

**Health Priority: Social and Economic Factors that Influence Health
Objective 1: Improving Income Levels of Wisconsin Households (Logic Model)**

Long-term (2010) Subcommittee Outcome Objective: By 2010, at least 70 percent of Wisconsin households will have annual income at or above 300 percent of the federal poverty level.

Long-term outcome objective updated as of: Sept 2004

| Inputs | Outputs | | Outcomes | | |
|--|---|-------------------------|--|---|---|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>The lead organization identified would depend upon the approach taken to raise awareness (for instance, a Blue Ribbon Commission might be out of the Governor’s Office and/or briefs that summarize current research developed by institutions of higher education such as the University of Wisconsin). However, it is likely that the same groups would be involved in the partnership that develops and presents the material. These would include, but not be limited to: state agencies (e.g., Department of Health and Family Services, Department of Commerce, Department of Workforce Development, Department of Public Instruction); institutions of higher education (e.g., University of Wisconsin, Marquette University, technical colleges.); faith communities and religious organizations; healthcare providers; health associations (Wisconsin Health and Hospital Association, Wisconsin Nurses Association, Wisconsin Primary Health Care</p> | <p>Review research on linkages between social and economic conditions and health.</p> <p>Create and distribute briefs that summarize emerging research on linkages between social and economic conditions and health.</p> <p>Research related programs that have worked at the state and community levels to improve social and economic conditions.</p> <p>Hold educational workshops with business interests, legislators, and other community leaders to present research findings and to promote discussion of potential solutions.</p> <p>Create a Commission or Blue Ribbon Panel or some other high level, broad-based group out of the Governor’s Office to look into the connection between social and economic factors and health and to make findings and recommendations.</p> <p>Target groups would be policymakers, community leaders, the business community, and state, tribal, and local government.</p> | | <p>Increase awareness and understanding of the linkage between socioeconomic factors and health among policymakers, community leaders, government, and business leaders by 2004.</p> | <p>Promote community-level efforts to address socioeconomic factors that affect health and provide technical assistance and access to funding that can act as a catalyst to community development activities.</p> | <p>Create significant social policy and legislation designed to increase the percent of households who have an annual income that exceeds 300 percent of the federal poverty level.</p> |

**Health Priority: Social and Economic Factors that Influence Health
Objective 1: Improving Income Levels of Wisconsin Households (Logic Model)**

| Inputs | Outputs | | Outcomes | | |
|--|---|-------------------------|-------------------------|--------------------------|------------------------|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>Association, Rural Wisconsin Health Cooperative, Wisconsin Medical Society; local health departments and tribes; city and county associations (e.g., Wisconsin Counties Association, Alliance of Cities); voluntary organizations; criminal justice system; business interests; advocacy groups; public education; and community residents.</p> <p>Staff time from various sources would be required to conduct reviews of the literature, prepare papers, work with the media, conduct workshops, produce conferences, and so forth.</p> <p>Funds for printing, mailing, conferences, and other activities would most likely be absorbed by agencies funded by grants, or paid by workshop attendees.</p> <p>Many individuals and organizations would volunteer time to participate in workgroups, advisory groups, and so forth.</p> <p>State agencies and the universities would bring</p> | <p>Partner roles would include for example: research, creation of written briefs, participation in advisory groups, contact of stakeholders, meeting with government officials, and presenting at workshops.</p> <p>Timetables: Years 1 and 2 would involve research, perhaps the establishment of a Blue Ribbon Panel, the development of written materials, and the preparation of an awareness campaign. Year 3 might focus on implementation of the awareness campaign that would include such things as the holding of workshops, conferences, seminars, distribution of written materials, and discussions with the media.</p> <p>Promote community planning efforts such as the “Healthy Communities” project sponsored by the National Civic League or the Search Institute “Healthy Communities and Healthy Youth Initiatives” to address any of the following:</p> <ul style="list-style-type: none"> ● Improvement of the quality of community life addressed in a variety of ways: the reduction of poverty; the creation of affordable housing; the improvement of education for all citizens; the improvement of working conditions; the creation of a diversified economy with good paying jobs; an increase in racial equality and social tolerance; the provision of recreation activities; the expansion of social support throughout the community, and | | | | |

**Health Priority: Social and Economic Factors that Influence Health
Objective 1: Improving Income Levels of Wisconsin Households (Logic Model)**

| Inputs | Outputs | | Outcomes | | |
|---|--|-------------------------|-------------------------|--------------------------|------------------------|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>together all units involved in community development activities (those providing technical assistance and funding) for purposes of sharing and coordination.</p> <p>Funds would be identified for community development activities.</p> <p>Agencies would also coordinate on the collection of data and the identification of a set of social and economic indicators that could help report on the “State of the Health of Wisconsin” on a periodic basis.</p> <p>Data systems would be developed for use by communities in their planning processes and for monitoring and evaluation purposes.</p> <p>Other partners (e.g., religious, voluntary, health associations) would also identify ways in which they could coordinate to help communities create and implement socioeconomic improvements.</p> <p>At least initially, current funds that could be used to help provide a catalyst to</p> | <p>many others.</p> <ul style="list-style-type: none"> Decentralization of power through increased citizen participation. Creation of a sustainable and healthy physical environment. <p>Provide accessible community-specific data and social and economic indicators that would assist in identifying problem areas and in monitoring and evaluating progress.</p> <p>Provide an internet site on “best practices” that includes community actions that address social and economic issues.</p> <p>Provide an internet site on grant opportunities designed to improve social and economic conditions in communities.</p> <p>State agencies (e.g., Department of Health and Family Services, Department of Commerce, Department of Workforce Development, Department of Public Instruction) and the University of Wisconsin provide technical assistance in community development processes that address social and economic issues.</p> <p>Target groups would be community leaders and local governments.</p> <p>Timetable: Preliminary work on identifying resources, determining how</p> | | | | |

**Health Priority: Social and Economic Factors that Influence Health
Objective 1: Improving Income Levels of Wisconsin Households (Logic Model)**

| Inputs | Outputs | | Outcomes | | |
|--|---|-------------------------|-------------------------|--------------------------|------------------------|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>communities in community development activities would be identified and made known to communities. Efforts could also be made to identify grant and foundation funds that could be used by communities. If needed, new funds could be requested in the budget process.</p> <p>The Department of Health and Family Services, in cooperation with other departments and the University of Wisconsin, could develop an internet site that provides information on “best practices” or “community success stories” that could be reviewed by communities by topic to assist them in their own efforts.</p> <p>The achievement of this outcome will be the culmination of the impact of the awareness raised in the short-term outcome and all the resources and partnerships involved in that.</p> <p>It is hoped that legislators, the business community, and others will be creative and become supportive of social and economic policies that affect health.</p> | <p>best to develop the internet sites, and preparing the community data sets would be done prior to 2004. Other activities (the coordination of technical assistance and funding and the making available and advertising the internet sites) would be initiated in 2004. The refinement and possible expansion of these programs would occur between 2006 and 2008. A system for identifying these community activities would be established during this period, with objectives established for the number of communities assisted each year.</p> <p>There are a wide range of current policies and funding priorities that could be expanded to help assure that Wisconsin families have a “living income.” By 2010, there are likely to be other innovative policies and programs as well. Current policies that may be expanded could include:</p> <ul style="list-style-type: none"> ● Expansion of the federal earned income tax credit for low-income families. ● Revising the federal and state tax codes so that they are more progressive. ● Increases in the minimum wage. ● Business incentives to hire individuals at higher risk of poverty (e.g., single parents, persons with lower educational achievement). ● Financial assistance to communities for economic and community development. | | | | |

**Health Priority: Social and Economic Factors that Influence Health
Objective 1: Improving Income Levels of Wisconsin Households (Logic Model)**

| Inputs | Outputs | | Outcomes | | |
|--|--|-------------------------|-------------------------|--------------------------|------------------------|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>Many of the partners involved in the awareness campaign will be involved in efforts to encourage policymakers to pass this type of legislation.</p> | <ul style="list-style-type: none"> • Policies that provide for education/training assistance for those leaving welfare. <p>The Governor, state agencies, the Legislature, and all who are interested and involved in the shaping of legislation would implement this recommendation. Target groups would be those families that have not been able to achieve a “living income” and communities that need assistance in helping to raise the income levels of its citizens.</p> <p>Partner roles are identified in the short-term outcome and would continue as they seek to encourage social and economic legislation that would help all families achieve a “living income.”</p> <p>The timetable is one that is difficult to predict. As noted previously, a large segment of society will need to understand the connections and support legislation that assists those who are the most vulnerable in our society.</p> | | | | |