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Sent: Tuesday, November 09, 2010 3:24 PM

To: Rep.Kessler; Sen.Olsen

Cc: Sweet, Richard; Frechette, Heidi; Husain, Asra; Bruce, Cory

Subject: Special Health Care Access Commiittee - Recommendations

Representative Kessler & Senator Olsen:

On behalf of the WI Public Health Association and the WI Association of Local Health Departments and Boards, I would like to take this opportunity to submit the attached recommendations to the Special Study Committee on Health Care Access.

The attached document includes three separate recommendations. The first recommendation is WPHA and WALHDAB's top priority as it vastly improves current statue regarding Community Health Improvement Plans (CHIP) - which will in turn help local communities better address health conditions and health care access issues.

Equally important is the fact the CHIP recommendation should not have a fiscal impact.

If you have any questions, please let me know.

Thank you,

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#1 - Align current CHIPP requirements with emerging PHAB community health improvement standards through statutory change.

Modify Wisconsin Statute 251.05(3) as follows to be consistent with Standards of the Public Health Accreditation Board relating to Community Health Improvement Processes and Plans.

A local health department shall:

- (a) ~~Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.~~ Conduct and disseminate assessments focused on population health status and public health issues facing the community, including:
 - 1. An analysis of public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public's health, and
 - 2. Use of such analysis to develop recommendations regarding public health policy, processes, programs, or interventions.
- (b) Develop public health policies and ~~procedures for the community~~ plans that include a comprehensive planning process resulting in a community health improvement plan that is both implemented and evaluated and includes actions to implement the services and functions specified under s.250.03(1)(L).
- (c) ~~Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s.250.03(1)(L).~~ Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.
- (d) Assess health care capacity and access to health care services, identify gaps, and implement strategies to improve access to health care services.
- ~~(d)~~(e) Submit data, as requested, to the local public health data system established by the department.

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These changes are based on specific reference to the following elements of the Public health Accreditation Board's work, including:

- Domain 1: conduct and disseminate assessments focused on population health status and public health issues facing the community.
- Domain 4: engage the community to identify and address health problems.
- Domain 5: develop public health policies and plans.
- Domain 7: promote strategies to improve access to healthcare services.

Specific standards within each domain include:

- Standard 1.2.B: analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.
- Standard 1.3.B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.
- Standard 4.1.B: engage the public health system and the community in identifying and addressing health problems through ongoing, collaborative process.
- Standard 5.3.L: conduct a comprehensive planning process resulting in a community health improvement plan.

WPHA/WALHDAB

Proposed Recommendations to the Special Legislative Study Committee on Health Care Access

- Measures: (1) conduct assessment, (2) produce plan, (3) implement, (4) monitor.
- Standard 7.1.B: Assess healthcare capacity and access to healthcare services.
 - Measures: (1) convene or participate in collaborative process to assess availability of services, (2) identify underserved and at-risk populations, (3) identify gaps in service.
- Standard 7.2.B: Identify and implement strategies to improve access to healthcare services.
 - Measures: (1) convene or participate in collaborative process to improve access to care, (2) implement or collaborate on strategies to increase access, (3) lead or collaborate on culturally competent initiatives to increase access to care for underserved and at-risk populations.

WPHA/WALHDAB

Proposed Recommendations to the Special Legislative Study Committee on Health Care Access

#2 – Establish a Segregated Public Health Trust Fund

Wisconsin's funding of public health has been consistently among the worst in the country for years. The 2009 report from America's Health Rankings places Wisconsin 50th among all 50 states for funding – down from 49th in 2008.

Wisconsin must provide greater support of the public health system. We recommend the adjust its tax rate on products that are known to contribute to the state's greatest public health priorities and use those revenues to create a segregated public health trust fund. This funding will be used to directly address the state's health priorities, and creates a mechanism to assure funding is available to address these problems. This is especially important as it will manage the current funding system that distributes funds categorically – and levels the playing field across communities in the state that currently provides an uneven level of funding across health departments.

This fund will provide a starting point to better financing of governmental public health in Wisconsin because it will provide resources to improve the public's health. It will also produce equity among the three top funding sources in the state. These new state funds would be a comparable investment to what local governments are spending on public health activities, and would also move the state closer to the federal government's investment in Wisconsin's public health system. Holding other things equal, this increased investment would move Wisconsin's per capita investment ranking from last in the country. It would also make Wisconsin's investment more comparable with the average investment of its upper Midwest neighbors.

These new funds would be divided between state and local government. This recognizes that both state and local governments have an important role in improving the public's health. The state health department will serve a leadership role in providing a coordinated effort in addressing Wisconsin's top health problems by disseminating best practices for the identified health problems and providing technical assistance to the localities. A greater percentage of funds would be distributed to local governments recognizing that the most effective way to impact health issues is at a local level, where services and strategies connect with people.

State and local government would use these funds to address priority health problems identified through community assessment – which currently includes alcohol abuse, obesity, and health disparities. This approach assures a significant portion of the new funds are directed to Wisconsin's most pressing health issues and incorporates enough flexibility to address other health priorities identified by the state health plan and local assessments.

#3 - Loan forgiveness program for graduates staying in Wisconsin and working in specified public health positions

The lack of public health funding also heightens the public health workforce needs in the state. Workforce development is a fundamental element of the public health system; without a strong workforce, the system will fracture and ultimately result in significant health risk increases. Yet despite the importance of public health to our society, critical workforce challenges exist. These challenges include addressing a shortage of workers, succession planning to replace an aging workforce, need for greater technical skills, and developing a workforce that reflects the diversity of Wisconsin communities. The Association of Schools of Public Health reports that by 2020, the United States public health workforce will be insufficient to meet the essential services required – projecting a need for more than 250,000 additional public health professionals. In Wisconsin, nearly one in five workers in the Wisconsin Division of Public Health (DPH) is eligible for retirement; and approximately 50 percent of the public health employees in DPH will be eligible for retirement by 2011.

The public health system needs to make sure our public health workforce has the skills and competencies necessary to meet emerging public health priorities. Rather than just being trained in the delivery of direct services, our future public health workforce needs to be highly skilled in analyzing population health data, building partnerships with leaders in many sectors, systems thinking, communicating health messages, and integrating policies and programs in systems throughout their community.

We ask the study committee to support loan forgiveness programs for public health professionals. This will help to (a) recruit students to train and work in Wisconsin, (b) retain more graduating public health students, and (c) begin to establish the next generation of public health workers in Wisconsin. Loan forgiveness programs should be made available for the following disciplines:

- Environmentalists
- Epidemiologists
- Registered Environmental Health Professionals
- Public health educators
- Public health laboratory workers
- Public health dental hygienists
- Public health dentists
- Public health information system specialists
- Public health managers
- Public health nurses
- Public health nutritionists
- Public health physicians