Session Title:  **Healthiest Wisconsin 2020: Everyone Living Better, Longer**
Aligning and Engaging Partnerships for Community Health Engagement

Co-Presenters: Margaret Schmelzer, State Health Plan Director, Director of Public Health Nursing and Health Policy, Division of Public Health, Wisconsin Department of Health Services
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[Margaret starts Powerpoint presentation]

**Margaret:** The take home message for Healthiest Wisconsin 2020 is this: stretch yourself with the plan. It is published on the health department website and lists the most important objectives that are tied to statewide goals. It becomes an umbrella under which we all do work. It is a resource guide to help all agencies become aligned and engaged toward working toward goals.

Available on web are several documents designed to help you.

One is the overall plan. Read it. 23 focus areas called “priorities” in state health plans. They are aligned with Healthy People 2020.

Here is one of most beautiful underrecognized components of plan and that is the 23 focus area profiles. There is, on web, a plan for you to take. Has definitions of what tobacco use and exposure means, for example. Has why the area is important and the objectives for the decade. You can take this and say this objective fits with what I'm doing. You don't have to do all 23. These use evidence-based approaches and there is a list of references. Most of the work is done for you here, take it and take it to the next step.

Implementation is a tougher thing to read. You can go to the plan and begin to see things that need to be done in next 2 years to get the plan moving. <Points to Healthiest Wisconsin 2020 implementation plan endorsement sheet> on table. Please fill out in paper or e-copy and send to me.

It is insufficient to be working without looking at the context of communities. Work doesn't stop there.

These are the critical messages of HW2020. Message 1: Health begins in communities; we don’t live in hospitals and clinics. Messages 2,3,4,5,... all point to building partnerships and this has been pointed out during the day.

The State Health Plan has a lot of population data. United Health Foundation’s state health rankings puts Wisconsin at number 18. We've lost ground <based on trend in graph>. The health disparity grade for children is “D”. The overall picture has been to move health for people of WI from B- to A and health disparities from D to C or higher.

Data highlights <skipped through slides> shows you validated data.

<shows draft of HW plan> This is the first brochure going to the State Health Department. It has messages, models, talks about what makes it a great health plan. There are 23 focus areas. Issues of justice and fairness, turning around disparities, these health focus areas will be very familiar to you, you should be able to see yourself there. We identified infrastructure objectives and focus areas. We can’t wish tobacco away, we need to have an engine to move us forward. In the last state health plan we had 5. Many people said we need more (i.e. collaborative partnerships for improvements, competent workforce, stable PH funding). We ranked 50 in terms of money invested in Wisconsin’s public health system. It’s upsetting to look at other states and then at ours. Health literacy was added to infrastructure and was welcomed by many. Research and evaluation, Peter
Layde was very much involved. We need to look at, what is the PH agenda. I forgot to tell you at top is access to high quality services. The strategic team asked that access to be looked at as an infrastructure issue.

The Plan is based on science and theory. Determinants of health and health behavior <slide>

<SLIDE> of a person walking toward health outcomes, along axis of determinants. These people have wealth, either personal or neighborhood. <slide> of person pushing health outcomes “ball” up incline of determinants. We have an obligation to work together and to help people create an environment where people can be healthy.

When the Plan first went out, it said to achieve health equity. The wishes of the partners were that it really should say eliminate health disparities. When we look at 23 focus areas they don't exist in isolation of one another. There is connectivity among them. The communities of over 900 people said why isn't such and such in there. If you want me to align, I want to be able to see myself in the plan. That's why we have a lot and that's why this plan is a little hard to unpack. There are 10 additional pillar objectives, we won't go over them because we don't have enough time. It is one thing to say that there are health disparities and it is another thing to fund it. When you look at the pillar objectives, they call to all of us to try to align to those as well.

David: I would add, we've had discussions on this in the rollout and development phase. We talked about if we should take them out because it's so massive how can we do anything about it? If we don't do anything about it, it looks like we've failed. But if we don't recognize them as something we should do, something about it stands alone and looks like it's something separate.

Each of us in our own way- this is a question I have for you, if you didn't link to the State Health Plan in letter of intents, why not? I would love to hear people's thoughts and ideas. The implementation plan is continuing to be shaped over the next decade and beyond. I was on the physical activity portion of the State Health Plan and with the implementation.

Audience member: are these slides up on the Healthy People 2020 website?

Margaret: No, but they will go up.

Audience: I think it's useful as an educator to go and pull the slides you want to create PowerPoint presentations.

Margaret: What I'm finding is you people are wonderfully skilled in health and collaboration. We need various introductions to public health. Public health is not defined by what state and health departments do, it's the work we're doing in this room.

Audience: I think about several focus areas that really need a great deal of advocacy and understanding. We need to work together to strengthen messages.

Margaret: Since the plan was realized since July last year, much as changed. 2020 has come the right time because at this time of chaos, what better thing to have than 15 organizations around the state moving forward.

Audience: I want to point out the need for- that we not work in silos. When we write a grant or see proposals, we focus on obesity prevention, for example. What we're saying, and not necessarily doing, is to talk to parents about obesity prevention and to talk about financial security. It's not just about telling someone, but if circumstances are affecting them that nutrition class cannot touch it.

David: Silos do continue at multiple levels. It comes down to each part taking action.
Margaret: I want to be careful to say that this plan isn't put upon our communities. It must be put upon agencies. It has broad applicability on the local level but what are we doing on the regional and state level? Terry (Brandenburg) and I invited department Secretaries together and said “how do you work together and begin to look at alignments?” We may have upstream problems with how we write and implement policies.