></div><div></div><div></div></div>50-99%</div> <div><div><div></div><div></div><div></div><div></div><div></div><div></div></div>100%</div>	<div><div></div><div>Businesses and employers</div></div>	
Some evidence	Research suggests positive impacts overall; further study may be warranted.		<div><div></div><div>Community organizations</div></div>	
Expert opinion	Recommended by credible groups; research evidence limited. Credible groups are recognized for their impartial expertise in an area of interest.		<div><div></div><div>Government (state and local)</div></div>	
Insufficient evidence	Evidence limited or unavailable; further study warranted.		<div><div></div><div>Health care organizations</div></div>	
Mixed evidence	Evidence mixed; further study warranted.			
Evidence of ineffectiveness	Research consistently shows policy or program is detrimental or has no effect.		<div><div></div><div>Individuals</div></div>	
			<div><div></div><div>Schools</div></div>	
















































The *What Works for Health* online database is updated regularly. For more information on each policy and program, and for the most current evidence and effectiveness ratings, visit <http://whatworksforhealth.wisc.edu/>.









































Policies and programs to improve health behaviors

TOBACCO USE			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
REDUCE INITIATION AND/OR INCREASE CESSATION								
Tobacco taxes	SS							
Reduce cost for tobacco cessation therapy	SS							
Increase funding for a comprehensive statewide tobacco program	SS							
Provider reminder systems - tobacco cessation	SS							
Mass media education campaigns combined with other interventions	SE							
Quitline	SE							
Restrict minor access to tobacco	SE							
REDUCE EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE								
Smoking bans & restrictions	SS							
Education to reduce home exposure to secondhand smoke	SE							





















































DIET & EXERCISE				Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools	
Policy or Program									
CREATE OPPORTUNITIES FOR ACTIVE LIVING									
Point-of-decision prompts – physical activity	SS								
Safe Routes to Schools (SRTS)	SS								
Workplace incentives for physical activity	EO								
Minimum school physical education requirements & standards	EO								
Extracurricular sports/after-school activities for school children	EO								
Recreational sports leagues for adults	EO								
Reduce health insurance premiums - members of fitness clubs/YMCA	EO								
INCREASE ACCESS TO HEALTHY FOOD OPTIONS									
School fruit & vegetable gardens	SS								
Healthy vending machine options	SE								
Farm to school programs	SE								
Taste testing new fruits & vegetables	SE								
Increase fruit & vegetable availability	SE								
WIC and Senior Farmers’ Market Nutrition programs	SE								
Electronic Benefit Transfer (EBT) payment at farmers’ markets	EO								
Food buying clubs & co-ops	EO								
Healthy foods at catered events	EO								
Make water available; promote consumption	EO								
PROMOTE BROAD APPROACHES TO INCREASING PHYSICAL ACTIVITY									
Multi-component obesity prevention interventions	SS								
Social support in community settings	SS								
Individually-adapted health behavior change	SS								
Community-wide campaigns	SE								



















































DIET & EXERCISE <i>cont.</i>			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
PROMOTE HEALTHY EATING								
Breastfeeding promotion programs	SS							
Label nutrition information at restaurants	SE							
School-based nutrition education programs	SE							
Nutrition standards for food sold in schools	SE							
Point of decision/purchase prompts – healthy food choices	SE							
Teach food preparation skills	EO							
Healthy cafeteria cooking practices	EO							
Nutrition information in clinic waiting rooms	EO							
Nutrition “prescriptions” & self-assessment tools	EO							
PROVIDE PHYSICAL ACTIVITY INFORMATION & EDUCATION								
Enhance/expand school-based physical education	SS							
REDUCE ACCESS TO UNHEALTHY FOODS								
Competitive pricing in schools	SS							
Limit access to competitive food in schools	SE							
Snack taxes - unhealthy snacks and sugar sweetened beverages	EO							
Reduce or eliminate advertising of non-nutritious foods and beverages	EO							
















































ALCOHOL USE			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
IMPLEMENT BROAD INITIATIVES TO REDUCE ALCOHOL USE								
Alcohol screening and brief intervention	SS							
Broad-based community coalitions to assess specific issues & recommend alternatives	EO							
RAISE THE PRICE OF ALCOHOL								
Increase alcohol excise tax	SS							
Restrict drink specials that encourage over-consumption	SE							
SUPPORT RESPONSIBLE MARKETING AND PROVISION OF ALCOHOL								
Maintain current minimum drinking age laws	SS							
Vigorous enforcement of existing underage drinking laws & minimum legal drinking age	SS							
Dram shop liability laws	SS							
Restrict alcohol advertising placement	EO							
Responsible Beverage Server Training (RBS/RBST)	EO							
Regulate possession, consumption, & attempted purchase of alcohol by minors	EO							
REDUCE AVAILABILITY OF ALCOHOL								
Reduce alcohol outlet density	SE							
Limit days/times of alcohol sales	SE							
Restrict alcohol sales at public events	SE							
REDUCE ALCOHOL-IMPAIRED DRIVING								
Breath testing checkpoints	SS							
Mass media campaigns to reduce alcohol-impaired driving	SS							
Multi-component interventions with community mobilization to reduce alcohol-impaired driving	SS							
Ignition interlock devices	SS							

SEXUAL ACTIVITY			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
REDUCE SEXUALLY TRANSMITTED INFECTIONS (STIS) & PREGNANCY								
Condom availablility programs	SS							
Behavioral interventions to reduce HIV risk	SS							
Partner counseling and referral services (PCRS)	SS							
Encourage Human Papillomavirus (HPV) Vaccination	SS							
Computer-based Interventions to decrease HIV and other STIs	SS							
Comprehensive risk reduction programs	SS							
Service-learning programs	SS							
Multi-component interventions	SE							
Mass media interventions to decrease pregnancy and STIs	SE							
Reduce adolescent exposure to sexual content in the media	EO							




























































Policies and programs to improve clinical care













ACCESS TO CARE			Potential Decision Makers						
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools	
ADOPT ALTERNATE MODELS OF CARE									
Medical homes	SS								
Increase use of telemedicine	SS								
Expand use of Community Health Workers (CHW)	SS								
Extend scope of practice for pediatric and psychiatric nurse practitioners (NP)	SE								
REDUCE NON-FINANCIAL BARRIERS TO EFFECTIVE CARE									
Systems navigators and integration (e.g., Patient Navigators)	SS								
Improve health literacy	EO								
REDUCE FINANCIAL BARRIERS TO CARE									
Programs to subsidize or reduce the cost of health insurance to individuals	SE								
Extend eligibility for BadgerCare Plus beyond age 18	SE								
Implement Long-Term Care (LTC) Partnership Program	SE								
Mental health and substance abuse (MHSA) treatment parity	SE								
Individual mandates	SE								
Employer mandates ('pay-or-play')	SE								
Encourage enrollment in Medicaid & BadgerCare for eligible participants	SE								
Increase funding for safety net providers	SE								
State legislation extending maximum age beyond 19 for dependents on parents' health coverage	EO								
State legislation mandating colleges to require health insurance for all students	EO								
INCREASE OPPORTUNITIES FOR ORAL HEALTH CARE									
Expand dental hygienists' scope of practice	SE								
Increase Medicaid reimbursement rates for dentists	SE								
RECRUIT PROVIDERS TO UNDERSERVED AREAS									
Loan repayment/direct incentive programs for primary care physicians serving underserved areas	SE								
Expand higher education incentive programs for mental health professionals serving underserved areas	SE								

































ACCESS TO CARE <i>cont.</i>			Potential Decision Makers						
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools	
Policy or Program									
RECRUIT & RETAIN HIGH QUALITY WORKFORCE									
Health workforce data collection for paid and volunteer workers	EO								
Offer better wages & benefits for LTC (Long-term care) workers through Medicaid	EO								
Public-private workforce partnerships to assure adequate & competent health care workforce	EO								
Expand higher education incentive programs for nursing graduate students who agree to teach in nursing undergraduate programs	EO								
REDUCE SPENDING AND USE OF UNNECESSARY SERVICES									
Tiered drug, reference & other drug pricing policies	SS								
Reduce inappropriate care through patient shared decision making	SS								
Limit state tax exemption for premiums for high-premium plans	SE								
Payment reform to eliminate fee-for-service (FFS) incentives	SE								
Provide incentives for healthy behaviors	SE								
Competitive bidding for health insurance	EO								
Administrative simplification to reduce administrative costs	EO								
All-payer payment methods and rates	EO								
Revise payment methodologies	EO								
Payment reform to shift risk or incentivize providers and reward efficient providers	EO								
Negotiate prescription drug prices	EO								
Programs to reduce health care fraud	EO								
Enhance coverage policies through improved information on clinical & cost-effectiveness	EO								

















QUALITY OF CARE			Potential Decision Makers						
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools	
Policy or Program									
IMPLEMENT PATIENT SAFETY STRATEGIES									
Routinely screen & culture high-risk patients for MRSA	SE								
Statewide colored wristband standardization	EO								
INCREASE COORDINATION OF CARE									
CenteringPregnancy	SS								
Disease management	SE								
Case management	SE								
Adoption of electronic health/medical records by all providers & practices	SE								
Link electronic health records across systems	SE								
PROVIDE CULTURALLY AND LINGUISTICALLY COMPETENT CARE									
Implement laws requiring facilities to offer interpreters for LEP (Limited English Proficiency) individuals	SS								
Linguistically appropriate services	SS								
Expand efforts to recruit health care professionals from minority groups	SE								
Require health care professions’ education to include curriculum on knowledge, attitudes, practice skills necessary to care for diverse populations	SE								
Authorize and require hospitals with a continuing education program to offer and require medical staff to attend CE courses on health disparities	SE								
UTILIZE DATA TO IMPROVE QUALITY OF CARE									
Clinical decision support systems	SE								
Standardized quality & performance measurement & public reporting	SE								
National Surgical Quality Improvement Program	SE								
Pay for performance/value-based purchasing	EO								
Collaborative improvement projects	EO								































Policies and programs to improve social & economic factors





































































EDUCATION				Potential Decision Makers				
Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion								
INCREASE EARLY CHILDHOOD EDUCATION								
Chicago Child-Parent Centers (CPC)	SS							
Universal pre-kindergarten (pre-K)	SS							
Preschool education programs	SS							
Early Head Start	SE							
HighScope Perry Preschool approach	SE							
Smart Start statewide early education system	SE							
Programs for children with developmental delays and disabilities (e.g. Wisconsin Birth to 3 Program, Special Education for children ages 3-5 years old)	EO							
Statewide child care quality rating system	EO							
CREATE SAFE ENVIRONMENTS THAT SUPPORT LEARNING								
School-based programs to reduce violence and bullying	SS							
School-based programs to reduce/prevent violent & aggressive behavior	SS							
School-based programs to prevent child sexual abuse	SE							
ESTABLISH HOME VISITING OR PARENT EDUCATION PROGRAMS								
Incredible Years	SS							
Reach Out and Read	SS							
Families and Schools Together (FAST)	SS							
HIPPY (Home Instruction Program for Preschool Youngsters)	SS							
Developmentally Supportive Care & NIDCAP	SE							
Parents as Teachers	SE							
DARE to be You	EO							
IMPROVE QUALITY OF K-12 EDUCATION								
Comprehensive school reform to improve student achievement	SE							
Policies and practices to improve teacher quality	EO							

EDUCATION <i>cont.</i>			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
INCREASE EDUCATION BEYOND HIGH SCHOOL								
Targeted programs to increase college enrollment	SS							
INCREASE HIGH SCHOOL GRADUATION RATES								
Career Academies	SS							
Dropout prevention programs	SS							
Mentoring programs to improve graduation rates	SS							
Programs to help obtain GED or similar certificates	SE							









































EMPLOYMENT			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
ADOPT INCENTIVES TO ATTRACT AND RETAIN EMPLOYERS								
Community revitalization & economic development	SE							
CREATE SUPPORTIVE WORK ENVIRONMENTS								
Interventions for occupational stress	SE							
Supervisor training programs	SE							
Employee Training Trust Funds	EO							
ENSURE WORKPLACE SAFETY								
Exercise and work-oriented back pain management programs	SE							
Occupational health and safety regulations	SE							
Work environment modification - rollover protection structures (ROPS)	SE							
INCREASE EMPLOYMENT FOR MATURE WORKERS								
Employment placement for mature workers	EO							
Transition to Teaching	EO							
Employment web sites for mature workers	EO							
















EMPLOYMENT <i>cont.</i>			Potential Decision Makers					
Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
REDUCE LONG-TERM UNEMPLOYMENT								
Transitional employment	SE							
Vocational rehabilitation adaptive aids	SE							
Expansion of Workforce Investment Act services	SE							
Career Pathway and Bridge to Employment Programs for Adults	EO							





















































INCOME			Potential Decision Makers					
Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
INCREASE OR SUPPLEMENT INCOME								
Increase the Earned Income Tax Credit (EITC)	SS							
Child support pass-through and disregard	SS							
Temporary Assistance for Needy Families (TANF): Improve access; expand eligibility; raise benefit amounts	SE							
Living wage laws	SE							
New Hope Project	SE							
Supplemental Security Income (SSI) Program: raise benefit amounts	EO							
Maintain Social Security	EO							
Refundable state dependent care tax credit	EO							
SUPPORT ASSET DEVELOPMENT								
Individual Development Accounts (IDAs)	SE							
Asset disregards for eligibility & benefit calculations	SE							
SUPPORT WORKERS								
Unemployment insurance: expand insurance	SE							
Paid family & medical leave	SE							

FAMILY & SOCIAL SUPPORT				Potential Decision Makers				
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
BUILD SOCIAL CAPITAL WITHIN COMMUNITIES								
Healthy Families America (HFA)	SE							
Promote community arts programs	SE							
Magnolia Project	SE							
Birthing Project USA	EO							
ENSURE ACCESS TO HOUSING								
Housing First program	SS							
Moving to Opportunity	SS							
Service-enriched housing	EO							
INCREASE SOCIAL CONNECTEDNESS AMONG ADULTS/SPECIAL POPULATIONS								
Patient advocacy & support groups	SE							
Support/training groups for parents	SE							
Education and social programs for older adults	SE							
INCREASE SOCIAL CONNECTEDNESS AMONG YOUTH								
Outdoor/Experimental Education and Wilderness Therapy	SS							
Youth empowerment programs (e.g., Project ACHIEVE)	SE							
Integrate service-learning into curriculum	SE							
Health promoting schools	SE							
Youth leadership training	EO							
After-school/summer programming for youth (e.g., 21st Century Community Learning Centers)	EO							
BUILD SOCIAL CAPITAL WITHIN FAMILIES								
Early childhood home visitation programs	SS							
Nurse-Family Partnership	SS							
Nurturing Fathers Program	SE							
24/7 Dad	SE							
Programs that support father involvement	SE							

Policies and programs to improve the physical environment

ENVIRONMENTAL QUALITY			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
IMPLEMENT AGRICULTURAL PROGRAMS TO REDUCE ENVIRONMENTAL CONTAMINATION								
Groundwater Stewardship Program	SS							
Conservation Reserve Enhancement Program (CREP) & Conservation Reserve Program (CRP)	SE							
Integrated Pest Management (IPM)	SE							
Conservation Tillage or No-till (zero till) farming	SE							
Nutrient Best Management	EO							
REDUCE TRANSPORTATION EMISSIONS								
Vehicle Inspection and Maintenance (I/M) Programs	SS							
Retrofit busses to reduce emissions	SS							
Transit pass incentive programs (e.g., deep discounting)	EO							
Carpooling and rideshare programs	EO							
REDUCE ENERGY USE								
Healthy sustainable (green) schools	SE							
Energy Star Program (consumer products)	SE							
Green pricing utility programs	EO							

BUILT ENVIRONMENT			Potential Decision Makers					
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Policy or Program								
CREATE OPPORTUNITIES FOR ACTIVE LIVING								
Access to places for physical activity	SS							
Zoning regulations enabling physical activity	SS							
Improve streetscape design to encourage walking	SS							
Mixed-use development	SS							
Subsidize public transportation	SE							
Gasoline tax covering external costs of fuel use	SE							

BUILT ENVIRONMENT <i>con't</i>			Potential Decision Makers					
Policy or Program	Evidence Rating	Potential Population Reach	Businesses & employers	Community organizations	Government	Health care organizations	Individuals	Schools
Key: SS = Scientifically supported SE = Some evidence EO = Expert opinion								
Bicycle/pedestrian master plans	SE							
Increase green space/parks	EO							
Smart Growth (Comprehensive Planning) Grants	EO							
CREATE SAFE PLACES FOR RECREATION & PLAY								
Zoning regulations - swimming pool fencing	SS							
Playground safety regulations (e.g., SAFE playgrounds)	SE							
IMPROVE HOUSING QUALITY								
Housing Rehabilitation Loan & Grant programs	SS							
Master Home Environmentalist® program	SE							
Lead abatement programs	SE							
Weatherization Assistance Program (WAP)	SE							
IMPROVE TRAFFIC SAFETY								
Speed enforcement detection devices	SE							
Engineering improvements - traffic safety	SE							
Engineering & traffic calming - reducing speed/crashes	SE							
Out-of-town bypasses	SE							
INCREASE ACCESS TO HEALTHY FOOD OPTIONS								
Farmers' markets/stands in low income neighborhoods	SE							
Community gardens	SE							
SUPPORT AFFORDABLE HOUSING OPTIONS								
HOME Investment Partnership Program	SE							
Low-Income Housing Tax Credits	SE							
Housing Choice Voucher Programs (Section 8)	SE							
Community Development Block Grants	SE							
Inclusionary or incentive zoning	SE							
Community Land Trusts	EO							
Affordable Housing Tax Incremental Financing (AHTIF)	EO							
Housing trust funds	EO							

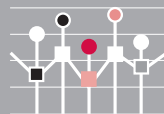


UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

POPULATION
Health Sciences



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