

TESTIMONY BEFORE THE

LEGISLATIVE COUNCIL SPECIAL STUDY COMMITTEE ON HEALTH CARE ACCESS

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ON BEHALF OF THE WISCONSIN PUBLIC HEALTH COUNCIL, WISCONSIN PUBLIC HEALTH ASSOCIATION, AND WISCONSIN
ASSOCIATION OF LOCAL HEALTH DEPARTMENTS AND BOARDS

**STATEMENT OF POSITION ON PUBLIC HEALTH FUNDING NEEDS
AND PRIORITIES IN WISCONSIN**

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INTRODUCTION

Thank you for your service on this Legislative Study Committee and the opportunity to present testimony to you. I understand that we live in difficult economic times and it is a challenge to explore critical issues of access to health care and the need for public health funding when there are extremely limited financial resources available to address these important issues. Therefore, I will focus my remarks on the importance of exploring public health funding, even in tough fiscal times, and to propose two recommendations that do not require new GPR dollars for the Committee's consideration.

I come before you today with three hats on my head. First, I am the current Chairperson of the Wisconsin Public Health Council, a statutorily created committee with 20 governor-appointed members, charged with advising the Department of Health Services, the Legislature, and the Governor on important public health matters. Second, I come as a member of the Wisconsin Public Health Association, the state's largest public health membership organization. And third, I come as the former Marathon County Health Officer and a former president of the Wisconsin Association of Local Health Departments and Boards.

First, let me tell you a bit about public health. When I ask students or community members to describe public health they are often stumped. I hear vague references to prevention or vaccinations or head lice. My own mother could not describe what I did as a local health official until public health leapt to the forefront of leading efforts to combat the threat of anthrax in 2001. We are the invisible relative at the health sector table and so it's no wonder we garner less than 5% of the nation's health care dollars.

But, when we think about it, that's exactly the goal of public health—to be invisible. When we do our job well, NOTHING HAPPENS. That is the nature of prevention and here's what it looks like:

- The baby is born healthy and grows up to be a healthy child, teen, and adult
- The communicable disease is contained and there are no epidemics
- The food we consume is safe and nourishing
- The air we breathe and the water we drink is pure and free of toxins
- Our roadways are safe not only for cars, but for bicyclists and pedestrians
- Our people feel safe in their communities and socially connected with each other
- We all have access to high quality health care services
- We live long, healthy, happy lives.

As you can see, it is much bigger than vaccines and lice. What I've described is a system that pays attention to all of the determinants of health, the factors we know contribute to living long, healthy, fulfilling lives. The traditional public health system is grounded in communicable disease control, maternal child health services, and environmental health. Today, public health continues in these important areas, but must also look broader and wider to all of the areas that drive health outcomes—health behaviors, clinical care, social and economic factors, and the physical environment.

So, you can see that public health is everywhere. But public health is also everyone. It's the work you do as legislators passing important public policy such as creating a smoke-free state, strengthening drunken driving laws, and expanding access to health care for low income Wisconsin citizens. It's our health care partners who provide preventive services, counsel patients on healthy lifestyles, and identify

diseases in early, more easily treated stages. It's all of us when we choose to walk the stairs rather than take the elevator, drink responsibly, make nutritious meals for our family, and support our friends in healthy choices. An important glue that holds all of these partners together in the public health system is are state and local public health workforce, the focus of this Legislative Study Committee.

FUNDING

I understand members of the committee have heard testimony on the state of Wisconsin's public health funding at your October 1st public hearing and have received a copy of the Wisconsin Public Health Council's December, 2007 study on public health financing. I chaired that study committee, so let me just spend a moment highlighting the key overarching findings of our work and our current funding situation:

- Our state and local public health systems are funded by three primary sources—federal, state, and local taxes.
- The state share of this funding formula is much smaller than the federal and local shares. Wisconsin has consistently ranked as having one of the lowest per capita rates of state funding in the nation.
- Federal and state resources are highly categorical and thus limit state and local public health partners in their response to emerging issues and local priorities.
- Because local health departments are heavily reliant on local property tax levy, the level of support for public health varies widely across the state.

Considering Wisconsin ranks 12th out of the 50 states in health status according to the 2009 *America's Health Rankings* report, one might come to the conclusion that the public health system, while funded at low levels, has been good stewards of these funds and produced better than expected outcomes. However, I'd add several strong words of caution to this conclusion. First, we lack **consistency** and **standardization** across the state due to the disproportionate burden of local funding for public health. Therefore, communities without strong economic bases (which often are the unhealthiest counties in our state per the 2010 *Wisconsin County Health Rankings*) are less likely to have strong public health systems. Second, we face **new threats**. While the traditional elements of public health still serve a purpose, we need a public health system that is ready to respond to complex issues such as obesity, substance abuse, poverty, and the stark health disparities we see throughout our state. If we ignore the determinants of health, more of Wisconsin's people will suffer from poor health and die earlier. Third, we need **new skills** and **competencies** in our public health workforce. 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.

RECOMMENDATIONS

I understand that this Committee is searching for strategies that could help public health agencies more easily access existing resources, address the workforce shortages, and identify ways to enhance shared services. Therefore, let me suggest a do-able strategy that responds to these issues.

Community health improvement planning, which includes assessing the health of a community and then following through with actions to respond to priority health needs is a current statutory requirement of our state's local health departments. It is also a key component of the newly developed Public Health

Accreditation Board standards that will be used to voluntarily accredit local and state public health agencies beginning in 2011. **We request that the Committee aligns the Wisconsin State Statutes with the Public Health Accreditation Board's community health improvement standards to further strengthen this important function of our public health system.** By furthering strengthening this core public health activity, we could see the following potential benefits:

1. Clear, focused identification of community needs that could drive a more strategic use of all resources;
2. Stronger engagement with a more diverse group of public health partners which would enhance ways a broader base of community resources can be integrated to address priority needs within the community;
3. Communities well positioned to access other external funding opportunities. We already have several examples of this in the state including LaCrosse and Wood Counties that were able to secure ARRA funds to combat obesity and Waukesha and Juneau Counties that were able to secure federal resources to expand community health centers.

By strengthening the statutory mandates for local public health, you strengthen the importance of local public health in county and municipal budget discussions, respond to key recommendations in Healthiest Wisconsin 2020, our state's ten year health plan, and create a workforce demand for the increasing number of graduates from our state's three (and soon to be four) Masters in Public Health programs. My employer, the University of Wisconsin Population Health Institute, has recently worked with state and local public health organizations to submit two proposals to external funders for further study to strengthen the community health improvement process; therefore, we will be well poised to respond to a strengthened mandate with more effective local action.

As I close, I must say that while I believe this recommendation will provide support to local health departments, enhance the use of current resources, and prepare us to secure additional external resources, it does NOT solve our state's public health funding issue. I understand there are no readily available GPR funds to address this issue; however, if your Committee would choose to consider making any fiscal recommendations, I point you to the conclusions of the Public Health Council study where we suggest adding or raising user fees (also known as taxes) on tobacco, alcoholic beverages, or non-nutritious foods such as sugar-sweetened beverages or junk food. This strategy has a dual benefit in that it not only raises much needed state revenue, but also decreases consumption of substances that can contribute to poor health.

Thank you for the opportunity to provide this testimony. Please feel free to contact me with any further questions.