Welcome!

2014 Health Summit

LA CROSSE MEDICAL HEALTH SCIENCE
CONSORTIUM

Let’s start the summit!

La Crosse Medical Health Science Consortium

La Crosse Medical Health Science Consortium - Partnership

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

GUNDERSEN HEALTH SYSTEM

MAYO CLINIC HEALTH SYSTEM

UW-L University of Wisconsin-La Crosse

VITERBO UNIVERSITY

Western Technical College A WISCONSIN TECHNICAL COLLEGE

LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM

La Crosse Medical Health Science Consortium - Mission

Fostering collaboration for healthier communities

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Healthiest County La Crosse Plan History

- 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.

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A View From the Partners

Essential Elements for Success

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

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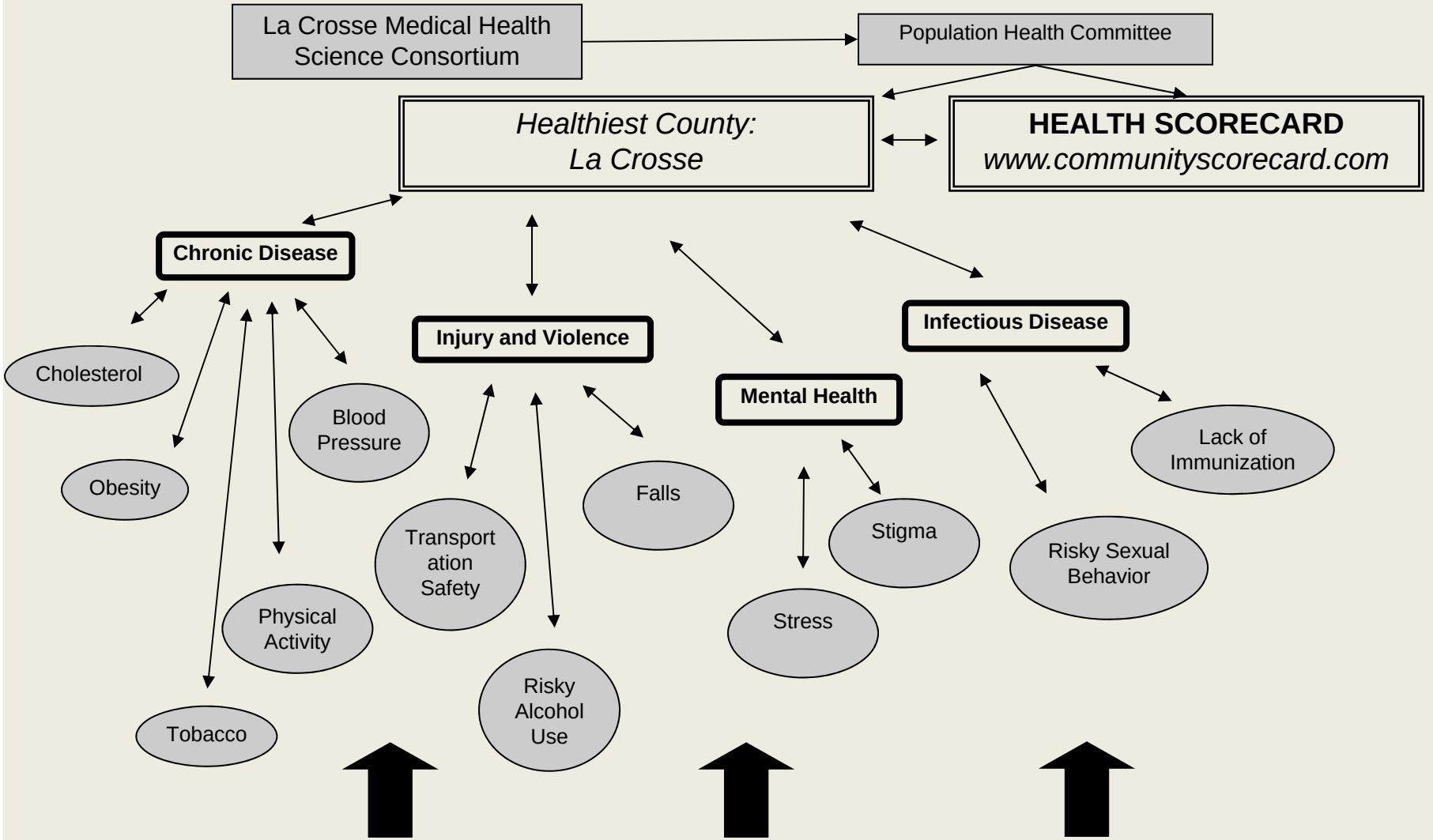
Diagram 1



Various coalitions, networks and organizations working within the different sectors, but all working towards a common goal

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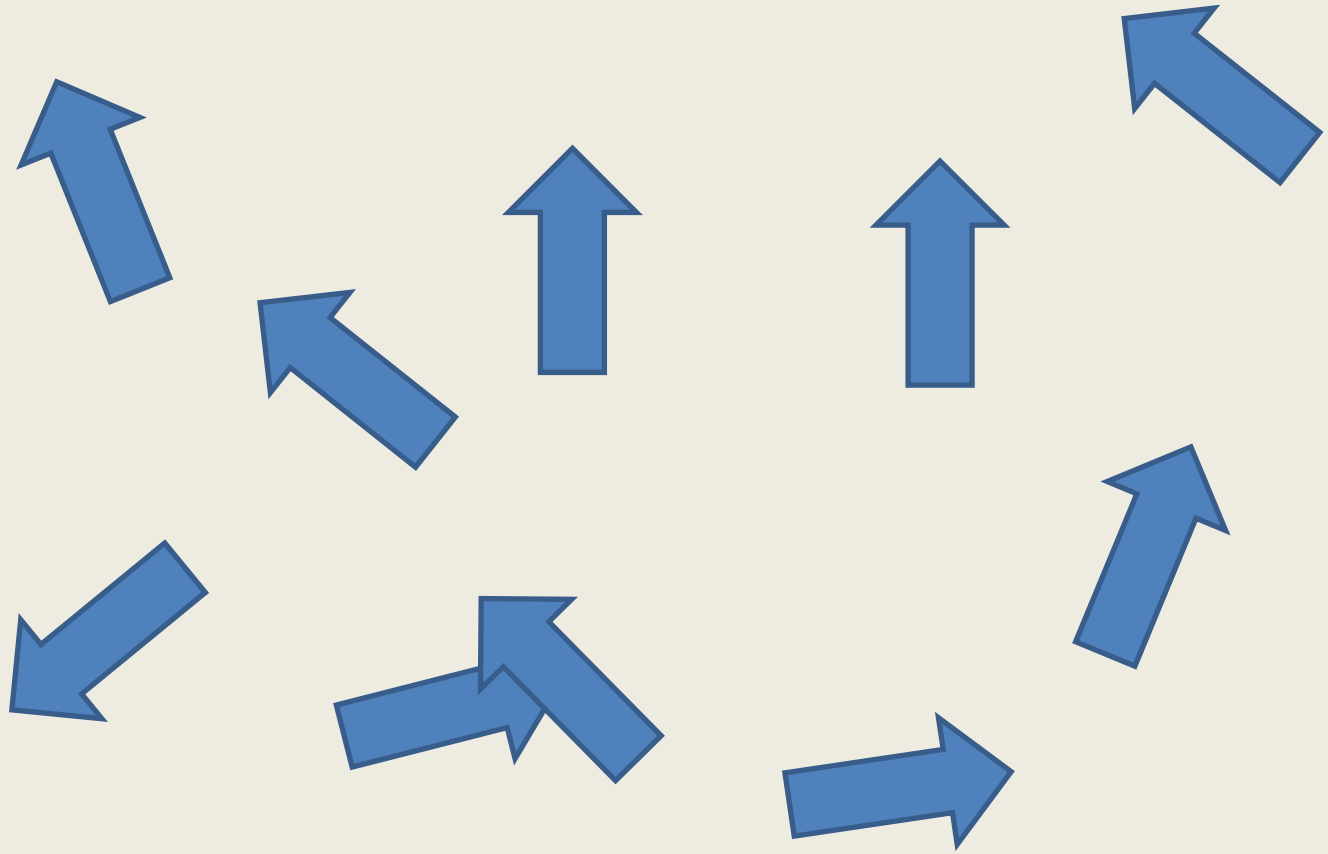

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Health Summits

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.
2013	Collective impact. How far we have come, where we are now, and where we want to go into the future.

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PH Committee Evolution

- Personal responsibility
- Advocacy
- Environmental changes
- Policy
- Identifying success

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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.)

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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

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PH Committee Evolution Cont'd

- November 2012 - Brenda Rooney shared pros and cons on using County Health Rankings as sole evaluator
- Created a dashboard
- Dialogue on identifying what success means and measuring what matters
- Social determinants are a "root" issue

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Today…

La Crosse Medical Health Science Consortium

Brenda Rooney - PhD, MPH

Epidemiologist –

Gundersen Health System

La Crosse Medical Health Science Consortium

Tracking our Healthy County Initiative - Local Data Updates

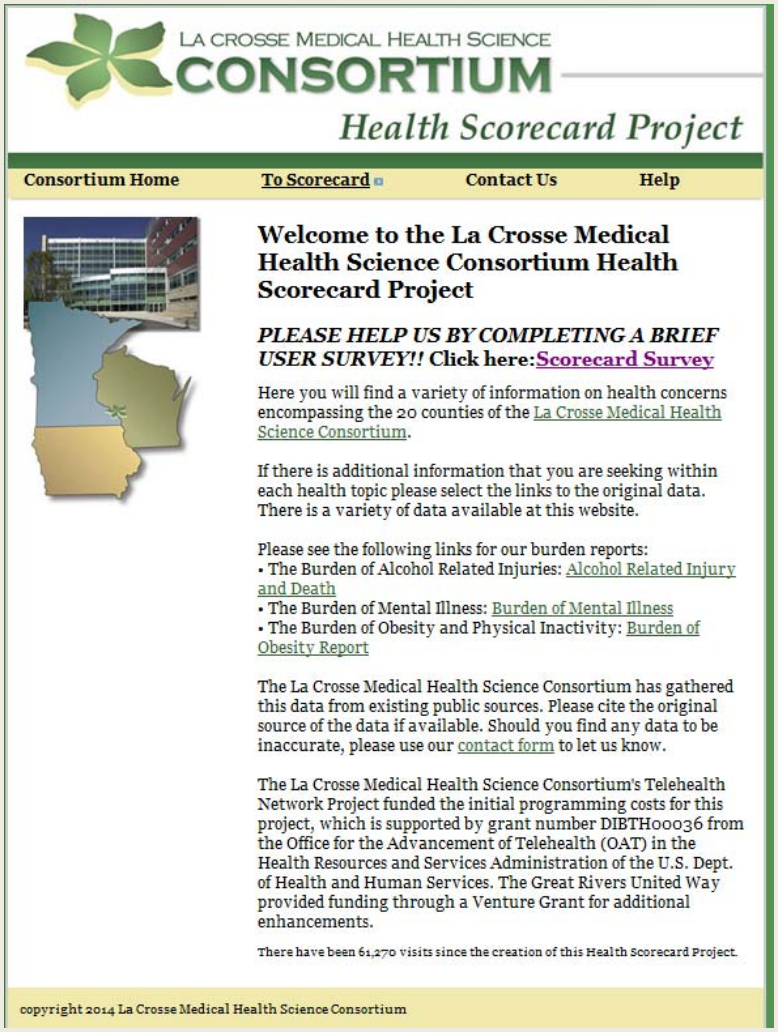
Brenda Rooney, PhD

Gundersen Health System

La Crosse Medical Health Science- Population Health Committee

La Crosse Medical Health Science Consortium

Regional Health Scorecard



Created locally.

Launched March 2007 to assist in improving data availability and aid in priority setting.

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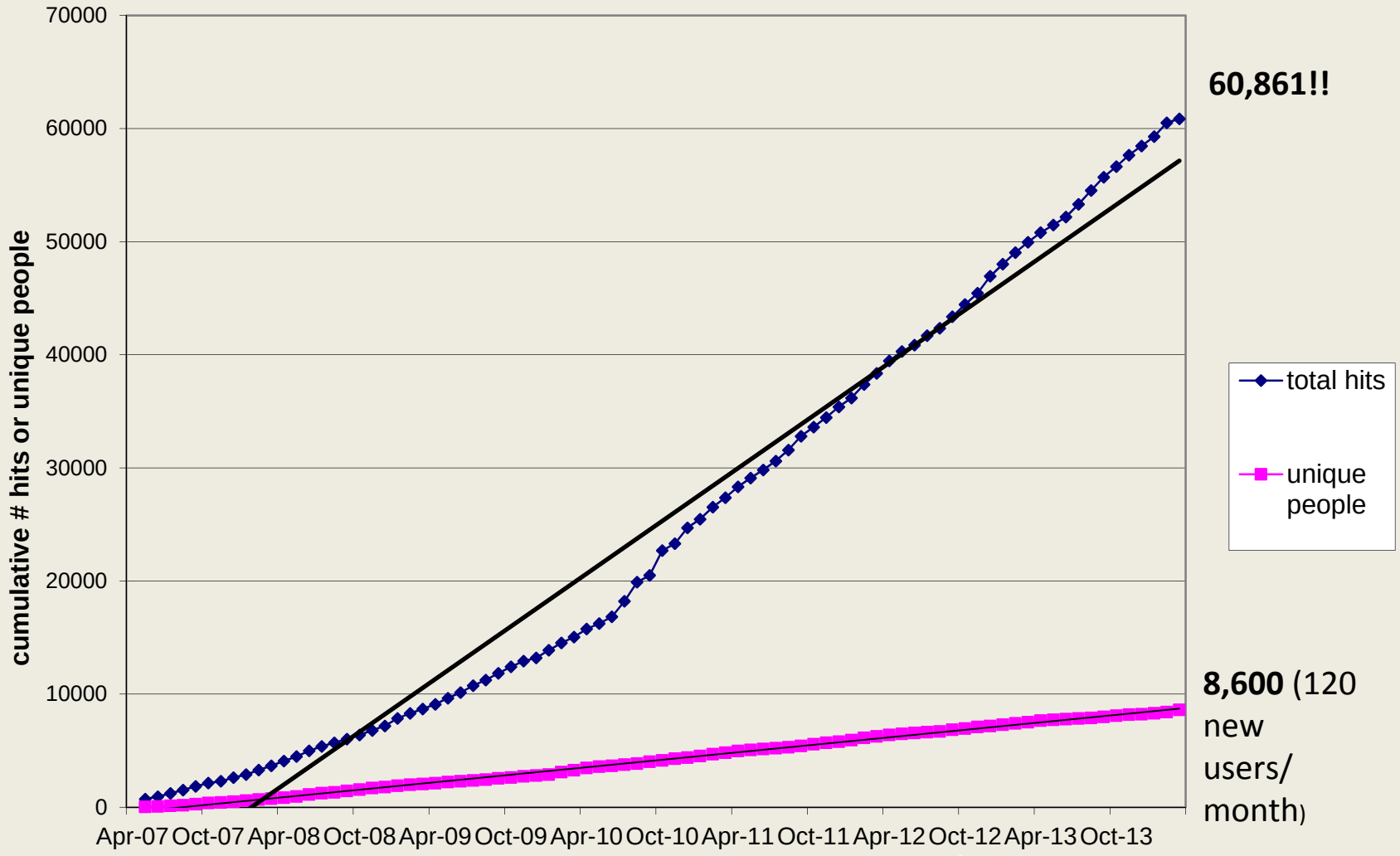
Scorecard hits over time 5/19/2007-present



60,861!!

8,600 (120 new users/ month)

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Scorecard User Origin

Country	# visits	State	# visits
United States	91.1% (55,444)	Wisconsin	68.3% (41,550)
Brazil	1.4% (852)	Minnesota	9.4% (5697)
India	0.8% (487)	California	2.4% (1436)
United Kingdom	0.7% (426)	Illinois	2.3% (1412)
Canada	0.6% (408)	Iowa	2.1% (1254)
100 other countries	5.4% (3287)	Texas	1.4% (822)
		New York	1.3% (809)
		Florida	1.0% (578)
		41 other states	11.8% (7182)

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Scorecard User Survey

- April 2014
- Survey sent to 121 professionals at:
  - health and human services,
  - county health departments,
  - health systems,
  - higher education,
  - planning departments,
  - grant writers, and
  - service agencies
- 89 (74%) surveys were completed

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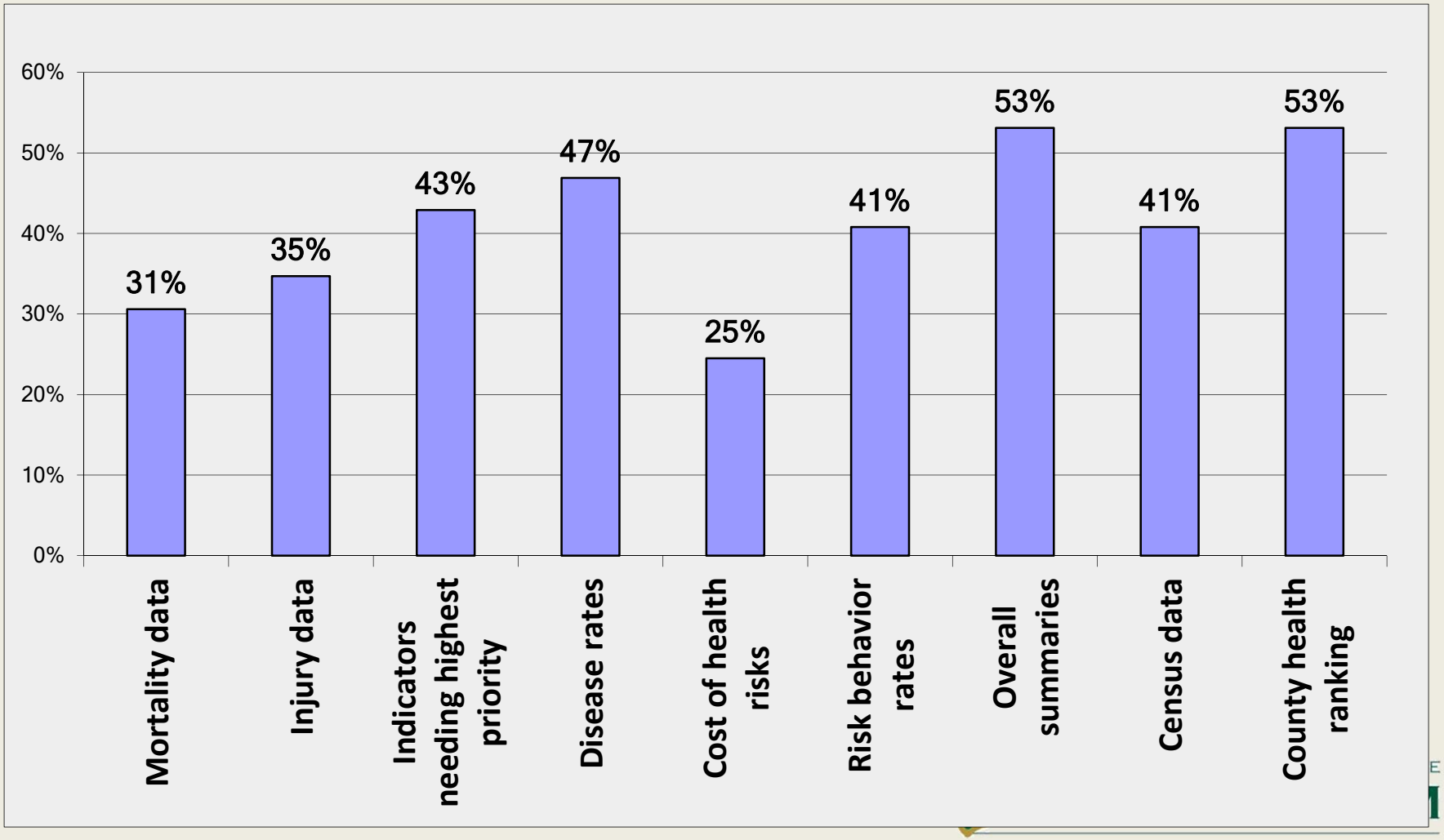
Type of data sought:



Purpose of data

Purpose	Percent
Writing grants	52.0%
Improvement and strategic planning	44.0%
Community needs assessment	40.0%
Research and reports	40.0%
Personal interest/inquiry	34.0%
Media inquiries and articles	10.0%
Coursework	20.0%

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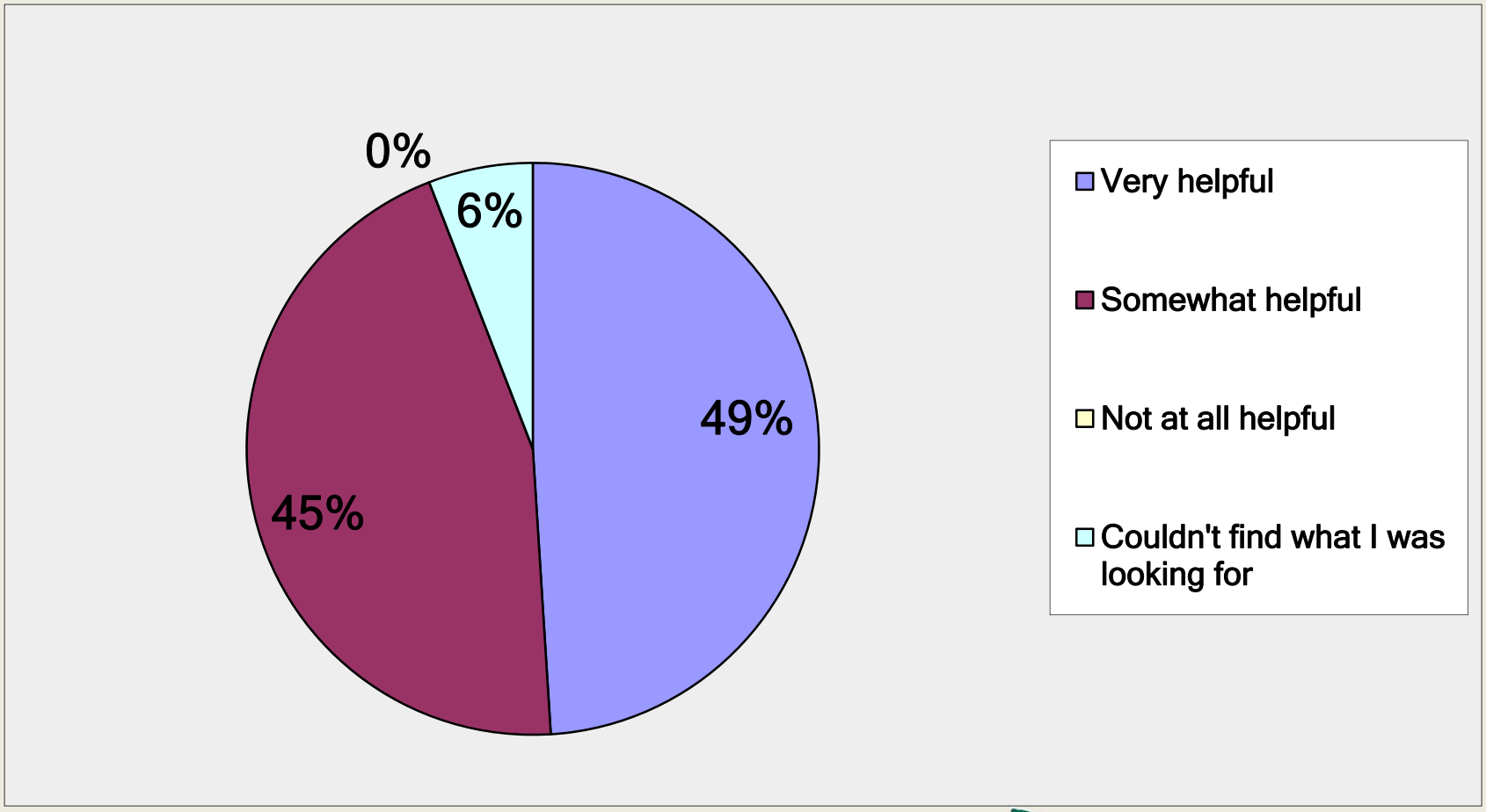
How helpful was the data that you found at the scorecard?



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How are we doing?

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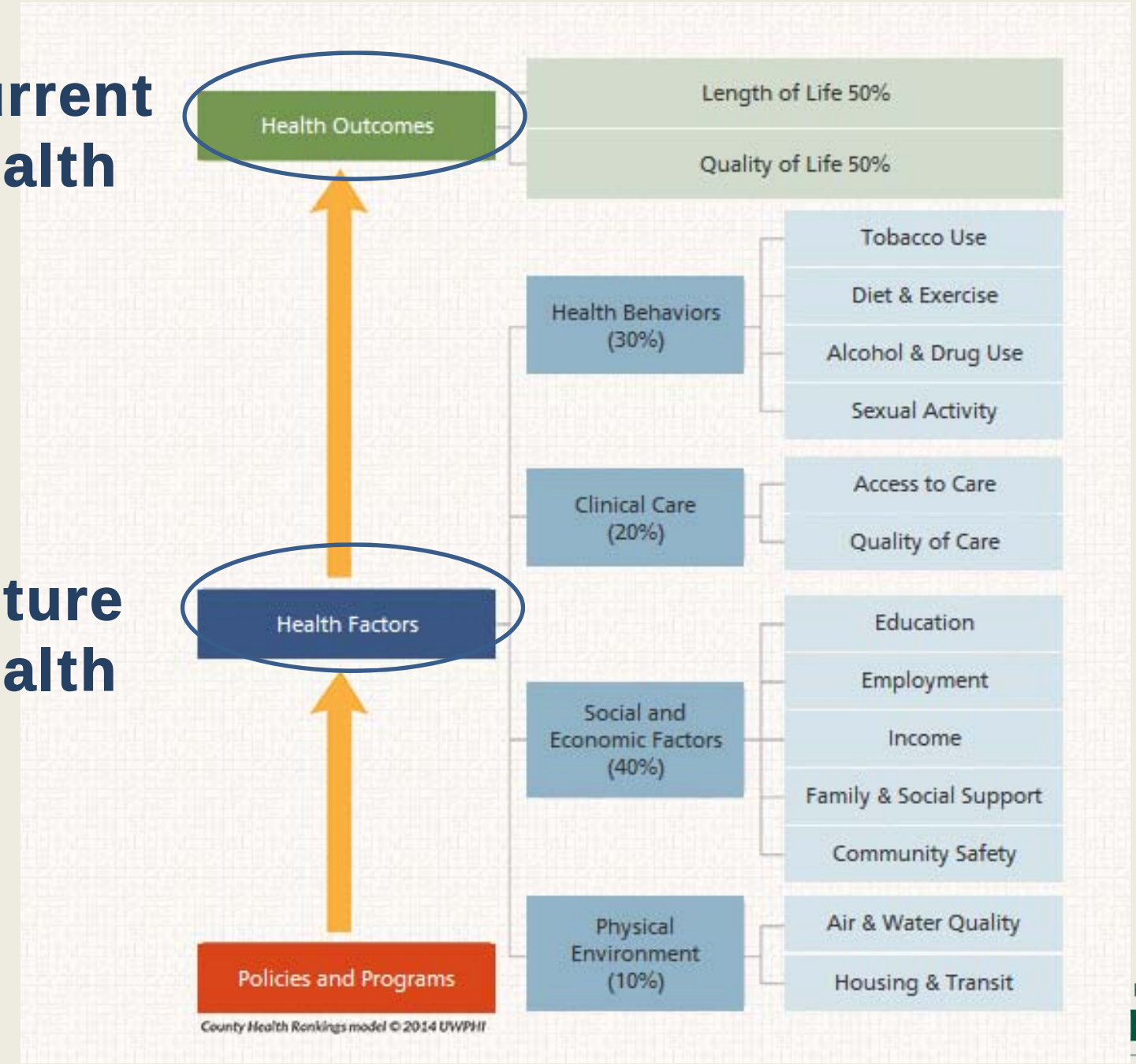
Current health

Future health



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La Crosse County Rankings out of 72 counties in WI

Measure	2011	2012	2013	2014
Health Outcomes	22	23	21	19
Health Factors	4	4	4	3

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HEALTH OUTCOME

Measure	weight	2011	2012	2013	2014
Health Outcome		**22**	**23**	**21**	**19**
Mortality Overall		**13**	**16**	**24**	**24**
Premature death YPLL	50%	5394	5342	5363	5363
Morbidity Overall		**38**	**37**	**25**	**17**
Poor/fair health	10%	10%	10%	9%	7%
Poor physical health days	10%	3.6	3.6	3.3	2.9
Poor mental health days	10%	3.0	2.9	2.8	2.6
Low Birth weight	20%	6.3%	6.3%	6.0%	6.0%

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HEALTH FACTORS

Measure	Weight	2011	2012	2013	2014
Health Factors		**4**	**4**	**4**	**3**
Health Behaviors	30%	8	5	4	6
Clinical Care	20%	1	2	3	2
Social & Economic	40%	11	9	10	8
Physical Environment	10%	21	50	60	38

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Healthy County Dashboard

Chronic Disease

Obesity Rates

Youth	8.8%
College	10.2%
Adult	16.6%

Smoking Rates

Youth	10.5%
College	21.8%
Adult	10.5%

Progress on Healthy County Plan - Obesity Goals

Progress on Healthy County Plan - Tobacco Goals

Mental Health

Depression Rates

Youth sad	28.6%
attempt	6.2%
College sad	54.4%
attempt	1.1%
Adult	NA

Suicide Statistics

Suicide Rates	12.1/100k
Detentions	465.81

Progress on Healthy County Plan - Mental Health Goals

- Healthier
- Unable to tell/no change
- Less healthy

Injury & Violence

Alcohol Use

Youth binge	20.4%
drink & drive	7.1%
College binge	36.1%
drink & drive	19.7%
Adult binge	33.2%
heavy drinking	5.7%

Crime Rates

Violent	179.7/100k
Property	2441.6/100k

Arrests

All arrests	9994.1/100k

Alcohol-related injuries

ER visits	3.40%
Hospital	16.1%

Alcohol-related deaths occuring in La Crosse County

Young adult	4
Adult	71
Older adult	17

Progress on Healthy County Plan - Injury & Violence Goals

Infectious Disease

Chlamydia

Overall	232/100k
Youth	766.6/100k
College age	1924.4/100k
Adult	344.3/100k

Other Infectious Diseases

Gonorrhea	21.8/100k
Hep B	20.1/100k
Hep C	6.1/100k
Measles	0
Pertussis	6/100k
Salmonella	14.8/100k
Tuberculosis	0

Progress on Healthy County Plan - Infectious Disease Goals

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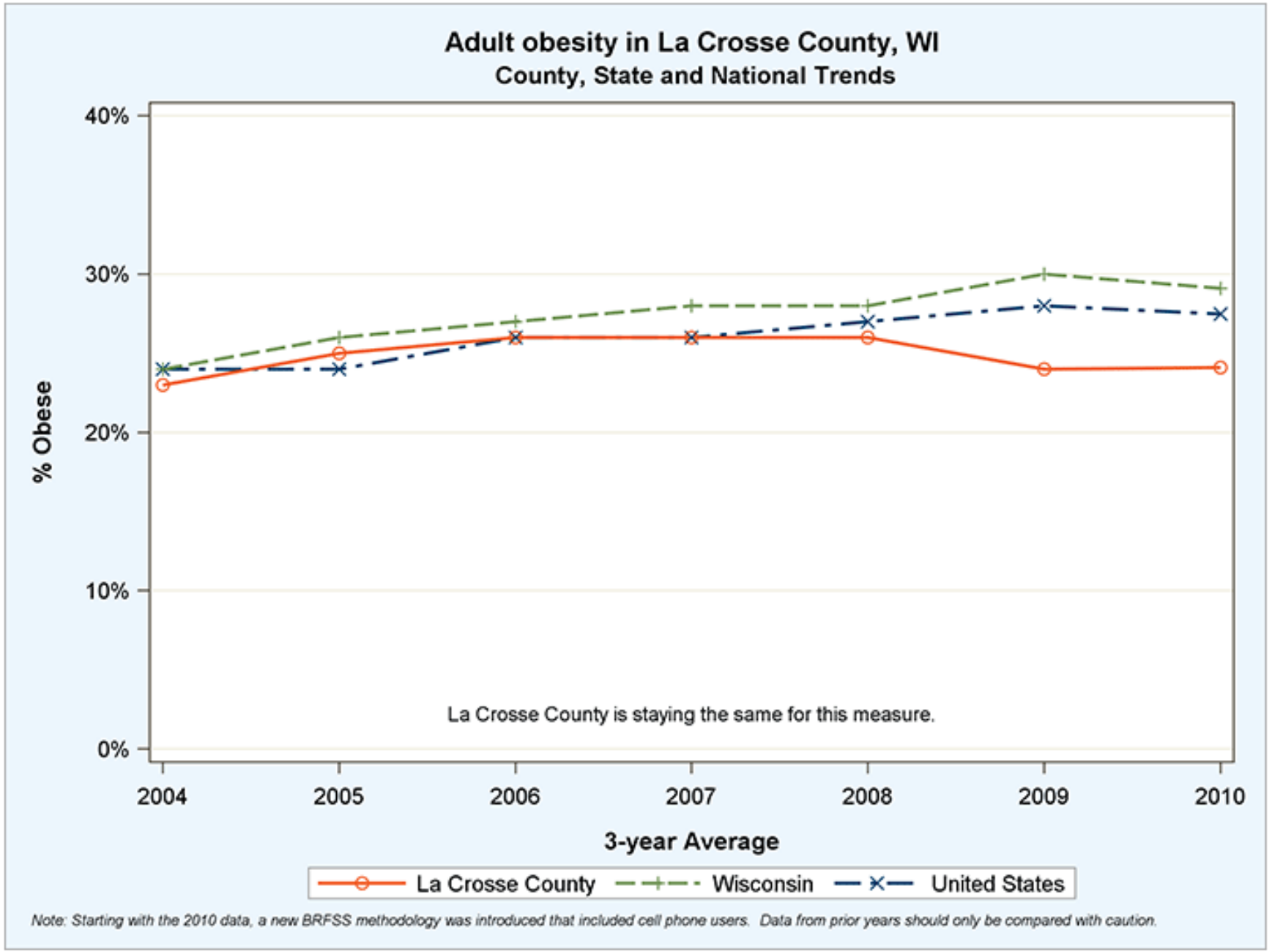
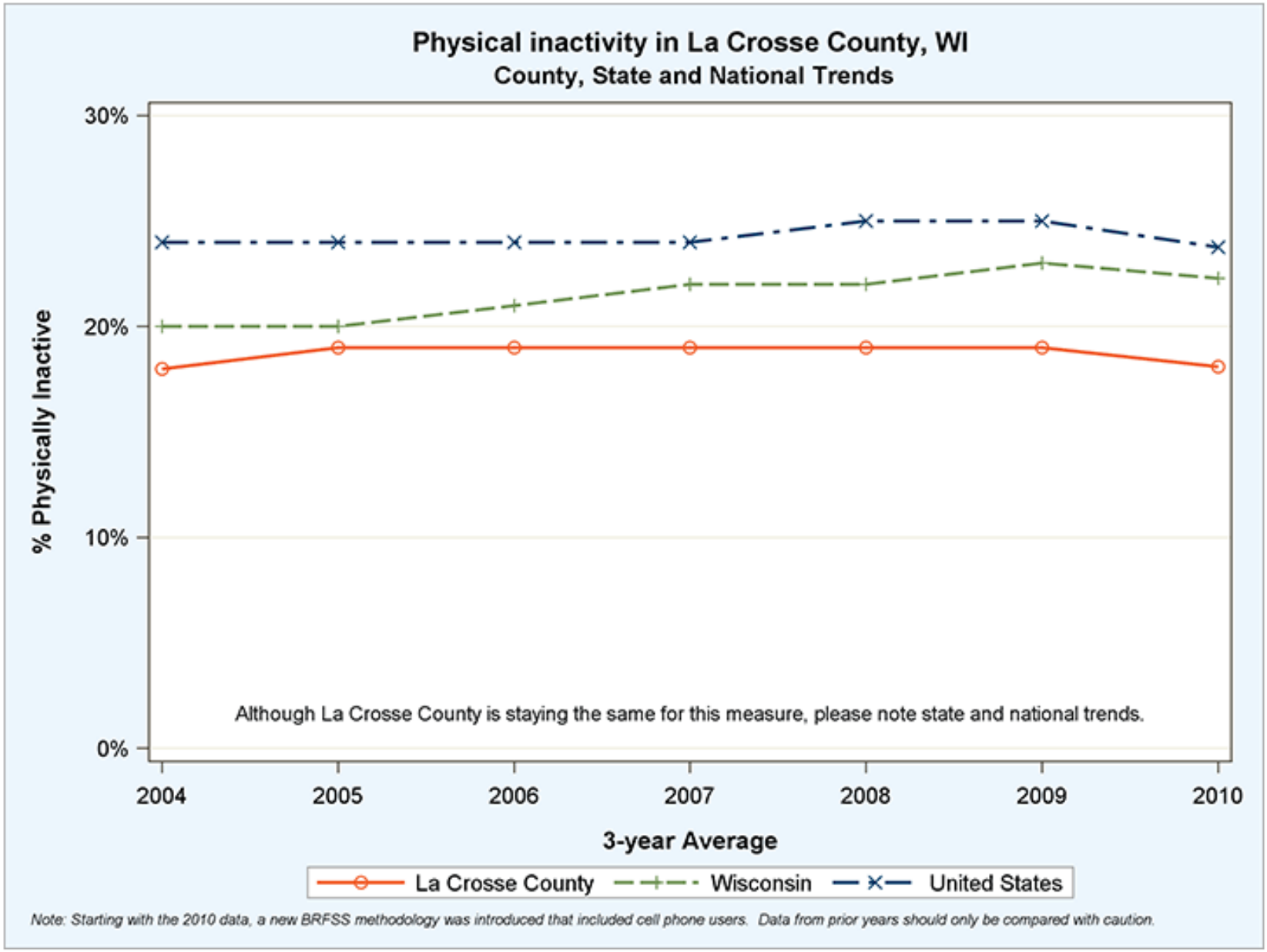

Adult obesity in La Crosse County, WI
County, State and National Trends
40%
30%
20%
10%
0%
% Obese
La Crosse County is staying the same for this measure.
2004
2005
2006
2007
2008
2009
2010
3-year Average
La Crosse County
Wisconsin
United States
Note: Starting with the 2010 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.


Physical inactivity in La Crosse County, WI
County, State and National Trends
30%
20%
10%
0%
% Physically Inactive
Although La Crosse County is staying the same for this measure, please note state and national trends.
2004
2005
2006
2007
2008
2009
2010
3-year Average
La Crosse County
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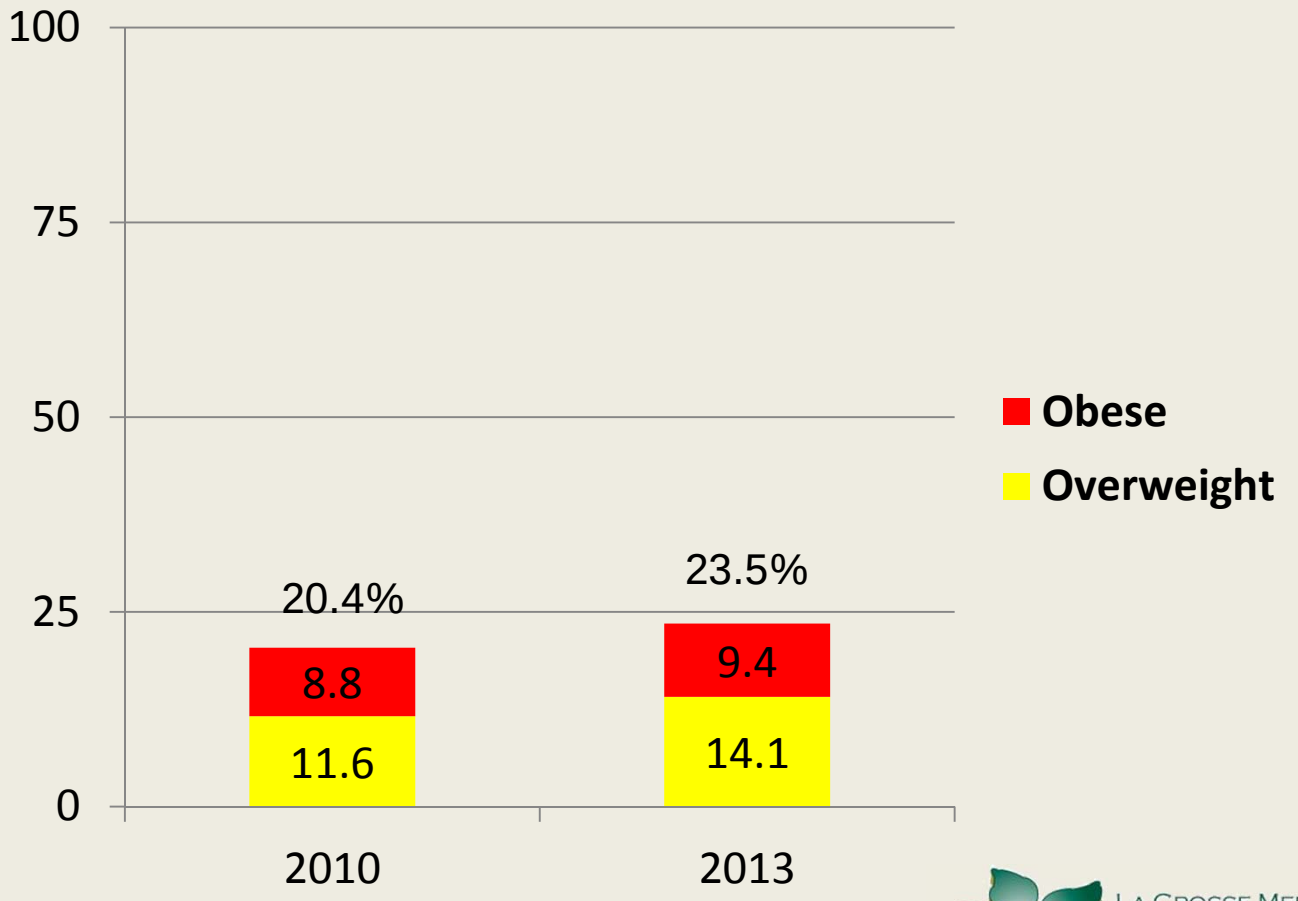
Obesity - La Crosse County High School Youth

(Source: YRBS)



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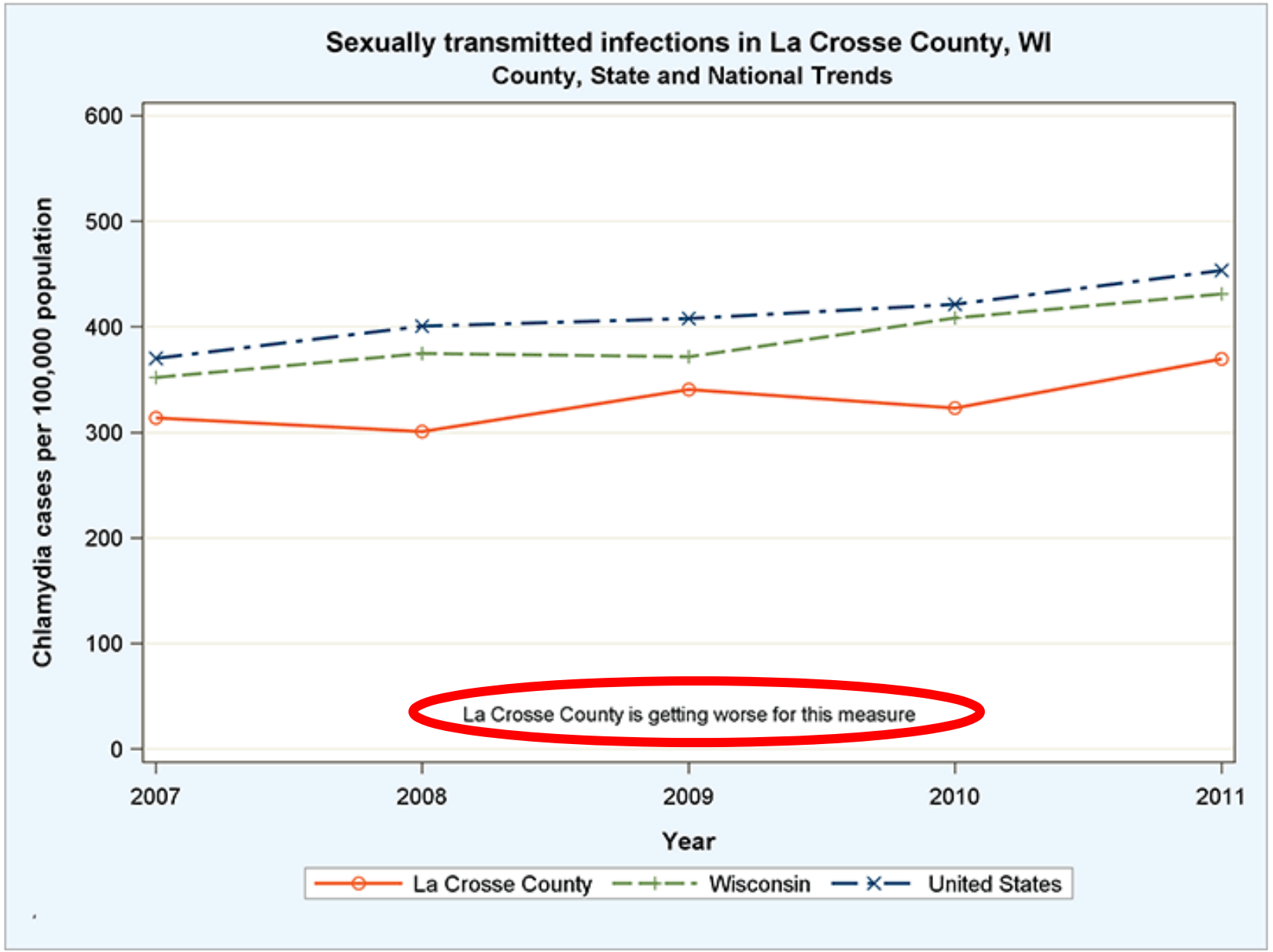
Sexually transmitted infections in La Crosse County, WI
County, State and National Trends
Chlamydia cases per 100,000 population
600
500
400
300
200
100
0
2007
2008
2009
2010
2011
Year
La Crosse County is getting worse for this measure
La Crosse County
Wisconsin
United States

Tracking Progress - Example

Adopt a **safe-routes program** at all 15 walkable schools within the county.				
	2010	**2011**	**2012**	**2013**
# schools	3	13	13	12 (20 active school programs)
Walking school bus trips		5000		5700
School districts add SRTS language in student wellness policies and handbook	3 (La Crosse, Onalaska and West Salem)	1 (Holmen School District)		
# students receiving helmet/safety education		4400		4400

Questions we've been pondering over the past year:

- Are there preventable deaths that are occurring in our county that don't fall within our model?
- Are there disparities occurring within our county? Not everyone sharing in the same opportunities/benefits?
- Were we flawed when we created our model?
  - only focusing on the behavior piece to the health determinants model (30%)

La Crosse Medical Health Science Consortium

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Low Birth weight	20%	6.3%	6.3%	6.0%	6.0%

SCIENCE
UM

Premature Death

- Years of Potential Life Lost (YPLL)
- # years lost due to a death occurring before age 75
  - If someone dies at age 65, they contribute 10 years to our county's total YPLL
  - If someone dies at age 75, they contribute 0 years to our county's total YPLL

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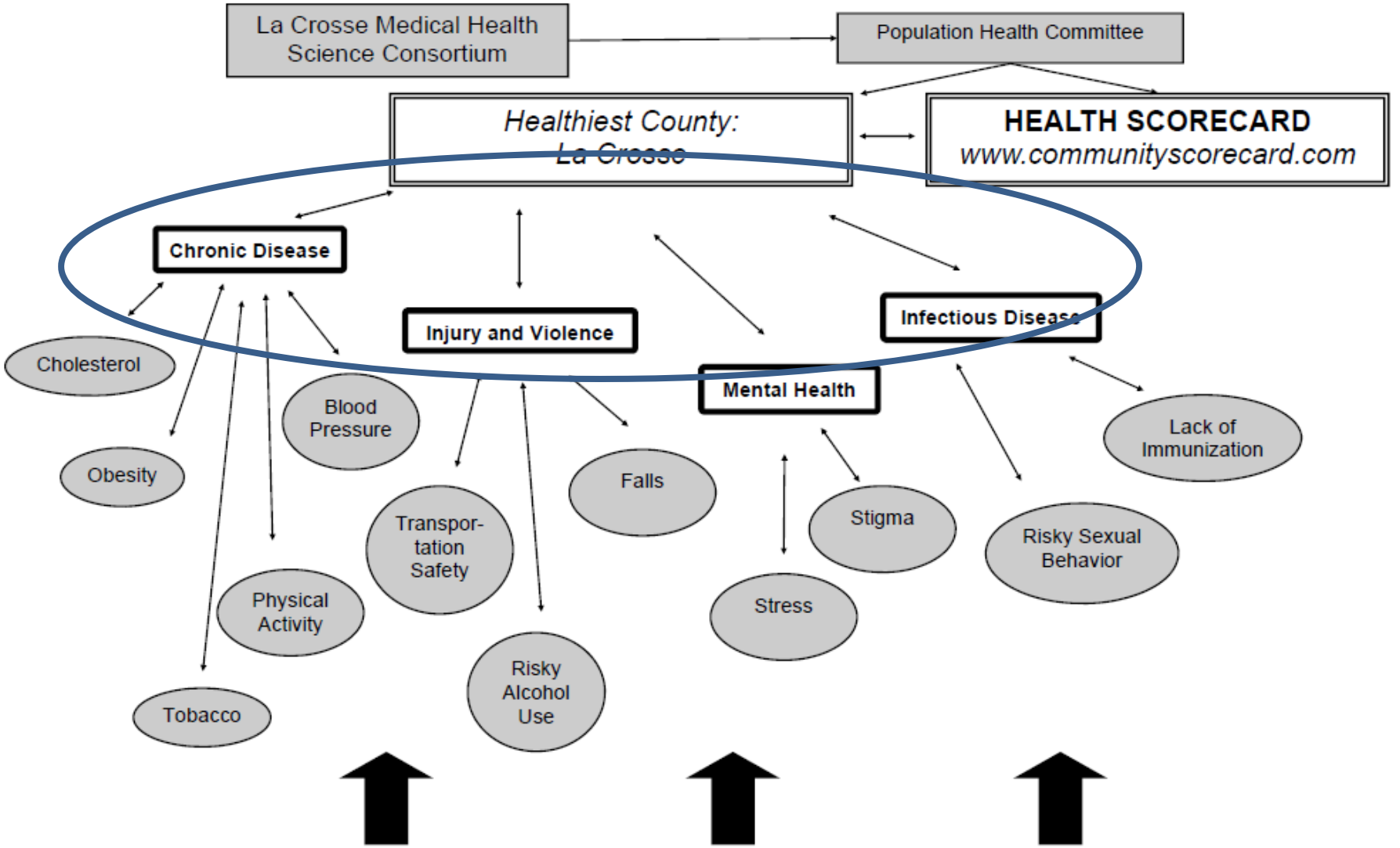

Various coalitions, networks and organizations working within the different sectors, but all working towards a common goal

La Crosse County - YPLL (2011)
by Our Population Health Model

In 2011, 968 deaths, 6,146 YPLL

	Chronic Disease	Injury & Violence	Mental Health	Infectious Disease	Total
Description of deaths	Cancer, heart disease, hypertension, stroke, nephritis, atherosclerosis	Accidents, homicides, cirrhosis – liver disease	Suicide	Influenza, pneumonia, HIV, chronic lower respiratory	
# deaths (% of total)	525 (54.2%)	67 (6.9%)	13 (1.3%)	73 (7.5%)	678/968 (70.0%)
YPLL (% of total)	2,633 (42.8%)	1,213 (19.7%)	375 (6.1%)	178 (2.9%)	4,399/6,146 (71.6%)

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Other deaths:

Cause of death	Number of deaths	YPLL
Maternal & child health • Pregnancy, childbirth, conditions in perinatal period	5	351
Age-related • Peptic ulcer, pneumonitis, aneurism, hernia, Alzheimer's, anemia, etc.	77	132
Miscellaneous/Not preventable • Other diseases of arteries, other diseases of respiratory system, other and unspecified events of undetermined intent, all other diseases (residual) 175, etc.	208	1,264

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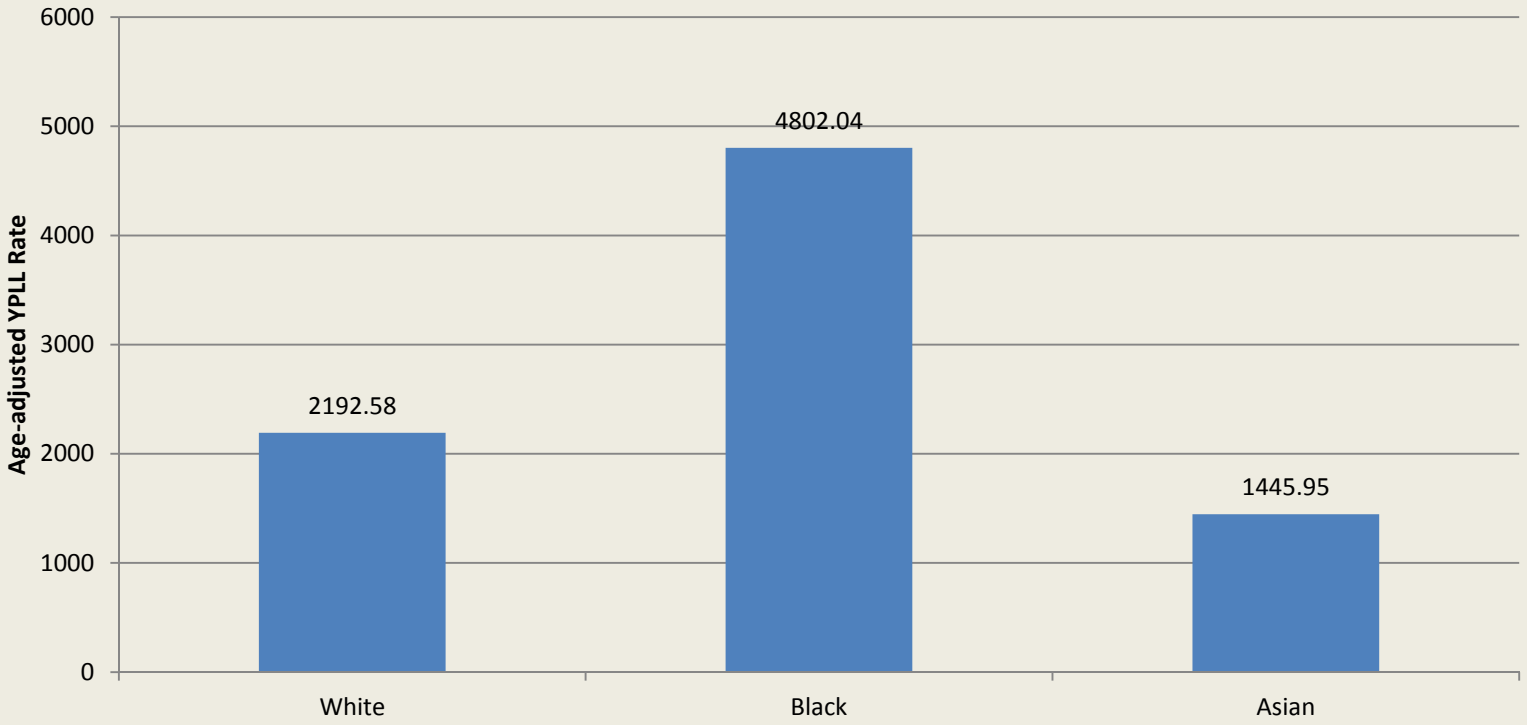
YPLL –
Deaths Due to Chronic Disease



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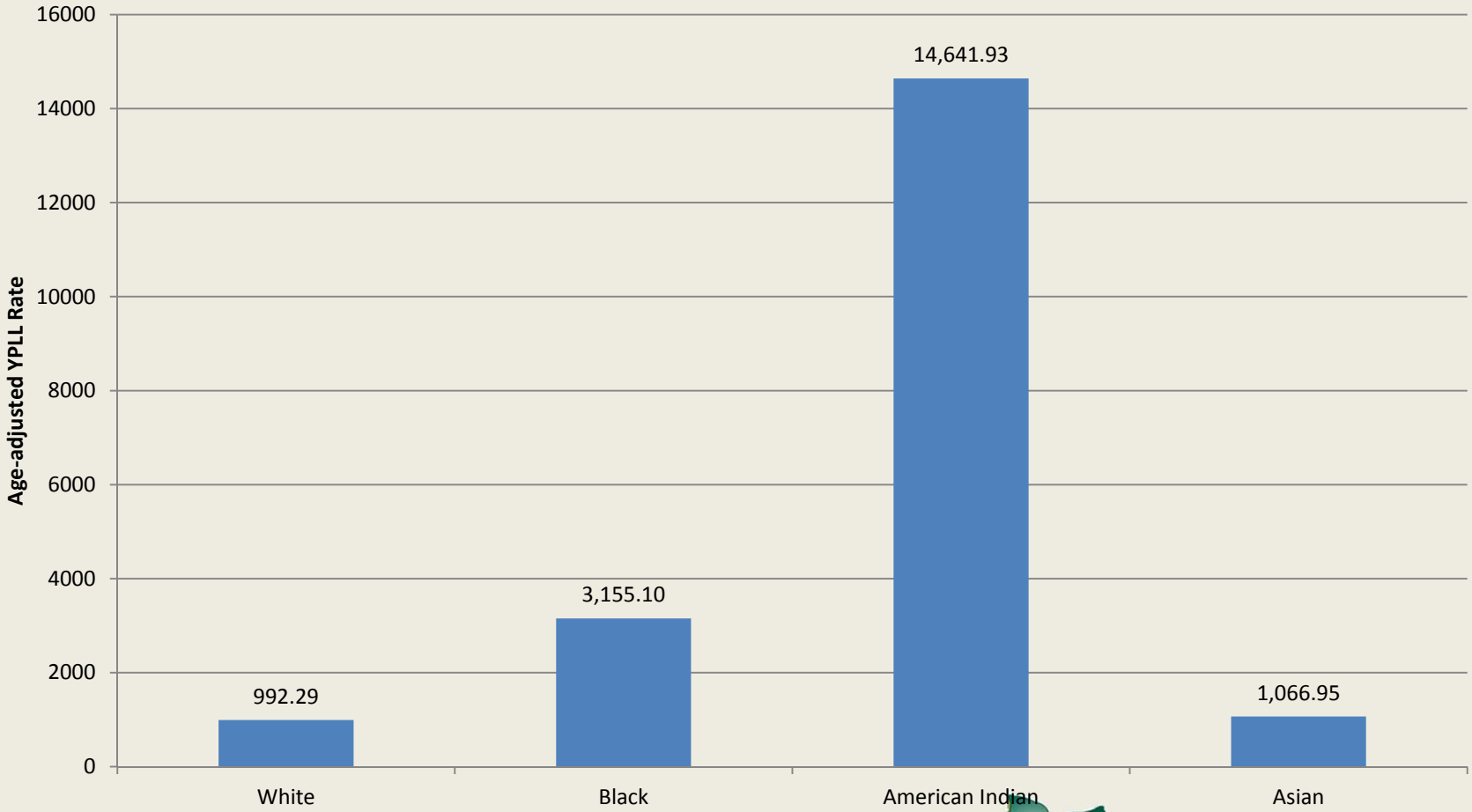
YPLL –
Deaths Due to Injury and Violence



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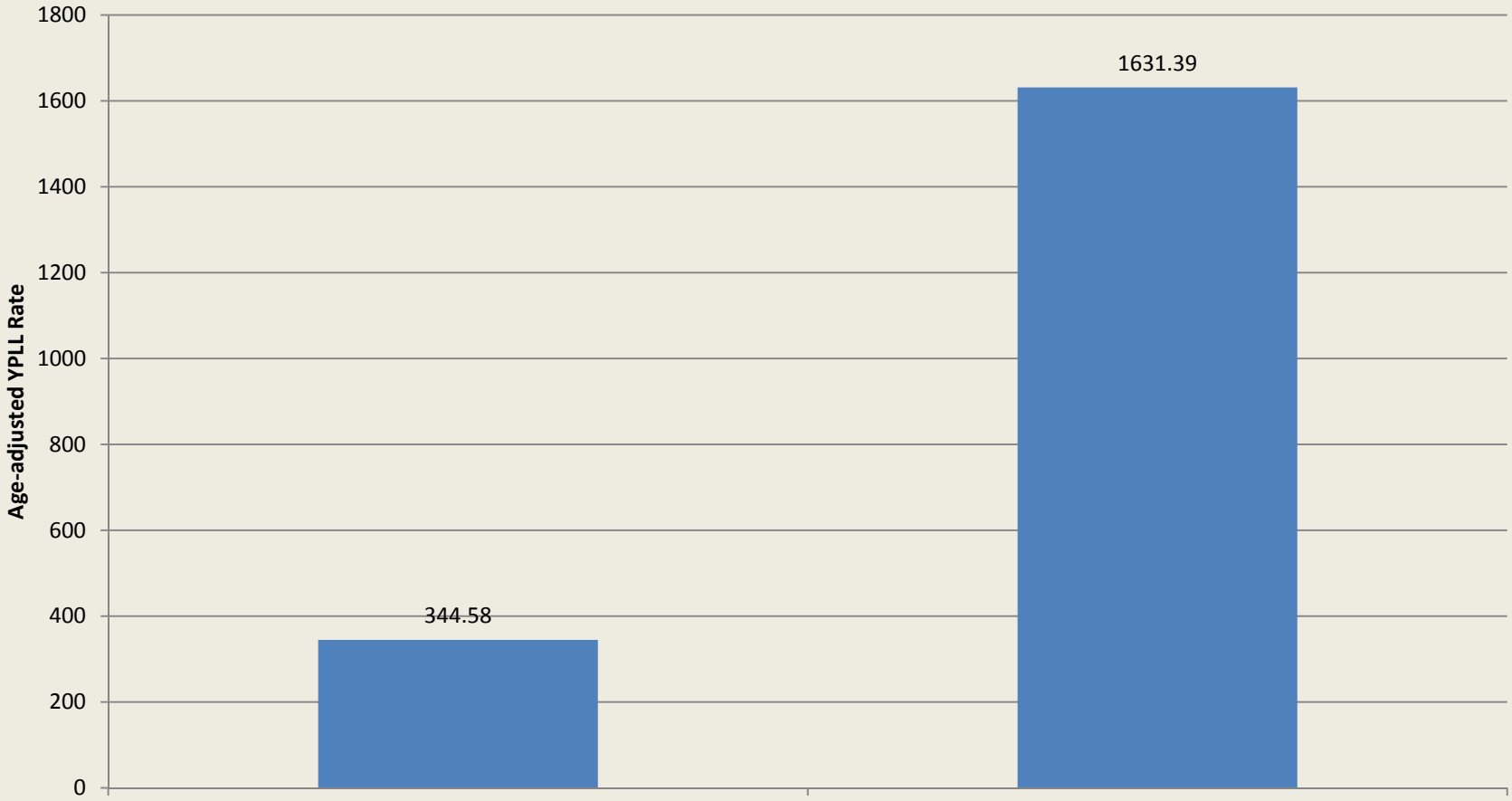
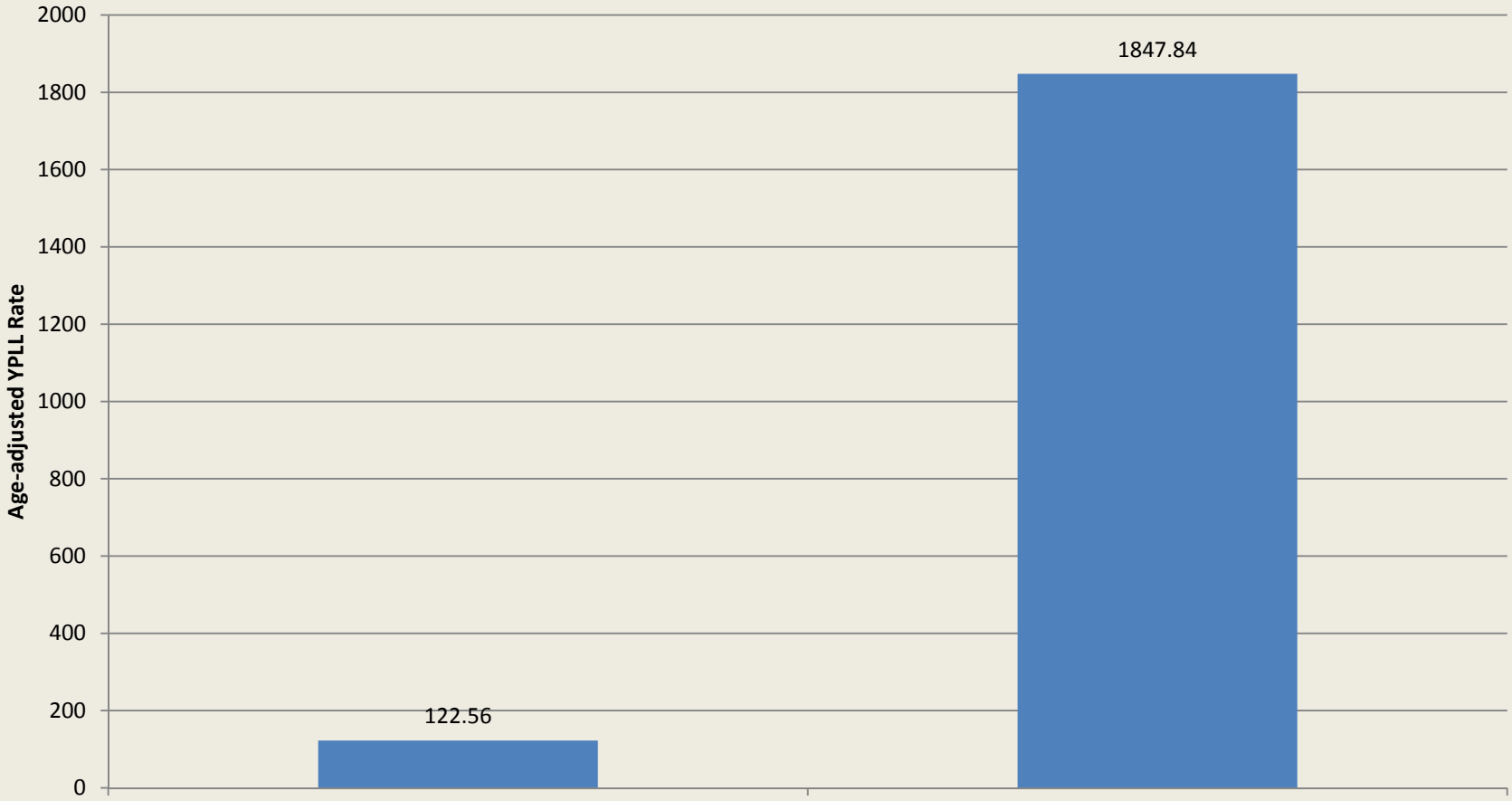
YPLL –
Death Due to Mental Health



LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM

YPLL –
Deaths Due to Infectious Disease



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Burden of Health Disparities in Chronic Illnesses: A Report on Cardiovascular Disease, Diabetes, and Cancer in La Crosse County

Amanda Brouwer, PhD

Lindsay Menard, MPH

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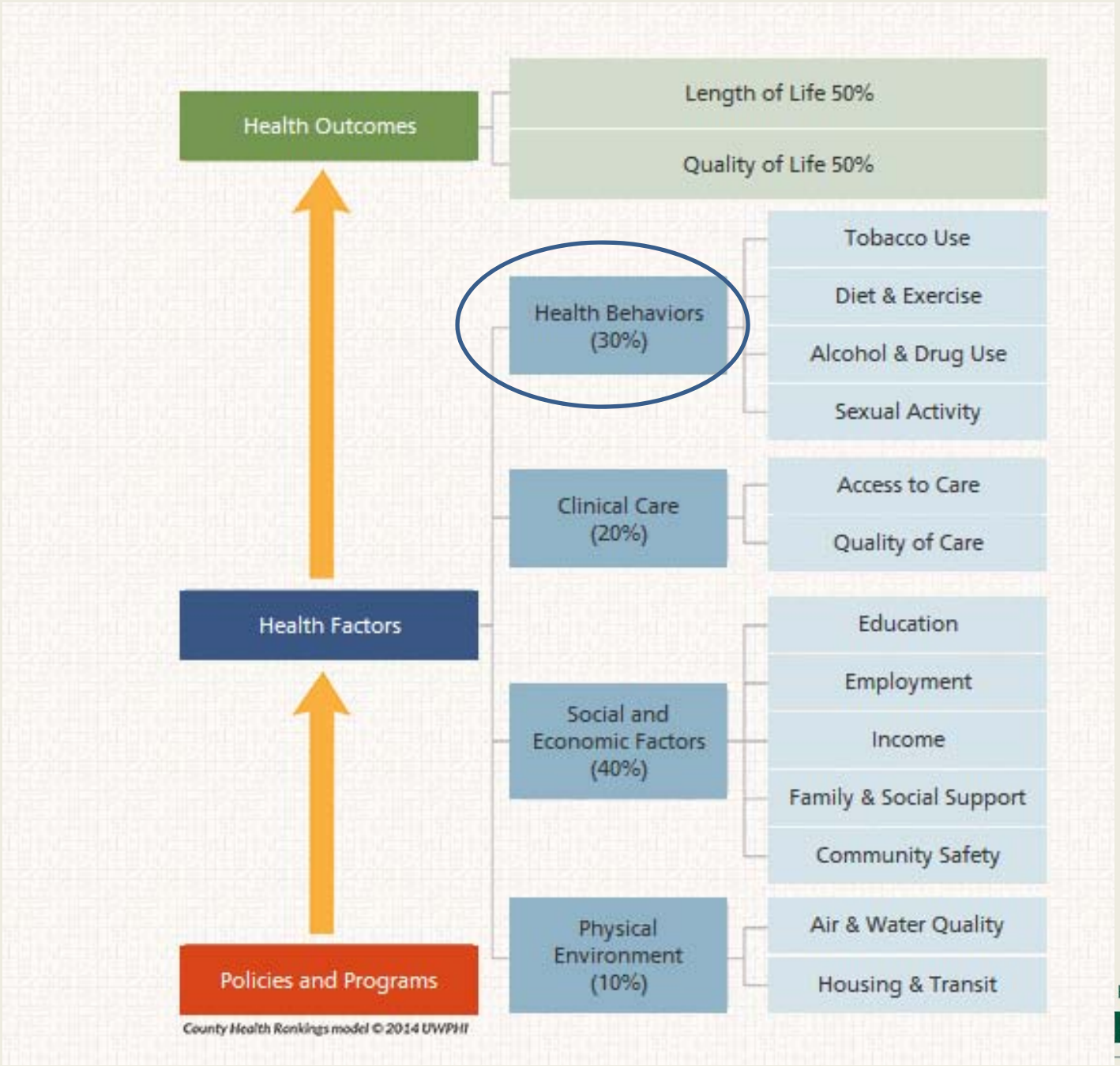

HEALTH SCIENCE
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Our success depends on you!

La Crosse Medical Health Science Consortium

Questions?

Thank you!

La Crosse Medical Health Science Consortium

Jordan Bingham – MS

Health Equity Coordinator at Public Health Madison & Dane County

La Crosse Medical Health Science Consortium

Local Health through an Equity Lens:

addressing the social determinants of health through policy, programs and partnerships.

Jordan Bingham
Health Equity Coordinator
Public Health Madison & Dane County

May 2, 2014

Public Health
MADISON & DANE COUNTY

Acknowledgements

La Crosse area health leaders

Madison and Dane County health leaders

Health Equity and Racial/Social Justice Leaders
past, present and future

Public Health
MADISON & DANE COUNTY

Topics for Today

What is health equity?

Why health equity?

How health equity? w/Local Examples

Discussion and Questions

Public Health
MADISON & DANE COUNTY

Definitions matter:
Health, Health Disparity, & Health Equity

Health

A state of complete physical, mental, and social well-being and not just the absence of sickness or frailty

Health Disparity

A type of **difference** in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health

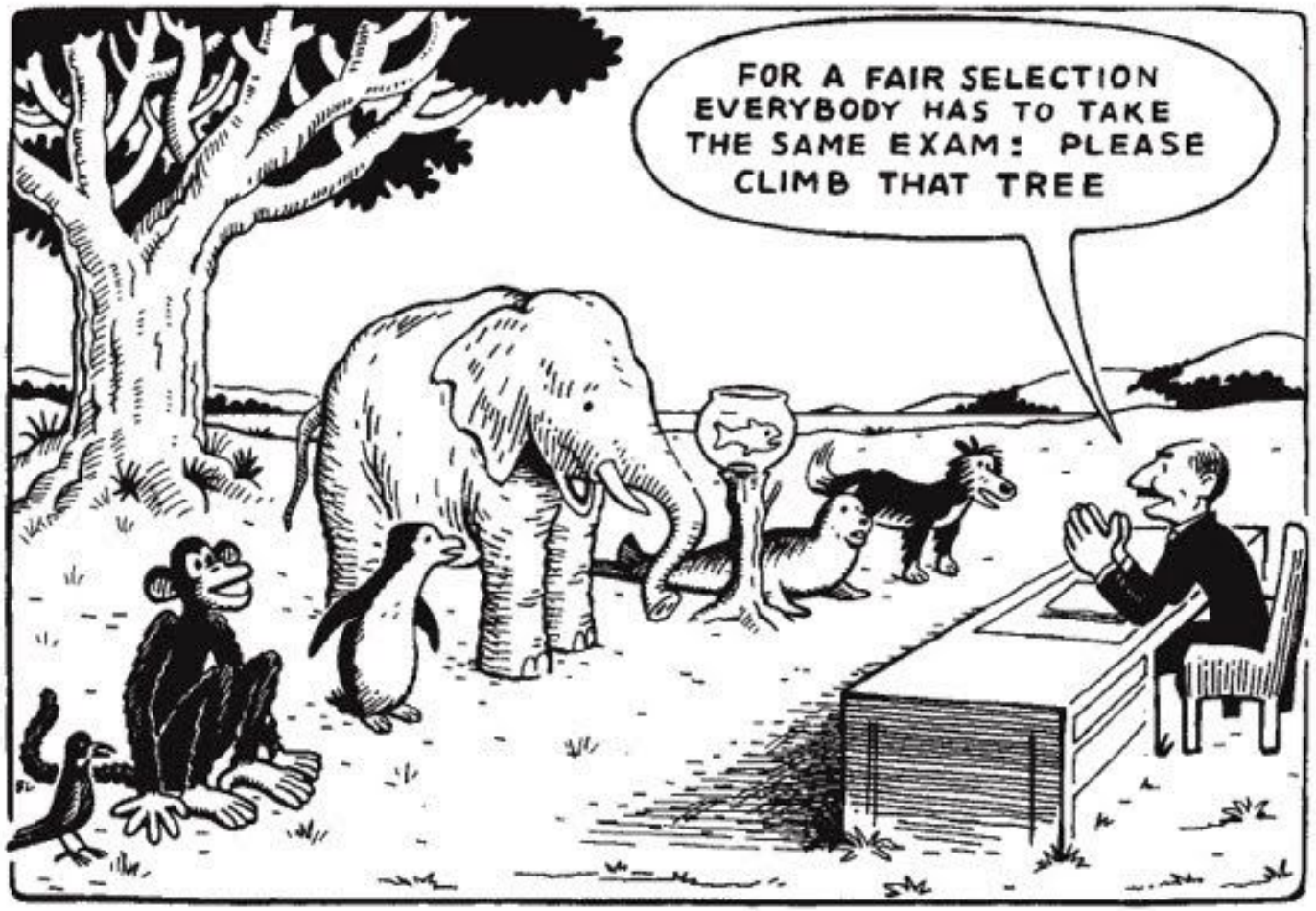
Health Equity

When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance

EQUALITY

EQUITY

Equality vs. Equity



What impacts health?

Doctor

Income

Age

Social support

Insurance

Health behaviors

Education

Culture

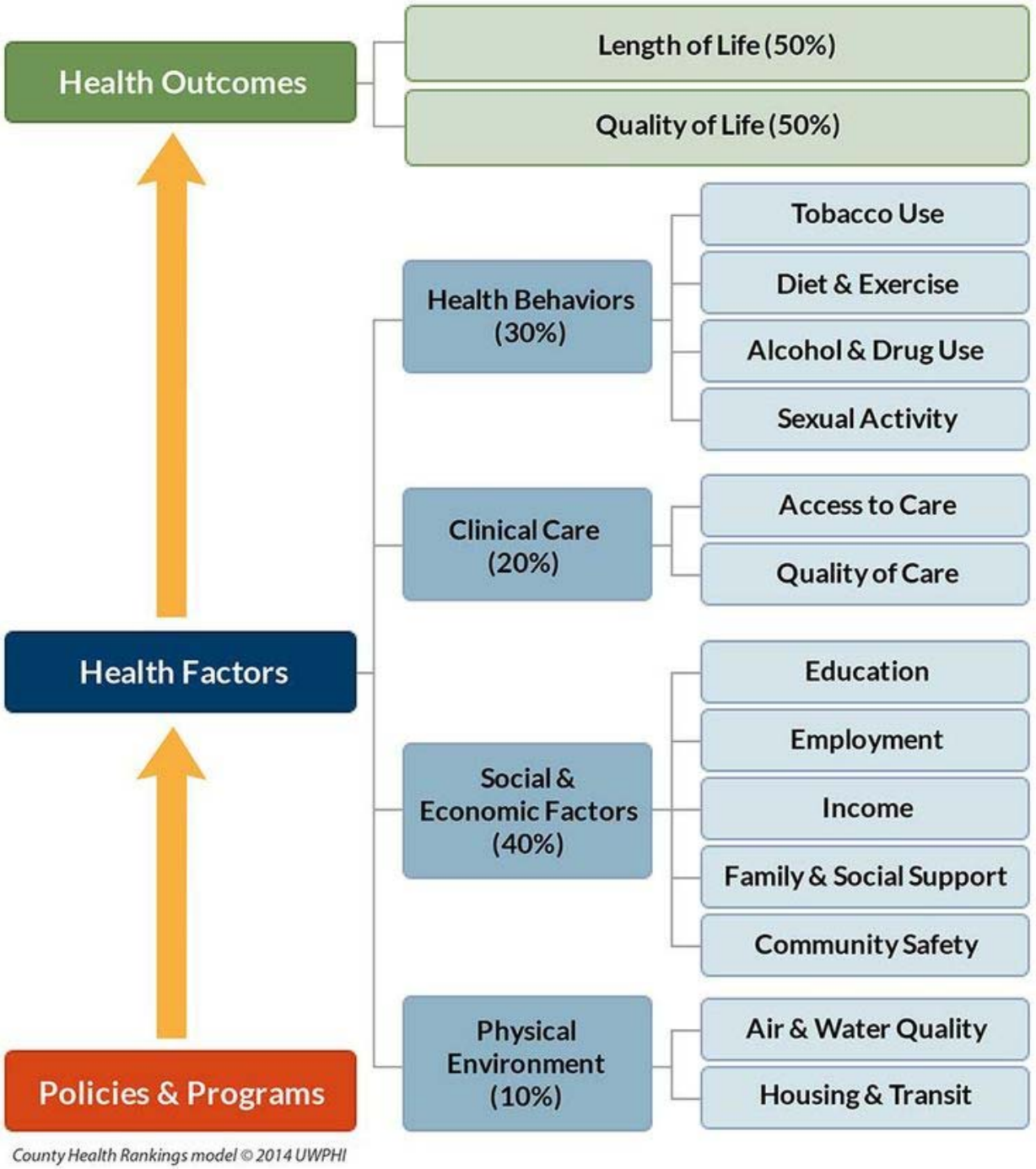
Clinical care

Family

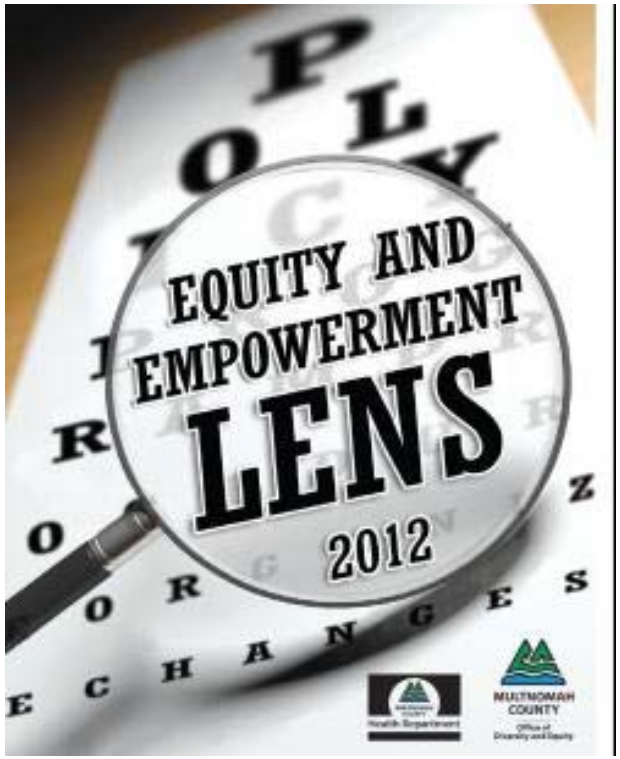
Housing

Neighborhood

County Health Rankings & Roadmaps
A Healthier Nation, County by County



Social Determinants Model

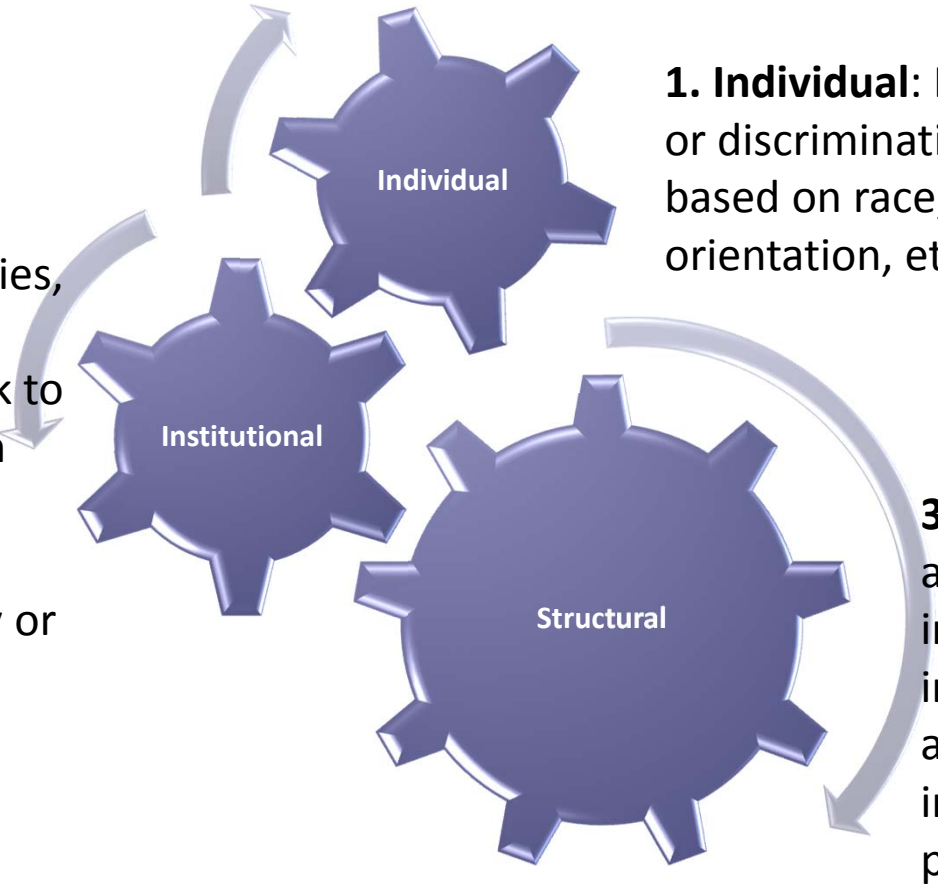


http://web.multco.us/diversity-equity/equity-and-empowerment-lens

Why is Jason in the Hospital?

http://youtu.be/vFXSYCJHPUg

3 Layers of -isms



1. Individual: Pre-judgment, bias, or discrimination by an individual based on race, gender, sexual orientation, etc.

2. Institutional: Policies, practices, and procedures that work to the benefit of certain people and to the detriment of others, often unintentionally or inadvertently.

3. Structural: A history and current reality of institutional bias across all institutions. This combines a system that negatively impacts certain groups: people of color, women, LGBT people, etc.

Adapted from City of Seattle Race and Social Justice Initiative

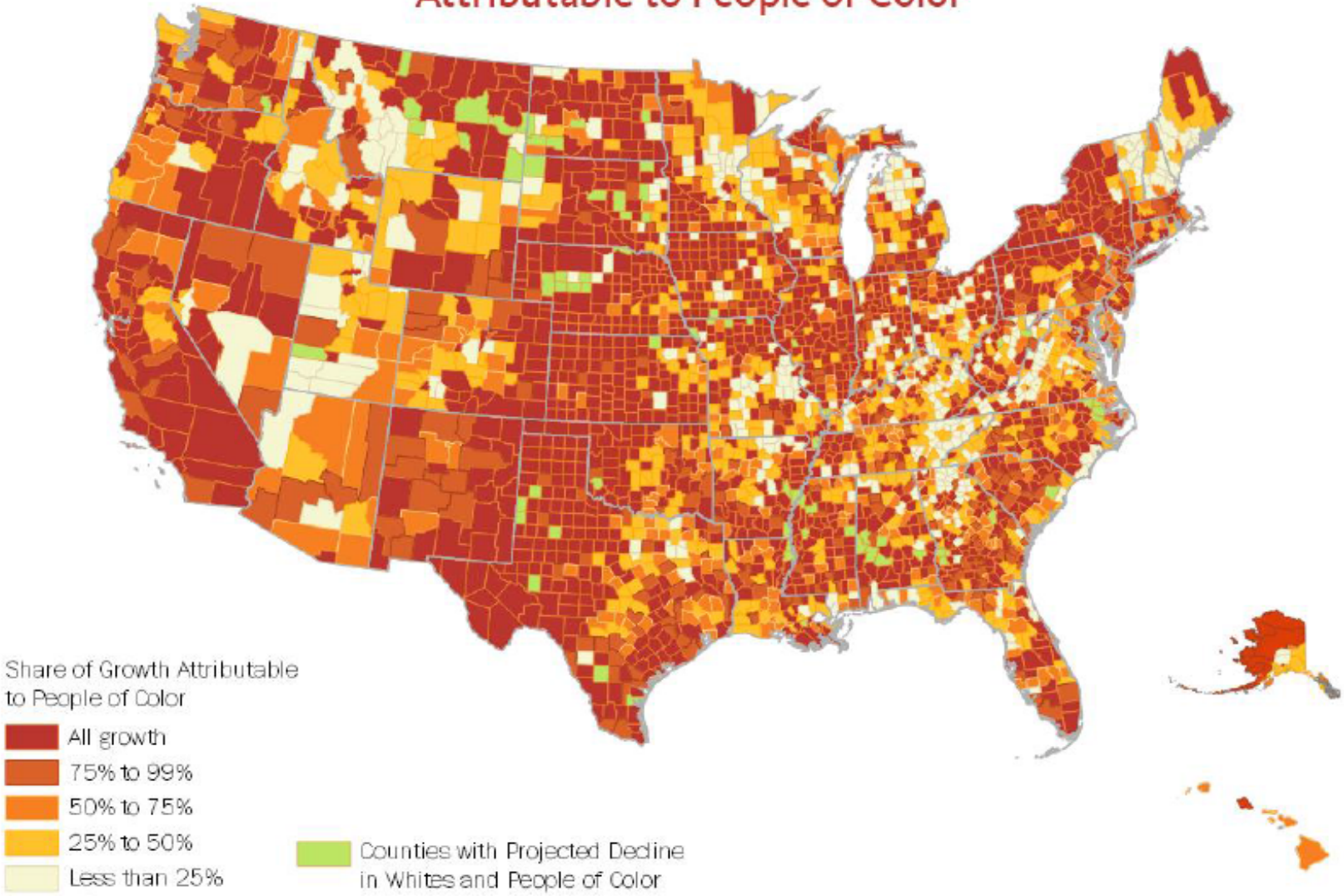
AFP

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/ Chris Graythem)

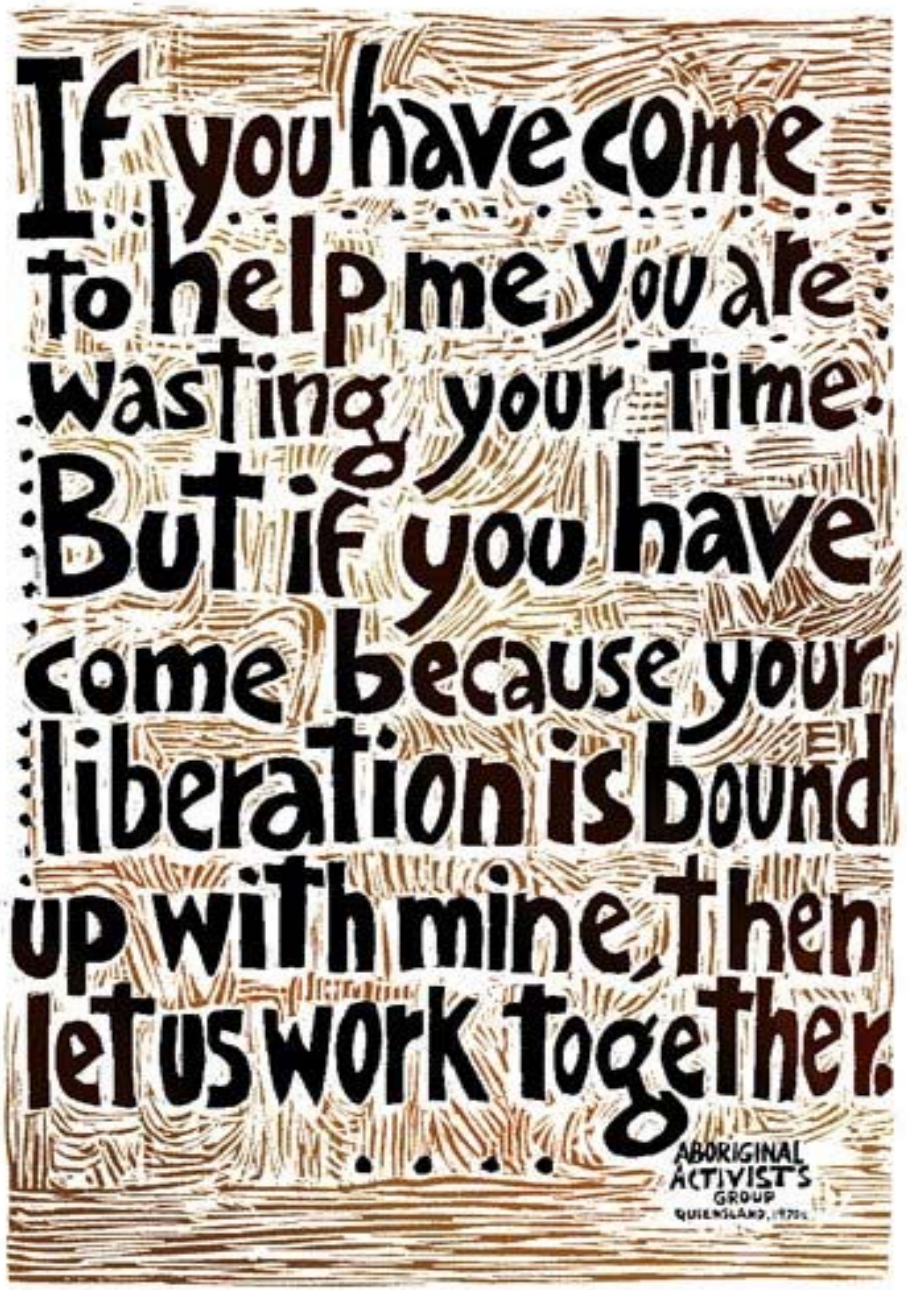
AP Associated Press

A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did exstensive damage when it

Projected Population Growth from 2010 to 2040 Attributable to People of Color



Map created by PolicyLink and the Program for Environmental and Regional Equity (PERE) using data from the 2010 Decennial Census, Woods & Poole Economics projections data (adjusted using 2010 census data), Census TIGER/Line, NHGIS, and ESRI.



This quote is often attributed to Brisbane area activist-leader Lila Watson who was a member of the group that created the statement.

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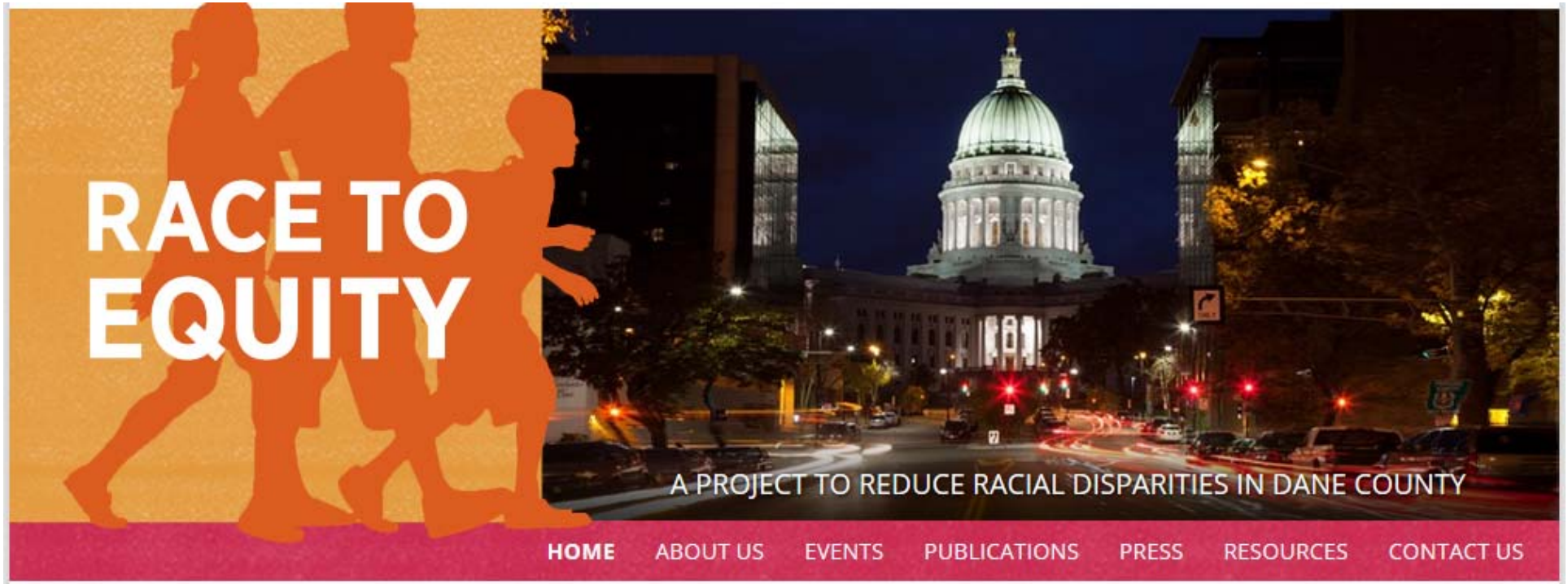
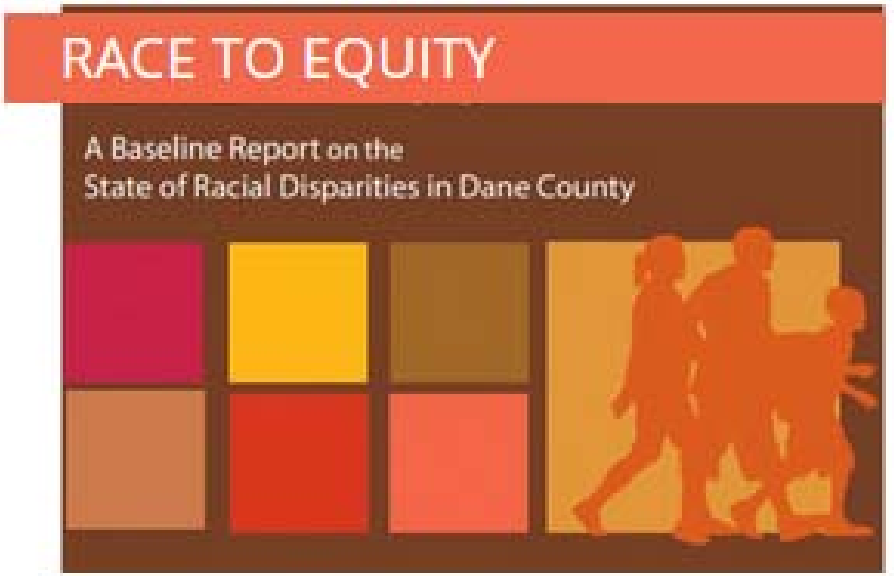
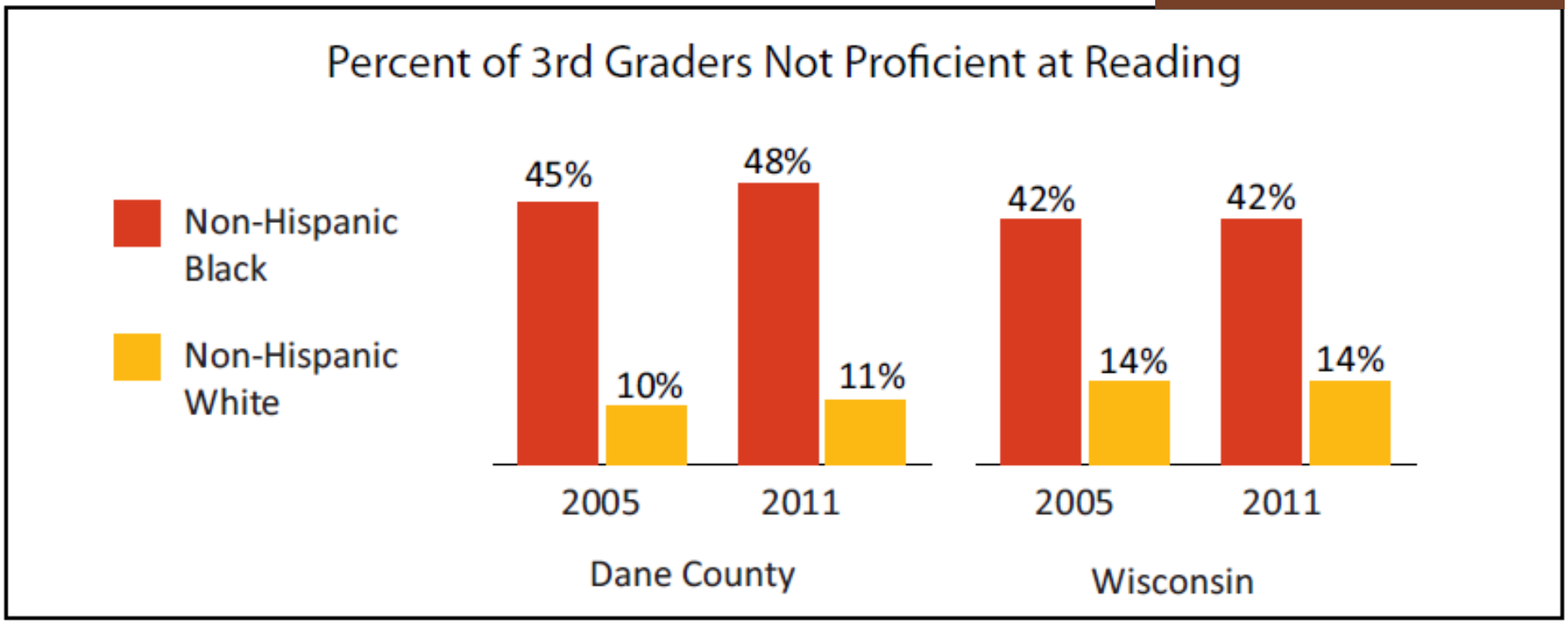


www.racetoequity.net

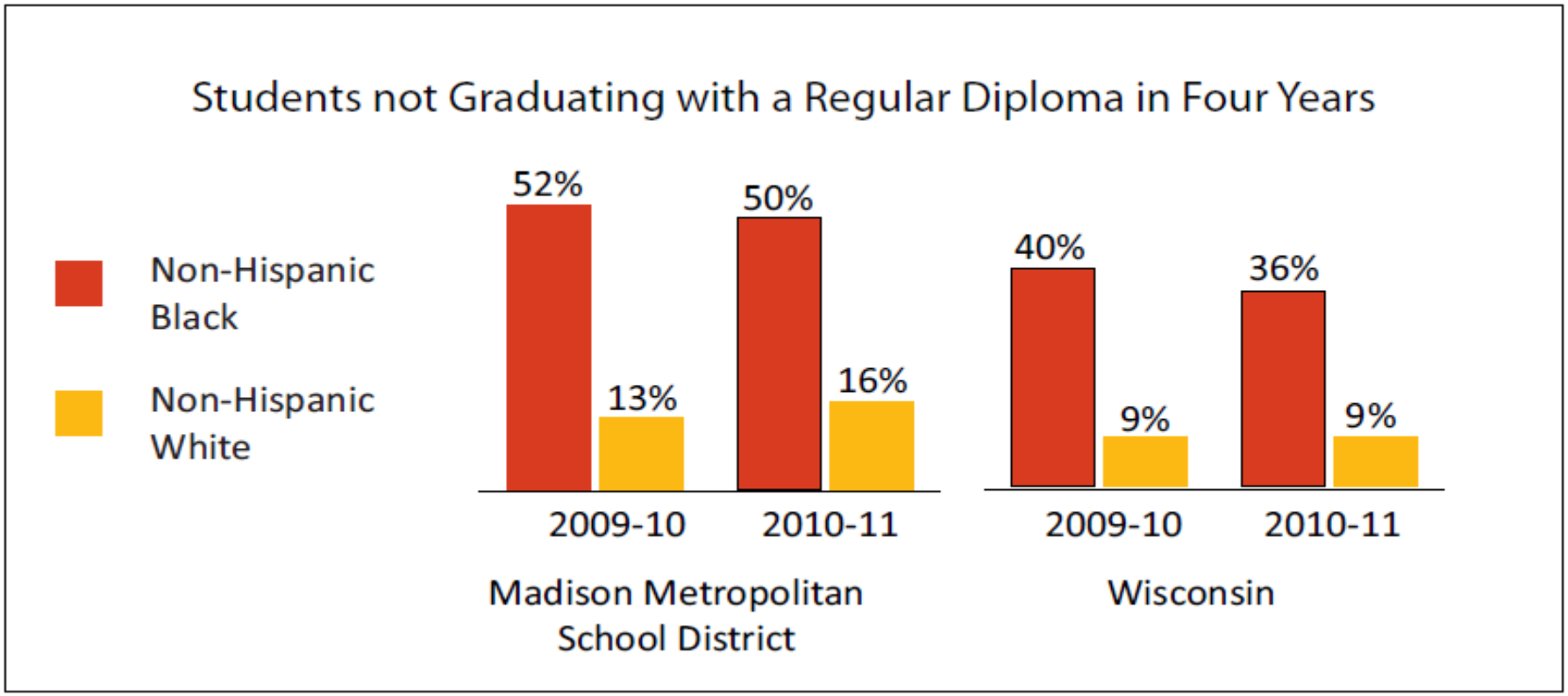


Race to Equity Report



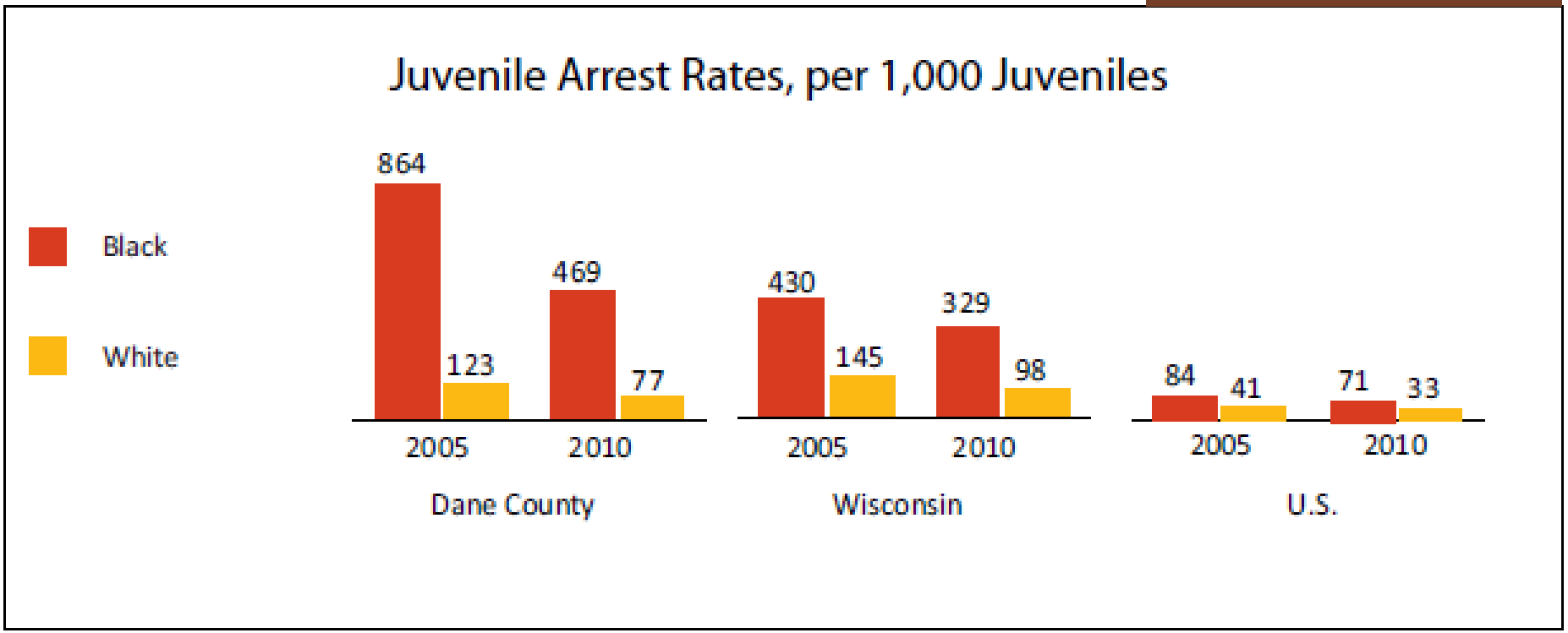
www.racetoequity.net

Race to Equity Report



www.racetoequity.net

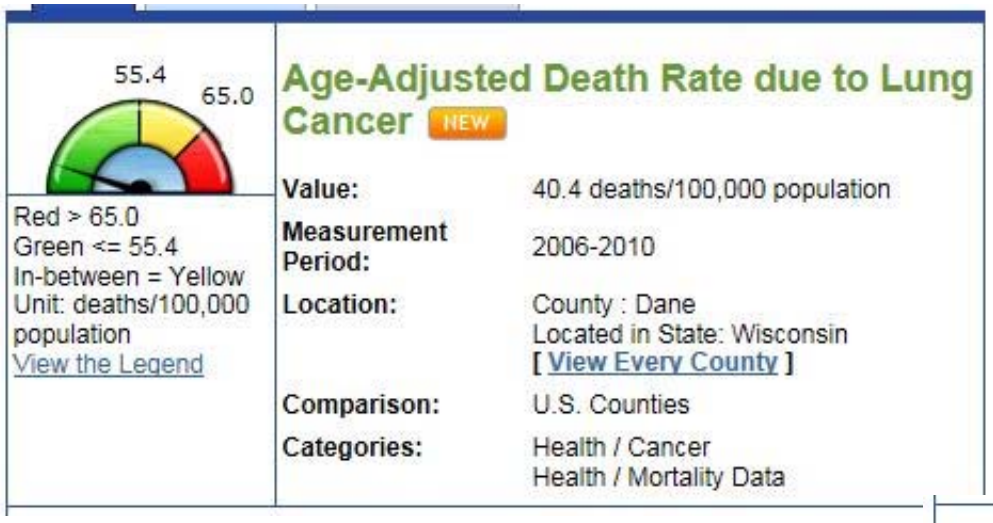
Race to Equity Report



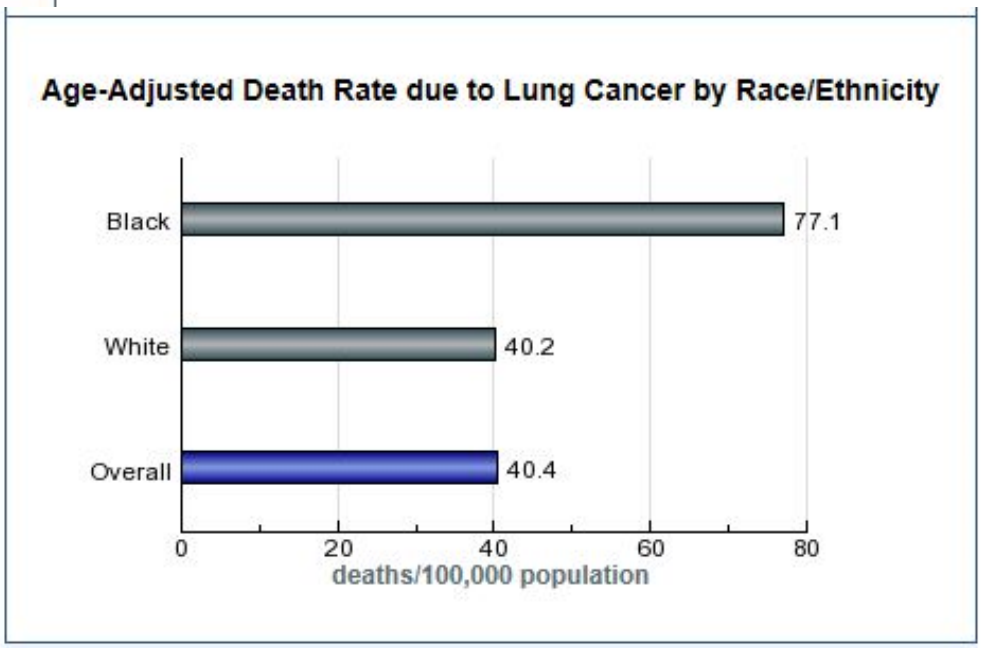
www.racetoequity.net

What about health data?

“Goal Met”…

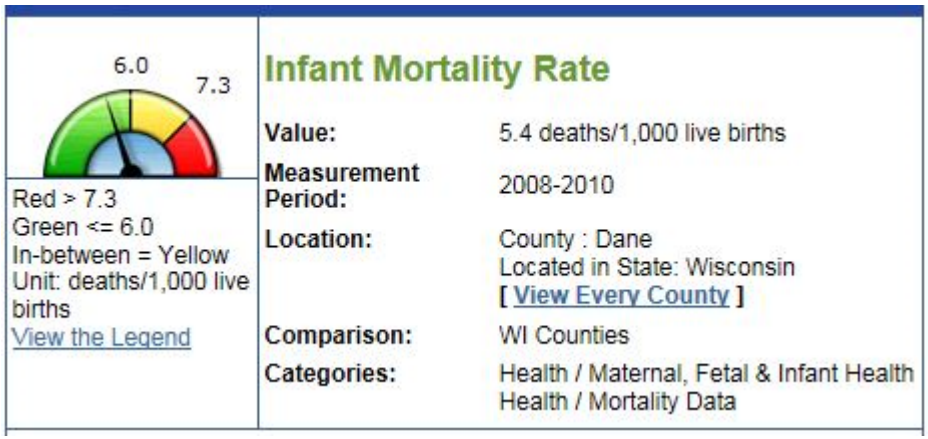


…Really??

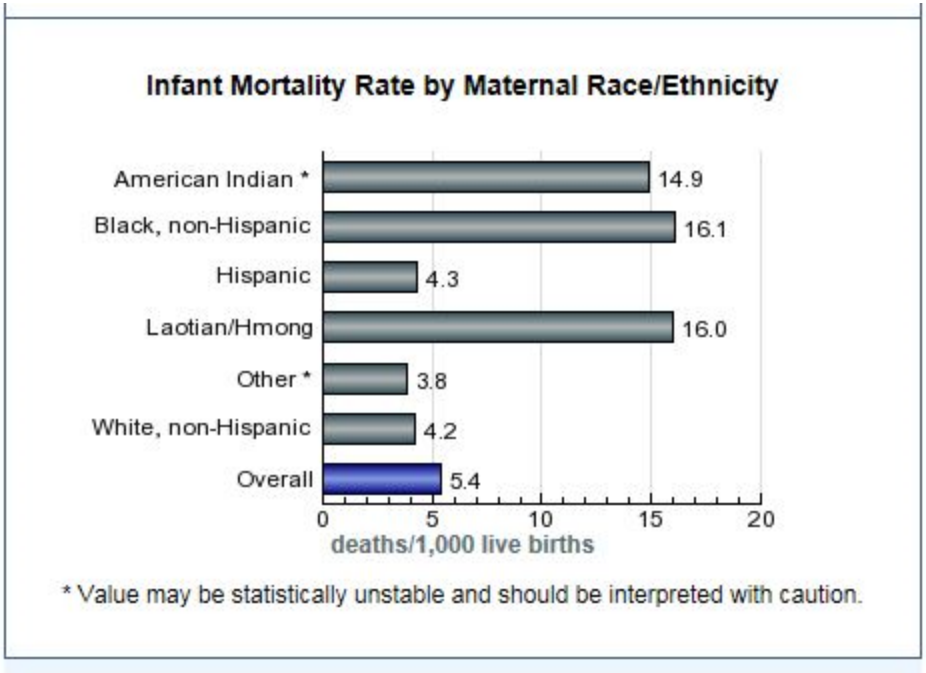


Source: www.healthydane.org

“Goal Met”…



…Really??



Source: www.healthydane.org

How Did This Happen??

Current Best Practice & Examples from Other Cities & Regions

Public Health
MADISON & DANE COUNTY

BARHII Bay Area Regional Health Inequities Initiative

www.barhii.org

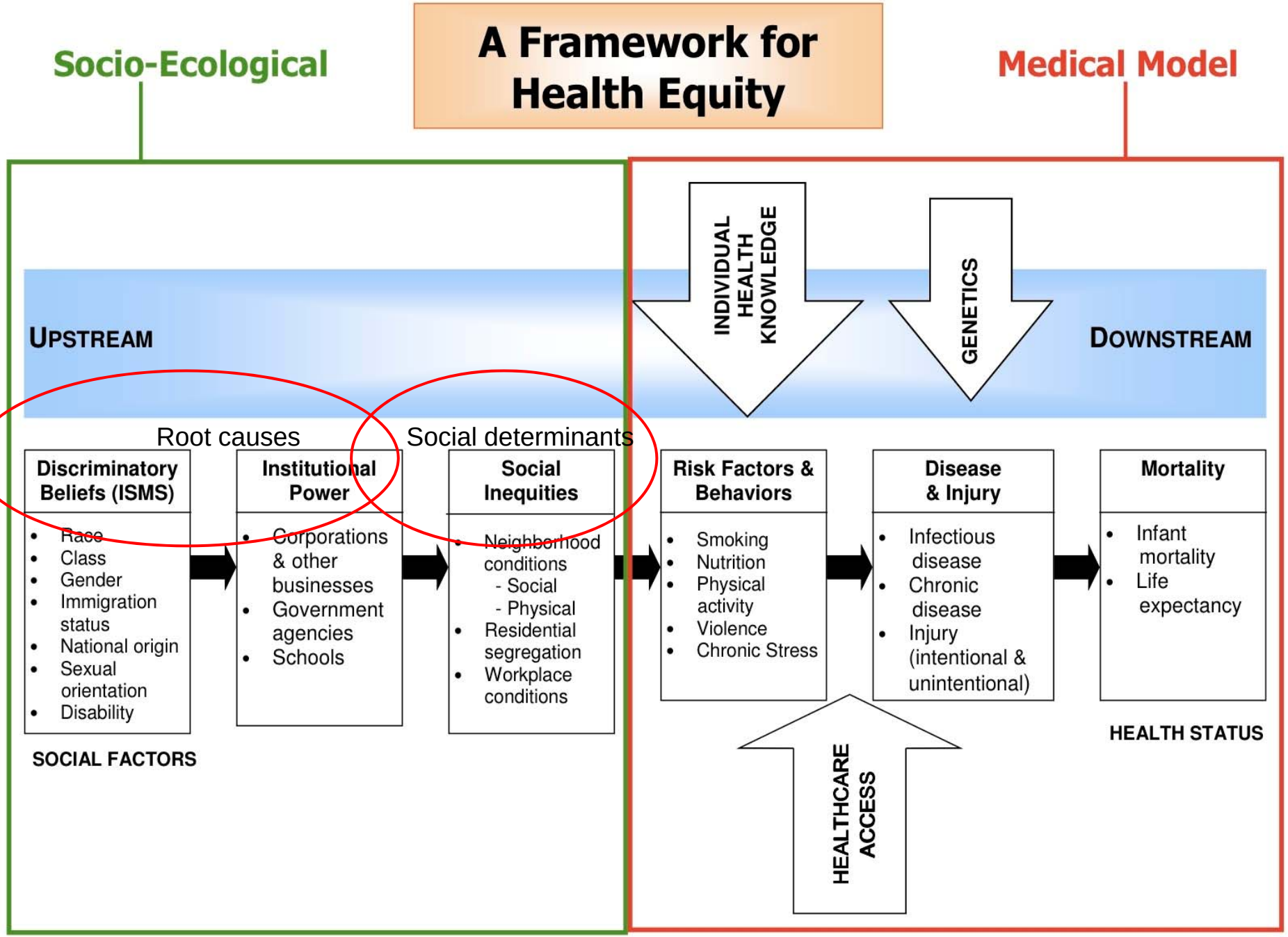
Regional, Multi-county collaboration

"It is BARHII's mission to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities."

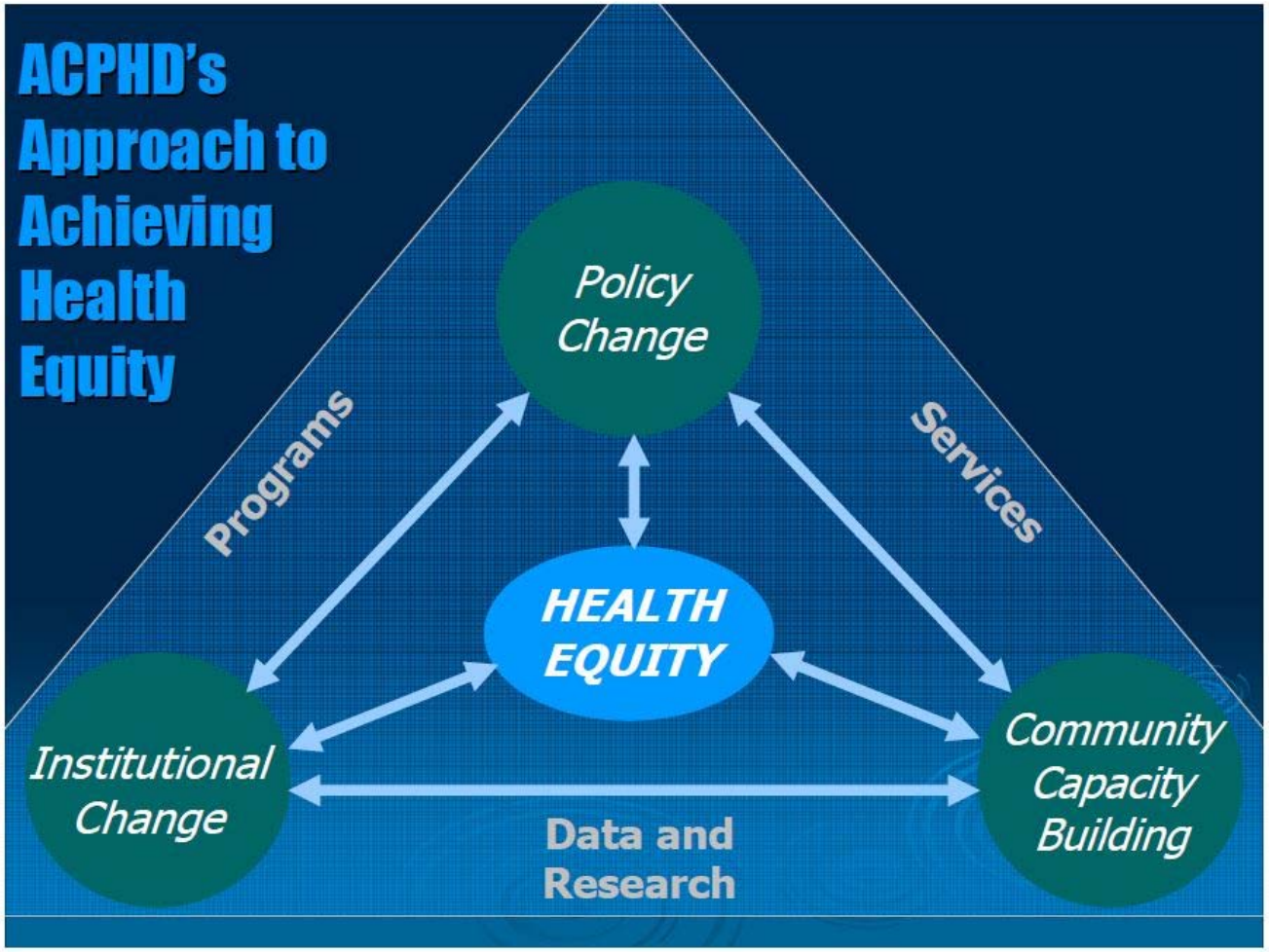
Toolkit: Framework for Achieving Health Equity

Committees: Internal Capacity, Data, Community, Built Environment

A Framework for Health Equity



Alameda County (CA)



Louisville, KY

The Center for Health Equity works to eliminate social and economic barriers to good health, reshape the public health landscape, and serve as a catalyst for collaboration between communities, organizations and government entities through capacity building, policy change and evidence-based initiatives.

CENTER FOR HEALTH EQUITY
A Division of Public Health and Wellness

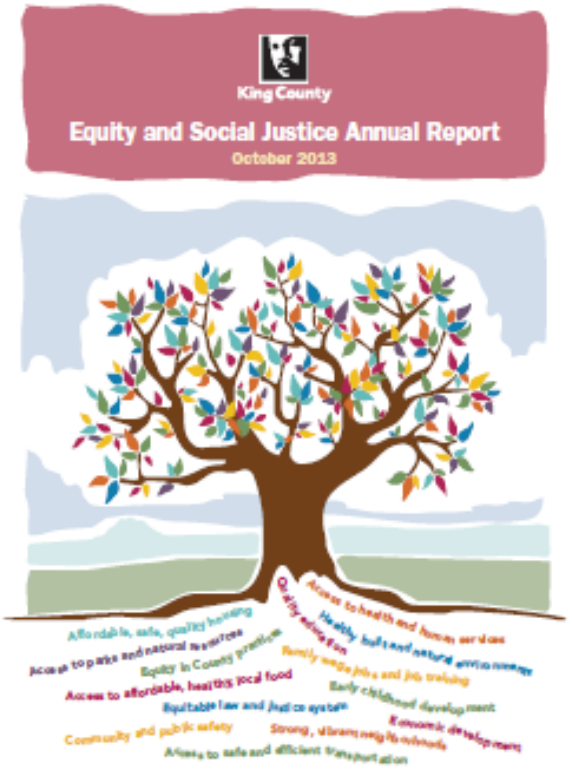
www.louisvilleky.org/Health/equity

Seattle & King County, WA

County *Equity & Social Justice* Initiative
Fair & Just principle

City *Race & Social Justice* Initiative

Tools: Equity Impact Review,
Racial Equity Toolkit



http://www.kingcounty.gov/exec/equity

http://www.seattle.gov/rsji/

RACE & SOCIAL JUSTICE INITIATIVE

ADVANCE OPPORTUNITY.
ACHIEVE EQUITY.

Common Themes & Emerging Best Practices

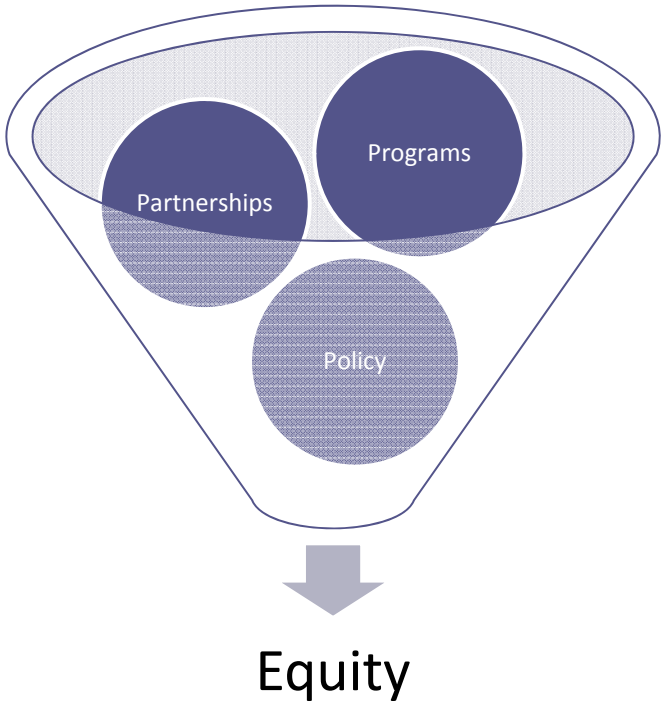
- High Level Support
- Long Term Commitment
- Strategic and Systematic Use of Tools
- Capacity Building of Staff and Community
- Accountability and Transparency via Data & Reporting
- Collaboration and alignment with other efforts
- Recognition of early wins

PHMDC's Approach

Institutional transformation

External capacity & partnerships

Policy change



Public Health
MADISON & DANE COUNTY

rootsofhealthinequity.org

www.unnaturalcauses.org

Public Health
MADISON & DANE COUNTY

External Capacity & Partnerships

Local Coalitions:

- Tobacco
- Childhood obesity
- Breastfeeding
- Immunization
- Safety & injury prevention

Neighborhood Resource Teams

Public Health
MADISON & DANE COUNTY

External Capacity & Partnerships

Health Impact Assessment

City of Madison Alcohol Licensing Density Ordinance

City of Fitchburg Nine Springs Golf Course Master Plan

Policy Change

Resolution: Declaring the City of Madison's Intention to Adopt an Equity Impact Model (adopted 10/29/13)

1. Better understand and report on inequities in Madison
2. Establish an interdepartmental City workgroup
3. Train City staff at all levels in equity & social justice
4. Make recommendations for parameters of the model
5. Ensure implementation & accountability

Public Health Madison & Dane County listed as lead agency

Public Health
MADISON & DANE COUNTY

City of Madison
Racial Equity & Social Justice Initiative

Equity in City Operations

Equity in City Policies and Budgets

Equity in the Community

Challenges

Strategic, sustainable change that brings everyone along

Establishing shared understanding, goals, and leadership

Establishing authentic and ongoing community participation

Keeping equity in the conversation

“Going slow to go fast”

Keeping leaders focused

OUR Challenge

Do we have what it takes to make this real?

- High Level Support
- Long Term Commitment
- Strategic and Systematic Use of Tools
- Capacity Building of Staff and Community
- Accountability and Transparency via Data & Reporting
- Collaboration and alignment with other efforts
- Recognition of early wins

OUR Challenge

Do we have what it takes to:

Have tough conversations?

Build authentic community trust and leadership?

Listen – and then act on what we hear?

Significantly change the way we operate?

Take the time to do it right?

Truly commit and stop dancing around the edges?

Thank You!
Please join us and stay in touch…

Jordan Bingham
Health Equity Coordinator
Public Health Madison & Dane County
jbingham@publichealthmdc.com

Public Health
MADISON & DANE COUNTY

Breakout 1

Do you have the same health equity definition as before the summit?

If not, how has it changed?

La Crosse Medical Health Science Consortium

Break

Please help yourself to refreshments

Back in 20 minutes…

La Crosse Medical Health Science Consortium

Sara McFall Sullivan Ph.D.

Neighborhood Revitalization Commission

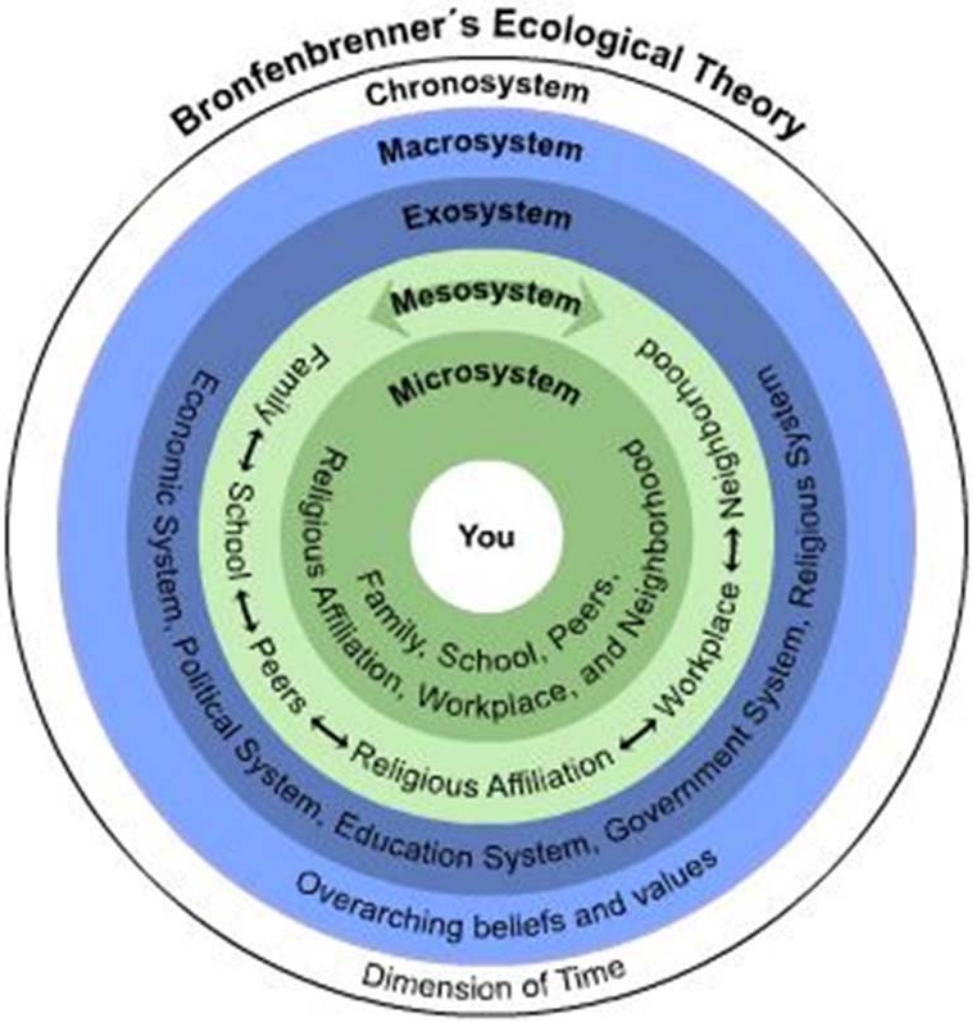
La Crosse Medical Health Science Consortium

NEIGHBORHOODS: CONTEXT FOR HEALTH EQUITY

Sara McFall Sullivan, PhD

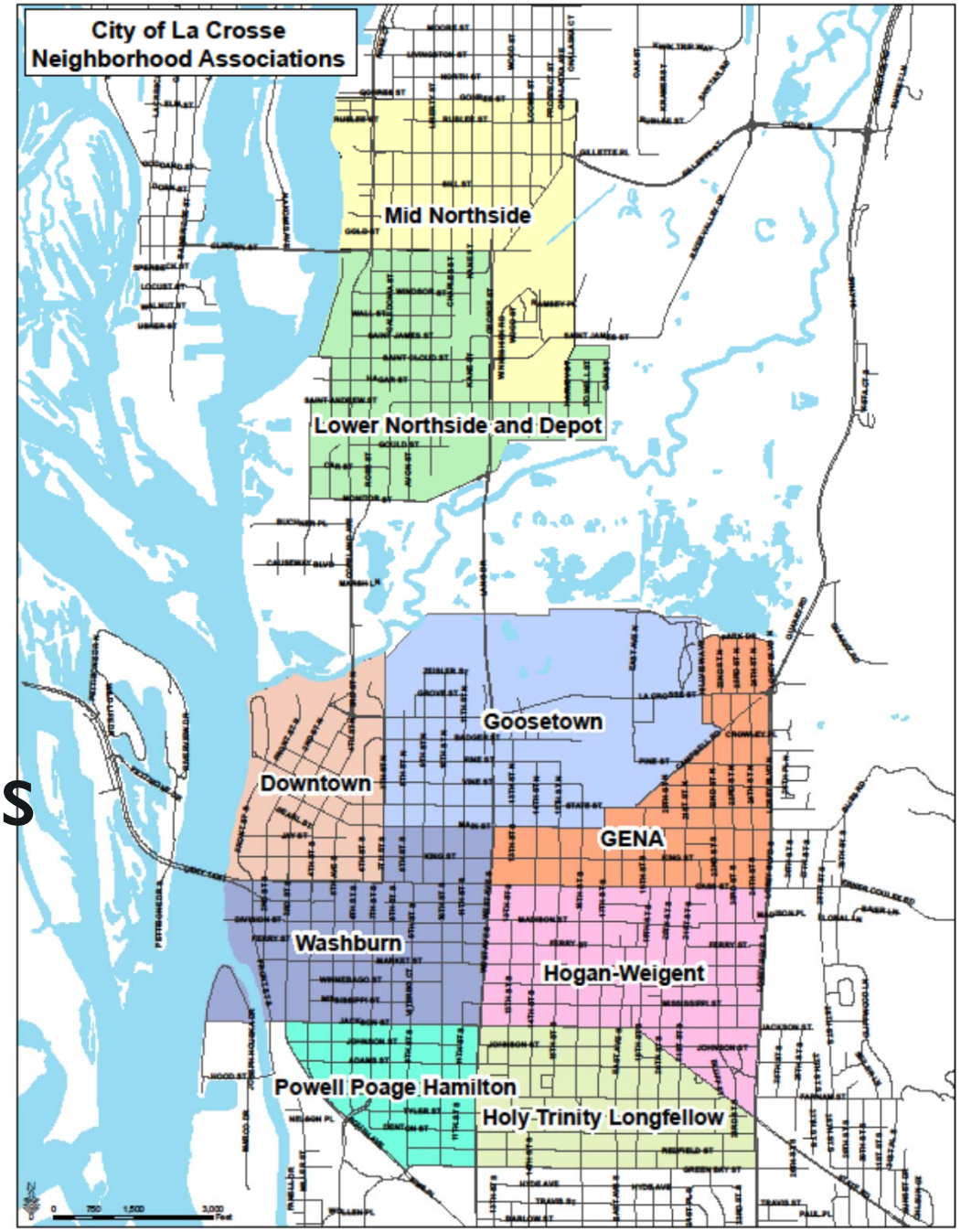
Neighborhood matters theoretically.

Urie Bronfenbrenner



Neighborhoods really matter

Residents have very different experiences in La Crosse Neighborhoods



Neighborhood status and personal health are correlated

K E PICKETTA, AND M PEARLB. MULTILEVEL ANALYSES OF NEIGHBOURHOOD SOCIOECONOMIC CONTEXT AND HEALTH OUTCOMES: A CRITICAL REVIEW
J EPIDEMIOL COMMUNITY HEALTH 2001;55:111-122 DOI:10.1136/JECH.55.2.111

The evidence for modest neighbourhood effects on health is fairly consistent despite heterogeneity of study designs, substitution of local area measures for neighbourhood measures and probable measurement error.

"Neighborhood" may be an index for

Differential experiences based on

- Overcrowding/noise
- Crime/fear
- Poor housing
- Deteriorating infrastructure

Poverty and all that it implies

- access to health care
- healthy diet
- education
- parenting skills

Direct interventions address ….

Gundersen Lutheran Pediatric Clinic

Parenting Place Parent Educator Program

Hunger Task Force Food Pantry

Grow Your Brain food growing project

Neighborhood may also be an index for CHRONIC STRESS

Differential experiences based on

- Overcrowding/noise
- Crime/fear
- Poor housing
- Deteriorating infrastructure
- Poverty and all that it implies
  - access to health care
  - healthy diet
  - education
  - parenting skills

Andrew Steptoe D.Sc. and Pamela J. Feldman Ph.D., Neighborhood problems as sources of chronic stress: Development of a measure of neighborhood problems, and associations with socioeconomic status and health. Annals of Behavioral Medicine, August 2001, Volume 23, Issue 3, pp 177-185

The results provide preliminary evidence that residential **neighborhood problems** constitute sources of **chronic stress** that may increase risk of poor health.

Neighborhood Revitalization influences health equity indirectly:

Neighborhood Revitalization focuses on the stressors.

NRC's Action Plan 2014 provides a framework

Community Building	Crime and Safety	Housing Initiatives	Infrastructure
1. Organize community events to bring neighbors of all ages together a. Cultural & social events b. Productive activity (i.e. clean-up) c. Educational activities 2. Support neighborhood associations a. Advocate for neighborhood association funding mechanisms b. Assist & incentivize the formation of neighborhood associations c. Advocate for the adoption of neighborhood plans 3. Improve outreach to strengthen participation a. Survey residents regarding neighborhoods b. Increase underrepresented group participation 4. Build collaborative partnerships a. Establish points of contact in gov't. depts. b. Establish points of contact among local businesses & large institutions c. Establish points of contact in faith communities	1. Promote formation of Neighborhood Watches 2. Advocate for "Neighborhood Impact Statements" at bond setting and sentencing 3. Provide CPTED training and advocate for inclusion in design standards.	1. Provide training to improve relationships among landlords, renters, & homeowners a. Develop guidelines for renters, brokers, title companies to share with potential landlords. b. Develop tenant educational materials 2. Develop strategies to benefit neighborhoods a. Research parking needs among student renters in La Crosse b. Address commuter parking in neighborhoods 3. Recognize improvement & progress toward goals, e.g. social landscaping, noteworthy improvements 4. Survey current housing stock (focus on UHDR)	1. *Cleanup & landscape public spaces* a. Organize landscaping workshops b. Coordinate Volunteers 2. Identify vacant lots to utilize for community use (parks, community centers, gardens) 3. Research routes suitable for express/connector bus service

To enjoy neighbors.

To work together to improve neighborhoods.

Community Building creates opportunities….

CRIME AND SAFETY

Community Policing Officers

Four Principles of CPTED

1. Surveillance
2. Access Control
3. Territorial Reinforcement
4. Maintenance

(CPTED)

NEIGHBORHOOD WATCH

Housing Initiatives

Regulation

Replacement

Rehabilitation

Replacement Housing Program

- 619 6th St
- 623 6th St
- 609 Market St

Replacement Housing Program

933, 927, 937 Tyler Street (Before)

Replacement Housing Program

933, 927, 937 Tyler Street (After)

The total assessed values of these homes are $532,000, a four-fold increase on the starting value.

2013 Parade of Homes

WESTERN TECHNICAL COLLEGE AND CITY OF LA CROSSE

GRAND RIVER • GREAT CITY
La Crosse • Wisconsin

Western Technical College and
City of La Crosse

704 Sixth Street South
La Crosse

LA CROSSE AREA BUILDERS ASSOCIATION MEMBER

Bedrooms: 3 • Baths: 2 • Square Footage: 1,731

Changing Lives and Neighborhoods Through New Affordable Homes

This contemporary and energy-smart one-story home was built through a unique partnership between Western Technical College's (WTC) Wood Tech Program and the City of La Crosse's Housing Replacement Program. The city bought a blighted, dilapidated home, demolished it and built this beautiful 1,731-square-foot, three-bedroom house. From the young family starting out to empty-nesters, this home's bedrooms and living areas fit many types of families' needs with charm.

The kitchen with a large island, the patio, the open dining area and the family room invite you into a wonderful open and spacious plan. This home features exceptional craftsmanship, with custom-made cabinets, hickory floors and new appliances. There are also two full baths, tons of storage and a two-and-a-half-car attached garage. The basement can easily be finished off to add on an additional bathroom, rec room and bedroom. Priced at only $135,000, it will be sold to an income-qualified family who must qualify for a 30-year conventional loan.

The City of La Crosse's mission is to change lives and neighborhoods throughout the city.

2013 Parade of Homes

CITY OF LA CROSSE

Bedrooms: 5 • Baths: 2 • Square Footage: 2,266

Victorian Home with Modern Updates.
This beautifully restored Victorian home includes a metal roof, cement board siding and energy-efficient windows. It features all-new electrical and plumbing, HVAC, new insulation and hardwood maple flooring. This home is perfect for a growing family. With 2,266 square feet, this home has five bedrooms, two full bathrooms, elegant stained glass, a bay window and second-floor laundry facilities.

This home was restored by the City of La Crosse and is part of its neighborhood revitalization program. Asking price, $200,000. It must be sold to an income-qualified family. Family must qualify for a 30-year conventional loan. However, deferred interest loans are available to make the mortgage payment affordable.

GRAND RIVER • GREAT CITY
La Crosse • Wisconsin

1601 Market Street
La Crosse

Rehabilitation

Habitat for Humanity

Other support for improved housing

Rehab

Paint and Fix Up

ReInvest La Crosse

Regulation

Rental registration and inspection

Developing quality of life standards for rental property (HUD criteria)

Emphasis on code enforcement

HAMILTON

ReNEW
La Crosse
Neighborhoods

POAGE PARK

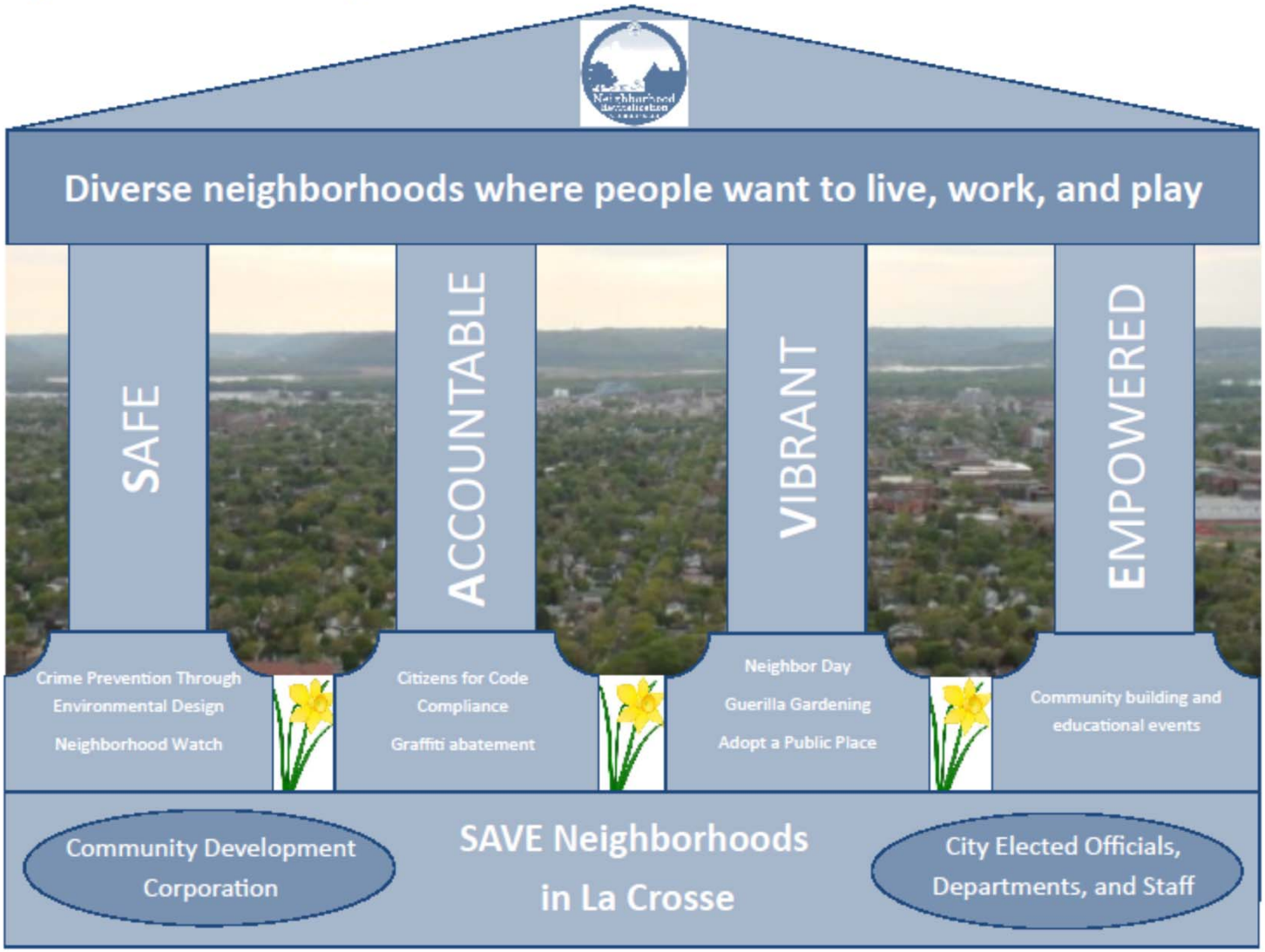
ADAMS ST.
SKATING RINK
GREEN SPACE
5TH ST.
ALLEY
SHELTER
POAGE STATUE
HISTORY
SPLASH
PLAY AREA
NEIGHBOR-HOOD SPACE
HOOD ST.
0 15' 30' 45'
POAGE PARK
CITY OF LA CROSSE
APRIL 9, 2014
river ARCHITECTS
RA# 1379

Adopt- a _____

FreeFoto.com

Neighborhood Revitalization Commission—Chairperson Sara Sullivan

8/8/2013



DOROTHY DAY

No one has a right to sit down
and feel hopeless.
There is too much work to do.
To create health equity
among LaCrosse residents

Breakout 2

- What have you heard today that surprised you?

- What opportunities have you identified that would further assist you in integrating a health equity focus into your work?

La Crosse Medical Health Science Consortium

Table Report Out

La Crosse Medical Health Science Consortium

Please take a moment…

- One thing I learned new today…

- I am committing to…

La Crosse Medical Health Science Consortium

Next Steps

- Follow up dialogue with each group
- Online evaluation
- Resource Guide link
- Place post-it notes on appropriate paper in back

La Crosse Medical Health Science Consortium

Send Off

Marilyn Huckenpoehler

Assistant Director

The Parenting Place

La Crosse Medical Health Science Consortium

The Parenting Place provides **free** services for **all** parents and caregivers in order to improve childhood outcomes. Our programs increase five protective factors in parents:

- **Parental Resilience**
- **Social Connections**
- **Concrete Supports (food, shelter, clothing)**
- **Knowledge of Parenting & Child Development**
- **Social and Emotional Competence**

Thank you for attending!

La Crosse Medical Health Science Consortium