

Health Priority: Adequate and Appropriate Nutrition
Objective 1: Infrastructure (Logic Model)

Long-term (2010) Subcommittee Outcome Objective: By 2010, Wisconsin will have an established infrastructure to assure that all people in Wisconsin have access to qualified and culturally competent public health nutrition services.

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Nutrition and Cultural Competency A key committee formed with Department of Health and Family Services, dietetic programs, University of Wisconsin-Extension and other nutrition partners, with experts in public health nutrition to identify best practices in public health nutrition.</p> <p>The committee to work in partnership with <i>Healthiest Wisconsin 2010</i> workforce development templates and logic models for a training needs assessment of community partners on areas related to nutrition.</p> <p>The committee to develop a plan for promoting best practices in public health nutrition to develop nutrition professional competencies and for other providers via a multidisciplinary approach.</p>	<p>Nutrition and Cultural Competency Wisconsin will develop a plan for promoting best practices in nutrition. To assist in this activity, internal and community perception surveys will be conducted by agencies with publicly funded nutrition services. The internal assessment will be conducted in year one (2003) and the community perception tool conducted in 2004.</p> <p>A multifaceted workgroup of state and local program providers shall select and define measures for culturally competent services.</p> <p>The cultural competence and diversity of the public health nutrition workforce will be assessed through a community survey. The survey is developed and conducted or the baseline date for measurement is identified from the Association of State and Territorial Public Health Nutrition Directors 1999 Public Health Nutrition Workforce Survey.</p> <p>Internal and community perception assessment data is also analyzed to identify cultural competency issues</p>	<p>Department of Health and Family Services</p> <p>Division of Public Health Nutrition Section</p> <p>University of Wisconsin Extension</p> <p>Workforce partners and representatives</p> <p>Local health departments</p>	<p>Nutrition and Cultural Competency By 2003, at least one training in each Department of Health and Family Services region</p> <p>in Wisconsin on public health nutrition best practices will have been conducted.</p> <p>By 2003, local public health departments will have identified the strengths and challenges in providing culturally competent services of the public health nutrition workforce.</p> <p>By 2004, all publicly funded agencies providing nutrition services will have a plan to address identified issues related to cultural competency.</p> <p>Maximizing Resources By 2003, a state agency</p>	<p>Nutrition and Cultural Competency By 2007, the local nutrition workforce will better reflect the diversity of the population of the community served.</p> <p>Maximizing Resources By 2005, state and local agencies will use four new or currently untapped funding streams for food and nutrition services.</p> <p>Nutrition Surveillance By 2006, the nutrition surveillance system will include an expanded population and key nutrition indicators and issue a biannual report.</p> <p>Public Policy By 2005, all official health departments providing any nutrition services or programs that have a nutrition component will utilize a</p>	<p>Nutrition and Cultural Competency By 2008, the cultural competence of the local public health nutrition workforce is assured in all agencies providing nutrition services with state and federal funding.</p> <p>Maximizing Resources By 2008, 18 counties will have viable nutrition coalitions or formal networks engaged in comprehensive nutrition needs assessment and planning.</p> <p>By December 2008, all level 3 health departments will have secured funding and resources to meet essential public health nutrition services.</p> <p>Nutrition Surveillance By 2008, Wisconsin will have an ongoing comprehensive nutrition surveillance and</p>

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<p>Workforce partners and representatives from a variety of minority health programs and agencies and nutrition providers are identified.</p> <p>Department of Health and Family Services convenes multifaceted workgroup of state and local program providers and representatives.</p> <p>Nutrition workforce committee identifies partners including dietetic training programs and minority groups, schools and other <i>Healthiest Wisconsin 2010</i> workforce development partners.</p> <p>The local agency nutrition workforce engaged with minority groups and schools to encourage minority recruitment in dietetics.</p> <p>Workgroup on cultural competency develops and promote materials and training.</p>	<p>and priorities.</p> <p>A nutrition workforce committee will work with groups of minorities to establish and implement a plan that includes strategies to increase education, training, and recruitment of minorities for the nutrition workforce.</p> <p>The participants involved in these objectives include the Department of Health and Family Services, Division of Public Health, Nutrition Section; Department of Public Instruction, Nutrition Services; official health departments, tribes, and community partners; agencies providing nutrition services; state and local nutritionists; dietetic faculty, other health professionals, minority populations, schools, and career counselors.</p> <p>Maximizing Resources A public health nutrition intra/interagency workgroup will be formed to develop or identify a model for conducting a comprehensive nutrition assessment addressing all population groups and high risk. Community workgroups are formed to work on the community needs assessment. A comprehensive nutrition assessment model is utilized in the community health assessment. The</p>		<p>inventory of programs that have potential for</p> <p>Nutrition Surveillance By 2002, the Public Health Data System will include a plan for including nutrition indicators, data collection consistency, gaps and needs, including interdepartmental and intradepartmental linkages for nutrition data.</p> <p>By 2004, a nutrition surveillance and monitoring system that includes all key areas will be implemented to identify trends and needs.reimbursement, funding and resources for food and nutrition services is produced.</p> <p>By 2004, at least 10 communities will identify and document priority community needs from a comprehensive community nutrition assessment.</p>	<p>qualified nutrition professional in the public health assurance role.</p>	<p>monitoring system.</p> <p>Public Policy By 2008, public health statutes and administrative rules incorporate public health</p>

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<p>Maximizing Resources An intra/interagency workgroup of nutrition stakeholders is convened by the Division of Public Health Nutrition Director.</p> <p>Resources and potential resources for food and nutrition services are identified and inventoried.</p> <p>A tracking mechanism for funding, food, and nutrition services is identified.</p> <p>An inter/interagency nutrition workgroup is formed to focus on current and future nutrition monitoring needs. This will include the identification of nutrition indicators across the age spectrum and data linkages needed, personnel, and program data needs.</p> <p>Local nutrition professionals participate and promote inclusion of a comprehensive nutrition assessment in the community-wide health assessment process.</p>	<p>number of communities conducting community nutrition assessment is identified. The assessment model is shared with dietetic training programs for incorporation into curriculum to build dietetic competency in this area. Intra/interagency trainings that address assessment promote the comprehensive nutrition assessment model. Comprehensive nutrition needs assessment are conducted.</p> <p>Establish a baseline number of current, viable nutrition coalitions in communities for comprehensive nutrition needs assessment. Community nutrition coalitions are established and focused on community wide nutrition issues to support policy change for priority areas.</p> <p>An intra/interagency work group of nutrition stakeholders will be convened to identify ways to streamline access to both food and nutrition services. Barriers to effective use of resources and strategies are identified.</p> <p>The intra/interagency workgroup develops a plan and provides models for funding resources for effective nutrition services. An inventory of food and nutrition resources is produced to</p>		<p>Public Policy By 2003, the public health statutory review of health departments will incorporate qualitative guidance for public health nutrition including qualifications for public health nutrition professionals.</p> <p>By 2003, at least 10 local health departments will identify core nutrition functions and essential services within their agency/jurisdiction.</p>		

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<p>Partners in the community from food industry to traditional health partners are solicited to participate in the community nutrition needs assessment.</p> <p>The Department of Health and Family Services and its partners market models for funding.</p> <p>Identify community nutrition partners to form coalitions to address priority nutrition needs in counties.</p> <p>Local health departments promote a nutrition leadership role and assure resources for nutrition needs.</p> <p>Untapped resources are identified for essential nutrition services.</p> <p>Nutrition Surveillance The Division of Public Health Nutrition Section will convene a nutrition</p>	<p>The intra/interagency workgroup on nutrition will identify a mechanism to track funding/resources for food and nutrition services.</p> <p>The participants involved in these objectives are state and local public health officials and their community partners; policymakers and providers in the community; and the Department of Health and Family Services staff. The outcomes will reach all communities statewide.</p> <p>Nutrition Surveillance The Division of Public Health Nutrition Section shall convene a nutrition subcommittee to coordinate partnerships with the Public Health data system and other key data system resources.</p> <p>The Nutrition Subcommittee will identify what is currently collected and needed for nutrition indicators and program management for comprehensive nutrition surveillance and monitoring system. Areas for expansion are identified.</p> <p>Needs in data collection, quality, and use of data for program planning and</p>				

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<p>State food and nutrition program leads develop a training plan for data collection and use.</p> <p>Funding resources are identified to support the surveillance system development.</p> <p>Expanded populations and nutrition indicators added to system and supported by intra/interagency food and nutrition programs for data linkage.</p> <p>The nutrition subcommittee identifies nutrition program and indicator needs and works in partnership with the Public Health Data System and other key data systems for expansion needs.</p> <p>Intra/interagency data linkages are developed for data sharing between food and nutrition-related programs.</p>	<p>evaluation are identified and a plan developed for integrating nutrition data needs into system.</p> <p>Inter and intra agency nutrition data linkages will be identified. A plan will be developed (in partnership with Public Health Data System) to link and enhance nutrition surveillance.</p> <p>The Department of Health and Family Services food and nutrition program leads will develop a training plan for nutrition data collection and use.</p> <p>State and local communities incorporate nutrition data for community assessment and utilize for program planning and evaluation.</p> <p>The participants involved in these objectives are internal and external programs that have a food and nutrition component; public health data system users; and state and local program managers and staff. The outcomes will reach programs that have a nutrition component and a need for data collection/use.</p>				

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<p>Public Policy The Division of Public Health Nutrition Section convenes a nutrition committee of state, local health, and organizations to craft the scope, responsibilities, and essential public health nutrition services into a document.</p> <p>The nutrition committee works in partnership with Division of Public Health lead committee involved in the revision of the review tool and process to support incorporation of public health nutrition into the tool or use of a public health nutrition guidance tool.</p> <p>The nutrition committee initiates contact and collaborates with other partners for public health statute and administrative rules revision to incorporate public health nutrition.</p>	<p>Public Policy The Division of Public Health Nutrition Section will convene a nutrition committee of state and local professionals to assist in revising the public health statutes to include qualifications for public health nutritionists.</p> <p>The nutrition workgroup will format public health nutrition scope, responsibilities, essential nutrition services, and qualifications into a promotional document for education and marketing.</p> <p>The Division of Public Health Nutrition Section will develop and implement a plan for working with partners for public health statute revision to incorporate public health nutrition.</p> <p>The nutrition committee will strategize and draft a plan and provide education of other public health professionals and policymakers on public health nutrition scope, responsibilities, and qualifications.</p> <p>The nutrition committee works with the Division of Public Health lead committee involved in the revision of</p>				

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<p>Division of Public Health nutrition staff to offer consultation/technical assistance to agencies on assessing public health nutrition core functions/provision of essential nutrition services.</p> <p>Public health nutritionists are involved in the committee working public health statute revision. A public health nutritionist is on the statewide workgroup for public health statute revision.</p>	<p>the review tool and process. The approach is coordinated with partners such as health education for the tool and statutory change for consistency and support.</p> <p>A nutrition work group will provide a qualitative nutrition guidance document for the public health statute review process.</p> <p>Public health nutrition is promoted with policymakers, other public health professionals, and the public.</p>				