

## Collaboration for Statewide Public Health Policy Change

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## Overview

- Three public health projects/efforts that utilized partnerships to develop policy recommendations
  - School health
  - Workforce
  - Public health financing

## Overview

- Policy helps to systematically sustain changes
- Policy includes legislation, but also includes:
  - regulatory actions;
  - public agency practices;
  - court decisions and rules; private institutional governance, and;
  - the formal policy positions of educational, religious, civic, or professional organizations.

(W.K. Kellogg Foundation)

## Overview

- Policy reform may focus on shaping new policy, strengthening or implementing practices, or assuring accountability through monitoring for policy effectiveness and improvement.
- Policy reform and policy decisions happen at every level - local to national.

(W.K. Kellogg Foundation)

## Wisconsin School Health Services Project: Assessment and Policy Findings

Sarah Beversdorf  
 Wisconsin Public Health Association

## Background

- 2007-08 grant focused on SWOT analysis of the school health services system in Wisconsin
- Activities:
  - Advisory committee formation
  - Survey of stakeholders
  - Focus groups
  - Analysis of administrative rules

## Partners Involved

- Wisconsin Association of School Nurses
- Wisconsin Department of Public Instruction
- Wisconsin Association of Local Health Departments and Boards
- Wisconsin Department of Health and Family Services, Division of Public Health
- Wisconsin Public Health Association
- Medical College of Wisconsin
- Others: Former DPI School Nurse Consultant; Grad Student

## Purpose of Project

A policy report that addresses school health services issues  
(Fall 2008)

## Advisory Committee Input

- Focus on the outcome: safe and healthy learning environments
- Partnerships are essential
- Data needed to document positive outcomes
- Promote existing resources (eg, CDC's model)
- Support community school health assessments and resulting plans, interventions, and evaluations
- Stay focused on systems/infrastructure
- Clearly define role and function of school health for the community

## Survey and Focus Group Results

## Survey

- Online surveys with 5 constituency groups
  - School Nurses
  - Superintendents
  - Pupil Services Directors
  - School Board Members
  - Parents

## Survey Distribution and Responses

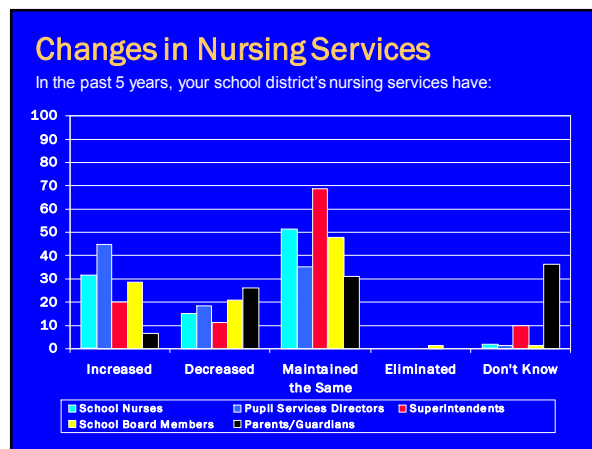
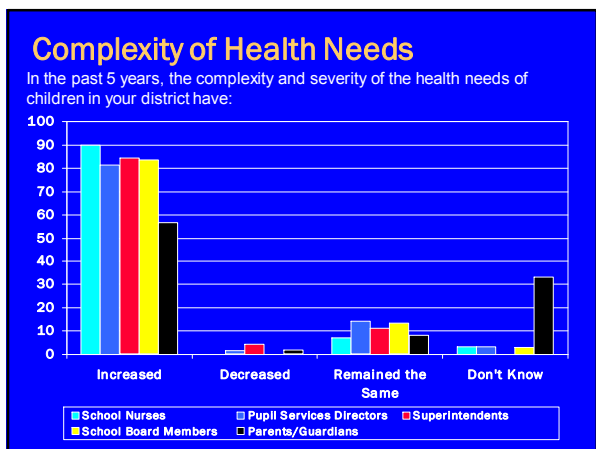
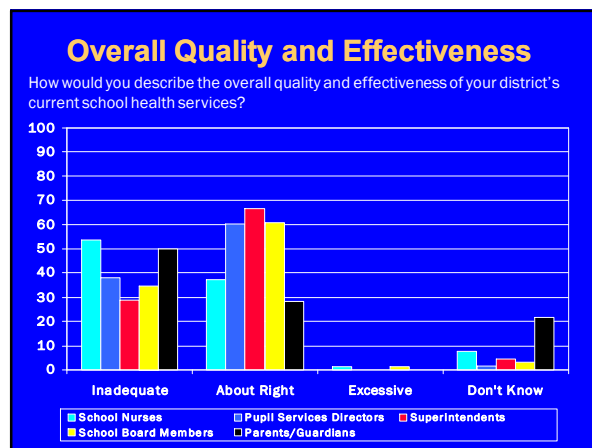
Audience	Distribution Mechanism	Number of Respondents
School Nurses	<ul style="list-style-type: none"> <li>• Wisconsin Association of School Nurses membership list</li> <li>• DPI School Nurse Consultant email list</li> </ul>	168
Superintendents	<ul style="list-style-type: none"> <li>• PTA email list of superintendents</li> </ul>	50
Pupil Services Directors	<ul style="list-style-type: none"> <li>• DPI e-newsletter to pupil services directors</li> </ul>	70
School Board Members	<ul style="list-style-type: none"> <li>• Wisconsin Association of School Boards newsletter and e-newsletters</li> </ul>	80
Parents	<ul style="list-style-type: none"> <li>• PTA email list of local presidents</li> <li>• Family Voices listserv</li> </ul>	71

## Survey Results -- General

- Nearly every county represented
- More rural and small town respondents for nurses, superintendents, school board, and pupil services; over 50% medium and large city for parents
- Children with special health care needs
  - Pupil services directors and superintendents were more likely to perceive very low numbers

Based on respondent results:

- Between two-thirds and three-fourths of districts employ a school nurse directly
- Majority of schools have less than 2 nurse FTEs

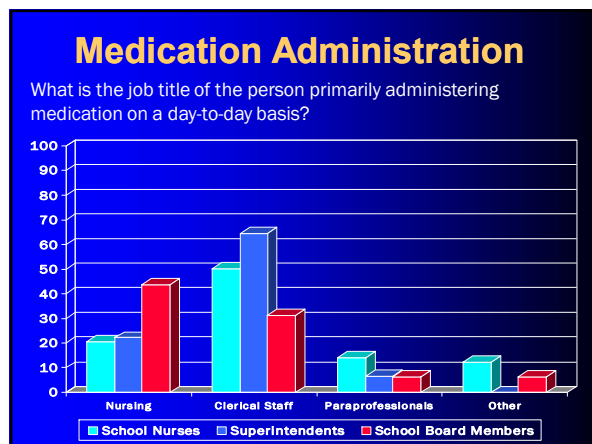
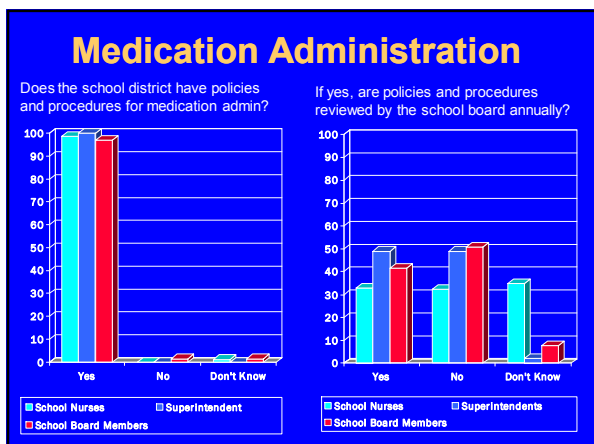


## Top Health Concerns in District

Health Concern	School Nurses	Pupil Services Directors	Superintendents	School Board Members	Parents/Guardians
ATODA		4 (46.9%)	2 (54.5%)	3 (50.7%)	4 (38.3%)
Asthma	4 (38.6%)				
ADHD	5 (38.0%)	2 (59.4%)	3 (47.7%)	1 (61.2%)	1 (61.7%)
Diabetes	1 (48.7%)	5 (45.3%)			
Lack of Health Insurance/No Care					3 (48.3%)
Mental health issues	1 (48.7%)	1 (71.9%)	2 (54.5%)	2 (53.7%)	4 (38.3%)
Obesity/lack of physical activity/nutrition			4 (45.5%)	4 (44.8%)	2 (55%)
Students with medically complex and severe health care	3 (42.4%)	3 (48.4%)	1 (61.4%)	5 (41.8%)	

## Top Actions/Services Needed

Action/Service	School Nurses	Pupil Services Directors	Superintendents	School Board Members	Parents/Guardians
Coordination of Health Services	1 (55.1%)	2 (65.6%)	1 (72.1%)	1 (59.1%)	2 (55.4%)
Increased Physical Education				4 (40.9%)	1 (58.9%)
Management of Chronic Illnesses	4 (52.6%)				
Medically Fragile Health Care	5 (50.6%)	4 (46.9%)	4 (53.5%)		
Medication Administration			5 (39.5%)	3 (42.4%)	
Mental Health Services	1 (55.1%)	1 (84.4%)	2 (69.8%)	3 (42.4%)	3 (50%)
More dentists accepting Title XIX (Medicaid)	3 (52.2%)				5 (33.9%)
Universal Health Insurance for Children		3 (51.6%)	3 (67.4%)	2 (51.5%)	4 (46.4%)



### Focus Groups Held

Audience	Distribution Mechanism	Number of Participants
School Nurses	• Wisconsin Association of School Nurses (WASN) – April 23, 2008	11
Health Officers	• Western Region Wisconsin Association of Local Health Departments and Boards (WALHDAB) – May 2, 2008	13

Please note that 3 additional focus groups were attempted but not held due to limited participation. One was with school nurses and two were with parents.

- ### Focus Group Results
- Factors affecting quality of school health services
    - Nurses do not have enough time
    - Increase in severity and quantity of illnesses
    - Delegation issues
    - Standardization issues
    - No minimum level of care or regulatory guidelines
    - Roles and relationships with the nurse are unclear
    - Continuity of care
    - Family issues – no health care, no money, no primary care provider
    - Parent advocacy

- ### Focus Group Results
- Impact of those factors
    - Children’s safety at risk
    - Prevention taking a back seat
    - School nurse expertise not maximized
    - Trends in population health may be missed
    - Community efforts not maximized
    - Lack of continuity of care

- ### Focus Group Results
- Addressing the challenges:
    - Practice changes
    - Statute changes
    - Local policy and infrastructure changes
    - State policy and infrastructure changes
    - Awareness/marketing
    - Link student achievement to school health services

## Summary with Discussion and Recommendations

### Summary with Discussion

- Current school health services: generally perceived as inadequate.
- Increases in severity and complexity of student health issues have not been met with corresponding increases in school health services.
- Primary issues: mental health, medically complex issues, asthma, obesity, lack of health insurance, diabetes, attention deficit disorder, and substance use.

### Summary with Discussion

- Is school medication administration safe?
  - Clerical staff identified by nurses and superintendents as primary in medication administration; nurses were most frequently identified by school board members
  - Concern regarding the effectiveness and safety of medication administration policies.

### Summary with Discussion

- Policies and procedures are generally in place, however, review is often less than annually.
- Between 10% and 20% of nurse respondents indicated there is not a school nurse job description in place, potentially resulting in role ambiguity.
- Funding is a significant barrier.

### Policy Recommendations

- **Short-term/Immediate efforts**
  - Funding
    - Expand the school nurse grants in the 2009-2011 state budget
    - Exceed the revenue limits for essential nursing services
    - Provide technical assistance training on accessing funding streams
  - Policy
    - Update Wisconsin Statute, Chapter 118.29, Administration of Drugs to Pupils and Emergency Care Law
    - Improve enforcement of Standard g and Chapter 118.29

### Recommendations (cont'd)

- **Short-term/Immediate efforts**
  - Practice
    - Increase best practices utilization
  - Partnerships/Connections
    - Make explicit linkages between the Department of Public Instruction and Department of Health Services
    - Establish School Health Advisory Committees/Councils
    - Identify and/or develop and publicize tools to be used by local communities to improve their local partnerships, infrastructure, and policies

## Recommendations (cont'd)

- **Long-term/2-4 year policy efforts needed**
  - Adopt a basic/minimum level of school health services
  - Develop “levels” of school health services, as there are levels of health departments
  - Establish minimum data set requirements from schools
  - Revise the school aid formula
  - Revise Standard g
  - Identify funding alternatives for school health services

## Recent and Next Steps

- Distribute report widely to stakeholders
- Identify future projects and corresponding funding sources
- Begin implementation of recommendations

For additional information on this project, contact Sarah Beversdorf at [sarah@badgerbaymanagement.com](mailto:sarah@badgerbaymanagement.com) or go to [www.wpha.org/schoolhealth.htm](http://www.wpha.org/schoolhealth.htm)

This project was funded in part by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

## Stepping Up to the Challenge: Wisconsin's Public Health Workforce Call to Action

Kirsten Gruebling  
Competency Workgroup Chair  
Medical College of Wisconsin

## Public Health Workforce: A Call to Action

- 18-month Healthier Wisconsin Partnership Program grant through the Medical College of Wisconsin
- July 2007 – December 2008
- **Partners:**
  - Wisconsin Division of Public Health (DPH)
  - Wisconsin Association of Local Health Departments and Boards (WALHDAB)
  - Wisconsin Area Health Education Center System (AHEC)
  - Wisconsin Public Health Association (WPHA)
  - Medical College of Wisconsin (MCW)

## Purpose

- Develop and disseminate a Call to Action report to advance the State Health Plan Infrastructure Priority of a Diverse, Sufficient and Competent Workforce.
- Develop a sustainable process that generates a commitment to action and strong partnerships between broad public health system partners.

## Outcomes

- Three workgroups (Diversity, Sufficiency and Competency).
- Four primary workgroup roles:
  - Address identified workforce strategies,
  - Provide a vehicle to hold each other accountable,
  - Address workforce strategies that require joint effort,
  - Assure effective communication/coordination.
- Wisconsin Public Health Workforce Leadership Consortium focusing on policy and system issues.

## Input Processes

- Public Health Workforce Summit for Wisconsin  
(February 2008)
- Webinar (April 2008)
- Online Survey (May 2008)
- Discussion Board (May 2008)

## Workplan Goals

- **Sufficiency:** *Assure a sufficient public health workforce that is qualified to meet the demands of the population.*
- **Diversity:** *Assure a diverse public health workforce.*
- **Competency:** *Assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.*

## Sufficiency Objectives

1. Increase awareness and value of public health
2. Link students and workers to pipeline programs, educational programs, and public health employers to create a system of pathways to careers in public health.
3. Identify, define and standardize workforce data systems to create new meaningful data and to make full use of the data that affects the public health workforce supply.

## Diversity Objectives

1. By 2010, establish a baseline that identifies the diversity of the public health workforce.
2. By 2010, establish a process to link English Language Learners (ELL), to information on resources that help them to maximize their skills and training.
3. By 2010, identify and compile successful examples for recruiting and retaining a diverse workforce.
4. By 2010, increase awareness and value of public health careers for populations that increase the diversity of the public health workforce.

## Competency Objectives

1. By 2010, core competencies for the public health workforce will be identified and made available to public health partners. These include public health competencies as well as discipline-specific competencies.
2. By 2010, Wisconsin's institutions of higher learning that prepare public health professionals for practice will review of their curriculum using the Core Public Health Competencies.
3. By 2010, Wisconsin's state, local and tribal health departments will have model tools, policies and procedures to help incorporate the Core Public Health Competencies into their organizational framework.
4. By 2010, a continuing education requirement on core public health competencies will be incorporated into the Chapter 140 review process for local public health agencies.

## Policy Recommendations

- Identification of core public health positions and where gaps exist in Wisconsin
- Standardization of workforce data
- Development of marketing plan which includes a standard and comprehensive message about public health and public health careers
- Endorse Core Public Health Competencies
- Incorporate recommendations into Healthy Wisconsin 2020 Workforce Development Goals

## The Call to Action:

- Participate in a Call to Action workgroup
- Encourage workforce development to be part of the State Health Plan 2020 and the UW and MCW Partnership Fund plans
- Do a self-assessment of your own learning needs
- Support your staff in their own learning
- Participate in Healthy Wisconsin Leadership Institute Community Programs
- And more....

## Recent, Ongoing and Next Steps

- Implement and continue to refine the workplans
- Integrate recommendations into Healthy Wisconsin 2020, the State Health Plan
- Continue Wisconsin Public Health Workforce Leadership Consortium
- Apply for continued funding

## Increased State Financing of Governmental Public Health in Wisconsin

Julie Willems van Dijk  
Chair, Public Health Council  
Marathon County Health Department

## Committee Members

- Julie Willems Van Dijk, Marathon County Health Department (Chair)
- David Ahrens, University of WI School of Medicine & Public Health
- Bevan Baker, City of Milwaukee Health Dept
- Carol Graham, Public Health Advocate
- Catherine Frey, UW Healthiest WI Partnership Fund
- Doug Nelson, AIDS Resource Center of WI
- Traici Brockman, State of WI (Author)
- Jane Conner & Pat Guhleman, State of WI Staff

## Today's Presentation

Review the Ad Hoc Committee's Work, including:

- Discuss Wisconsin's Health Crisis
- Provide background on public health financing
- Present the Council's 4 Recommendation

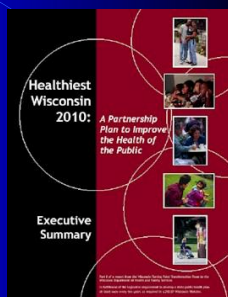
Present all of the above with an eye on our rationale for policy development

## Our Charge

- Appointed in April, 2007
- Charged to present a report to the Public Health Council by Dec, 2007 that would address inadequate financing of the public health system

## Our Focus

- Improving the health of the Wisconsin's people
- Recognizing our multi-sectoral public health system, this report is a 1<sup>st</sup> step in addressing public health financing
- Focuses on local and state government components



## We're Failing—Health Disparities



- F for African American People in each age group—Infant through Older Adults
- D in Health Disparities for all ages
- B-in Health for all ages

## We're Failing—Alcohol Use

Based on the most recent data available, alcohol and illicit drug use and misuse in Wisconsin resulted in the following consequences:

- 2,082 deaths
- 5,992 motor vehicle injuries
- 16,677 hospitalizations
- 126,207 arrests
- 528,000 people suffering with dependence or abuse
- \$189,741,774 in public funds spent on hospitalizations and treatment

## We're Failing—Alcohol Use

Wisconsin has the highest rates in the nation of:

- Current drinking among high school students 49%
- Current underage drinking 39%
- Current drinking among adults 68%
- Binge drinking among adults 22%
- Chronic, heavy drinking among adults 8%

In addition, Wisconsin's rate of underage binge drinking rose significantly between 2003 and 2005, bringing us to the second highest rate in the nation (28%).

Burden of Alcohol and Illicit Drug Use in Wisconsin

## We're Failing—Obesity

- 60% of Wisconsin's residents are overweight (37%) or obese (24%)
- 24<sup>th</sup> in the nation
- Estimated \$1.5 billion in obesity-related health care expenditures

## The Hope & The Problem



- Health Plan outlines strategies to impact health priorities
- Tobacco has been a success story
- Limited implementation
- Limited funding to address these important issues

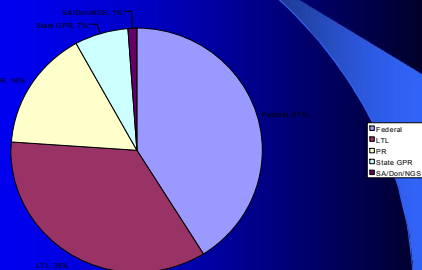
### In light of H1N1....

- Illustrates the increased capacity a system can have when \$\$ are invested
- Illustrates the need for an ongoing public health infrastructure
- Illustrates opportunity for dual use
- Illustrates the fragility of the current system

### National Comparisons

- Wisconsin ranks 47<sup>th</sup> in the nation in per capita spending
- Wisconsin ranks LAST amongst upper Midwestern states:
  - MN (13<sup>th</sup>): \$47.83
  - MI (27<sup>th</sup>): \$25.52
  - IL (28<sup>th</sup>): \$24.42
  - IA (45<sup>th</sup>): \$ 7.88
  - WI (47<sup>th</sup>): \$ 6.24

### Percent of Funding for Governmental Public Health by Source--2005



### Distribution of State & Federal Funds

Source	State Health Dept Operations	Local Health Depts	Other Partners
Federal Grants	20%	17%	63%
State GPR	12%	26%	62%

### So – What’s the Problem?

- Federal funding is highly categorical—no flexibility to focus funding on local/state needs
- Significant variation exists from county to county in local tax levy
- Limited discretionary funds result in few resources for new priorities or issues
- Heavy reliance on Federal and local funding creates a fragile foundation

### Per Capita Spending by Funding Source

Funding Source	Per Capita Spending	Total Expenditures
Federal	\$14.36	\$79,000,000
Local Tax Levy	\$12.35	\$67,900,000
State GPR	\$6.24	\$34,356,000

## Our Four Recommendations

**Recommendation 1:**  
The state increase its per capita investment in public health to \$12.50.

**Recommendation 2:**  
The funding is appropriated to the State Health Department and then split between state and local governments.

## Our Four Recommendations

**Recommendation 3:**  
The funds be targeted to address the health problems of obesity, alcohol abuse, and health disparities with flexibility to also address other health issues.

**Recommendation 4:**  
This new funding be generated via a \$0.10 increase in the tobacco excise tax or increases in taxes on alcohol or sugar sweetened drinks.

### Recommendation 1: Increase per capita to \$12.50

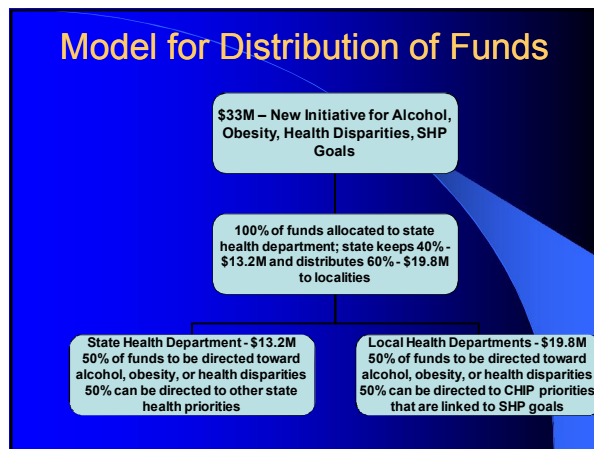
- Would generate \$33,000,000 per year in new public health funds
- Would move us to 39<sup>th</sup> in the nation (from 47<sup>th</sup>) & to 50% of the average of upper Midwest states
- Would bring equity to funding among three public partners—Federal, State, and Local

### Per Capita Spending by Funding Source—Revised with Recommendation #1 Implemented

Funding Source	Per Capita Spending	Total Expenditures
Federal	\$14.36	\$79,000,000
Local Tax Levy	\$12.35	\$67,900,000
State GPR	\$12.50	\$67,356,000

### Recommendation 2: Split funding between state and local depts.

- All of funding to state
- State would then distribute 60% of the funding to local health departments
- 50% of funds must be targeted at alcohol abuse, health disparities, or obesity
- Remaining 50% of funds could also be targeted to these three priorities or other priority health issues as identified in state and local plans



## State Role

- Coordinating obesity, alcohol, and health disparities initiatives
- Providing best practice, evidence based guidelines
- Creating data systems to measure impact
- Oversight of contracts

## Local Role

- Create local action around health priorities
- May fund staff and infrastructure to address these priorities
- May be subcontracted to other community partners
- NOT to be used for community assessment
- NO Supplanting of local tax levy

## Recommendation 3: Focus on Priorities

Health Disparities, Alcohol Abuse, Obesity

- Crisis Point
- Implications for multiple health conditions
- Limited categorical funding sources
- Priority in many local community health assessments
- Investment in prevention has the potential for great return in multiple sectors of cost, including health, education, corrections, and quality of life

## Other Priorities

Recognizing the hazard of strict categorical funding:

- We acknowledge there are 14 other health priorities in the state health plan
- Local communities have identified the greatest health needs in their communities
- We want to be responsive to those needs by allowing local determination of where investments will produce most benefit

## Recommendation 4: \$0.10 increase in the tobacco tax to fund this proposal

- \$0.10 would generate \$33,000,000
- Tobacco tax increases have been supported by the Governor, Legislature, Public Health Council, and other public health organizations
- Sustainable funding source (acknowledging that it will decrease over time with decreased tobacco use)
- Could also consider tax increases on alcohol and sugar sweetened drinks

## What Happened?

- 1) Public Health Council approved the report in December, 2007
- 2) We presented these recommendations to Secretary Hayden and Administrator Johnson in February, 2008
- 3) Secretary of Health Services changed in April, 2008. New efforts to communicate report and encourage inclusion of recommendations in dept's 2009-11 budget
- 4) Communicated report to public health partners

## What Happened?

- The economy took a severe downward spiral in Fall, 2008
- Not included in first draft of budget
- Communicated to the Secretary that we understood why it couldn't be in the budget this time, but asked to preserve current GPR funding and advocated for keeping the report on the front burner when the economy recovers

## THANK YOU!

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715-261-1900

## Collaboration for Statewide Public Health Policy Change

### Conclusions – Overall

- Advantages of collaboration when affecting statewide policy-related issues:
  - Increased resources (eg, lobbyists)
  - Improved strategies
  - Increased base of support

### Conclusions – Overall

- Challenges/Lessons Learned
  - The process to get everyone on the same page can be time-consuming and detailed
  - Collaborators each have different needs and priorities
  - If the actual policy changes are not made when the momentum or funding is there, it can be difficult to sustain the effort