

Marathon County Board of Health

Tuesday, June 8, 2021 at 7:45 AM

Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Board of Health members and the public to attend this meeting remotely. To this end, instead of attendance in person, Board of Health members and the public may attend this meeting by telephone conference. If Board of Health members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number. When you enter the telephone conference, put your phone on mute.

Dial +1 312 626 6799 US (Chicago)

Meeting ID: 851 2896 1112

Password: 882227

Committee Members: John Robinson, Chair; Craig McEwen, Vice-Chair; Lori Shepherd, Secretary; Sandi Cihlar; Dean Danner; Kue Her; Tiffany Lee; Corrie Norrbom

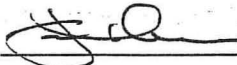
Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

1. **Call to Order**
2. **Public Comment Period**
3. **Approval of the Minutes of the May 11, 2021 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. Election of the Board of Health Secretary
5. **Policy Discussion and Possible Action**
 - A. Update on Governor Evers 2021-23 Biennial Budget Proposal and determine public health priorities
 - i. Review letter to area legislators of the Board of Health budget priorities
 - ii. Share updates on the state budget process and legislative priorities
 - B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

- C. Update on the Start Right UniverCity program evaluation
 - D. Update on the COVID-19 pandemic response efforts at a local and state level
 - i. Update on vaccination efforts in Marathon County
 - ii. Update on the challenges in promoting COVID-19 prevention measures of masking, physically distance, quarantine/isolation in light of CDC's May 13 recommendations for fully vaccinated individuals
 - E. Report from the Health & Human Services Committee June 2 meeting on policy issues impacting public health
- 6. Educational Presentations/Outcome Monitoring Reports**
- A. Report on actions being taken to address human health hazards identified at the Northern Mobile Home Park
 - B. Update on staffing
- 7. Announcements**
- A. Acknowledgement of Lori Shepherd, MD service to the Board of Health since May 7, 1996
- 8. Policy Discussion and Possible Action (resume 8:30 AM)**
- A. Defining "results" for the Community Health Priority Substance Misuse
- 9. Next Meeting Date & Time, Location, Future Agenda Items:**
- A. Confirm June 13, 2021 meeting date and determine agenda topics
 - i. Overview of Marathon County Health Department's Organization Culture Survey findings and next steps
 - ii. Healthy Marathon County to join for the second half of the meeting to determine "indicators" for the Community Health Priority Substance Misuse
- 10. Adjourn**

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Signed  _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____
By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
May 11, 2021

Present (Via Zoom): Sandi Cihlar, Dean Danner, Craig McEwen, Kue Her, John Robinson, Lori Shepherd, Corrie Norrbom

MCHD Staff: Dale Grosskurth, Laura Scudiere, Judy Burrows, Joan Theurer, Eileen Eckardt, Chris Weisgram, Melissa Moore, Amanda Ostrowski, Aaron Ruff, Jenna Flynn, Hannah Schommer

Others Present: Jeff Sargent, Brooke Davis, JoAnna Bernklau, Katie Dively, Tara Draeger, Jennifer Smith, Erin Wells

1. Call to Order

John Robinson called the meeting to order at 7:46 a.m.

2. Public Comment Period

None

3. Approval of the Minutes of the April 13, 2021 Board of Health Meeting

Motion to approve the minutes of the April 13, 2021 meeting made by Craig McEwen. Seconded by Kue Her. The motion was approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. None

5. Policy Discussion and Possible Action

A. Adopt proposed changes to the Marathon County Health Department Agent Programs Regulation

Joan Theurer provided an overview of why changes are being brought forward for consideration. Dale Grosskurth explained that portions of the licensing program were merged into the Department of Agriculture, Trade and Consumer Protection, and resulted in facility names changes in the regulations. Additional changes include requiring a new permit when ownership of a restaurant is transferred to a family member, and enforcement policy for certified food managers.

Motion to approve the changes to the agent program regulation by Dean Danner. Second by Lori Shepherd. Motion approved.

B. Update on Governor Evers 2021-23 Biennial Budget Proposal and determine public health priorities

i. Review WALHDAB & WPHA budget and legislative priorities documents

ii. Review WI Department of Health Services Badger Bounceback Governor Evers' 2021-23 Biennial Budget

Joan Theurer shared updates from state associations regarding legislative priorities and the governor's biennial budget proposal. Funding of infrastructure for local public health is a main focus area, also giving more latitude for how local health departments can use those funds. Another area being looked at for increase funding is communicable disease. Themes for legislative priorities include support for public health infrastructure, continuing to preserve public health authority, and addressing racism as a public health crisis. On May 5th the Joint Finance Committee met and removed policy-related items from the budget proposal, and for the most part is starting with the current base budget. There is some interest in having a stand-alone bill that would extend Medicaid post-partum coverage beyond 60 days.

Discussion on removal of the expansion of Medicaid, and if there is support for specific funding proposals that would affect public health.

Dean Danner motioned to support the proposed \$10 million investment supporting communicable disease, and expansion of post-partum care. Seconded by Sandi Cihlar.

Lori Shepherd moved to amend the motion to include the additional post-partum support from 60 days to a year. Seconded by Kue Her. Motion to amend the original motion approved.

Motion to approve the amended original motion approved.

Joan will work on putting a draft of a letter together.

- C. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)
 - i. Status of LRB-0792 limiting the use of emergency powers during emergencies
 - ii. Other

Joan Theurer reported no change in status of LRB-0792. John Robinson shared consideration would be given to forwarding onto the Health and Human Services Committee for review at the time LRB-0792 becomes a bill. Joan Theurer will continue to monitor.

- D. Report from the Health & Human Services Committee May 5 meeting on policy issues impacting public health
 - i. Health Department Licensing Program Ordinance
 - ii. 2021 County Health Rankings
 - iii. Update on COVID Vaccine

Joan Theurer shared that the draft language for adopting an ordinance to codify the Marathon County Health Department to be an agent of the Department of Agriculture, Trade, and Consumer Protection licensing program was brought forward.

Joan Theurer provided an update on vaccination rates for COVID-19, and shared an overview of vaccine partnership efforts to address disparity and access gaps in Marathon County.

Discussion on challenges of increasing vaccination rates among various population groups in the County. Joan shared that there would be benefit in supporting H2N collaborative outreach efforts beyond COVID-19, as this group would be instrumental in addressing other health disparities and access gaps.

Corrie Norrbom shared what has been learned through observing at the pop up community vaccine clinics, including the importance of convenience, and positive messaging.

Discussion on the importance of messaging that explains the reasons for getting, and the effects of not getting the vaccine.

- E. Update on the Start Right UniverCity program evaluation

Joan Theurer will provide an update at the next meeting.

- F. Update of COVID-19 response efforts at a local and state level
 - i. Overview of vaccination efforts in Marathon County
 - ii. Other

6. Educational Presentations/Outcome Monitoring Reports (as time permits)

- A. Update on Staffing

John Robinson recognized and thanked Judy Burrows for her nearly 30 years of service to Marathon County.

Joan Theurer will be sending out an invitation for retirement celebration for Judy Burrows.

Joan Theurer shared Laura Scudiere will be stepping into the role for Program Director for Community Health Improvement on June 1st. Aby Sauter, Administrative Specialist for Environmental Health and Safety Program has resigned as of May 21 to assume the Children’s Hearing and Vision Screening Coordinator position with Marathon County Special Education. Chris Weisgram, Administrative Coordinator has resigned as of May 28 to take the position as a Health Planner with Portage County Health & Human Services.

Joan shared the recruitment for the Health Officer position is under way.

7. Announcements

8. Policy Discussion and Possible Action (resume 8:30 AM)

- A. Development of the 2022-2025 Community Health Priorities

Joan Theurer introduced Board of Health members, members of Healthy Marathon County, and staff who joined the meeting to further plans for the development of the 2022-2025 Community Health Plan. Joan shared an update on discussions held after the previous meeting related to the process being used for this cycle of determining health priorities. Joan asked members to share what from their perspective needs to occur to have a meaningful process in developing the Community Health Improvement Plan.

Participants completed an online poll to determine which option they each think should be taken for moving forward with the Community Health Improvement Process.

Discussion on the importance of having the conversation on tough issues impacting the health of residents and the communities they live in, including health equity.

Amanda Ostrowski provided an overview of the poll results, and comments provided by participants that indicated members would like to proceed, but in a slower manner building in opportunities for discussion.

Joan Theurer will send out an update after reviewing the information gathered through the poll, discussion at the meeting, and working with staff to look at how to map out a revised process.

9. Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm June 8, 2021 meeting date and determine agenda topics
 - i. Healthy Marathon County to join for the second half of the meeting to further the development of the 2022-2025 Community Health Priorities

10. Adjourn

Motion to adjourn made by Dean Danner. Seconded by Lori Shepherd. The meeting adjourned at 9:43 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

**Health Officer Notes
June 2021**

To facilitate diverse perspectives, consider the following questions during the policy discussion.

- Who benefits from or will be burdened by the proposal?
- What are the strategies for mitigation unintended consequences?

Operational Functions Required by Statute, Ordinance, or Resolution

A. Election of the Board of Health Secretary

Policy Discussion and Possible Action

A. Update on Governor Evers 2021-23 Biennial Budget Proposal and determine public health priorities

- i. Review letter to area legislators of the Board of Health budget priorities
- ii. Share updates on the state budget process and legislative priorities

The Board of Health will review letter to area legislators that outlines budget priorities from the Board. Enclosed find draft letter for review. Members along with Joan Theurer, Health Officer will provide any updates on the state budget process and legislative priorities that occurred since the May 11 meeting. Enclosed find Governor Evers' 2021-23 Biennial Budget and WALHDAB & WPHA legislative priorities documents.

B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

Joan Theurer, Health Officer will provide an update as needed on policy matters from the state association and WI Department of Health Services.

C. Update on the Start Right UniverCity program evaluation

Joan Theurer, Health Officer will provide an update on the Start Right program evaluation being done through UniverCity, UW System.

D. Update on the COVID-19 pandemic response efforts at a local and state level

- i. Update on vaccination efforts in Marathon County
- ii. Update on the challenges in promoting COVID-19 prevention measures of masking, physically distance, quarantine/isolation in light of CDC's May 13 recommendations for fully vaccinated individuals

An update of vaccination efforts to reach vulnerable and hesitant populations will be provided by Joan Theurer, Health Officer and Laura Scudiere, Program Director for Community Health Improvement. In addition, Joan will share the challenges in promoting COVID-19 prevention measures of masking, physically distance, and quarantine/isolation for sectors and general public.

E. Report from the Health and Human Services Committee June 2 meeting on policy issues impacting public health

A report will be given by Board of Health members present, Chair Tim Buttke, and/or Joan Theurer, Health Officer on discussion and actions taken at the June 2 meeting.

Educational Presentations/Outcome Monitoring Reports

A. Report on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Joan Theurer, Health Officer and Dale Grosskurth, Program Director of Environmental Health and Safety will provide an overview of the actions being taken to address human health hazards at the Northern Mobile Home Park.

B. Update on Staffing

Danielle Parker, BSN, MPH has accepted public health nurse position, starting on June 1, 2021. Recruitment is underway to fill the following vacant position: administrative specialist, administrative coordinator, (2) health educators, and a public health nurse.

Announcements

A. Acknowledgement of Lori Shepherd, MD service to the Board of Health since May 7, 1996

Lori Shepherd has given her resignation, effective June 15, 2021. She was appointed to the Board of Health on May 7, 1996, providing over 25 years of service to the Marathon County Health Department.

Policy Discussion and Possible Action (resume 8:30 AM)

A. Defining “results” for the Community Health Priority Substance Misuse

Members of Health Marathon County will join the members of the Board of Health to define “results” for substance misuse. The Community Health Improvement Team colleagues will be available for questions. Amanda Ostrowski, Public Health Educator will facilitate the discussion. Enclosed, find Results-Based Accountability and CHIPP document and a copy of the Results-Based Accountability Framework.

Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm July 13, 2021 meeting date and determine agenda topics

- I. Overview of Marathon County Health Department’s Organization Culture Survey findings and next steps
- II. Healthy Marathon County to join for the second half of the meeting to determine “indicators” for the Community Health Priority Substance Misuse



June 8, 2021
DRAFT 05/26/2021

(Insert Name)
(Insert Address)

Subject: Marathon County Board of Health 2021-23 Biennial Budget Priorities

Dear (Insert Name)

On behalf of the Marathon County Board of Health, I am writing to share budget priorities from the perspective of the Board of Health to further the health of Marathon County residents. The two priority investment areas include: \$10 million for communicable disease grants to local and tribal health departments, and \$21 million to extend postpartum coverage.

Communicable Disease Grants to Local and Tribal Health Departments: The 2017 Assembly Bill 293 made available for the first time state funds to support local and tribal health departments' efforts to prevent and control communicable diseases within their jurisdiction. As a result, the Marathon County Health Department receives \$8,500 annually state GPR funds that contributes to an overall budget for the communicable disease control service areas an estimated \$758,000; with tax levy support of over \$636,000.

Local health departments are the primary line of defense keeping communities safe from infectious diseases. In 2019, the Marathon County Health Department received 912 reports of 27 different communicable diseases and conditions; diseases such as blastomycosis, giardiasis, hepatitis B and C, influenza, pertussis, tick-borne, tuberculosis, and sexually transmitted diseases. For each report received, a public health nurse investigates the disease, ensures the person is adequately treated, and carries out necessary control measures to prevent further spread within families, child care centers, schools, and places of employment. For outbreaks, public information is provided to residents to inform them on actions they can take to protect themselves.

Given communicable disease knows no boundaries, ensuring a strong statewide system of surveillance, follow-up, and public information is critical to protecting our residents and the resulting impact on our schools, employers, and tourism. Wisconsin historically and continues to lag in public health funding and outcomes compared to other states in the United States. Accordingly to the Trust for America's Health, Wisconsin state funding for public health is \$17.40 per person per year, compared to national average of \$36.00 per person per year.ⁱ The proposed ten-fold increase in state funding will strengthen local and tribal health departments' response to existing and emerging infectious diseases, a system that is significantly underfunded.

Postpartum Eligibility Extension: Currently, Medicaid covers low income pregnant women (up to 330% of federal poverty) until 60 days after the birth of a child. As of April 2021, 690 pregnant women were enrolled by Marathon County.ⁱⁱ To health of a newborn is dependent upon a mother's overall health

Page Two

Marathon County Board of Health 2021-23 Biennial Budget Priorities

and well-being. Women during the postpartum period are particularly vulnerable to depression and suicide.ⁱⁱⁱ Recent CDC research shows that about 1 in 8 women experience symptoms of postpartum depression.^{iv} Depression can have a long term impact on their health and the health of their child, interfering with a parent-child interaction and bonding. Extending Medicaid coverage to one year would assure coverage when women need it the most, contributing to healthy women, healthy babies.

The continual investments in these two critical public health areas will contribute to the overall health and economy of communities in Marathon County. Thank you for your consideration including these priorities in the 2021-2023 Biennial Budget.

Sincerely,

John Robinson, Chair
Marathon County Board of Health

CC: Craig McEwen, Vice-Chair, Marathon County Board of Health
Lori Shepherd, MD, Secretary, Marathon County Board of Health
Sandi Cihlar, Marathon County Board of Health
Dean Danner, Marathon County Board of Health
Kue Her, Marathon County Board of Health
Tiffany Lee, Marathon County Board of Health
Corrie Norrbom, MD, Marathon County Board of Health
Tim Buttke, Chair, Marathon County Health & Human Services
Kurt Kibbs, Chair, Marathon County Board of Supervisors
Lance Leonard, County Administrator
Joan Theurer, Health Officer

ⁱ Trust for America's Health. The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, May 2021.

https://www.tfah.org/wp-content/uploads/2021/05/2021_PHFunding_Fnl.pdf

ⁱⁱ WI Department of Health Services. BadgerCare Plus Enrollment Data.

<https://www.dhs.wisconsin.gov/badgercareplus/enrolldata.htm>

ⁱⁱⁱ WI Department of Health Services. People First: Invest in Coverage and Communities. Healthy Women, Healthy Babies. Extend Postpartum Coverage to Pregnant Women in Medicaid.

<https://www.dhs.wisconsin.gov/budget/coverage.htm>

^{iv} Centers for Disease Control and Prevention (CDC). Depression During and After Pregnancy.

<https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

GOVERNOR EVERS' 2021-23 BIENNIAL BUDGET

Department of Health Services

Wisconsin faces unprecedented challenges. The Governor Evers 2021-2023 Budget Proposal puts people first by increasing and improving access to health care, expanding behavioral health services, protecting our neighbors most in need, and ensuring our public health system is robust and responsive. Now is a time for bold action, and instead of retracing our steps to go back to the way things were, we will bounce back a safer, healthier, and more equitable state. Together, we commit to putting people first to meet our challenges moving forward.

People First: Invest in Coverage and Communities

- \$634 million in **GPR savings** for **Medicaid expansion**
- \$25.5 million for **community health benefit to address social determinants of health**
- \$30 million for **health equity community grants**
- \$12 million for **protection of kids from lead hazards**
- \$1 million for **coverage of doula services**
- \$0.4 million for **family planning services**
- \$0.9 million for **farms to FoodShare**
- \$35.9 million for **access to dental services**
- \$2 million for **protection of kids from tobacco**
- \$14.3 million for **community health workers**
- \$0.6 million for **emergency medical services**
- \$16 million for **prescription drugs**
- \$8 million for **community health centers and free and charitable clinics**
- \$321 million for **hospital funding**
- \$21 million to **extend postpartum coverage**

People First: Invest in Behavioral Health

- \$12.3 million for **regional crisis centers**
- \$5 million for **regional crisis stabilization facilities**
- \$12.4 million for **medication-assisted treatment for opioid use**
- \$2 million for **Medicaid psycho-social rehabilitation**
- \$2.6 million for **Milwaukee mobile crisis response**
- \$2.4 million for **county crisis and peer support phone lines**
- \$3.3 million for **county and law enforcement crisis response and training**
- \$3.2 million for **Medicaid coverage of acupuncture**
- \$1.9 million for **behavioral health treatment for people who are deaf and hard of hearing**
- \$40 million for **increased funding for behavioral health and suicide prevention services**
- \$6.5 million for **room and board payments for residential substance use disorder treatment**

People First: Invest in Public Health and Long-Term Care

- \$241 million for **nursing home Medicaid rate increase**
- \$156 million for **direct care rate increase**
- \$3.5 million for **expansion of dementia care specialists**
- \$1 million for **Alzheimer's family caregiver supports**
- \$15.4 million for **state, local and tribal health communicable disease response**
- \$7 million for **Ageing and Disability Resource Centers**



Investing in public health will provide us the opportunity to be healthy where we live, work, learn and play.

Help the state recover from the human and economic trauma. The pandemic exposed longstanding financial inadequacies in Wisconsin's public health infrastructure. As we navigate the waning months of the pandemic, we need to begin charting our course for recovery that includes addressing neglected chronic underfunding and strategic investments for the future.



BOOST PUBLIC HEALTH INFRASTRUCTURE FOR HEALTHY COMMUNITIES

\$18 MILLION

Dedicated State Funding for Local Health Departments

- Provide block grants to support public health infrastructure and fund state mandates which are supported by county and municipal levies.
- Allow for this funding to be flexible for increased alignment with their community's needs to maximize impact statewide.
- Take into account factors with allocation formula for distribution more effectively and equitably.

Committed state funding provided directly to local public health departments would enable communities to implement public health strategies more effectively and equitably.

Examples where local health departments could utilize this dedicated funding is:

- Increase community health services, like cancer screenings, substance abuse prevention, and mental health services
- Invest in programs to protect against water, air quality, and other environmental health hazards
- Develop preparedness response strategies to guarantee the capacity to respond quickly to public health emergencies
- Communicate important, accurate data and information to the public in a timely manner
- Improve quality and performance through utilization of best practices to develop public health workforce and achieve outcome goals
- Reduce disparities and advance health equity

It would also allow local health departments to administer the nearly two-dozen unfunded mandates the state has placed on local health departments.

Supporting a strong public health infrastructure is paramount with the continuing occurrences of natural disasters, increased substance use, and an increase in both infectious and chronic diseases.

Investments in public health programs represent around 10% of all health care spending in most countries, yet its impact can be substantial. An investment of \$10 per person per year in evidence-based programs in local communities that are proven to increase physical activity, improve nutrition, and prevent smoking or other tobacco use could save the country more than \$16 billion annually within five years, according to the Robert Wood Johnson Foundation. This is a potential savings of \$5.60 for every \$1 invested.

However, Wisconsin is not investing in taking advantage of these savings. According to The Trust for America's Health, Wisconsin state funding for public health is \$17.40 per person per year—\$36 per person per year is the national average.

Facing this fact and knowing the detrimental effects of chronically underfunding public health, we respectfully urge you to make ongoing public health funding a top priority in the 2021-23 biennial budget.

WPHA & WALHDAB also support these two categorical funding mechanisms for direct support to local health departments and community based organizations:

\$10 MILLION

for Communicable Disease Grants

- Build on state funding to local and tribal health departments.
- Communicable Diseases can lead to a loss in productivity, increase costs, and place employees on extended sick leave.
- Limited resources are provided though threats are increasing. Wisconsin provides surveillance and follow up for a numerous amount of disease, including Zika, Lyme Disease, Hepatitis C, Influenza, Tuberculosis, and Elizabethkingia.

\$30 MILLION

for Health Equity Grants

- The pandemic exposed many ways in which some Wisconsinites across both rural and urban areas have more difficulty accessing health resources. Support for community organizations to implement community health worker models could help address those issues and advance health equity.
- Promote health equity for community organizations to implement community health worker care models.
- Community organizations, and local/tribal health departments to hire health equity strategists and implement health equity action plans.

SUPPORT INCREASED INVESTMENT IN EXISTING PUBLIC HEALTH PROGRAMS ADMINISTERED BY THE DEPARTMENT OF HEALTH SERVICES

The Department of Health Services is an equal partner in a strong public health coalition. We strongly recommend supporting the following initiatives in Governor Evers' budget proposal:

Windows Plus Lead Exposure Prevention Program

Provide \$961,800 in 2021-22 and \$1,054,800 in 2022-23

Lead Screening and Outreach Grants

Provide \$50,000 annually to increase a grant for lead screening and outreach activities

Expand Eligibility for Birth to 3 Program

Provide \$3,300,000 in 2021-22 and \$6,600,000 in 2022-23

Black Women and Infants' Health

Provide \$3,500,000 annually to fund grants to address Black women's health and infant and maternal mortality.

Tobacco and Vaping Prevention

Increase funding by \$2,000,000 in 2021-22 to fund a new public health campaign aimed at preventing initiation of tobacco and vapor product use.

Community Health Benefit

Provide \$1,000,000 in 2021-22 and \$24,500,000 in 2022-23 to fund a new MA benefit.

Postpartum Eligibility Extension

Provide \$20,948,600 in 2022-23 to reflect the estimated cost of extending benefits for MA eligible pregnant women until the last day of the month.

Community Health Workers

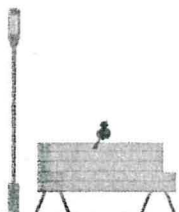
Provide \$14,232,000 in 2022-23 to fund coverage of community health worker services under MA.

Medication-assisted Treatment

Provide \$3,632,800 in 2021-22 and \$7,265,500 in 2022-23 to increase reimbursement rates for medication-assisted treatment (MAT) services for individuals with substance use disorder.

A comprehensive recovery strategy needs to include robust investments in public health. For more information, please do not hesitate to contact our government affairs consultants Tim Hoven (414-305-211) or Erik Kanter (608) 310-8833.

All people deserve the opportunity to live in a state that creates conditions for everyone to be healthy. Public policy should strive toward the elimination of health disparities.



WALHDAB

Public Health In Action

Wisconsin Association of Local Health Departments and Boards

Results-Based Accountability and CHIPP

The purpose of this document is to provide guidance when developing the 2021-2024 CHIPP within the Results-Based Accountability Framework.

Results

A result is the end conditions of well-being for populations in a geographic area, state in plain language. Results are the responsibility of partnerships, not the responsibility of an individual organization.

It may help to think of creating a Result by using a “Pick 3” menu of options (note: these lists do not include every option):

Populations	Geographic Area	Condition of Wellbeing
All residents	State	Healthy
All children prenatal to 5 years old	County	Free from death and suffering due to...
All seniors	Local Jurisdiction (City, Village, Town)	Born Healthy
People with developmental disabilities	School District	Financially Secure
Southeast Asian females	Neighborhood	Have Access to...

Examples for Marathon County may include:

- All Marathon County residents are healthy.
- Marathon County children enter school ready to learn.
- Pregnant women in Marathon County have access to early prenatal care.
- Spencer residents live in a safe community.

Examples from other Communities:

- People living with, or at risk of behavioral health conditions in King County, are healthy, have satisfying social relationships, and avoid criminal justice involvement.
- All Washington State residents have clean environments (land, air, water).
- The entire King County population contributes to a vibrant economy.
- Auburn residents live in a safe community.
- Vermont youth successfully transition to adulthood.

Creating the Result for Substance Misuse

Keeping in mind the definition that was selected as the basis for substance misuse, review the Results below that were drafted by CHI team staff and consider: ***What is the end conditions of well-being for populations in Marathon County that we want in regards to substance misuse?*** Then, select the result you feel most answers that question and/or, create your own Result for substance misuse.

Definition:

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. The great majority of substance-related health and social problems occur among those who are not addicted. (Source: SAMHSA: Mental Health and Substance Use Disorders, National Institutes of Health).

Results drafted by CHI team staff:

1. All Marathon County residents use substances safely.
2. All Marathon County residents are free from substance-related health and social problems.
3. All Marathon County youth grow up substance-free.

My idea(s) for Results for substance misuse:

Result = Geographic Area + Population + Condition of Wellbeing

- 1.
- 2.
- 3.

*If you have drafted a Result that you would like to be considered by the full group, please email the Result(s) to Amanda.Ostrowski@co.marathon.wi.us by Friday, June 4, 2021.

Results-Based Accountability

Population Accountability

RESULTS



The end conditions of well-being for populations in a geographic area

The responsibility of partnerships

INDICATORS



How we measure these conditions

Baselines are what the measures show about where we've been and where we're headed

Turn the Curve is what success looks like if we do better than the baseline

From Talk to Action

For Communities, Cities, Counties, States and Nations

The step-by-step process starts with a group of partners who wish to improve the quality of life in the community.

Step 1: What are the quality of life conditions we want for the children, adults, and families who live in our community?

Step 2: What would these conditions look like if we could see or experience them?

Step 3: How can we measure these conditions?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

Step 6: What works to do better, including no-cost and low-cost ideas.

Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

Program Accountability

STRATEGIES



What works to improve these conditions

PERFORMANCE MEASURES



How we know if programs & agencies are working effectively

Begin with sorting the Strategy's performance measures into 3 common-sense, plain language categories:

How much did we do?

How well did we do it?

Is anyone better off?

From Talk to Action

For Programs, Agencies, and Service Systems

The step-by-step process starts with a manager or a group of managers who care about the quality of their services.

Step 1: Who are our customers?

Step 2: How can we measure if our customers are better off?

Step 3: How can we measure if we're delivering services well?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

Step 6: What works to do better, including no-cost and low-cost ideas.

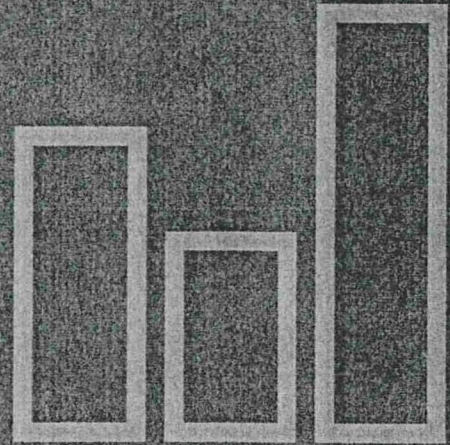
Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

Results-Based Accountability

Basic Ideas

- * RBA organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community and those receiving service
- * Starts with ends, work backward to means:
 - What do we want?
 - How will we recognize it?
 - What will it take to get there?
- Use plain language, not jargon
- Use data to drive decision-making
- * Use data to gauge success
- Involve a broad set of partners
- Get from talk to action as quickly as possible



"We cannot fool ourselves by taking a collection of actions that sound good and hoping for the best."

Results Based Accountability means that we have set out to make a change, not by chance, but by choice. And the deliberate nature of this work is different. And it requires a different way of thinking about and organizing the work. We must make the best choices possible for indicators. We must strive to get better indicators over time. We must recognize that baselines are the only real business-like way to measure change for the better or worse. We must work to understand why the baselines look the way they do so that we can target our efforts most effectively. We must bring in partners, public and private, parents and youth, to contribute their wisdom and where possible, their resources.

We must struggle to find the things that actually work to make change at the population. This means we must search for things that have worked in other places and search deep in ourselves and our community for things we think will work here. We must not accept the easy or politically correct answers, but test everything by whether it will make a difference here. And we must get started taking action. We must take those steps that can be taken easily and inexpensively first, and gather resources to take the harder and more expensive actions as soon as we can. We must track our progress and be honest with ourselves about whether we are in fact making a difference. We must make changes and improvements to our plan over time. And if we do all this well, we must celebrate and share credit. And then we get back to doing more...