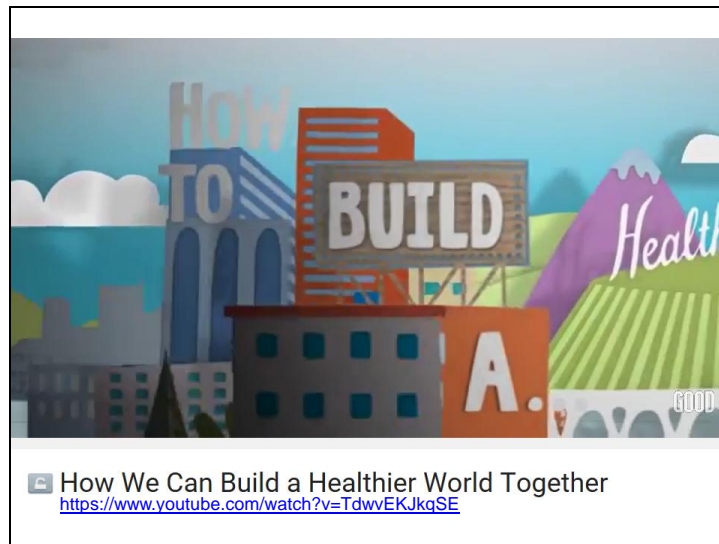


Slide 1



Presentation to City of Madison- Common Council Organizational Committee, March 1,  
2016

Slide 2



**How We Can Build a Healthier World Together Video**

<https://www.youtube.com/watch?v=TdwvEKJkgSE>

Many of the unhealthy conditions and costs in our community can be prevented. This knowledge is what is driving how public health focuses interventions.

What if your zipcode, where you live-- determined how long you would live? It's not all that far-fetched. Think about it: Poor neighborhoods not only lack access to health care, they also lack access to other resources that impact health and life expectancy. These social determinants of health include income, education, employment, and access to healthy foods and parks and recreation.

Video informed by the work of Tony Iton, MD, JD, MPH.

Tony has been one of the leaders in public health practice transformation infused by the values and principles of health and racial equity.

<http://tcenews.calendow.org/bios/anthony-iton-m-d-j-d-mph>

## Slide 3



Referenced in the video is the shift from the *Medical model*: associated with the traditional public health role of primarily providing services to individuals to focusing on ways to shape our environment to create better health outcomes for more of us. We call this the *Socio-ecologic or Social Determinants* model, and it's what we're moving towards in our local health department. It incorporates traditional service delivery but also focuses on addressing the 'upstream' factors that create health.

It is our mission at PHMDC to enhance, protect, and promote the health of the environment and the well-being of all people.

To achieve this, we have strategic goals and objectives and are developing tactics to achieve them.

*Healthy Beginnings*: so children born in our community get off to a healthy and safe start;

*Healthy Eating and Active Living*: so the people of our community are more physically able to enjoy long, productive lives;

*Healthy Minds, Healthy Bodies*: so the people in our community are free from injury, trauma, and disease;

*Healthy Places to Live, Learn, Work, and Play*: so the physical environments in our community are healthy and safe;

Overarching all of these goals is a fundamental belief in equity —where everyone should have the opportunity to be healthy.

Slide 4



Public health focuses work in three principal areas: 1) Assessment of the health needs of a community; 2) Assurance that specific health-related needs are met; and 3) Policy development, which entails using data and evidence and working with community partners to identify effective, feasible strategies to promote population health. Traditionally, prevention in public health focused on communicable disease, with immunization and the control of tuberculosis representing hallmarks of public health service. Now, however, the leading causes of death and disability are chronic diseases, requiring a distinct approach to prevention. People of color and people with low incomes face considerably more risk of poor health outcomes.

Chronic diseases and conditions—are not passed from person to person. They are of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes—are among the most common, costly, and preventable of all health problems.

Locally, what we know is that in Madison and Dane County, like elsewhere in the nation, the rate of chronic diseases has been on the rise. More than half of all adults in Madison have one or more chronic health condition, and our residents are getting diagnosed with chronic diseases at younger ages.

We also see huge health inequities in specific populations. For example,

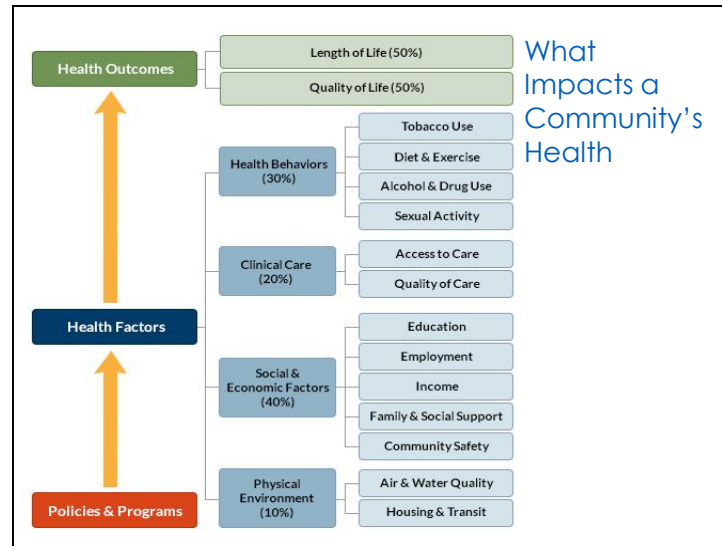
Diabetes - The prevalence of diabetes in African-Americans is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites.

Cardiovascular disease - Racial and ethnic populations have higher rates of hypertension, tend to develop hypertension at an earlier age, and are less likely to undergo treatment to control their high blood pressure.

Cancer - African-Americans have a cancer death rate about 35 percent higher than that for whites

So we're invested in not only reducing poor health outcomes but also at reducing costs—both for the consumers and for the providers—by identifying ways effectively and efficiently deliver services, create places where people can be healthy, and inform policy in ways that support health or, minimally, don't negatively impact it.

Slide 5



As a public health department, we are working in all these boxes to improve health in the community.

Starting from the bottom, we believe...

Effective local, state, and federal Policies and Programs (orange box) can improve a variety of factors that, in turn, shape the health of communities.

Many Health Factors (the blue boxes) shape our communities' health outcomes. We specifically look at health behaviors, clinical care, social and economic factors, and the physical environment.

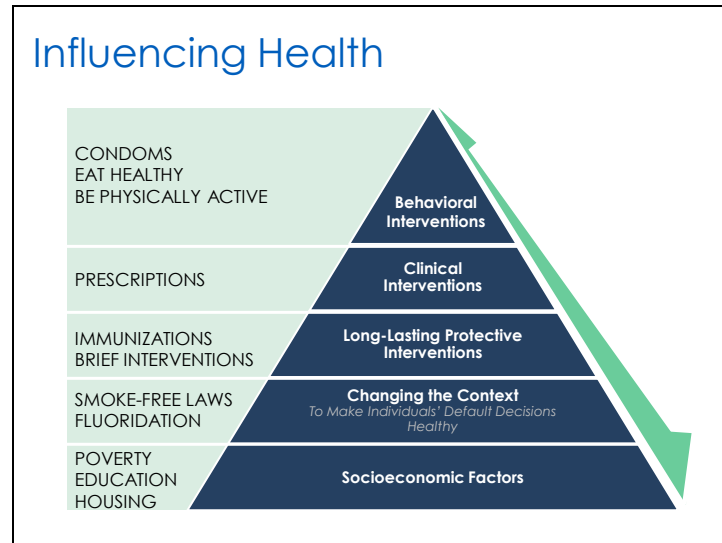
At PHMDC one role we provide is to coordinate and deliver health services. Annually, we provide direct services for more than 13,000 individuals and families facing significant health risks. (Clinical Care box)

Another is to work with community partners to support the programs and services that promote and protect the health of all residents, for example a clean indoor air policy is a policy that can influence health factors, such as tobacco use, which in turn influences health outcomes.

We often point to this image as one of our most important, because it outlines what influences health in a community. Because much of what affects our health happens beyond medical care, it is important to build a culture of health where getting healthy, staying healthy, and making sure our kids grow up healthy are top priorities.

County Health Rankings & Roadmaps. (2014). *What Works for Health*. Retrieved from <http://www.countyhealthrankings.org/Our-Approach>

Slide 6

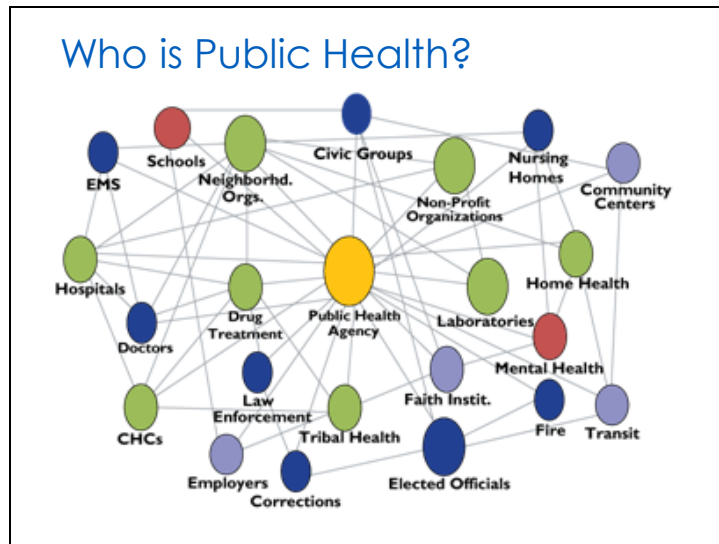


Here is a slightly different perspective. This is the “Frieden Triangle” or the ‘prevention pyramid’—an ‘intervention’ driven image of how to address the conditions around the fish in the video we started with....What you see is a correlation of the level of intervention—individual at the top and policy at the bottom and the impact on population health to expect.

Because so many factors impact health, public health operates in this entire pyramid, while focusing resources toward the base makes the most impact, and focusing at the top results in the smallest impact, it’s important to not work in only one level of the pyramid to achieve the maximum results for population health improvement.

Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4), 590-595.

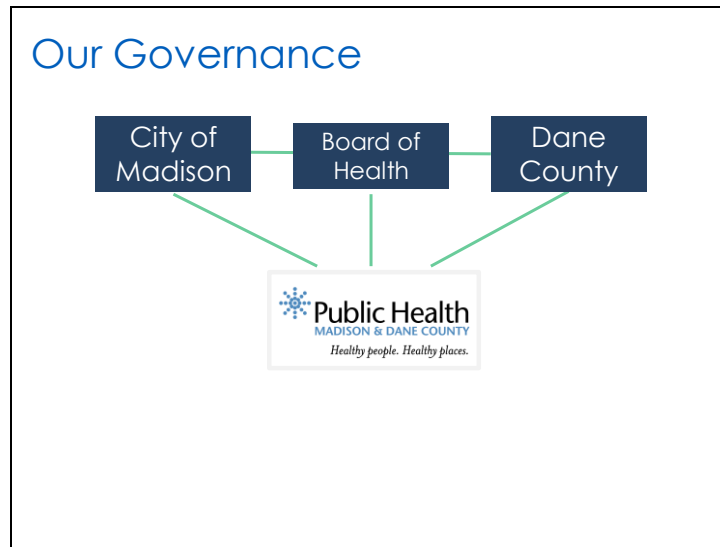
Slide 7



We don't work alone. All these players impact the conditions which allow a community to be healthy. And, whether by case managing individuals with other services providers—in the community or in the clinical world, we also working with partners not traditionally associated with health to share our systems so that more of the population has the opportunity to be well.

Centers for Disease Control and Prevention, Public Health Practice Program Office. (2013). *NPHPS Overview: Strengthening Systems, Improving the Public's Health*. Retrieved from [www.cdc.gov/nphpsp](http://www.cdc.gov/nphpsp).

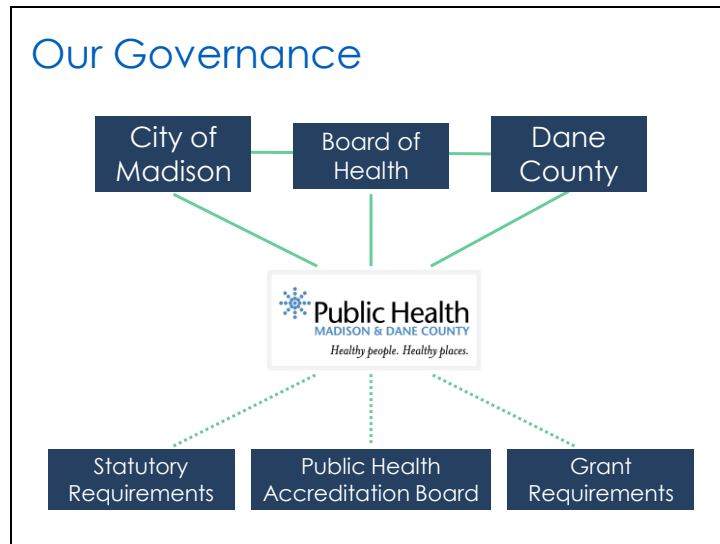
Slide 8



An Intergovernmental Agreement (IGA) was finalized and implemented in 2008 to create PHMDC as a merged agency so we report to multiple stakeholders in government and receive support from different parts of each unit of government. For example, all our staff are Dane County employees, all IT support is provided by the City, legal counsel is jointly shared pending issue.



## Slide 9



We are also held accountable on a number of other fronts.

Statutory Requirements exist for a number of our services including providing surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control. Every 5 years, the state conducts a "140 Review" in which we're evaluated about our success in meeting these requirements.

We receive funding from a number of state grants that also require specific activities and reporting, for instance our WI Wins grant requires we conduct tobacco sales age compliance checks of area businesses.

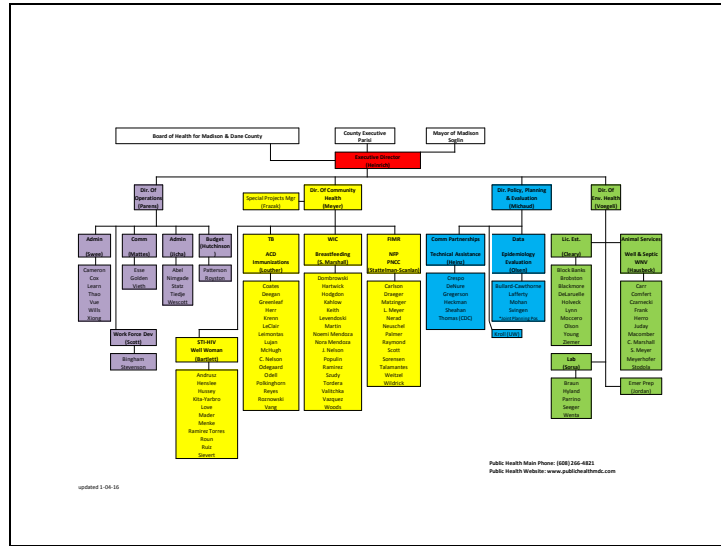
We are also beginning the process of becoming a nationally accredited health department requiring us to meet certain pre-determined standards. We believe this process will both strengthen the organization and position us for certain funding opportunities in the future. The Public Health Accreditation Board (PHAB) is the governing body that manages this effort nationally. <http://www.phaboard.org/>

Slide 10

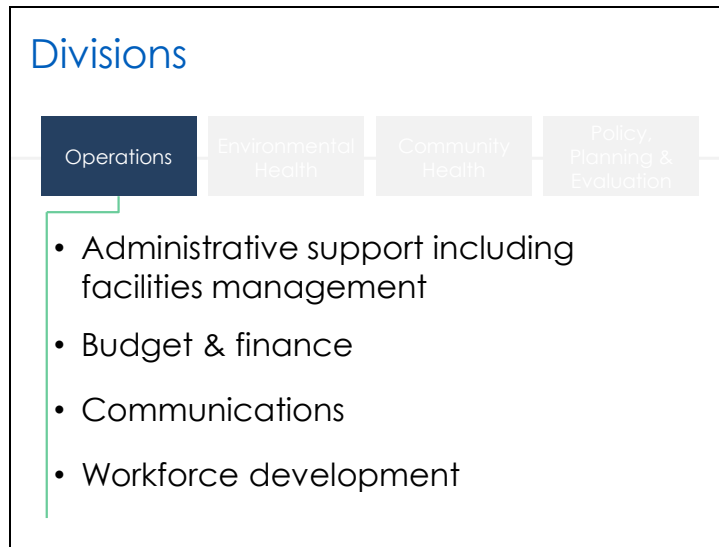


As the second largest local health department in Wisconsin, we have approximately 140 staff in four divisions at four different office locations throughout the City of Madison.

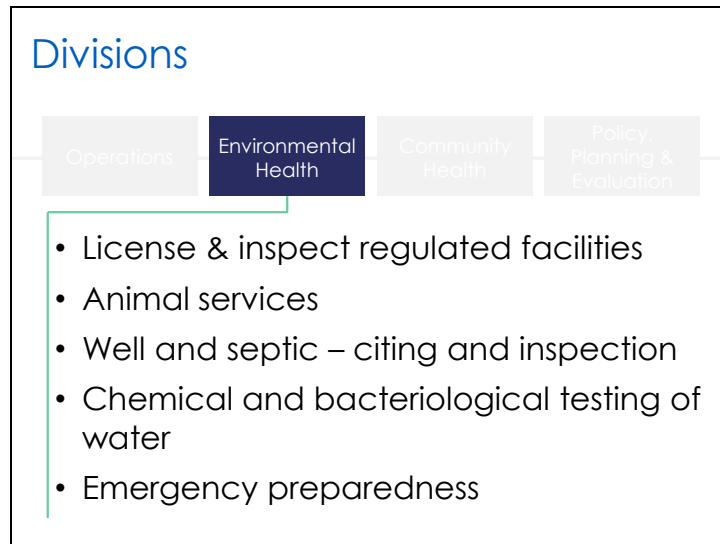
Slide 11



This organization chart does not reflect funded but vacant positions. Nor does it reflect FTE allocation to program.



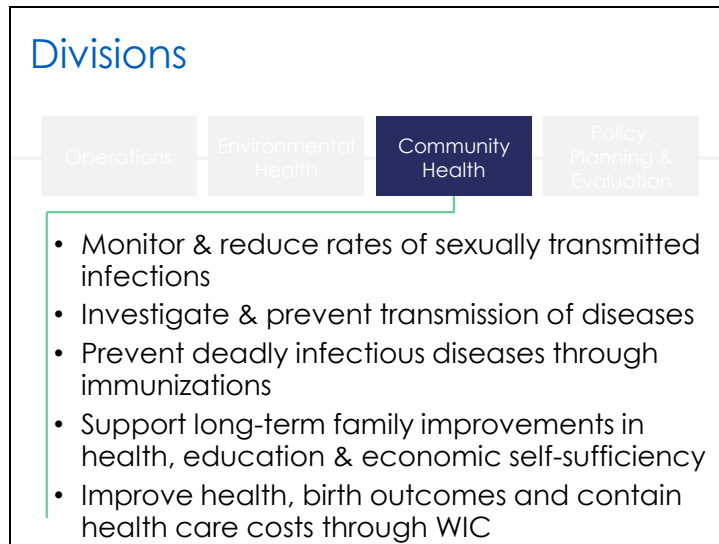
Operations Division is responsible for all central office, ‘administrative’ support functions—allowing us to coordinate resources and create systems that efficient and effective to provide good customer service internally and to the stakeholders we serve.



Environmental Health Division is where the animal services program, public health laboratory, well and septic and licensed establishment programs are housed. This division delivers a variety of programs and services aimed at protecting Madison and Dane County citizens from disease or disability caused by exposure to infectious organisms, chemical contaminants, or physical hazards in the environment.

Environmental health staff work with our community's entrepreneurs to ensure the safety of our food system by inspecting and licensing over 2,300 food establishments annually throughout the County. We also run a public health laboratory and provide animal service response for the City of Madison and Dane County. In 2015, we responded to 4,878 Animal Services calls involving bites, dangerous animals, animal welfare, and many other animal-related situations. Recently, in partnership with staff in the PHMDC Operations Division, City Channel and David Drake, from the UW-Madison Urban Canid Project, we created the "[How to Haze a Coyote](#)," Video in response to concerns about how to co-exist with coyotes in urban areas.

<https://www.youtube.com/watch?v=JIC8KTDiIRs&feature=youtu.be>



The Community Health Division is where our health service delivery programs are housed. Some programs you may be familiar with that are in this division are WIC—where we see about more than 10,000 unduplicated clients annually and Nurse Family Partnership—an evidence based home visiting program for first time moms at risk of poor pregnancy and birth outcomes where we follow the mom and child until the child turns two. Staff in this division also ensure that communicable diseases like tuberculosis and measles are treated and their transmission in the community is minimized.



One mandated role of PHMDC is to assure the delivery of health services are available in our community in a number of mandated areas—mostly related to the prevention of communicable diseases and for our most vulnerable residents. Another is to assess the health of our community to make recommendations based on data and evidence about priorities and strategies to address the conditions where we have the biggest disparities in health outcomes. A third role focuses on policy development— where we use data and the evidence base to identify options to shape systems and policy to promote long term health.

The PPE Division—our newest division, but not newest area of work, is responsible for community health assessment, community health improvement planning, is the data and policy analysis hub and provides technical support internally and to partners about how to use data to shape interventions for the greatest impact.

An example of this is since 2013, staff in the PPE Division are responsible for converting more than 2,700 housing units to smoke free status. Emerging initiatives include cooperative work with both City and County staff to increase the availability of active living environments, especially for those communities that have less access . Another emerging example is partnership with the City of Madison and Dane County parks departments as they move towards the development of nature based play landscapes and ways to engage communities in shaping their environment.

Slide 16

**We Are...**

- Sanitarians
- Data Analysts
- Public Health Nurses
- Policy Analysts
- Chemists
- Evaluation Specialists
- Urban Planners
- Health Educators
- Community Connectors
- Public Health practitioners

**Here to Help**



**Content Experts**

**Technical Experts**

We work in many different areas to impact health in the community and because of this our staff have an incredible depth and breadth of skill—as content and technical experts—supporting each other, our clients and our stakeholders. We’re here to help!



Slide 17



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