Welcome!
2014 Health Summit
Let’s start the summit!
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
La Crosse Medical Health Science Consortium - Mission

Fostering collaboration for healthier communities
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.
A View From the Partners

*Essential Elements for Success*

- Community Guided
- Diverse and Collaborative Partnerships
- Communication and Marketing
- Implementation Tracking
- Public Health Infrastructure
- Evidence & Science Based
- Leadership and Will
- Stable and Equitable Funding Streams
- Underlying Determinants of Health
- Measurable Goals, Targets & Objectives

http://www.dhs.wisconsin.gov/hw2020/index.htm
Mailbox: dhshw2020@dhs.wisconsin.gov
Source: DePablo M, Abraham B, 2009
Various coalitions, networks and organizations working within the different sectors, but all working towards a common goal
## 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>
<tr>
<td>2013</td>
<td>Collective impact. How far we have come, where we are now, and where we want to go into the future.</td>
</tr>
</tbody>
</table>
PH Committee Evolution

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

– Created a dashboard

– Dialogue on identifying what success means and measuring what matters

– Social determinants are a “root” issue
Today...
Brenda Rooney - PhD, MPH

Epidemiologist –
Gundersen Health System
Tracking our Healthy County Initiative - Local Data Updates

Brenda Rooney, PhD
Gundersen Health System
La Crosse Medical Health Science- Population Health Committee
Regional Health Scorecard

Created locally.

Launched March 2007 to assist in improving data availability and aid in priority setting.
Scorecard hits over time 5/19/2007–present

cumulative # hits or unique people

- total hits
- unique people

60,861!!

8,600 (120 new users/month)
### Scorecard User Origin

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

- Mortality data: 31%
- Injury data: 35%
- Indicators needing highest priority: 43%
- Disease rates: 47%
- Cost of health risks: 25%
- Risk behavior rates: 41%
- Overall summaries: 53%
- Census data: 41%
- County health ranking: 53%
Purpose of data

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing grants</td>
<td>52.0%</td>
</tr>
<tr>
<td>Improvement and strategic planning</td>
<td>44.0%</td>
</tr>
<tr>
<td>Community needs assessment</td>
<td>40.0%</td>
</tr>
<tr>
<td>Research and reports</td>
<td>40.0%</td>
</tr>
<tr>
<td>Personal interest/inquiry</td>
<td>34.0%</td>
</tr>
<tr>
<td>Media inquiries and articles</td>
<td>10.0%</td>
</tr>
<tr>
<td>Coursework</td>
<td>20.0%</td>
</tr>
</tbody>
</table>
How helpful was the data that you found at the scorecard?

- Very helpful: 49%
- Somewhat helpful: 45%
- Not at all helpful: 0%
- Couldn't find what I was looking for: 6%
How are we doing?
La Crosse County Rankings out of 72 counties in WI

<table>
<thead>
<tr>
<th>Measure</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>22</td>
<td>23</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>Health Factors</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
# HEALTH OUTCOME

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Factors</td>
<td>30%</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>30%</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>20%</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Social &amp; Economic</td>
<td>40%</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>10%</td>
<td>21</td>
<td>50</td>
<td>60</td>
<td>38</td>
</tr>
</tbody>
</table>
## Healthy County Dashboard

### Chronic Disease

<table>
<thead>
<tr>
<th>Obesity Rates</th>
<th>Smoking Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>8.6%</td>
</tr>
<tr>
<td>College</td>
<td>10.2%</td>
</tr>
<tr>
<td>Adult</td>
<td>18.6%</td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th>Depression Rates</th>
<th>Suicide Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth sad 28.6%</td>
<td>Suicide Rates 12.1/100k</td>
</tr>
<tr>
<td>attempt 5.2%</td>
<td>Detentions 465.81</td>
</tr>
<tr>
<td>College sad 54.4%</td>
<td></td>
</tr>
<tr>
<td>attempt 1.1%</td>
<td></td>
</tr>
<tr>
<td>Adult NA</td>
<td></td>
</tr>
</tbody>
</table>

### Progress on Healthy County Plan - Obesity Goals

### Progress on Healthy County Plan - Tobacco Goals

### Progress on Healthy County Plan - Mental Health Goals

### Injury & Violence

<table>
<thead>
<tr>
<th>Alcohol Use</th>
<th>Crime Rates</th>
<th>Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth binge</td>
<td>Violent 179.7/100k</td>
<td>Other Infectious Diseases</td>
</tr>
<tr>
<td>drink &amp; drive</td>
<td>Property 2441.6/100k</td>
<td>Gonorrhea 21.8/100k</td>
</tr>
<tr>
<td>College binge</td>
<td>Arrests</td>
<td>Hep B 20.2/100k</td>
</tr>
<tr>
<td>drink &amp; drive</td>
<td></td>
<td>Hep C 6.1/100k</td>
</tr>
<tr>
<td>Adult binge</td>
<td>All arrests 9994.1/100k</td>
<td>Measles 0</td>
</tr>
<tr>
<td>heavy drinking</td>
<td></td>
<td>Pertussis 6/100k</td>
</tr>
</tbody>
</table>

### Alcohol-related injuries

<table>
<thead>
<tr>
<th>ER visits</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.40%</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

### Alcohol-related deaths occurring in La Crosse County

<table>
<thead>
<tr>
<th>County</th>
<th>Young adult</th>
<th>Adult</th>
<th>Older adult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>71</td>
<td>17</td>
</tr>
</tbody>
</table>
Adult obesity in La Crosse County, WI
County, State and National Trends

La Crosse County is staying the same for this measure.

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

Although La Crosse County is staying the same for this measure, please note state and national trends.

3-year Average

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.
Obesity - La Crosse County High School Youth
(Source: YRBS)

- 2010: 11.6% Obese, 25.0% Overweight
  - 8.8% Obese, 14.1% Overweight
- 2013: 14.1% Obese, 23.5% Overweight
Sexually transmitted infections in La Crosse County, WI County, State and National Trends

La Crosse County is getting worse for this measure
Adopt a **safe-routes program** at all 15 walkable schools within the county.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td># schools</td>
<td>3</td>
<td>13</td>
<td>13</td>
<td>12 (20 active school programs)</td>
</tr>
<tr>
<td>Walking school bus trips</td>
<td></td>
<td>5000</td>
<td></td>
<td>5700</td>
</tr>
<tr>
<td>School districts add SRTS language in student wellness policies and handbook</td>
<td>3 (La Crosse, Onalaska and West Salem)</td>
<td>1 (Holmen School District)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># students receiving helmet/safety education</td>
<td>4400</td>
<td></td>
<td>4400</td>
<td></td>
</tr>
</tbody>
</table>
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%)
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<td>6.0%</td>
<td>6.0%</td>
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</tbody>
</table>
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
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

<table>
<thead>
<tr>
<th>Description of deaths</th>
<th>Chronic Disease</th>
<th>Injury &amp; Violence</th>
<th>Mental Health</th>
<th>Infectious Disease</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># deaths (% of total)</td>
<td>525 (54.2%)</td>
<td>67 (6.9%)</td>
<td>13 (1.3%)</td>
<td>73 (7.5%)</td>
<td>678/968 (70.0%)</td>
</tr>
<tr>
<td>YPLL (% of total)</td>
<td>2,633 (42.8%)</td>
<td>1,213 (19.7%)</td>
<td>375 (6.1%)</td>
<td>178 (2.9%)</td>
<td>4,399/6,146 (71.6%)</td>
</tr>
</tbody>
</table>
## Other deaths:

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Number of deaths</th>
<th>YPLL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal &amp; child health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pregnancy, childbirth, conditions in perinatal period</td>
<td>5</td>
<td>351</td>
</tr>
<tr>
<td><strong>Age-related</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Peptic ulcer, pneumonitis, aneurism, hernia, Alzheimer's, anemia, etc.</td>
<td>77</td>
<td>132</td>
</tr>
<tr>
<td><strong>Miscellaneous/Not preventable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other diseases of arteries, other diseases of respiratory system, other and unspecified events of undetermined intent, all other diseases (residual) 175, etc.</td>
<td>208</td>
<td>1,264</td>
</tr>
</tbody>
</table>
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%)
YPLL – Deaths Due to Chronic Disease

Age-adjusted YPLL Rate

- White: 2192.58
- Black: 4802.04
- Asian: 1445.95
YPLL – Deaths Due to Injury and Violence

Age-adjusted YPLL Rate

White: 992.29
Black: 3,155.10
American Indian: 14,641.93
Asian: 1,066.95
YPLL –
Death Due to Mental Health

![Bar chart showing age-adjusted YPLL rates for White and Black populations. White population has a rate of 344.58, while Black population has a rate of 1631.39.]
YPLL – Deaths Due to Infectious Disease

<table>
<thead>
<tr>
<th>Age-adjusted YPLL Rate</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>122.56</td>
<td>1847.84</td>
</tr>
</tbody>
</table>

La Crosse Medical Health Science Consortium
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
Questions we’ve been pondering over the past year:

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  – only focusing on the behavior piece to the health determinants model (30%)
Our success depends on you!
Questions?

Thank you!
Jordan Bingham – MS

Health Equity Coordinator at Public Health Madison & Dane County
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
Acknowledgements

La Crosse area health leaders

Madison and Dane County health leaders

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

**What** is health equity?

**Why** health equity?

**How** health equity? w/Local Examples

Discussion and Questions
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 vs. Equity

FOR A FAIR SELECTION EVERYBODY HAS TO TAKE THE SAME EXAM: PLEASE CLIMB THAT TREE
What impacts health?

- Income
- Age
- Social support
- Education
- Family
- Doctor
- Health behaviors
- Culture
- Clinical care
- Housing
- Neighborhood
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
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)

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 extensive 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.
If you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine then let us work together. 

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

© 2001 Northland Poster Collective (305) 627-3012 www.northlandposter.com
www.racetoequity.net
**Race to Equity Report**

- **Percent of 3rd Graders Not Proficient at Reading**
  - **Non-Hispanic Black**
    - Dane County: 45% (2005), 48% (2011)
    - Wisconsin: 42% (2005), 42% (2011)
  - **Non-Hispanic White**
    - Dane County: 10% (2005), 11% (2011)
    - Wisconsin: 14% (2005), 14% (2011)

[www.racetoequity.net](http://www.racetoequity.net)
Race to Equity Report

Students not Graduating with a Regular Diploma in Four Years

- Non-Hispanic Black
  - Madison Metropolitan School District: 52% in 2009-10, 50% in 2010-11
  - Wisconsin: 40% in 2009-10, 36% in 2010-11

- Non-Hispanic White
  - Madison Metropolitan School District: 13% in 2009-10, 16% in 2010-11
  - Wisconsin: 9% in 2009-10, 9% in 2010-11

www.racetoequity.net
Race to Equity Report

Juvenile Arrest Rates, per 1,000 Juveniles

Dane County

Wisconsin

U.S.

www.racetoequity.net
What about health data?
“Goal Met”...

...Really??

Source: www.healthydane.org
“Goal Met”...

Infant Mortality Rate

<table>
<thead>
<tr>
<th>Value</th>
<th>5.4 deaths/1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement Period</td>
<td>2008-2010</td>
</tr>
<tr>
<td>Location</td>
<td>County: Dane</td>
</tr>
<tr>
<td></td>
<td>Located in State: Wisconsin</td>
</tr>
<tr>
<td></td>
<td>[View Every County]</td>
</tr>
<tr>
<td>Comparison</td>
<td>WI Counties</td>
</tr>
<tr>
<td>Categories</td>
<td>Health / Maternal, Fetal &amp; Infant Health</td>
</tr>
<tr>
<td></td>
<td>Health / Mortality Data</td>
</tr>
</tbody>
</table>

...Really??

Infant Mortality Rate by Maternal Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>14.9</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>16.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.3</td>
</tr>
<tr>
<td>Laotian/Hmong</td>
<td>16.0</td>
</tr>
<tr>
<td>Other</td>
<td>3.8</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>4.2</td>
</tr>
<tr>
<td>Overall</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source: www.healthydane.org

*Value may be statistically unstable and should be interpreted with caution.
How Did This Happen??
Current Best Practice & Examples from Other Cities & Regions
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
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.

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/
Common Themes & Emerging Best Practices

<table>
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<tr>
<th>High Level Support</th>
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<tr>
<td>Long Term Commitment</td>
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<tr>
<td>Strategic and Systematic Use of Tools</td>
</tr>
<tr>
<td>Capacity Building of Staff and Community</td>
</tr>
<tr>
<td>Accountability and Transparency via Data &amp; Reporting</td>
</tr>
<tr>
<td>Collaboration and alignment with other efforts</td>
</tr>
<tr>
<td>Recognition of early wins</td>
</tr>
</tbody>
</table>
PHMDC’s Approach

Institutional transformation

External capacity & partnerships

Policy change

Equity
NACCHO presents

The Roots of Health Inequity
A Web-Based Course for the Public Health Workforce

rootsofhealthinequity.org

UNNATURAL CAUSES
...is inequality making us sick?

A seven-part documentary series exploring racial & socioeconomic inequalities in health.

www.unnaturalcauses.org
External Capacity & Partnerships

Local Coalitions:
- Tobacco
- Childhood obesity
- Breastfeeding
- Immunization
- Safety & injury prevention

Neighborhood Resource Teams
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
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?

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</tr>
</tbody>
</table>
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
Breakout 1

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

If not, how has it changed?
Break

Please help yourself to refreshments

Back in 20 minutes...
Sara McFall Sullivan Ph.D.

Neighborhood Revitalization Commission
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
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 ....

<table>
<thead>
<tr>
<th>Gundersen Lutheran Pediatric Clinic</th>
<th>Parenting Place Parent Educator Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunger Task Force Food Pantry</td>
<td>Grow Your Brain food growing project</td>
</tr>
</tbody>
</table>
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
The results provide preliminary evidence that residential neighborhood problems constitute sources of chronic stress that may increase risk of poor health.
You know that one over there. We call it Drug Park because we're pretty sure there are people doing drugs there.
Neighborhood Revitalization influences health equity indirectly:

Neighborhood Revitalization focuses on the stressors.
NRC’s Action Plan 2014 provides a framework

<table>
<thead>
<tr>
<th>Community Building</th>
<th>Crime and Safety</th>
<th>Housing Initiatives</th>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organize community events to bring neighbors of all ages together</td>
<td>1. Promote formation of Neighborhood Watches</td>
<td>1. Provide training to improve relationships among landlords, tenants, &amp; homeowners</td>
<td>1. Clean up &amp; landscape public spaces</td>
</tr>
<tr>
<td>4. Assist &amp; incentivize the formation of neighborhood associations</td>
<td></td>
<td>2. Develop strategies to benefit neighborhoods</td>
<td>2. Identify vacant lots to utilize for community use (parks, community centers, gardens)</td>
</tr>
<tr>
<td>5. Advocate for the adoption of neighborhood plans</td>
<td></td>
<td>a. Research parking needs among student renters in La Crosse</td>
<td></td>
</tr>
<tr>
<td>6. Improve outreach to strengthen participation</td>
<td></td>
<td>b. Address commuter parking in neighborhoods</td>
<td></td>
</tr>
<tr>
<td>7. Survey residents regarding neighborhoods</td>
<td></td>
<td>3. Accelerate improvement &amp; program coverage e.g., model landscaping, narrower sidewalks</td>
<td></td>
</tr>
<tr>
<td>8. Increase underrepresented group participation</td>
<td></td>
<td>Improvements</td>
<td></td>
</tr>
</tbody>
</table>
Community Building creates opportunities...

To enjoy neighbors.

To work together to improve neighborhoods.
Community Policing Officers

CRIME AND SAFETY

Four Principles of CPTED
1. Surveillance
2. Access Control
3. Territorial Reinforcement
4. Maintenance

NEIGHBORHOOD WATCH (CPTED)
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)
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
704 Sixth Street South
La Crosse

GRAND RIVER • GREAT CITY
La Crosse • Wisconsin
Western Technical College and
City of La Crosse
704 Sixth Street South
La Crosse

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

Changing Lives and Neighborhoods Through New Affordable Homes

This contemporary and energysmart 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

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.
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

[Image: People working in a garden]

[Logo: ReNEW La Crosse Neighborhoods]
Adopt-a

The Daffodil Effect
Diverse neighborhoods where people want to live, work, and play

SAFE
- Crime Prevention Through Environmental Design
- Neighborhood Watch

ACCOUNTABLE
- Citizens for Code Compliance
- Graffiti abatement

VIBRANT
- Neighbor Day
- Guerilla Gardening
- Adopt a Public Place

EMPOWERED
- Community building and educational events

SAVE Neighborhoods in La Crosse
- Community Development Corporation
- City Elected Officials, Departments, and Staff
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?
Table Report Out
Please take a moment...

• One thing I learned new today...

• I am committing to...
Next Steps

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

Marilyn Huckenpoehler
Assistant Director
The Parenting Place
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!