

Welcome!

2013 Health Summit



**HEALTHY
COUNTY:
LA CROSSE**



LA CROSSE MEDICAL HEALTH SCIENCE
CONSORTIUM



LA CROSSE MEDICAL HEALTH SCIENCE
CONSORTIUM

Let's start the summit!

Dr. Jeffrey Thompson –
Gundersen Lutheran
LMHSC Board President



LA CROSSE MEDICAL HEALTH SCIENCE
CONSORTIUM

The Story Begins

La Crosse Medical Health Science Consortium – Partnership

- ▶ Gundersen Lutheran Health System
- ▶ Mayo Clinic Health System
- ▶ University of Wisconsin – La Crosse
- ▶ Viterbo University
- ▶ Western Technical College
-
- ▶ Formed in 1993



La Crosse Medical Health Science Consortium – Mission

Fostering collaboration for healthier communities

Gundersen
Lutheran.



MAYO CLINIC
HEALTH SYSTEM

UW-L
University of Wisconsin-La Crosse

VITERBO
UNIVERSITY

Western Technical
College
A WISCONSIN TECHNICAL COLLEGE

Healthiest County–2015: Making La Crosse the Healthiest County in Wisconsin



- ▶ Goal: To be the healthiest county in the state of Wisconsin by 2015
- ▶ Using the County Health Rankings Model (from UWPHI & Robert Wood Johnson Foundation)
- ▶ Development of a 5-year plan
 - Specifically focused on Policies and Environmental Projects.
 - Using “Evidence Based Strategies” when possible.

Consortium Special Projects: Population Health Objectives:

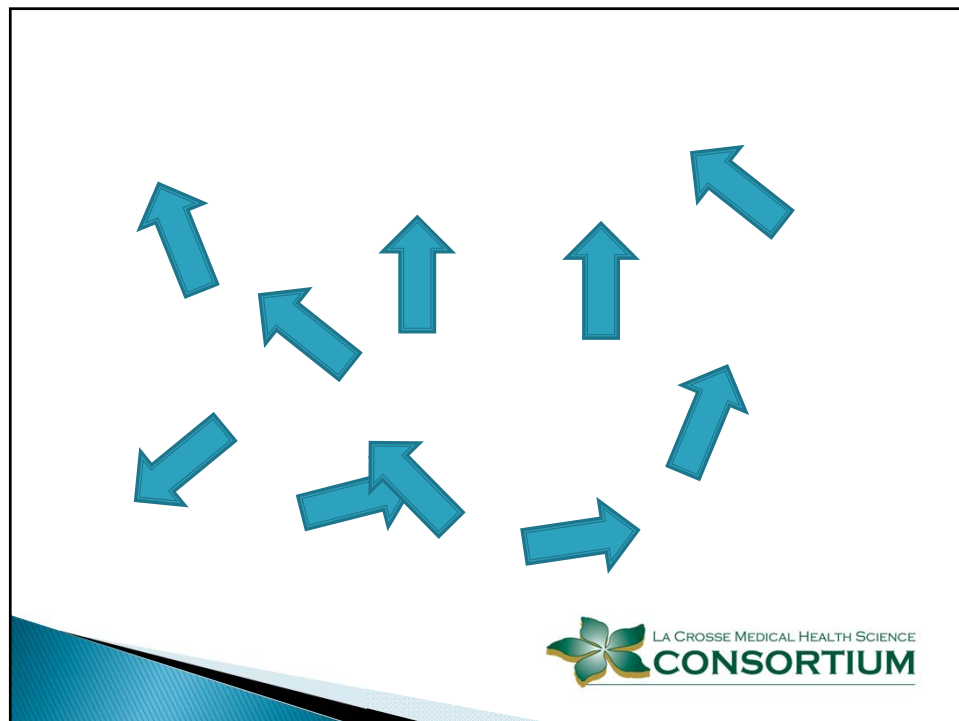
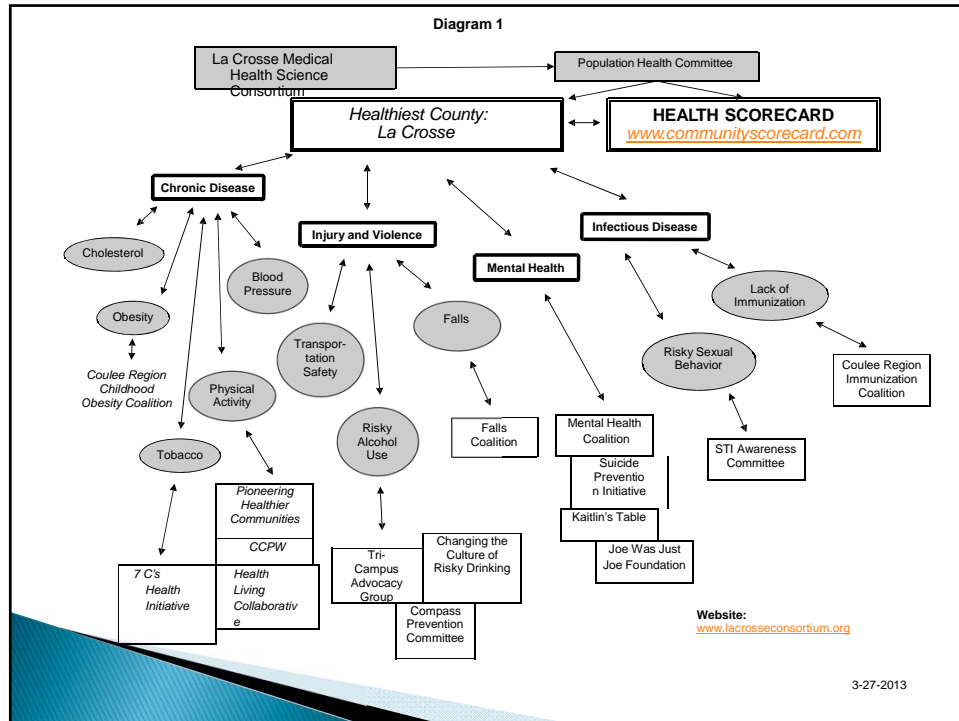
- ▶ In consultation with community and health organizations to develop a “Scorecard” on the overall health of the population of the Consortium service area (20 counties)
- ▶ To partner with Consortium members and the regional communities in respect to improving the health of the population in the Consortium service area

A View From the Partners

Essential Elements for Success



Source: DePablo M, Abraham B, 2009
<http://www.dhs.wisconsin.gov/hw2020/index.htm>
 Mailbox:
 dhshw2020@dhs.wisconsin.gov





Health Summits

Year	Topic
2009	Buy-in to Healthy County Initiative. Generating outside-the-box ideas.
2010	Sharing the plan. A special focus on POLICY.
2011	Communication plan. How to communicate the Healthy County Initiative and other Community Health Improvement work to all audiences.
2012	Empowering the Community. Finding and empowering different sectors of the community to be engaged.

PH Committee Evolution

- Personal responsibility
- Advocacy
- Environmental changes
- Policy

Strategies

- ▶ **Programs** – short-term awareness, knowledge-building or behavior change programs (eg. 10,000 steps, Minutes in Motion, etc)
- ▶ **Physical Projects** – physical permanent changes in the built environment (walking and bike paths, showers, bike barns, stop lights, etc)
- ▶ **Policies** – rules that change what's acceptable in a community (complete streets, smoking policies, etc.)

PH Committee Evolution Cont'd

- Development of Scorecard
- First Summit held to determine interest in community
- Healthiest County 2015: La Crosse plan was created
- County Health Rankings used as evaluation tool

PH Committee Evolution Cont'd

- November 2012 - Brenda Rooney shared pros and cons on using County Health Rankings as sole evaluator
- Brenda is in the process of creating a dashboard
- As we drill down deeper
 - How do we define health?
 - Identify what success means
 - Measuring what matters
- Social determinants are a “root” issue

Breakout #1

What does success look like to you?

We just heard Part I of the story reflecting on the process we have used for the Healthy County: La Crosse plan.

All partners here today are working towards the same goal of making La Crosse County healthy. There are four focus areas of the plan:

Chronic Disease
Mental Health
Infectious Disease
Injury and Violence

When you think about your work and making La Crosse healthier, how do you know you are being successful?

What validates that you are accomplishing your goals?

How do you know when you have been successful?

Connecting Community Capacity: Real World Examples of Progress on Some Wicked Problems

Karen Timberlake
UW Population Health Institute

Healthy County: La Crosse
Annual health summit
April 12, 2013

Minnesota outscores Wisconsin on 39 health measures, UW study finds

By Susan Perry | 01/24/13

Like 140 Tweet 31



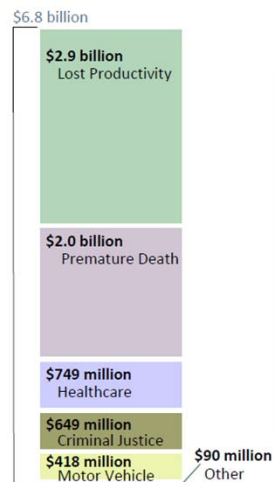
REUTERS/Brian Snyder

Wisconsin has the highest percentage of excessive drinkers among all 50 states.

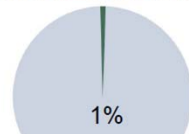
The Burden of Excessive Alcohol Use in Wisconsin

Annual economic cost of excessive alcohol use in Wisconsin **\$6.8 BILLION**

What We Pay For^{1,2}

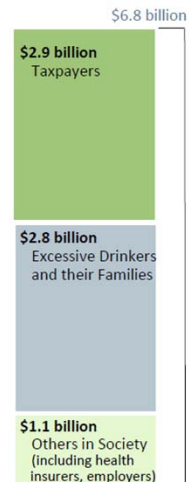


Alcohol tax collection falls short



Wisconsin collected \$69 million in alcohol taxes in 2011^{2,3} — 1% of the \$6.8 billion in economic costs attributed to excessive alcohol use.

We All Pay^{1,2}



WISCONSIN STATE JOURNAL 44° Cloudy Weekly Forecast 10:48

Sites News Business Opinion Weather Communities Get It CarSoup Jobs

Trending Take our beer quiz Interactive: Roger Ebert's legacy Interactive: North Korea threat Spring 2013 elections

Don't stick taxpayers with huge drinking tab

Recommend 45 Tweet 0 +1 0 Pin It Share 4 Print Email

March 24, 2013 5:00 am • Wisconsin State Journal editorial (23) Comments



We knew it was bad.

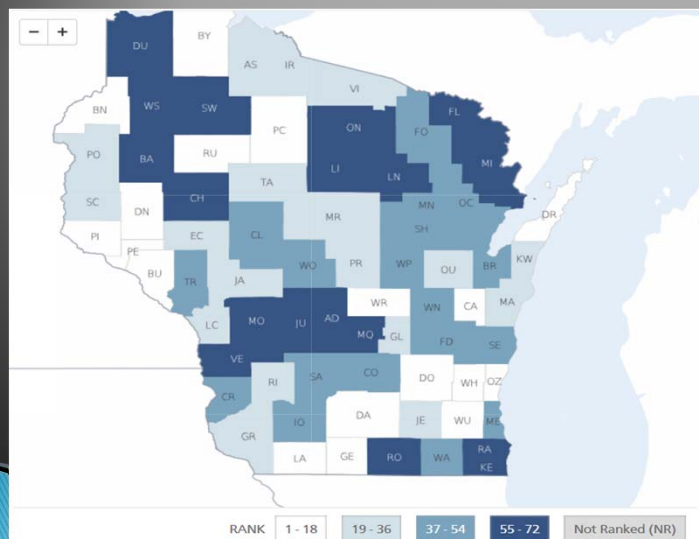
But now researchers at the University of Wisconsin Population Health Institute specifically have quantified Wisconsin's horrible hangover from excessive alcohol use in a single year:

- 1,529 premature deaths.
- 48,578 hospitalizations.
- 60,221 arrests.
- 5,721 motor vehicle crashes.

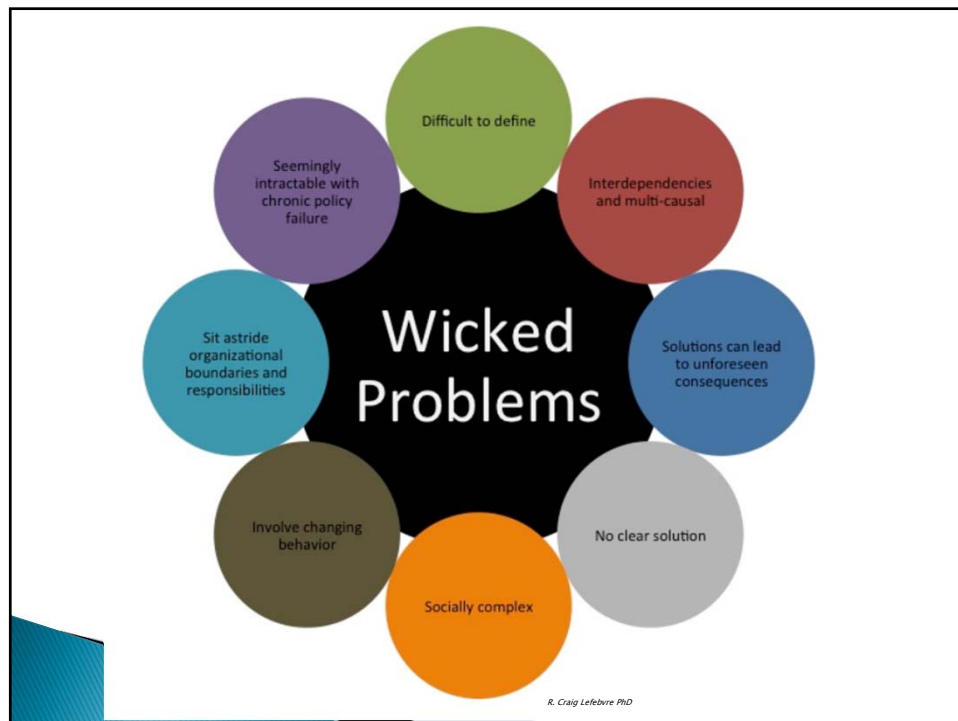
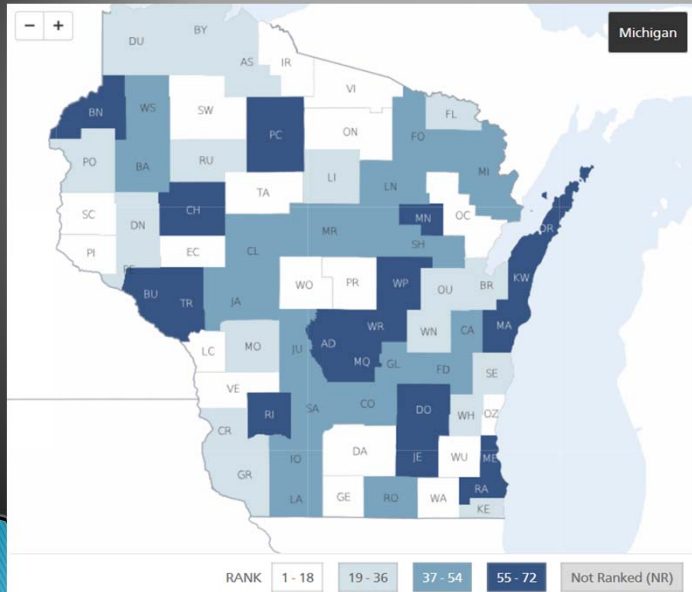
Throw in lost productivity at work, higher insurance rates, greater health care costs, substance abuse treatment, law enforcement, incarceration and other expenses, and the tab is staggering: \$6.8 billion annually — with nearly \$3 billion of that total being picked up by local, state and federal governments in Wisconsin.

[Enlarge Photo](#)

Adult Smoking: Ranges between 9 – 31%



Adult Obesity: 24 – 36%



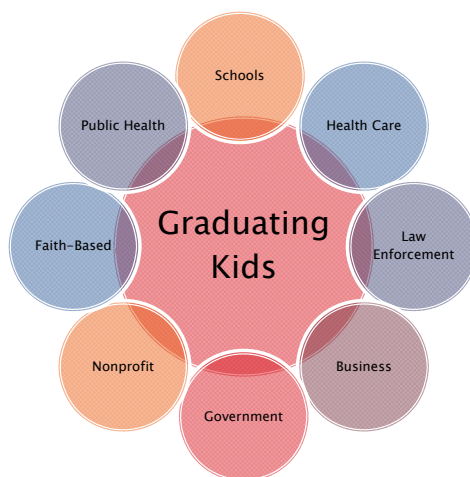
What Does it Take to Have an Impact on Wicked Problems?

- ▶ Long term commitment
- ▶ By a group of important actors
- ▶ From different sectors
- ▶ To a common agenda
- ▶ For solving a specific problem
- ▶ With shared measurement
- ▶ Mutually reinforcing activities
- ▶ Supported by an independent backbone organization

Kania & Kramer, Collective Impact, *Stanford Social Innovation Review* Winter 2011

Working Together

Collective Action & Impact



October 30, 2012

26

Isolated Impact vs. Collective Impact

Isolated Impact

- ◆ Funders select individual grantees that offer the most promising solutions.
- ◆ Nonprofits work separately and compete to produce the greatest independent impact.
- ◆ Evaluation attempts to isolate a particular organization's impact.
- ◆ Large scale change is assumed to depend on scaling a single organization.
- ◆ Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.

Collective Impact

- ◆ Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.
- ◆ Progress depends on working toward the same goal and measuring the same things.
- ◆ Large scale impact depends on increasing cross-sector alignment and learning among many organizations.
- ◆ Corporate and government sectors are essential partners.
- ◆ Organizations actively coordinate their action and share lessons learned.

Channeling Change: Making Collective Impact Work, By Fay Hanleybrown, John Kania, & Mark Kramer. *Stanford Social Innovation Review*, 2012, http://www.ssi-review.org/pdf/Channeling_Change_PDF.pdf

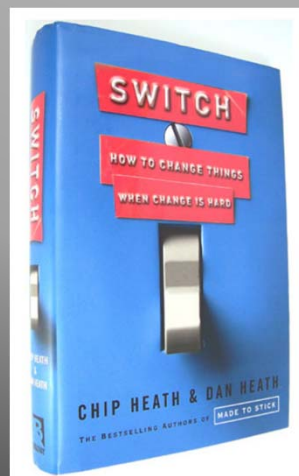


*Making Wisconsin the
Healthiest State:
Find The Bright Spots*

Find the Bright Spots

- ▶ We need data and best practices
- ▶ They may be TBU*
- ▶ Identify pockets of success and study them
- ▶ Understand that knowledge by itself doesn't change behavior
 - We need some real world, relatable examples

*True But Useless

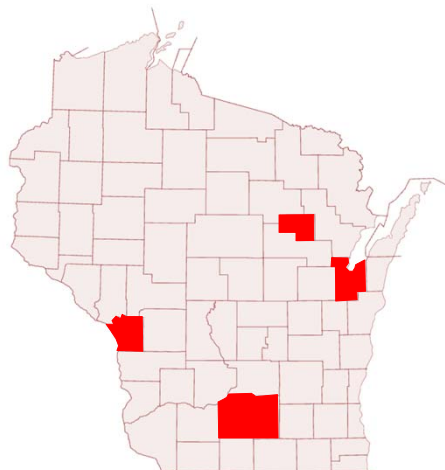


Switch: How to Change Things When Change Is Hard, Chip Heath & Dan Heath, 2010

Background

“Bright Spots” are communities in Wisconsin that have had success in creating multi-sector community collaborations and implementing initiatives.

- ▶ Dane County
- ▶ Menominee Nation
- ▶ La Crosse County
- ▶ Brown County



<http://www.wisconsin.gov/programs/match/healthiest-state-find-the-bright-spots/index.htm>

What Were We Looking For?

- ▶ Coalition members have:
 - Commitment to the cause
 - Ability to work collaboratively with others
- ▶ Coalitions themselves support:
 - Shared vision
 - Shared power
 - Diversity of members
- ▶ Coalitions demonstrate:
 - Effective leadership
 - Sufficient resources
 - Realistic goals

From: Foster & Fishman, "Building Collaborative Capacity in Community Coalitions," 2001



UNIVERSITY OF WISCONSIN
Population Health Institute
Translating Research for Policy and Practice

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Find the Bright Spots: Four Wisconsin Communities Working to Improve Health

We know that bringing people and organizations together across communities, and across sectors, is important to addressing difficult problems like improving school readiness for at-risk children, reducing childhood obesity, or changing the culture of risky drinking. But what brings these groups together? What sustains their work and contributes to their success? Below are four profiles of communities in Wisconsin doing the hard work of tackling local health challenges. We hope that readers of these stories will be inspired to try some of the strategies featured here. We thank all of these communities for their generosity with their time and insights.

Brown County Community Partnership for Children
 A United Way assessment showed that Brown County was rich in community resources but needed a better coordinated system of care for children ages 0-5. A multi-sector community partnership was formed which has made a tremendous impact on young children, parents, and families.

La Crosse Medical Health Science Consortium
 The La Crosse Medical Health Science Consortium exemplifies collaboration with their unique partners that include 2 healthcare systems, 3 higher education organizations, media outlets, and non-traditional partners such as college students, city planners, city council members and tavern owners.

Menominee Nation Community Collaboration
 The Menominee Nation has formed a Community Collaboration Workgroup to improve the health and academic achievement of Menominee children. The workgroup draws strength from the Bridges out of Poverty framework and from its commitment to improving the well-being of all Menominee children.

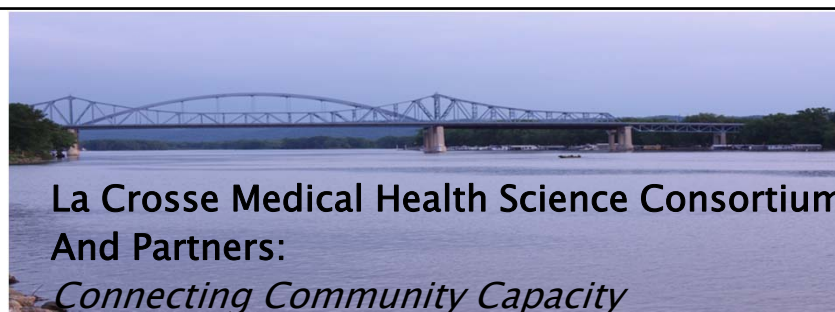
Southwest Madison Community Organizers
 After the murder of a neighborhood teen, four Southwest Madison neighborhoods partnered together to address the root causes of violence and poor health. This partnership evolved into SWMCO: a self-sufficient group of residents that seek out new resources to support community building and health improvement.

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 Madison, WI 53726
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La Crosse Medical Health Science Consortium And Partners:

Connecting Community Capacity

- ▶ Infrastructure: Consortium of health systems, colleges, schools, health department
- ▶ Coalitions re: Healthy food, physical activity, culture of drinking...
- ▶ Connecting collaborators: work groups, annual population health summit
- ▶ Healthy County agenda
- ▶ Communication: Media, Policy makers

La Crosse HSC and Partners

- ▶ Neutral convener
 - Leadership level members
 - Common agenda; creates aligned, coordinated action among hundreds of organizations that simultaneously tackle different dimensions of complex issue
- ▶ Infrastructure
 - Oversight group – accountability for progress
 - Strategic action framework
 - May be separate work groups, but they communicate and coordinate
- ▶ Analytics and shared accountability
 - Small set of comprehensive indicators
 - Encourages collaborative problem solving
 - Forms platform for ongoing learning community

La Crosse HSC and Partners

- ▶ Respect independence of individual efforts
 - Honor current efforts and engage established coalitions
 - Common agenda develops a “center of gravity;” creates alignment even among those who are not formal participants
- ▶ Grounded in sense of community

Become An Even Brighter Spot!

- ▶ Align strategies as well as measurement
- ▶ Build grass roots capacity
- ▶ Measure what matters and be transparent with results
- ▶ Engage the unusual suspects
 - Who’s not here today?
 - Look for and build on the links to economic development
 - Can you take this work regional?

Align Strategies



Brown County Community Partnership for Children: *Focus, Discipline, Leadership*

- ▶ Healthy start and school readiness: 0 – 5
- ▶ Welcome Baby Visits
- ▶ Follow-up Assistance and Coordinated Direct Referrals
- ▶ In-home Visits
- ▶ Parenting Support Classes



Connecting the Dots:







When families and caregivers enable optimal early childhood development, then children will start school safe, healthy and ready to succeed.

When children start school ready to learn, they are more likely to read at grade level by third grade.

When children read at grade level by third grade, they are more likely to graduate from high school.

When children graduate from high school, they are more likely to go on to higher education, military service and/or enter the job market as taxpaying citizens.

Employable, invested, taxpaying citizens are critical to a vital economy and overall way of life.



<http://www.browncountyunitedway.org/files/impact/CPC-2012-Mid-Year-Report.pdf>

Community Partnership for Children

- ▶ Mobilized with data and an audacious goal – ensure all children born and living in Brown County are safe, healthy, and prepared for school
- ▶ Engaged each sector and connected them based on what they could do – hospitals, early childhood, home visiting
- ▶ Driving sectors toward common strategies/approaches
- ▶ Vision of “working themselves out of a job” running this initiative because they will have transformed the system

Build Grass Roots Capacity



Southwest Madison Community Organizers *Developing and Supporting Local Leaders*

- ▶ Goal: empower people by organizing and supporting actions that create and sustain equitable, peaceful and welcoming neighborhoods
- ▶ From community suppers/farmers markets to community building in response to violence
- ▶ Southwest Madison Community Organizers, supported by Madison Dane Co Public Health

Southwest Madison Community Organizers

- ▶ Creating a shared sense of community
- ▶ Beginning with awareness and connection
- ▶ Moving to infrastructure – local community organizer
- ▶ New models of leadership development; new model of public health

Measure What Matters
Share the Good and the Bad



Real World Impact Measurement

1. Figure out exactly what you're trying to accomplish
 - ❖ Who will do what?
 - ❖ How will you know?
2. Pick the right indicator
 - ❖ Free meals vs. jobs
 - ❖ If you could measure only one thing, what would it be?
3. Get good quality numbers
4. Share the good and the bad

Kevin ... Laura Hattendorf, http://www.ssireview.org/blog/entry/real_world_impact_measurement

Executive Summary – 2012 Annual Report

The Community Partnership for Children (CPC) is a prevention-focused early childhood initiative that brings together many cross-sector partners. Its vision is that all Brown County children will be **safe, healthy and ready for kindergarten**.

CPC Gateway services include Welcome Baby Visits prenatally and at the hospital, in-home visits, parent education classes and structured playgroups, and coordinated referrals to the full spectrum of community resources. In 2012:

- **2,115** parents received a Welcome Baby Visit either prenatally or at the hospital – a **77% increase** over 2011. (In July 2012 CPC Family Resource Specialists transitioned from seeing first-time parents only to all parents with newborns.)
- Of these parents, **579 or 27%** were identified at risk. If being a single mother were factored in as a standalone risk indicator, this percentage would be 47%.
- A **prenatal screening and assessment system** was launched, enabling more at-risk mothers to be reached before their babies are born – and ideally before problems and crises occur.
- Hundreds of at-risk children and their families were enrolled in CPC Gateway Services, attaining the **stellar outcomes** listed at the right and more.
- Substantive process was made in developing a “**Community Information System**” to track real-time program enrollment, assets, outcomes and longitudinal results as children enter and advance through school.
- New one-time **capacity building grants** obtained in late 2012 from the Celebrate Children Foundation and the City of Green Bay set the stage for enhanced provider training and parent outreach in 2013.

Safe

98%

Percent of CPC-enrolled households having no substantiated reports of child abuse or neglect

Healthy

100%

Percent of CPC-enrolled families that were linked to a primary care provider

Ready for Kindergarten

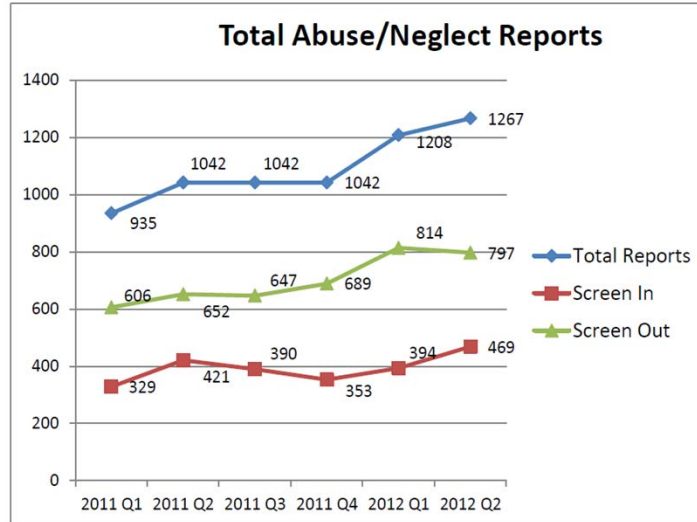
96%

Percent of CPC-enrolled children who were developmentally ready for kindergarten*

Spotlight on Child Abuse and Neglect in Brown County

In Brown County in 2012, it was projected that the raw number of child abuse and neglect reports would surpass 5,000 – an approximate **35%** increase over 2011. (The 2012 year-end total was not available at the time of this writing.)

In response, Brown County Human Services and Brown County United Way co-hosted a summit on child abuse and neglect in December 2012 and subsequently convened a community-based task force.

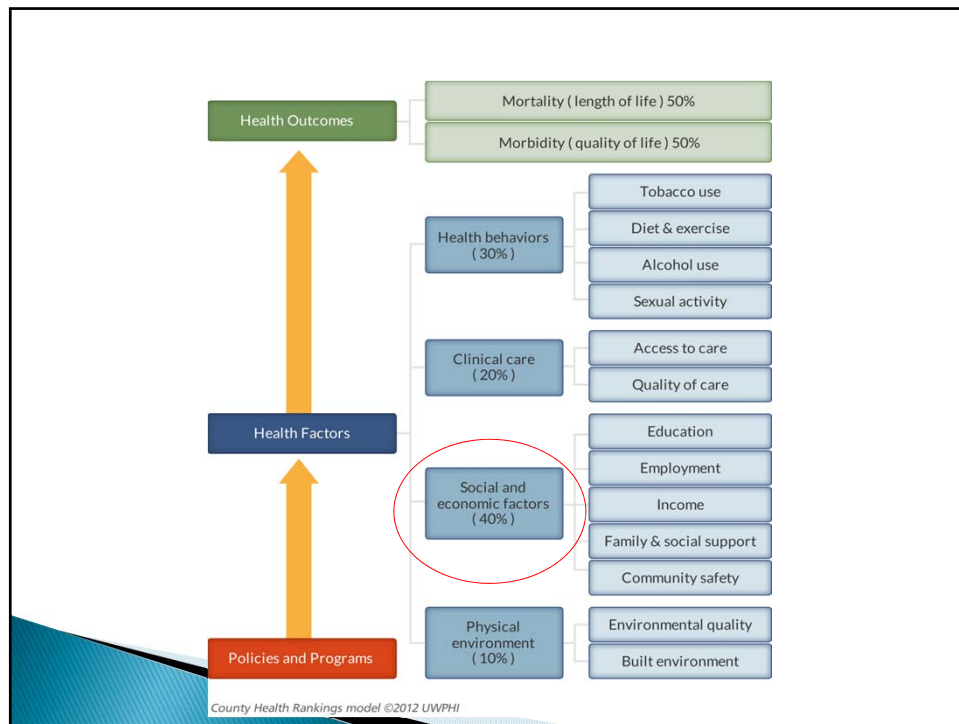


Source: eWISACWIS 2011 – 2012 Q2

<http://www.browncountyunitedway.org/files/CPC/2012-YearEnd-Report.pdf>

Economic Development and Regional Impact





The Strive Partnership

The Strive Partnership is made up of more than 300 organizations committed to improving student achievement from cradle to career in the urban core of Cincinnati and Northern Kentucky. The logos you see displayed on this page represent only the members of the Strive Executive Committee – a cross-sector governing board for the partnership. The strength of the partnership is its diverse membership, and only collectively can we have the greatest impact on a shared vision where successful students will create productive citizens which will lead to thriving cities. For a complete list of partners, please visit www.strivetogether.org.

<http://www.strivetogether.org/wp-content/uploads/2010/11/2010StriveReportCard.pdf>

Logos of partner organizations include:

- United Way
- Catholic Schools
- CFT
- Xavier University
- NKU Northern Kentucky University
- University of Cincinnati
- Gateway Community & Technical College
- Cincinnati State
- United Way of Greater Cincinnati
- Cincinnati Children's
- United Way of Greater Cincinnati
- KnowledgeWorks Foundation
- The Greater Cincinnati Foundation
- The Carol Ann and Ralph V. Hallie, Jr. Foundation
- usbank
- Cincinnati Public Schools
- P&G
- Fifth Third Bank
- JPMorgan Chase & Co.
- Covington Independent Public Schools
- Newport Independent Schools
- cbc Cincinnati Business Committee
- Messer
- YMCA of Greater Cincinnati
- Vision 2015
- Cincinnati USA Regional Chamber
- Urban League of Greater Cincinnati

PARTNERS FOR A COMPETITIVE WORKFORCE

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Employer Solutions
Employers First Regional Workforce Network

Career Pathways
Career Pathway Partnerships

Work Readiness
Work Readiness Collaborative

- “Bottom line – our businesses cannot compete if they cannot find qualified workers, and our residents cannot get family-sustaining jobs unless they further develop their skills.”
- Accomplishments to date:
Since 2008, we served over 5,000 jobseekers with 90% completing training and earning over 4,600 credentials, and 82% obtaining employment and 75% retaining employment after 12 months. We also helped more than 1,000 incumbent workers develop their skills and earn over 950 credentials.

<http://www.competitiveworkforce.com/>

Challenge Yourself To:

- ▶ Let data and evidence inform your priority setting
 - And don't succumb to “analysis paralysis”
- ▶ Commit to this work for the long term
 - And demand timely progress and accountability
- ▶ Understand the constraints of current organizational capacity and resources
 - And approach your work from a premise of abundance, not scarcity
- ▶ Stay focused on your vision of a healthier community
 - And believe in the power of incremental change
- ▶ Understand that your success will not be limited by data, programs, or resources
 - It's about vision, leadership, and coordination of effort

Acknowledgements

- ▶ Wisconsin Partnership Program, UW School of Medicine and Public Health
- ▶ Elizabeth Feder, PhD, UW Population Health Institute
- ▶ Lauren Bednarz, MPH
- ▶ The members of the coalitions with whom we met

Stay Engaged,
Keep in touch, and
Good luck!

ktimberlake@wisc.edu

<http://uwphi.pophealth.wisc.edu/>

Part II – How do we know if we have made an impact?

» Brenda Rooney, PhD., MPH
Epidemiologist,
Gundersen Health System

Tools we are using

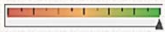


The screenshot shows the homepage of the La Crosse Medical Health Science Consortium Health Scorecard Project. The header features a green leaf logo and the text "LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM Health Scorecard Project". Below the header is a navigation bar with links: "Consortium Home", "To Scorecard", "Contact Us", and "Help". The main content area includes a map of Wisconsin with the La Crosse region highlighted. The text welcomes visitors and provides information about the project's scope, which covers 20 counties. It lists several burden reports: "The Burden of Alcohol Related Injuries: Alcohol Related Injury and Death NEW!!", "The Burden of Mental Illness: Burden of Mental Illness", and "The Burden of Obesity and Physical Inactivity: Burden of Obesity Report". It also mentions that the consortium has gathered data from existing public sources and provides a contact form for feedback. The footer displays the website URL: www.communityscorecard.com.

The screenshot shows the homepage of the County Health Rankings & Roadmaps website. The header includes the logo "County Health Rankings & Roadmaps" and the text "A healthier nation, county by county". Below the header is a navigation bar with links: "Rankings", "Roadmaps", "ABOUT", "CONTACT", "FAQS", "BLOG", "WEBINARS", and "TOOLS & RESOURCES". The main content area features a search bar, a "What Works for Health" section with links to "Policies and programs that can improve health", "Fitness programs in community settings", "Diet and Exercise", "Drug courts", "Family treatment drug courts", "Nutrition and physical activity interventions in preschool and child care", and "Activity programs for older adults". The left sidebar contains a "Keyword Search" box and a "Health Factors" section with links to "Health Behaviors", "Clinical Care", "Social and Economic Factors", and "Physical Environment".

Traffic Calming

Evidence Rating



Scientifically Supported

Health Factors

Built Environment

Decision Makers

Government Officials

Traffic calming efforts such as speed bumps and pedestrian refuge islands strategically modify the built environment to affect traffic speed and patterns. Traffic calming measures can be implemented independently or as a component of larger efforts to improve streetscape design.

Expected Beneficial Outcomes

- Reduced traffic speed
- Increased pedestrian and cyclist safety
- Increased walking and bicycling

Evidence of Effectiveness

There is strong evidence that traffic calming measures reduce traffic speed, redistribute traffic, increase pedestrian and cyclist safety (Cochrane-Bunn 2009, Cochrane-Beyer 2010, Morrison 2003, Retting 2003, Dumbaugh 2010, NHS-Crombie 2002, Leden 2006, Zein 1997, Cochrane-Aeron-Thomas 2005, Mountain 2005, Daniel 2011), and increase bicycling and walking (Winters 2010, Morrison 2004). Additional evidence is needed to determine which measures are most effective.

Traffic calming measures such as speed bumps, single-lane roundabouts, and reduced speed limit zones reduce traffic speed (Cochrane-Bunn 2009, Leden 2006, Mountain 2005, Daniel 2011). Area-wide traffic calming measures have been shown to reduce traffic injuries, collision frequency and severity, and insurance claim costs (Cochrane-Bunn 2009, Zein 1997, Morrison 2003).

Pedestrian refuge islands, sidewalks, crosswalks, exclusive pedestrian signal phasing, and increased lighting can reduce the risk of pedestrian-vehicle crashes (Retting 2003, Cochrane-Beyer 2010). Red light cameras and speed cameras also have been shown to reduce casualty crashes (Cochrane-Aeron-Thomas 2005, Mountain 2005).

Area-wide traffic calming efforts can reduce relative inequalities in child pedestrian injury rates (Jones 2005).

Impact on Disparities

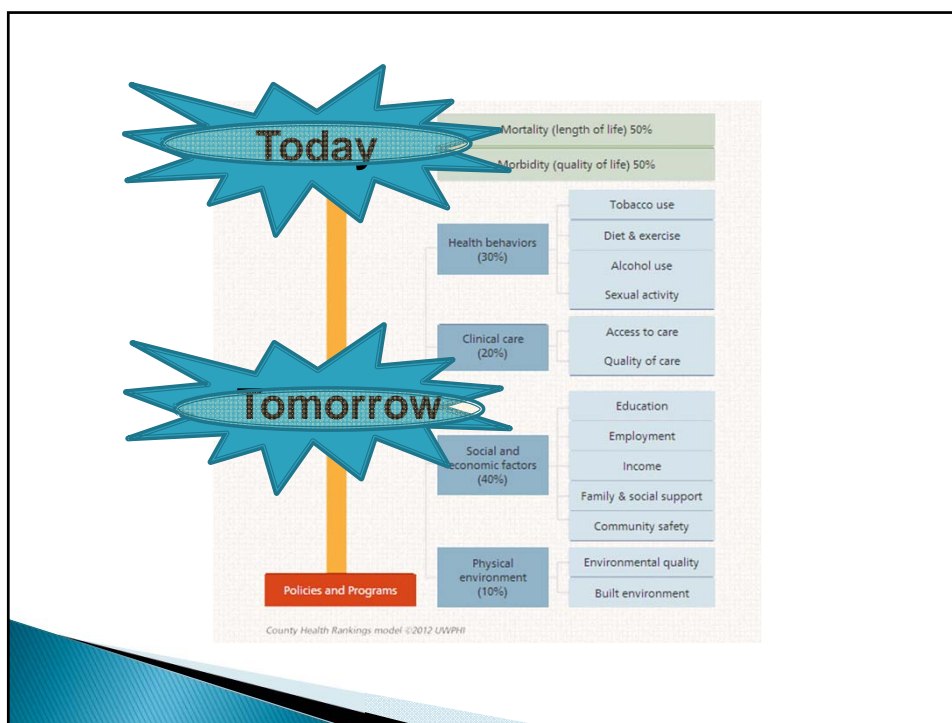
Likely to decrease disparities

Implementation Examples

Traffic calming programs are in place in urban areas around the country (US DOT-Traffic calming programs)

County Health Rankings





La Crosse County Rankings

Measure	2011	2012	2013
Health Outcomes	22	23	21
Health Factors	4	4	4

Health Outcomes Rankings (TODAY'S HEALTH)

Measure	Weight	2011	2012	2013
Health Outcomes		22	23	21
Mortality Overall	50%	13	16	24
Morbidity Overall	50%	38	37	25

Ranking out of 72 counties in Wisconsin

Measure	Weight	2011	2012	2013
Health Outcome		22	23	21
Mortality Overall		13	16	24
Premature death YPLL	50%	5394 (2005-07)	5342 (2006-08)	5363 (2008-10)
Morbidity Overall		38	37	25
Poor/fair health	10%	10% (2003-09)	10% (2004-10)	9% (2005-11)
Poor physical health days	10%	3.6 (2003-09)	3.6 (2004-10)	3.3 (2005-11)
Poor mental health days	10%	3.0 (2003-09)	2.9 (2004-10)	2.8 (2005-11)
Low Birth weight	20%	6.3% (2001-07)	6.3% (2002-08)	6.0% (2004-11)

Health Factors – Rankings

TOMORROW'S HEALTH

Measure	Weight	2011	2012	2013
Health Factors		4	4	4
Health Behaviors	30%	8	5	4
Clinical Care	20%	1	2	3
Social & Economic	40%	11	9	10
Physical Environment	10%	21	50	60

Measure	Weight	2011	2012	2013
Health Factors		4	4	4
Health Behaviors	(30%)	8	5	4
Adult smoking	10%	20% (2003–09)	18% (2004–10)	17% (2005–11)
Adult obesity	10%/7.5%	26% (2008)	24% (2009)	24% (2009)
Physical Inactivity	0/2.5%		19% (2009)	19% (2009)
Excessive drinking	2.5%	23% (2003–09)	23% (2004–10)	23% (2005–11)
Motor vehicle crash deaths	2.5%	9 (2001–07)	7 (2002–08)	7 (2004–10)
Sexually transmitted infections	2.5%	301 (2008)	341 (2009)	323 (2010)
Teen birth rate	2.5%	21 (2001–07)	20 (2002–08)	18 (2004–10)

Measure	Weight	2011	2012	2013
Health Factors		4	4	4
Clinical Care	(20%)	1	2	3
Uninsured adults	5%	11% (2007)	9% (2009)	10% (2010)
Primary care physicians	5%/3%	415:1 (2008)	415:1 (2009)	705:1 (2011–2012)
Dentists	0/2%			1,447:1 (2011–12)
Preventable hospital stays	5%	42 (2006–07)	38 (2009)	40 (2010)
Diabetic screening	2.5%	92% (2006–07)	90% (2009)	96% (2010)
Mammography screening	2.5%	75% (2006–07)	77% (2009)	78% (2010)

Measure	Weight	2011	2012	2013
Health Factors		4	4	4
Social & Economic	(40%)	11	9	10
High school graduation	5%	90% (2006–07)	91% (2008–09)	92% (2008–08)
Some college	5%	73% (2005–09)	73% (2006–10)	76% (2007–11)
Unemployment	10%	6.6% (2009)	6.3% (2010)	5.7% (2011)
Children in poverty	10%	12% (2008)	14% (2010)	15% (2011)
Inadequate social support	2.5%	16% (2005–09)	16% (2006–10)	16% (2005–10)
Children in single-parent households	2.5%	25% (2005–09)	26% (2006–10)	27% (2007–11)
Violent crime rate	5%	205 (2006–08)	212 (2007–09)	208 (2008–10)

Measure	Weight	2011	2012	2013
Health Factors		4	4	4
Physical Environment	(10%)	21	50	60
Air pollution– particulate matter days	2.5%/2%	4 (2006)	4 (2007)	11.1 (2008)
Air pollution – ozone days	2.5%/2%	0 (2006)	0 (2007)	
Drinking water safety	0/2%			1% (2012)
Access to healthy foods	2.5%/0	75% (2008)		
Access to recreational facilities	2.5%/2%	12 (2008)	13 (2009)	10 (2010)
Limited access to healthy foods	0/2%		6% (2006)	5% (2012)
Fast Food restaurants	0/2%		50% (2009)	51% (2010)

Pitfalls to using the County Health Rankings as our measure of success

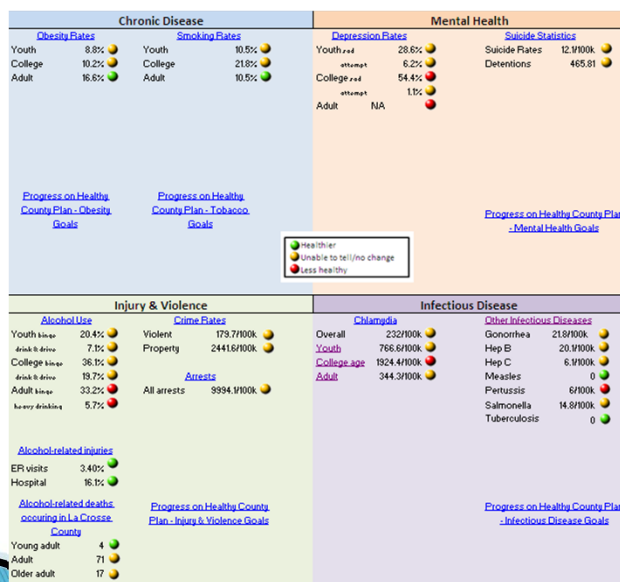
- ▶ Many of the measures are based on self-report
- ▶ Methodology changes every year!
- ▶ Many of the measures are old
 - The data isn't even measuring the years since we launched the healthy county initiative
- ▶ Many of the measures have multiple years of data
 - Any improvements are going to be rolled into other years' data
- ▶ Ranking is difficult if other counties are improving also
 - "Healthiest" versus "Improvement"
- ▶ Some of our community changes won't ever be reflected in the scores
 - Healthy Fast Food restaurants

Our Challenge:

To find a balance between the “noise” of ONE NUMBER summarizing our “HEALTH” and the ability to manage a plan and show progress on goals and objectives.

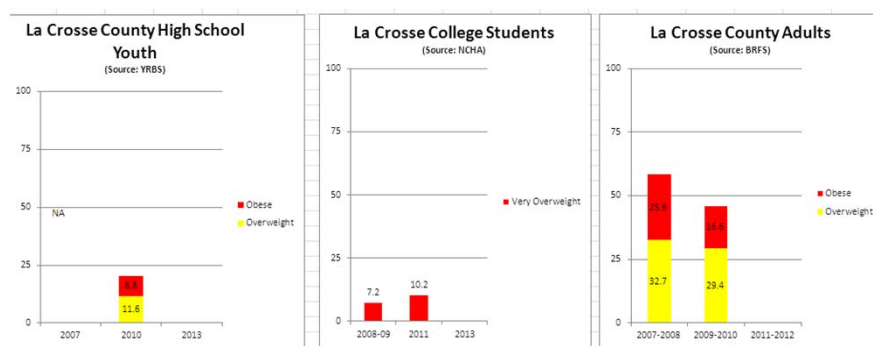
Local data available is limited.

Healthy County Dashboard



Local data on the measure – when available

Obesity



Ability to track local goals and strategies

	2010	2011	2012	2013
Encourage nonchain/ nonfranchise restaurants to join the 500 Club (or other similar programs) as a way to help patrons identify healthy options in their restaurants				
Locations	29	53	87	
Items labeled	256	614	581	
Items in brochure	843	1730	2088	
Increase adoption of Wellness Warriors to encourage selection of healthy items from vending throughout the region.				
Locations	63	70	70	
Promote increased purchase and consumption of fruits and vegetables at local grocery stores.			Footsteps to Health; Walmart	
Produce sales at 4 Festival Foods	Footsteps to Health	Footsteps to Health	Implement 2 healthy check-out isles	
2 times/month fruit/vegetable samples	July 2009-July 2011: 10.5% (incr)			
Work with school nutrition programs to increase fruit/vegetable offerings on school menus	2010-2012 - 25,725 samples and 11,711 handouts			
Districts participating in Farm2School		5 of 5	5 of 5	
Food samples provided		20,000	15,505	
Chef-led Classes		Jan 2011-May 2012 - 21 classes		
Value of local produce		Sept 2011-May 2012: \$23,995		

What Do These Tools Measure?

Pioneering Healthier Communities Initiative

- ▶ PHC is a key component of Activate America and is designed to change the health of the community outside the walls of the YMCA.
- ▶ PHC brings community leaders and key organizations to the table to improve the health of our communities.
- ▶ PHC is focused on increasing physical activity and improving nutrition by redesigning the built environment.

LA CROSSE
Tribune



STANSFIELD VENDING, INC.

Gundersen
Lutheran

YMCA

Franciscan Skemp
Mayo Health System

UWEL

NEWS
19

Kwik Trip
STORES



Wellness Warriors

- ▶ Partnering with a non-traditional community partner
 - Taste testing healthy items – let the customer choose what they like
 - Healthy items at a reduced price (~\$0.75)
 - Unhealthy items at an increased price (~\$1.25)
 - Point of purchase reminders (Green-pushers)



STANSFIELD VENDING, INC.



- ▶ The 500 Club® program is a healthy eating program designed by registered dietitians and recommended by physicians at Gundersen Lutheran.

Farm-to-School Programs

- Farm to School (School Districts of La Crosse, Onalaska, West Salem, Holmen, & Bangor)
 - Food demonstration by celebrity chefs and sampling of over 20,000 samples of locally grown foods in 2011.
 - Local produce valued at over \$21,000 served in 5 districts (105,000 servings)

Safe-Routes to School

- 13 participating schools in the county reported over 20,000 new walking/biking events in 2011 (includes walking to school but not with the walking school buses), walking at school, and participating in activity clubs)
- 5000 walking school bus trips in 2011
- Over 4400 students received bicycle helmet & safety education

<http://vimeo.com/33729016>

Work with Festivals



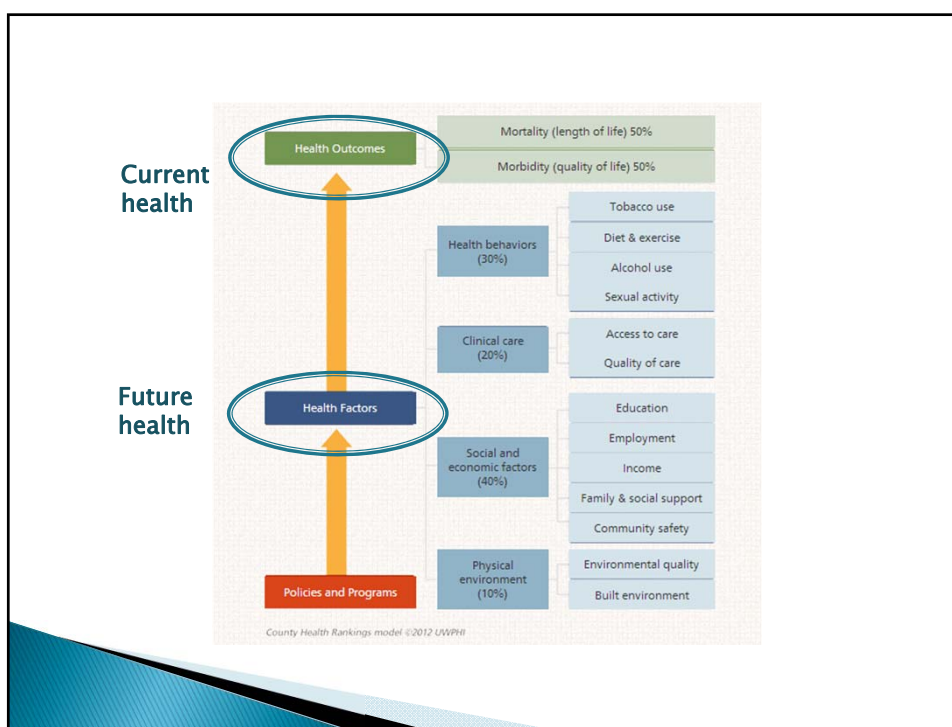
Strategies

- **Programs** – short-term awareness, knowledge-building or behavior change programs (eg. 10,000 steps, Minutes in Motion, etc)
- **Physical Projects** – physical permanent changes in the built environment (walking and bike paths, showers, bike barns, stop lights, etc)
- **Policies** – rules that change what's acceptable in a community (complete streets, smoking policies, etc.)

How Do We Define Health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

- ▶ During the Ottawa Charter for Health Promotion in 1986, the WHO said that health is:
- ▶ *"a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."*



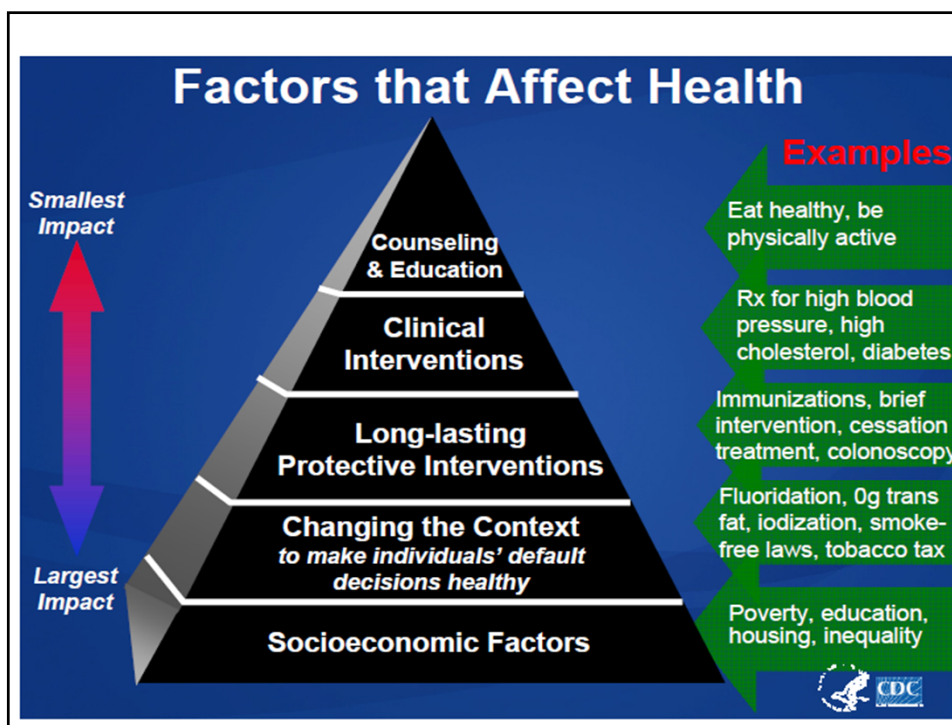
The Drivers of Health

Accelerating progress often requires a focus on all four and not just some of these “drivers.”

1. Health Behaviors and Skills
2. Social, Economic and Educational Factors
3. Health Services and Systems
4. Physical Environment

<http://www.dhs.wisconsin.gov/hw2020/index.htm>
Mailbox:
dhshw2020@dhs.wisconsin.gov

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Breakout #2

Determining Success

A. We just heard Part II and III of the story related to how we have been looking at success, along with determining if these measurements are the most appropriate to use.

Please take a look at what you defined as success in the first breakout.

After what you heard today, has your view on success changed or stayed the same?

If it is different, what will you do differently in going forward?

B. How do you think the Population Health Committee should determine its success?

C. What are the best methods for the Population Health Committee to communicate its success?

Spirit Cards

Thank you!

Resource Handout – also online