Welcome!
2013 Health Summit

Let’s start the summit!
Dr. Jeffrey Thompson –
Gundersen Lutheran
LMHSC Board President
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

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
## Health Summits

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

Walter 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 For¹,²

$6.8 billion

$2.9 billion Lost Productivity

$2.0 billion Premature Death

$749 million Healthcare

$469 million Criminal Justice

$418 million Motor Vehicle

$90 million Other

We All Pay¹,²

$6.8 billion

$2.9 billion Taxpayers

$2.8 billion Excessive Drinkers and their Families

$1.1 billion Others in Society (including health insurers, employers)

Alcohol tax collection falls short

Wisconsin collected $69 million in alcohol taxes in 2011¹,² — 1% of the $6.8 billion in economic costs attributed to excessive alcohol use.
Don’t stick taxpayers with huge drinking tab

March 24, 2013 5:00 am - Wisconsin State Journal editorial

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.
- 48,976 hospitalizations.
- 60,221 arrests.
- 5,721 motor vehicle crashes.

The cost 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.

Adult Smoking: Ranges between 9 – 31%
Adult Obesity: 24 - 36%

Wicked Problems

- Seemingly intractable with chronic policy failure
- Sit astride organizational boundaries and responsibilities
- Involve changing behavior
- Socially complex
- Difficult to define
- Interdependencies and multi-causal
- Solutions can lead to unforeseen consequences
- No clear solution
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

Working Together

Collective Action & Impact

Graduating Kids

- Schools
- Health Care
- Law Enforcement
- Business
- Government
- Nonprofit
- Faith-Based
- Public Health
## Isolated Impact vs. Collective Impact

<table>
<thead>
<tr>
<th>Isolated Impact</th>
<th>Collective Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funders select individual grantees that offer the</td>
<td>Funders and implementers understand that social problems, and their solutions,</td>
</tr>
<tr>
<td>most promising solutions.</td>
<td>that arise from the interaction of many organizations within a larger system.</td>
</tr>
<tr>
<td>Nonprofits work separately and compete to</td>
<td>Progress depends on working toward the same goal and measuring the same things.</td>
</tr>
<tr>
<td>produce the greatest independent impact.</td>
<td>Large scale impact depends on increasing cross-sector alignment and learning</td>
</tr>
<tr>
<td>Evaluation attempts to isolate a particular</td>
<td>among many organizations.</td>
</tr>
<tr>
<td>organization’s impact.</td>
<td>Corporate and government sectors are essential partners.</td>
</tr>
<tr>
<td>Large scale change is assumed to depend on scaling</td>
<td>Organizations actively coordinate their action and share lessons learned.</td>
</tr>
<tr>
<td>a single organization.</td>
<td></td>
</tr>
<tr>
<td>Corporate and government sectors are</td>
<td></td>
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<tr>
<td>often disconnected from the efforts of foundations</td>
<td></td>
</tr>
<tr>
<td>and nonprofits.</td>
<td></td>
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</tbody>
</table>
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

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

Adapted From: Foster & Fishman, ‘Building Collaborative Capacity in Community Coalitions,’ 2001
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?
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
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
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

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**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 Celeste Children Foundation and the City of Green Bay set the stage for enhanced provider training and parent outreach in 2013.

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**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: eWIACWIS 2011 – 2012 Q2

Economic Development and Regional Impact
• “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.

Challenge Yourselves 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
Traffic Calming

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 Behavioral 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, reduce traffic volumes, increase pedestrian and cyclist safety (Cochran-Aaron Thomas 2000, Morrison 2005, Fitchett 2000, Dumbrajs 2000, IM Sep 2002, 2003, Land 1985). 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 speeds (Cochran-Aaron Thomas 2000, Morrison 2005, Morrison 2004, Dumbrajs 2000). Interventions traffic calming measures have been shown to reduce traffic injuries, collision frequency and severity, and insurance claims costs (Cochran-Aaron Thomas 2000, Land 1985, 1997, Morrison 2005).

Pedestrian refuge islands, sidewalks, crosswalks, exclusive pedestrian signal phasing, and increased lighting can reduce the risk of pedestrian-vehicle crashes (Fitchett 2000, Cochran-Aaron Thomas 2000). Real-time cameras and speed cameras also have been shown to reduce casualty crashes (Cochran-Aaron Thomas 2000, Morrison 2005).

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

Impact on Properties

Likely to decrease disbandment

Implementation Examples

Traffic calming programs are in place in urban areas around the country (DOT Traffic Calming Program).
La Crosse County Rankings

<table>
<thead>
<tr>
<th>Measure</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>22</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Health Factors</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
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</table>
Health Outcomes Rankings (TODAY’S HEALTH)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td></td>
<td>22</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Mortality Overall</td>
<td>50%</td>
<td>13</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Morbidity Overall</td>
<td>50%</td>
<td>38</td>
<td>37</td>
<td>25</td>
</tr>
</tbody>
</table>

Ranking out of 72 counties in Wisconsin

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>2011</th>
<th>2012</th>
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<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td></td>
<td>8</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Social &amp; Economic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td>11</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td></td>
<td>21</td>
<td>50</td>
<td>60</td>
</tr>
</tbody>
</table>

### Health Behaviors

- **Adult smoking**: 10% (2003-09), 18% (2004-10), 17% (2005-11)
- **Adult obesity**: 10%/7.5% (2008), 26% (2009), 24% (2009), 24% (2009)
- **Physical Inactivity**: 0/2.5% (2008), 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)
<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Care</td>
<td>(20%)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dentists</td>
<td>0/2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>2.5%</td>
<td>92% (2006–07)</td>
<td>90% (2009)</td>
<td>96% (2010)</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>2.5%</td>
<td>75% (2006–07)</td>
<td>77% (2009)</td>
<td>78% (2010)</td>
</tr>
<tr>
<td><strong>Social &amp; Economic</strong></td>
<td>(40%)</td>
<td>11</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>High school graduation</td>
<td>5%</td>
<td>90% (2006–07)</td>
<td>91% (2008–09)</td>
<td>92% (2008–08)</td>
</tr>
<tr>
<td>Some college</td>
<td>5%</td>
<td>73% (2005–09)</td>
<td>73% (2006–10)</td>
<td>76% (2007–11)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>10%</td>
<td>6.6% (2009)</td>
<td>6.3% (2010)</td>
<td>5.7% (2011)</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>10%</td>
<td>12% (2008)</td>
<td>14% (2010)</td>
<td>15% (2011)</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>2.5%</td>
<td>16% (2005–09)</td>
<td>16% (2006–10)</td>
<td>16% (2005–10)</td>
</tr>
<tr>
<td>Measure</td>
<td>Weight</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
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<td>---------------------------------------------</td>
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<tr>
<td><strong>Health Factors</strong></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td>(10%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution—ozone days</td>
<td>2.5%/2%</td>
<td>0 (2006)</td>
<td>0 (2007)</td>
<td></td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>0/2%</td>
<td></td>
<td></td>
<td>1% (2012)</td>
</tr>
<tr>
<td>Access to healthy foods</td>
<td>2.5%/0</td>
<td>75% (2008)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>0/2%</td>
<td></td>
<td>6% (2006)</td>
<td>5% (2012)</td>
</tr>
<tr>
<td>Fast Food restaurants</td>
<td>0/2%</td>
<td></td>
<td>50% (2009)</td>
<td>51% (2010)</td>
</tr>
</tbody>
</table>

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.
Local data on the measure – when available

**Obesity**

![Graphs showing obesity rates for La Crosse County High School Youth, La Crosse College Students, and La Crosse County Adults.]

**Ability to track local goals and strategies**

<table>
<thead>
<tr>
<th>Strategy Description</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage non-chain foodservice restaurants to join the NDC Club (or other similar programs) as a way to help patrons make healthy choices in their restaurants</td>
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<td></td>
</tr>
<tr>
<td>Locations</td>
<td>29</td>
<td>53</td>
<td>87</td>
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<tr>
<td>Items listed</td>
<td>255</td>
<td>614</td>
<td>581</td>
<td></td>
</tr>
<tr>
<td>Items in brochure</td>
<td>345</td>
<td>2720</td>
<td>2593</td>
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</tr>
<tr>
<td>Increase adoption of inclusive resources to encourage selection of healthy items from vending throughout the region</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locations</td>
<td>61</td>
<td>70</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Promote increased purchase and consumption of fruits and vegetables at local grocery stores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Produce sales at 4 festivals Foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Footsteps to Health, We want to Implement 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 times/month fruit/vegetable sampling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with school nurse programs to increase fruit/vegetable offerings on school menus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts participating in Farm2School food sampling program</td>
<td></td>
<td></td>
<td>5 of 5</td>
<td></td>
</tr>
<tr>
<td>School samples provided</td>
<td></td>
<td></td>
<td>3 of 5</td>
<td></td>
</tr>
<tr>
<td>Chef's Classes</td>
<td>10,000</td>
<td>16,863</td>
<td></td>
<td></td>
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<tr>
<td>Value of local produce</td>
<td>523</td>
<td>365</td>
<td>523</td>
<td>985</td>
</tr>
</tbody>
</table>
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.
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)

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:
dhs.hw2020@dhs.wisconsin.gov
**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?

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**Spirit Cards**

**Thank you!**

**Resource Handout – also online**