Wisconsin State Health Improvement Plan 2023–2027

Implementation Guide

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

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Contents

Foreword

The Wisconsin State Health Improvement Plan (SHIP) 2023–2027 Summary outlines the need to center three foundational shifts and five priority areas (Appendix A) in Wisconsin's public health improvement efforts. It is essential that we pursue foundational shifts towards institutional and systemic fairness, equitable representation and access to decision making, and community-centered resources and services. This shift in perspective will focus on the priority areas of: social and community conditions, including economic well-being, supportive systems of care, and healthy housing; physical, mental, and systemic safety; person- and community-centered health care; social connectedness and belonging; and mental and emotional health and well-being. We know it is not enough to simply declare priorities for improvement but we must also develop a plan of action.

This implementation guide describes the multi-pronged efforts across governments, sectors, partner types, and communities needed to make progress on the issues and inequities we see in health and well-being experiences and outcomes in Wisconsin. It serves to describe and build the connections between health and work at all levels and across sectors. The guide outlines strategic aims for improvement, exemplar programs and activities, as well as metrics against which we measure our progress towards improving the lives of all Wisconsinites.

Addressing these priorities and making measurable improvement in health, well-being, and equity in Wisconsin will take engagement and effort from everyone. This implementation guide describes some of the best practices and promising emerging strategies in public health and related fields, as well as examples of strategies in action. The guide also describes the ways different types of partners may utilize it. It serves as a blueprint any agency, organization, or other interested party may reference and leverage in its own work as it relates to the priorities this guide lays out. It contains tools and references active and potential partners may use to understand and align their own work as it relates to health and well-being. As agencies engage with this guide and utilize its resources and tools, our collective plan to improve health, well-being, and equity in Wisconsin will emerge and grow.

This guide reflects the work and contributions of hundreds of individuals, community-based organizations, local and state governmental agencies, advocacy groups, and more. To all who contributed in ways big and small, we sincerely thank you and look forward to continuing our partnership. To those with whom we have not yet engaged, you are welcome to join in this effort to improve the health and well-being of Wisconsin, and we look forward to our journey together.

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Implementing the guide

This SHIP implementation guide serves as a roadmap to improve health and well-being in Wisconsin and achieve the vision that "all people and communities in Wisconsin have the opportunities and supports they need to reach their full potential." It is a roadmap, but not a prescribed route. The SHIP implementation guide cannot be 100% applicable for every community, and it cannot list every possible improvement target and strategy. As with any map, new roads are being built every day. The implementation plan is intended to be flexible and applied as locally and culturally appropriate. The guide should provide both concrete ideas for action as well as inspiration for innovation. It is a starting point from which individual or groups of partners can develop their own more detailed plan of action to improve health, well-being, and equity.

The core components of the implementation guide are:

Theory of change	High-level principles upon which this implementation guide is built
Foundational shifts implementation	Strategies to implement sociocultural shifts in the way public health work is done
Priority areas implementation	Objectives, strategies, and evaluation measures for health and well-being priorities identified by Wisconsinites
Engagement strategy	Ways different types of partners can use and leverage the guide

This implementation guide is intended to be an actionable document describing strategies that can be used to improve health and well-being outcomes. For detailed descriptions of Wisconsin's health status and priority areas, as described by community members and supported by quantitative data, please reference the SHIP 2023–2027 Summary or the 2020 State Health Assessment.

Theory of change

The implementation guide is built upon a theory of change. The theory of change describes how improvers should approach and engage with the objectives, strategies, and actions described in this report. This theory of change specifically identifies key components necessary to create meaningful, sustainable improvement in factors that influence health and well-being. Grounding improvement work in this theory of change gives the best chance to achieve health and well-being equity.

Fundamental to a theory of change is an agreement that we can do better; that the way things have always been done isn't working to achieve the desired outcome (in this case, equitably positive health and well-being) and change is necessary. Public health's historical focus on behavior change and direct service provision has left rich opportunities for health and well-being improvement untapped. Therefore, we must also address policies, systems, and environments. For decades public health has operated under the models of Public Health 1.0 and Public Health 2.0, where partnerships have been limited and often had significant power imbalances. We must embrace a Public Health 3.0 model of wider partnership and the knowledge that we are stronger when working as a collective than separately. Public health and the health care systems in a silo cannot address all the factors that influence health, well-being, and equity. Engaging all aspects of the systems in which people live is necessary to creating sustainable improvement. And the current dominant narratives of individualism, zero-sum thinking, and more, serve to divide us and make us sicker. We need to embrace and disseminate transformative narratives that center our interconnectedness and the idea that we all can succeed together.

Each of these changes is described in more detail below. Combined, these shifts in approach to public health improvement can create better more equitable health and well-being for all.

Policy, systems, and environment change

Health is a product of the policies, systems, and environments (PSE) that surround a person or community. PSE change includes efforts to improve root causes and upstream drivers of health outcomes and create sustainable population level improvement. This means that all people affected by the PSE change will experience the impacts and benefits of the change for years to come, even if it does not materially impact their own individual choices and behaviors.

Changing a physical environment or a law, however, is generally much more complex than influencing individual behavior. Implementing PSE change strategies is often more complicated than implementing, for example, an intervention that aims to change individual behaviors. Implementing a single strategy often takes a whole coalition of partners years to accomplish. It requires coordinating many connected efforts across partners with a shared goal. It is also important that PSE change works in both theory and practice. Any proposed PSE change should be analyzed by those who work most closely with it and are most impacted by the change to ensure it can be implemented in a way that is equitable, makes sense in practice, and doesn't create new harm or gaps in benefit.

Because it happens at the population level, the impact of a PSE change may also be less obvious or impactful to each individual. It may also take longer for an individual to feel the impact of PSE change. This means maintaining momentum is especially challenging and requires continuous effort. In the long term, though, PSE change has more significant and sustainable impact than only addressing individual situations.

The role of public health in PSE change can vary depending on whether the issue is within or outside of public health's direct sphere of control. When the issue is within the sphere of control and influence, such as policies related to lead abatement or occupational health, public health can take direct action to change programming, practices, or environments. When the issue is outside of public health's direct sphere of influence, such as public transportation planning or child care policies, its role shifts towards providing relevant data, measuring related health impacts, tracking progress, drawing connections between upstream PSE decisions and downstream health outcomes, funding initiatives and technical assistance, advocacy, and working collaboratively with partners towards the desired change.

Partnerships and the power of collective action

The Wisconsin Department of Health Services (DHS) Division of Public Health (DPH), and the whole public health sector, needs partners and allies to fully address all the priorities outlined in this implementation guide. Public health has a strong role to play as a subject matter expert and in convening cross-sectoral partners. Many of the SHIP priority areas, like housing and economic well-being, primarily lie outside the usual realm of public health. Meaningful, sustainable, bi-directional, cross-sectoral partnerships will address these areas and improve health and well-being for all. The implementation guide reflects an adapted collective impact model in all initiatives.

Partnerships between organizations within government and those outside government are especially important. These collaborations bring together different and complementary strengths and assets. Government organizations can bring together the power needed to change policies and rules as well as significant resources, including funding, person-power, and a strong communication platform. Organizations outside of government are often highly connected to and engaged with their communities, as well as flexible and able to rapidly pivot to meet evolving needs or respond to a changing context in which work is happening. Every organization has a unique set of skills and knowledge to share with partners.

Diversity of partners is also important. Ensuring partners represent a diverse set of perspectives to collaborate on policies, programs, or activities will help ensure action generates health improvement for as many people as possible. It will also help avoid causing inadvertent harm, especially to marginalized groups, that may occur when diverse perspectives are not included in the decision-making process.

Whole-system approach

Individual and community health and well-being reflects the cumulative effects of countless relationships, policies, systems, and environments. In addition to individual improvement partnerships, strong connections between partners from all sectors is vital to improving health and well-being in Wisconsin. This implementation guide reflects the work and contributions of partners across sectors (for example, health care, housing, transportation) as well as across partner types (for example, state government, local government, community-based organizations, non-profits, private industry, faith communities). These connections facilitate sharing of resources, lessons learned, and momentum. These connections also enable improvement throughout the whole system: All systems people interact with and all environments they live in. A whole-system approach also means partners work together to prevent harm from occurring by improving upstream policies and systems, as well as to heal downstream harm that has already happened.

Shifting narratives

Narratives and public opinion shape the world. They often dictate the process and outcomes of policy and resource allocation decisions. Improving health and well-being requires changing the way we think and talk about health factors and outcomes. There are long-standing societal beliefs that only tell one side of a story. Beliefs like individuals are wholly responsible for what happens to them, and we must compete against one another for success, health, and well-being. Public health can lead the way on using narratives to emphasize a shared responsibility to improve PSEs that affect all Wisconsinites. The SHIP team will continue to engage with narrative change efforts in Wisconsin and nationally as part of the broader implementation effort.

Foundational shifts

Foundational shifts are the fundamental changes in approach necessary for public health to address and improve the health and well-being of all Wisconsinites effectively and sustainably. The foundational shifts are further upstream than the priority areas, and address some of the deepest root causes of health outcomes. Because they are so deep, sustainable change must happen at the social and cultural levels of our institutions and communities. This makes setting specific objectives, strategies, and measures around the foundational shifts very difficult. Consequently, this SHIP does not propose any of these items.

Instead, we encourage all users of the SHIP to integrate a foundational shifts perspective into their work to address the priority areas. For example, if your organization is working on the healthy housing priority area, make sure to investigate housing inequities in your community and pursue institutional and systemic fairness in the intervention you design. You may also address representation and access to decision-making by ensuring individuals most affected by housing challenges are meaningfully included and consulted in intervention development and implementation. Finally, you could ensure any new housing resources are community-centered by making them easy to access for all people, especially those most in need of support.

DPH, in partnership with others, has begun the process of integrating these foundational shifts into its own strategic plan, operations, and program efforts. Examples include:

Institutional and systemic fairness	To address persistent health disparities driven by structural causes, DPH is committed to embedding principles and considerations for health equity in all of our efforts, initiatives, and programing. To achieve this, DPH utilizes different approaches, including having dedicated staff in all bureaus and offices to advise on equity in programmatic work, incorporating community voices and lived experience to understand the impact of our work, and examining institutional policies and practices through a health equity lens.
Representation and access to decision making	The Mobilizing Communities for a Just Response and the Qualitative Data for Capacity Building and Alignment grant programs (initiatives of the Coronavirus Response and Relief Supplemental Appropriations Act Health Disparities Grant) were designed as SHIP implementation initiatives. The programs aim to increase community and partner access to decision-making, ground this work in community voices, and advance equitable funding practices. Input from community partners engaged in these initiatives allowed a shift in the decision-making authority in the SHIP development away from state public health staff and to members of community-based organizations and everyday Wisconsinites. The team actively engaged with people and organizations that represented a wide range of perspectives and communities.
Community-centered resources and services	The Just Recovery for Racial Equity funding initiative seeks to mobilize community-based organizations and community members to mitigate the adverse impact of COVID-19 on communities of color, support community resilience, and address the broader systemic drivers of health inequities in Wisconsin. As part of the initiative, a community advisory team was assembled to elevate and incorporate community voices, allow their guidance and direction over the work and products, and successfully advocate for more equitable procurement practices. To meet the unique needs of partners and the communities they serve, both smaller mini-grants and larger community grants were made available.

Priority areas

The priority areas are highly interconnected and, in some places, overlapping. A lack of stable, healthy housing, for example, can negatively impact a person's mental health. And a person with mental health challenges may be unable to effectively navigate the resources and systems necessary to secure stable, healthy housing. The two priority areas are interconnected and reciprocal. An example of overlap is between psychological safety, social connectedness, and mental health. Though all three have unique aspects and require some unique improvement approaches, all deal with a similar set of upstream (for example, policies) and downstream (for example, behaviors) factors and outcomes.

This interconnectivity is both an asset and a barrier to improving health and well-being in Wisconsin. As an asset, for example, a single intervention may positively impact multiple priority areas. Improving high-speed internet accessibility may improve economic well-being through job access, social connectedness through access to social media and other community connection platforms, and person-centered health care and mental health and emotional well-being through improved telehealth accessibility. However, interconnectivity can also logistically complicate determining responsibility for and taking action towards improving a health-related concern. There may be disagreement, for example, about which organization or sector's responsibility it is to coordinate and lead health and well-being improvement efforts. Different organizations and sectors may also decide to lead separate improvement efforts, which could create duplicate efforts or inefficient use of resources.

No simple solutions or roadmaps exist to address the challenges and aspirations described in this implementation guide. Consequently, each priority area has a unique implementation strategy, but each implementation strategy shares core elements:

Objectives	Objectives are specific goals or aims that would indicate overall improvement. They describe "what" we want to do to improve in a priority area. Each priority area identifies two to four improvement objectives. Each objective addresses a separate aspect of the priority area. The objectives in this implementation guide are purposefully broad to allow flexibility and for implementation partners to leverage and address the objectives in the ways that work best for them.
Strategies	Strategies are policies, programs, or other actions intended to address the objectives. They describe how we want to address an objective. Each objective identifies two or three strategies. These strategies provide high-level guidance on approaches to achieve objective-related improvement. As with the objectives, strategies are purposefully broad to allow flexibility and for implementation partners to leverage strategies in the ways that work best for them and the communities they serve.
Sample activities	Sample activities are more concrete examples of actions that fit within the high-level strategies. Many of these sample policies, initiatives, and activities are already being implemented by various partners. Some of these examples are highlighted in "Implementation in action!" boxes. Other activities are not happening widely in Wisconsin at this time. Sample activities reflect both evidence-based best practices and emerging promising practices recommended by experts. Sample activities identify ways to improve the related objective through upstream, midstream, and downstream action.
Partnership landscape	This section describes the strategies and activities of partners who already work to improve these health and well-being priorities. It also describes planned implementation coalitions and partnerships and their activities, as well as identified implementation gaps. Some priority areas have more mature existing partnership, implementation, and improvement infrastructure than others. It is not possible for us to describe every organization and initiative working on these priorities, so the majority of programs described originate in state government departments and agencies. This section will serve as the narrative basis for future SHIP annual reports, which will describe implementation activities and progress.

Measures	Measures are methods to track the progress of actions and changes in community-level health and well-being related to the objectives and strategies. Measures may evaluate upstream, system and institutional level factors that influence health, as well as downstream health and well-being outcomes. It is important to remember, though, that all measures represent the experiences of real, living, individual Wisconsinites and communities. Each priority area identifies a concise set of outcome measures to track improvement. This section includes baseline state-level data for each outcome measure and provides additional data about disparities. For each outcome measure, a "target direction" is also identified, which states if the goal is to increase or decrease the measure value during this SHIP cycle. This target direction applies to the state-level measure values and will also be used to track progress of reducing inequities for groups identified as experiencing disparities. For a few measures, the SHIP team will only monitor data, and no target direction is set. In these cases, the measures usually reflect the impact of complex social factors phenomena, which should be investigated, but the value and directionality of the measure itself is not inherently good or bad. State-level data and disparity data will be tracked and updated by the SHIP team and included in published annual reports on implementation progress. Full measure details are listed in Appendix B. Individual organizations implementing SHIP strategies, including DPH, may develop additional process and performance measures around specific objectives, strategies, and actions. As upstream outcome measures are often slow to move, these process measures may help organizations understand the more immediate impacts of their improvement efforts.

Priority area: Social and community conditions

Social and community conditions, also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are many social and community conditions that affect health and well-being. Wisconsinites identified three as most impactful on their lives: economic well-being, supportive systems of care, and healthy housing.

Economic well-being

Economic well-being is a cornerstone to good health and well-being. It is closely tied to other priorities, including healthy housing, supportive systems of care, access to health care and mental health services, and more. Wisconsinites expressed concerns around individual and community economic security, job opportunities and advancement, safety and well-being in the workplace, and more.

Objective 1: Invest in an economy that benefits all Wisconsin communities.

Strategies	Sample activities
Foster local entrepreneurship.	- Increase accessibility of small business grants and loans for diverse communities. - Increase community-based educational and support services for small businesses.
Build community infrastructure that supports the workforce.	- Invest in the development of housing that meets workforce needs. - Create a public transportation infrastructure that meets workforce and economic needs (for example, buses, bike lanes). - Increase affordable high-speed internet access for all. - Ensure that communities include necessary support services (for example, for social determinants of health) that meet the needs of diverse residents.
Improve economic sustainability.	- Support the development of green industries and jobs (for example, in the energy, automotive, construction industries). - Invest in green public infrastructure (for example, transportation systems, buildings, energy generation). - Incorporate a One Health (that is, the interconnectivity of people, animals, and the shared environment) perspective in economic development planning.

Implementation in action! The City of Milwaukee Environmental Collaboration Office (ECO) develops practical and racially equitable solutions that improve people's lives and the economy while working to protect and restore the natural ecosystems that support our long-term prosperity. ECO partners with businesses, utilities, other units of government, residents, faith communities, and the private sector to generate environmentally sustainable economic development and implement the Milwaukee Climate and Equity Plan. Since 2006, ECO has supported funding for renewable energy and energy efficiency projects. Since 2014, the organization has funded $40.4 million in projects through the commercial Property Assessed Clean Energy (PACE) financing program. PACE leverages private capital for improvements to commercial properties. ECO has also supported millions of dollars in energy efficiency improvements since 2011. These improvements have delivered over 14 million kWh in annual savings for 1,500 property owners through the Milwaukee energy efficiency program. ECO has also facilitated some of Milwaukee's largest renewable energy projects, including a 9-acre solar field built on a landfill next to General Mitchell Airport and the Port of Milwaukee wind turbine.

Objective 2: Support the development of jobs that meet the needs of Wisconsin workers and job seekers.

Strategies	Sample activities
Implement policies, regulations, and partnerships that center employee health, safety, and well-being.	- Develop and implement paid family leave and sick time for all workers, regardless of status (for example, part-time, contract, multiple-job employee). - Reduce employee exposure to workplace hazards and pollutants. - Prevent and address workplace burnout and other mental health and safety concerns. - Encourage employers to implement internal employee committees on health, safety, and well-being, with power to create change. - Support policies to improve scheduling (for example, minimum notification periods before shifts). - Ensure all relevant trainings, policies, declarations of workers' rights, etc., are available in the primary languages of all workers and accessible for workers with disabilities.
Create opportunities for career growth and advancement.	- Increase resources for career change and re-training programs. - Improve support systems for employees to progress along career pathways (for example, work-based learning). - Increase financial support for employees to attain additional credentials, certificates, and degrees.

Implementation in action! DHS' Occupational Health and Safety Surveillance program works to track, identify, and educate workers about, and ultimately reduce several types of workplace hazards and exposures that result in morbidity and mortality. The program leads efforts for some conditions and assists other programs for other conditions. For instance, the program leads efforts on adult lead poisoning and occupational lung diseases, partners with infectious disease to address threats to workers, and works with the Climate and Health program and the Environmental Public Health Tracking program regarding conditions such as heat-related illness. The program also partners with the University of Wisconsin's School for Workers to host listening sessions with workers in high-risk industries to learn more about their primary health and safety concerns, and to encourage them to provide feedback on how the program can best address those concerns.

Objective 3: Develop a workforce that meets the current and future needs of Wisconsin's industries and employers.

Strategies	Sample activities
Support quality education across the lifespan.	- Increase apprenticeship, employment, and other workforce development opportunities, including for youth. - Increase access to adult high school equivalency, vocational, and career training programs.
Reduce barriers to post-secondary educational attainment.	- Increase affordability of post-secondary education (for example, increase state colleges' funding, limit tuition and fee increases). - Waive tuition at public colleges and universities for enrolled members of Tribal nations in Wisconsin, foster care youth, and other underserved populations.

	- Invest in community and technical colleges through public and private funding. - Ensure transferability of credits between public 2-year and 4-year degree programs. - Increase online, physical, and document accessibility of postsecondary institutions for people with disabilities.
Reduce barriers to employment for marginalized groups.	- Invest in education, career training, and transitional and subsidized job options for incarcerated and formerly incarcerated people, people experiencing homelessness, and other marginalized groups. - Increase resources and accessibility of programs that support employment for people with disabilities. - Reduce systemic barriers to employment for people involved in the justice system (for example, ban the box). - Provide information on providing reasonable accommodations and inclusive hiring to employers to increase employment opportunities for marginalized populations.

Implementation in action! Governor Tony Evers invested over $158 million in the Workforce Solutions Initiative. Strategies in this initiative include the Worker Advancement Initiative, which subsidizes employment and skills training; workforce innovation grants to support innovative, long-term solutions to Wisconsin's workforce challenges; and the Worker Connection Program to support individuals to engage in the workforce and expand their employment opportunities.

Objective 4: Improve the financial stability of all Wisconsinites.

Strategies	Sample activities
Support a minimum economic standard of living.	- Set the Wisconsin minimum wage at a level that ensures a sufficient standard of living. - Increase availability of financial security support services. For example, rent and mortgage assistance, utilities assistance, and grants. - Expand and improve (for example, increase benefit amount, reduce barriers to program eligibility, expand network of stores that accept benefits) nutrition programs for children and adults. For example, FoodShare (SNAP), universal school breakfast and lunch, WIC. - Reduce the impact of the benefits cliff through eligibility and other policy changes.
Increase equitable wealth-building opportunities.	- Expand earned income tax credit eligibility. - Create a publicly funded baby bonds (child savings account) program. - Reduce barriers to equitable homeownership (for example, financial literacy programs, mortgage approval systems, down payment assistance). - Develop community land trusts. - Increase access to banking services for un-banked people.

Implementation in action! HealthWatch Wisconsin, a subsidiary of ABC for Health, is working to raise awareness on the impacts of the inequitable Birth Cost Recovery policy on families, especially those impacted by racial disparities. HealthWatch Wisconsin dubbed the policy the birth tax, and created a coalition of community stakeholders that continues to conduct research and outreach initiatives, educate the public on the tax, and push for systems change. HealthWatch Wisconsin works with communities to help change this policy and thereby reduce maternal stress and infant mortality, and eliminate unjust judgments, sanctions, or collections actions impacting the financial stability of low-income households.

Partnership landscape

DHS has a few programs that support economic well-being. This includes reducing workplace hazards and improving overall working conditions through mental health and physical occupational health initiatives. It also includes nutritional support programs like Women, Infants, and Children (WIC) and FoodShare. Those receiving FoodShare also receive employment and training services to help with job skills training, education, and work experience opportunities. The SHIP team will continue to support local and state level partners working to advance economic well-being in Wisconsin in alignment with local Health in All Policies efforts (that is, efforts that seek to collaboratively integrate health considerations in policymaking across sectors).

Measures

Indicator (source)	Baseline (Year)	Target Direction
1.1. Income inequality: Ratio of household income at the 80th percentile to income at the 20th percentile (American Community Survey, 1-Year estimates)	4.2 (2021)	Decrease
Income inequality quantifies how unevenly income is distributed. In 2021 in Wisconsin, households in the 80th percentile for income had incomes that were 4.2 times higher than those with incomes at the 20th percentile. While this income inequality ratio is large, the income inequality ratio in Wisconsin is below the income inequality ratio for the nation (5.0).		
1.2. Percent of the population ages 16 and over who are in the labor force (American Community Survey, 1-Year estimates)	65.1% (2021)	Monitor only
The labor force includes those who are working, unemployed but looking for work, and those in the armed forces. Though labor force participation is a significant employment and economic indicator, it is important to keep in mind that many choose not to take part in the labor force due to educational pursuits, caregiving needs, or retirement, among other reasons. Therefore, this is a monitor only measure and there is not a target direction for change. In 2021, 65.1% of Wisconsinites ages 16 and over were in the labor force, which is higher than the rate for the nation (63.0%). Wisconsin men have a higher labor force participation rate (68.6%) than women (61.6%), though the female labor force participation rate in Wisconsin is still higher than the female labor force participation rate for the nation.		
1.3. Percent of teens and young adults between ages 16 and 19 who are not employed and not in school (American Community Survey, 1-Year estimates)	5.5% (2021)	Decrease
Approximately 1 in 18 Wisconsin youth ages 16 to 19 are considered disconnected, meaning they are not pursuing education or employment. While Wisconsin compares well to the nation, where 7.1% of youth are considered disconnected, the percent of youth who are disconnected has increased slightly in both Wisconsin and the nation over the past years.		
1.4. Percent of children (ages 17 and younger) living below the poverty line (American Community Survey, 1-Year estimates)	13.4% (2021)	Decrease
As of 2021, 13.4% of Wisconsin children lived below the poverty line. Though this is lower than the child poverty rate for the nation (16.9%), the state-wide metric masks large disparities. In Wisconsin in 2021, 36.0% of Black children, 25.2% of American Indian or Alaska Native children, 22.1% of Hispanic children, 20.5% of children of two or more races, 15.4% of Asian children, and 8.5% of white children lived in poverty.		
1.5. Home ownership: Percent of all occupied housing units that are owner occupied (American Community Survey, 1-Year estimates)	68.1% (2021)	Increase
Home ownership not only offers stable and affordable housing, but home ownership is the primary source of wealth-building for many families. Though 68.1% of all Wisconsin households are owner-occupied, not all families have equal access to homeownership. The homeownership rate for white households (72%) is more than 2.5 times higher than the homeownership rate for Black households (28.6%). Only 53.9% of American Indian households, 51.5% of Asian households, 51.2% of households whose householder identifies as two or more races, and 45.4% of Hispanic households in Wisconsin are owner occupied.		
1.6. Median household net worth (U.S. Census Bureau, State-Level Wealth, Asset Ownership, & Debt of Households Detailed Tables: 2020)	$129,700 (2020)	Increase
Median net worth is the value of all assets (for example, home equity, savings, retirement accounts) owned by a household minus all liabilities (for example, mortgage or credit card debt) owed. Net worth is representative of the financial cushion a household has to weather unforeseen expenses and take advantage of opportunities like home ownership, higher education, or entrepreneurship. Large racial disparities in net worth persist due to historical and structural racism, though quantifying this inequity is challenging due to limited data. An analysis by Prosperity Now estimates that white Wisconsinites had a median household net worth of $163,400 in 2020, which is significantly higher than the median net worth estimated for Black Wisconsinites ($1,519), and Hispanic Wisconsinites ($10,030). Though the magnitude of this estimated racial wealth gap should not be understated, these estimates for Black and		

Hispanic Wisconsinites were produced from a relatively small sample of households and should be viewed with caution as they have large margins of error.		
1.7. Ratio of all women's median earnings to all men's median earnings for full-time, year-round workers (presented as "cents on the dollar") (American Community Survey, 1-Year estimates)	$0.81 (2021)	Increase
As of 2021, Wisconsin women who worked full-time year-round earned only $0.81 per every $1.00 earned by men, which is comparable to the gender-wage gap for the nation. When broken down by race and ethnicity, larger pay inequities are revealed. For every dollar that men earn, non-Hispanic white women earn $0.85, Asian women earn $0.80, women with multiple races earn $0.70, Black women earn $0.67, Hispanic women earn $0.62, American Indian or Alaska Native women earn $0.61, and women of other races earn only $0.56.		
1.8. Percent of households that are unbanked, meaning that no one in the household has a checking or savings account at a bank or credit union (FDIC National Survey of Unbanked and Underbanked Households)	2.1% (2021)	Decrease
Access to banking is necessary to save for the future, build credit, and even cash paychecks without paying fees. As of 2021, however, approximately 1 in every 48 Wisconsin households did not have any checking or savings accounts at banks or credit unions. An additional 1 in 12 Wisconsin households are considered underbanked, meaning they have a checking and/or savings account but also used alternative, and often costly, financial services for basic credit or transaction needs in the past year. Such alternative services include non-bank money orders, non-bank check-cashing services, and payday loans, among other services.		

Supportive systems of care

Supportive systems of care are programs and services that provide care to children, older adults, and people with disabilities. Programs and services include early education opportunities, child care providers, and paid and unpaid caregivers to assist people with daily living activities. Wisconsinites expressed concerns around the affordability of care, difficulty finding qualified providers, appropriateness of currently available care (that is, how well available care matches the care that's needed), and the need for more available slots and a greater quantity of care options.

Objective 1: Improve the accessibility and affordability of quality early care and educational opportunities that meet the needs of families and caregivers.

Strategies	Sample activities
Improve policies that support affordability of early care and education.	- Increase child care subsidies for families and caregivers, as well as awareness and use of existing programs (for example, Wisconsin Shares). - Increase subsidies for child care providers to ensure living wages for staff. - Increase child and dependent care state tax credits.
Increase accessibility of various types of early care and educational opportunities.	- Invest in expansion of Wisconsin Family Resource Centers and child care navigator services. - Increase access to Birth to Three program for children with disabilities and from other underserved populations. - Increase support for before and after school care and educational opportunities, including for infants and toddlers, and children with additional mental and physical accessibility needs. - Improve transportation infrastructure and options for working parents, caregivers, and children, especially in rural areas. - Encourage collaboration between employers and child care providers.
Improve quality of early childhood care and education.	- Ensure high quality training opportunities and standards for child care and early education providers. - Ensure, through policy, programs, education, and ongoing enforcement, that care and education facilities are safe from environmental hazards (for example, lead, radon, asbestos). - Use language that is inclusive of different caregiver types and family structures when designing programs and resources.

Implementation in action! The Wisconsin Department of Children and Families (DCF) has multiple programs that support the affordability and accessibility of child care in Wisconsin. Wisconsin Shares Child Care Subsidy program helps working families afford child care. Child Care Counts helps keep child care providers financially stable and open to care for children in their communities. Project Growth encourages employers to collaborate with their communities to address the early childhood care and education needs of their employees and employees' families.

Objective 2: Improve accessibility and affordability of quality care across the lifespan that meet the needs of individuals and caregivers.

Strategies	Sample activities
Increase accessibility and affordability of health care and independent living options across the lifespan.	- Increase awareness, accessibility, and linkages to case-management, care navigator, and other supportive services. - Increase funding for and availability of adult day care services and aging and disability network providers. - Increase amount (for example, hours of service) of non-institutional professional caregiver services covered by Medicaid.
Invest in growing and training a quality professional caregiver workforce.	- Increase Medicaid caregiving reimbursement rates with requirement to raise professional caregiver wages across care settings to achieve living wages. - Sustain funding for the certified direct career professional program and WisCaregiver careers. - Sustain innovation grants for health care providers. - Support the education workforce to train caregivers. - Improve entry points and pathways for caregiving careers. - Provide grants and scholarships to caregivers for initial and ongoing child and health care training and education. - Support policy changes that support professional caregivers' economic well-being, including Medicaid expansion and earning disregards for state public assistance programs.
Expand partnerships to support family, friend, and other non-professional caregivers.	- Increase complexity and scope of caregiver training and support services available through partners. - Increase access to mental health support services for paid and unpaid caregivers. - Expand the Wisconsin Family and Medical Leave Act (FMLA) to include a wider range of qualifying caregiving responsibilities and family members to which it applies.

Implementation in action! The Wisconsin Department of Workforce Development is committed to meeting workforce needs, including for child care and home-based direct care, via the apprenticeship model. They do this by assisting organizations in the utilization of youth apprenticeship pathways into child care and health care occupations, which exposes youth to different occupations within these sectors to assist in recruiting into these respective occupations. DWD works to register more apprenticeship programs, creating pathways that assist individuals to become credentialed via the apprenticeship earn while you learn model.

Partnership landscape

Currently, the Wisconsin Department of Children and Families (DCF) coordinates most of the early care work done at the state government level. They lead strategic planning on services for children from birth to five-years-old. DCF performs background checks, certification, and licensing on child care providers and facilities. They also provide services to connect parents and guardians to child care services and coordinate subsidy programs for child care users and providers. The Wisconsin Department of Public Instruction (DPI) leads early childhood education programming, including Wisconsin 4K and 5K kindergarten programs.

DHS administers and oversees programs and services which enable people with disabilities and older adults to remain living independently in the community and allowing individuals to maintain a high quality of life. DHS also assists with drafting and implementing several state plans which direct funding for programs which serve older adults and people with disabilities including the State Plan on Aging, Wisconsin State Dementia Plan, State Assistive Technology Plan, and the State Plan for Independent Living. DHS coordinates services and payment related to long-term care programs and services for older adults and people with disabilities, across the lifespan. Several state councils—which advise and guide the work of state government on the needs and supports in the areas of aging and disabilities—partner with DHS programs to ensure needed services are provided for their populations of interest and that stakeholder input on programs and policies is incorporated. The SHIP team will continue to collaborate with programs across state government and support these ongoing efforts and partnerships.

Measures

Indicator (source)	Baseline (Year)	Target Direction
2.1. Percent of children ages 0 to 5 living with parents who had to quit a job, not take a job, or greatly change a job because of problems with child care for a child (age 0–5 years) (National Survey of Children's Health)	10.2% (2021)	Decrease
Both the cost of child care and the availability of open child care slots impacts a family's access to child care that meets their needs. When encountering issues with child care access or affordability, parents and caregivers often resort to quitting or significantly changing their job. Therefore, measuring the percent of parents who had to make changes to their jobs because of child care is one way of measuring child care access. In 2021, an estimated 10.2% of Wisconsin children ages 0 to 5 years lived with a parent who had to quit a job, not take a job, or greatly change a job due to problems with child care during the past 12 months, which is comparable to the national estimate (12.6%).		
2.2. Number of personal care and home health aides per 1,000 adults ages 65 and older (America's Health Rankings)	69.0 (2021)	Increase
The number of personal care and home health aides per 1,000 adults ages 65 and older has remained consistent in recent years, which falls short of meeting the needs of many Wisconsinites. Though there are only 60.3 personal care and home health aides per 1,000 adults ages 65 and older in the nation overall, Wisconsin lags many other states. New York, for example, has 137.6 home health aides per 1,000 adults ages 65 and older, which is nearly twice as many as Wisconsin. There is also significant variability in caregiver availability within Wisconsin, with rural areas having an especially large gap between the number of caregivers needed and the number currently in the workforce.		

Healthy housing

Wisconsinites expressed a need for policies and programs that support the development of housing that matches the unique needs of communities, including affordability, accessibility, safety, types of housing, as well as housing that enables access to other factors such as jobs, health care, and transportation. Housing needs and options exist on a continuum, from extremely affordable to luxury and everything in between. Currently, people with middle and higher incomes face fewer barriers to securing healthy housing than people with lower incomes. Because of this gap, the SHIP healthy housing strategies primarily focus on the development of appropriate housing options for the lower end of the continuum, and recommendations can be adapted to meet the unique needs of any community.

Objective 1: Increase the supply of affordable housing that meets community needs.

Strategies	Sample activities
Increase funding and resources for affordable housing development.	- Fund the development of new affordable single- and multi-family housing (for example, expand state housing tax credits, employer funded housing development). - Support the transition of single-family homes into multi-unit or multi-generational housing. - Fund housing repair and revitalization grant programs to increase stock of high quality, affordable housing. - Incentivize municipal changes to reduce barriers and the cost to develop affordable housing, including examination and amendment of existing policies. - Prioritize affordable housing development when planning use of any excess public funds.
Reduce systemic, policy, and procedural barriers to affordable housing development.	- Simplify approval procedures and processes for affordable housing construction and transition. - Reduce stigma against affordable housing construction (for example, not in my backyard and other opposition to equitable development). - Examine all housing-related policy for impact on affordability and equity and address negative impacts.

Implementation in action! Using Just Recovery grant funds provided by DHS, United Way of St. Croix Valley teamed up with partners, including local health departments, elected officials, service providers, and business leaders, to better understand housing needs in Pierce and St. Croix counties. The partnership produced a report in 2023, including a data review, stakeholder interviews, and a policy scan of successful policies from similar communities. This housing report will be a resource for the partnership to advocate for policies, programs, and community engagement opportunities that support thriving and livable communities.

Objective 2: Improve systems of support for people seeking to rent or buy a home.

Strategies	Sample activities
Support transition into stable housing for people experiencing homelessness.	- Implement housing first policies for unhoused people experiencing substance use disorder, mental health concerns, and other barriers to becoming housed. - Create and expand housing navigation and case management service for people experiencing or at risk for homelessness. - Require landlords to treat all sources of rent payment equally (for example, vouchers, emergency assistance).
Improve supports for people who are housed to remain in stable housing.	- Fund sustainable statewide emergency rental and mortgage assistance programs. - Provide publicly funded civil legal service to help renters address housing concerns (for example, eviction proceedings, housing quality or safety issues). - Fund programming to assist low-income individuals with housing repairs to maintain a safe home environment.
Create equitable housing rental and ownership processes.	- Fund grant and other down payment support mechanisms designed to eliminate inequitable access to initial homebuying funding needs. - Limit the types of sociodemographic information a landlord may obtain to consider a prospective tenant. - Provide free and widely accessible financial and homebuying education programs.

Implementation in action! Using a housing first program and their Orenda Center shelter services, Personal Development Center works to place survivors of domestic violence and assault and their children into safe, stable housing as quickly as possible. Essential to the success of their housing first program are survivor-driven services, trauma-informed care, mobile advocacy, community engagement, and flexible financial assistance. Personal Development Center educates community partners on domestic violence and its impacts on survivors attempting to secure safe, independent housing, and in doing so, they improve housing accessibility to survivors and increase the capacity of the entire community to address homelessness and unmet housing needs.

Objective 3: Improve the quality, safety, and accessibility of housing.

Strategies	Sample activities
Improve the quality of housing.	- Fund grant and no-cost loan programs for weatherization, energy efficiency, and other home improvement projects. - Improve rental housing inspection policies and programs (for example, proactive inspections, inspection results reporting requirements).
Improve the safety of housing.	- Increase funding for lead abatement programs, including training and certification of lead abatement professionals. - Improve detection, abatement, and enforcement policies and programs for home hazards (for example, lead, radon, asbestos). - Increase smoke-free (including e-cigarettes) multi-unit housing.
Improve accessibility of housing.	- Increase development of service-enriched housing (for example, through social impact bonds). - Incentivize a universal design plus visit ability standard for affordable housing accessibility. - Fund programming to make homes safe and accessible for older adults and people with disabilities to remain in their homes. - Include people with lived experience of accessibility issues in planning housing development.

Implementation in action! DHS manages the Lead Safe Homes Program (LSHP). Lead exposure, especially in early childhood, can permanently damage the brain and other bodily systems. LSHP seeks to make homes free of lead-paint hazards for kids and pregnant women who are on Medicaid or BadgerCare Plus in Wisconsin. The program partners closely with local organizations and contractors to make homes safe by removing lead hazards, such as lead-containing windows, doors, and siding. The program has so far resulted in lead abatement (removal) in over 330 homes across Wisconsin, protecting the health of hundreds more current and future occupants of those homes.

Partnership landscape

DHS offers several programs and initiatives related to healthy housing. Programs related to housing hazards, including lead, radon, and asbestos. Several state councils on issues related to people with disabilities, as well as the Mental Health Council, have prioritized housing accessibility. These councils are supported by DHS staff. The Wisconsin Interagency Council on Homelessness has the statutory authority to gather and coordinate agency work with the goal of preventing and ending homelessness in Wisconsin. Local public health departments are actively building partnerships across their communities to address urgent housing-related needs.

The SHIP team hosts a community of practice conversation series with local and Tribal health departments. Several of these calls focused on sharing and collaborating on housing-related concerns and strategies. The SHIP team also participates in an interagency ending homelessness initiative through state- continuum of care partnerships group and engages with other state agencies and continuum of care groups to align efforts on housing-related issues. The SHIP

team will also continue to advocate for and support local efforts led by local health departments in their community health improvement plans (CHIP) and Health in All Policies work. These activities fit within the SHIP team's role as partners, conveners, advocates, and systems thinking and public health subject matters.

Measures

Indicator (source)	Baseline (Year)	Target Direction
3.1. Percent of households that spend 30% or more of their household income on housing costs (American Community Survey, 1-Year estimates)	26.2% (2021)	Decrease
Households that spend 30% or more of their income on housing costs are cost-burdened, meaning that it may be challenging to afford other necessities. While the percent of households that are cost-burdened in Wisconsin (26.2%) compares well to the nation (31.8%), large disparities persist, particularly for renters. In Wisconsin, 43.3% of renter-occupied households are cost-burdened, compared to only 18.6% of owner-occupied households.		
3.2. Number of individuals who are homeless per 10,000 population (Housing and Urban Development 2022 Continuum of Care Homeless Populations and Subpopulations Reports, U.S. Census Bureau Population Division)	8 (2022)	Decrease
On a given night in 2022, around 4,775 Wisconsinites, or about eight per 10,000 population, experienced homelessness. Children are particularly at risk, with nearly 10 children out of every 10,000 experiencing homelessness on a given night in 2022. Marginalized populations are also disproportionately affected by homelessness, reflecting the long-standing effects of historical and structural racism. In Wisconsin, 36 per 10,000 Black Wisconsinites and 31 per 10,000 American Indian and Alaska Native Wisconsinites experience homelessness.		
3.3. Percent of children (less than 6 years old) tested for lead poisoning who were determined to be lead poisoned (Wisconsin Childhood Lead Poisoning Data)	2.77% (2021)	Decrease
Housing built before 1978 is one of the greatest risks of lead exposure, as these homes were built before the use of lead in paint was banned and are more likely to have pipes and plumbing fixtures containing lead. Children living in areas where there has been historic disinvestment in housing are disproportionately affected by lead exposure, which has contributed to racial and ethnic disparities in lead poisoning. In Wisconsin, the percent of children tested for lead poisoning who were determined to be lead poisoned was higher for Black children (6.26%), American Indian or Alaska Native children (4.43%), and Asian/Pacific Islander children (3.71%) when compared to the state overall.		

Priority area: Physical, mental, and systemic safety

All Wisconsinites should feel safe in their homes and environments and be protected from future harm. This includes safety from physical and mental harm, as well as harm caused by systems and institutions. Communities can improve their safety by preventing instances from harm from occurring in the first place as well as appropriately responding to harm when it takes place. This includes addressing the impact and meeting the needs of people and communities to interrupt cycles of violence.

Objective 1: Build systems that support and protect the physical safety of people and communities.

Strategies	Sample activities
Promote policies and practices that prevent physical harm from occurring to people and communities.	- Build and extend understanding of what drives violence and what works best to prevent it. - Implement policies to prevent firearm related injury. For example, require universal background checks and licensing before purchase, safe storage requirements, and red flag laws. - Create safe and inclusive school and workplace environments. - End the missing and murdered Indigenous women and girls epidemic. - Reduce exposure to environmental hazards in homes, workplaces, and communities. - Increase resources to scale up hospital-based and community-based violence interruption programs.
Support healing when instances of physical harm occur.	- Provide material supports (for example, housing, financial) for people experiencing violence and those fleeing violence. - Support and develop infrastructure for community-based restorative practices.

Implementation in action! The Wisconsin Community Safety Fund (WCSF) was created to support local, evidence-informed activities that enhance the safety of children, youth, and families throughout Wisconsin. It is led by the Comprehensive Injury Center at the Medical College of Wisconsin (MCW), which provides tools, training, and technical assistance to communities throughout the state committed to addressing violence and injury as public health issues. WCSF supports, through grants, programs that advance public health solutions to violence, meaning that a program enhances the health, safety, and well-being of a population. WCSF supports projects that address firearm violence, sexual and gender-based violence, intimate partner violence, child abuse and neglect, adverse childhood experiences, youth violence, and suicide. This work is designed to support innovative approaches to increasing community safety by supporting governmental and non-profit organizations to address the root causes of harm in meaningful collaboration with impacted communities.

Objective 2: Build systems that support and protect the mental and psychological safety of people and communities.

Strategies	Sample activities
Prevent mental and emotional harm from occurring to people and communities.	- Implement policies and practices that address the root causes of adverse childhood experiences. - Increase and improve policies aimed at preventing harassment, violence, and abuse of all types against marginalized groups. - Invest in programs that work to shift culture to prevent intimate partner violence, other abuse.
Support healing when instances of mental and emotional harm occur.	- Build community resilience infrastructure to collectively support individuals who have experienced trauma. - Apply a trauma-informed lens to systems, support programs, and services across sectors. - Strengthen treatment and healing services for survivors of sexual assault, intimate partner violence, and child abuse. - Increase resources for programs that provide rapid mental health response to significant events (for example, acts of violence, natural disasters, accidents).

Implementation in action! The 2023-2029 Long-Range Plan to Address Sexual and Domestic Violence for Wisconsin reflects domestic violence and sexual assault programs' views on the current state of the movement, and it lays out a vision for the future. It was launched by a broad coalition of prevention partners, including American Indians Against Abuse, Black and Brown Womyn Power Coalition, End Domestic Abuse Wisconsin, and the Wisconsin Coalition Against Sexual Assault. The plan will help focus priorities for services to address domestic violence and sexual assault as service providers and key stakeholders collectively imagine and co-create a violence-free future.

Objective 3: Build systems and institutions that ensure legal protection from harm for all Wisconsinites.

Strategies	Sample activities
Reduce harm caused by inequitable systems and institutions.	- Identify and address current and historical harms caused by inequitable policies, systems, and institutions. - Apply racial-equity building and implicit-bias reduction lenses across sectors, programs, and policies. - Develop community-driven, public-private safety partnerships, programs, and initiatives. - Reduce barriers to access Wisconsin government and institutions services for marginalized groups. For example, new Americans, people with low socioeconomic status, people whose primary language is not English, people with disabilities.
Reduce individual, family, and community harms caused by interaction with the criminal-legal system, including incarceration.	- Eliminate identity-based profiling, both in policy and practice, by law enforcement. - Increase resources for and use of alternative-to-incarceration programs, including for youth. - Decriminalize substance misuse, mental health challenges, and homelessness.

Implementation in action! The Hmong and Hispanic Communication Network (H2N) collaborates with public health organizations, health systems, resource agencies, and community organizations to provide Hmong and Hispanic communities with resources and tools to improve health outcomes and better withstand the COVID-19 pandemic. H2N utilizes community coordinators and a network of Hispanic and Hmong community health workers to ensure access to timely public health information as well as connect communities to appropriate resources and services for food, clothing, rental assistance, vaccinations, mental health services, health insurance, health care, domestic abuse, legal rights, and more. Community health workers reach out to their communities at farms, churches, community centers, work sites, and community events.

Partnership landscape

DHS has several programmatic areas within DPH that address aspects of physical and psychological safety. The Injury and Violence Prevention program works to prevent unintentional (for example, falls, motor vehicle crashes) and intentional (for example, suicide, assault) injuries. This work includes data collection and surveillance, education, prevention promotion, and supporting and engaging with other state and local agencies working on safety. An adolescent health team engages with partners and programming to address issues affecting Wisconsin's young people, including bullying and sexual violence.

Community-based organizations and partnerships play a very important role in grassroots safety and violence prevention efforts and are trusted messengers. Some focus on creating safe environments in a certain geographic area, others on supporting violence prevention and healing for specific populations or individuals who have experienced certain types of violence. All are vital to creating a Wisconsin where all residents feel safe to live and achieve their fullest potential. The SHIP team will continue to support all organizations working on safety efforts by bringing a public health perspective to the work, coordinating state resources where possible, convening partnerships across sectors, and more as appropriate.

Measures

Indicator (source)	Baseline (Year)	Target Direction
4.1. Number of deaths due to firearm per 100,000 population (National Vital Statistics System, CDC WONDER)	13.5 (2021)	Decrease
In 2021, 793 Wisconsinites lost their lives due to firearms. This equates to 13.5 deaths due to firearms per 100,000 population, which is below the national rate (14.7 firearm deaths per 100,000 population). Most firearm deaths were determined to be suicide (61%), and 37% of firearm deaths were determined to be homicide. Males are particularly impacted by firearm deaths, as there were 23 firearm deaths per 100,000, compared to 3.8 firearm deaths per every 100,000 for females. Black communities endure the highest rate of firearm-related deaths at 61.5 firearm deaths per 100,000, which is over six times higher than the rate among white at 10.1 firearm deaths per 100,000.		
4.2. Number of unique children per 1,000 with substantiated maltreatment (DCF, Child Abuse and Neglect Report)	3.4 (2021)	Decrease
In 2021, there were 4,248 Wisconsin children, or 3.4 out of every 1,000, with substantiated maltreatment (that is, reported maltreatment supported by evidence), including neglect, physical abuse, sexual abuse, and emotional damage or abuse. Female children endure higher rates of maltreatment (3.8 victims per 1,000 female children) than male children (2.9 victims per 1,000 male children). Black and American Indian and Alaska Native children are disproportionately impacted by child maltreatment. Black child maltreatment was 22.1%, though they make up only 11.4% of the Wisconsin child population. American Indian and Alaska Native children make up only 2.1% of the Wisconsin child population but accounted for 6.9% of child maltreatment.		
4.3. Percent of high school students who have ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood (Youth Risk Behavioral Survey)	18.2% (2021)	Decrease
In Wisconsin, nearly 1 in 5 high school students have witnessed violence in their neighborhood, which is consistent with national data. Though any amount of childhood exposure to violence is a concern, the high rates of exposure to violence among Wisconsin children with marginalized identities warrants specific action. In 2021, 34.0% of Black students, 33.3% of Hispanic students, and 26.0% of students with multiple race identities reported ever seeing someone in their neighborhood get physically attacked, beaten, stabbed, or shot, which is significantly higher than that reported by white students (13%). Similarly, 28.3% of Wisconsin high schoolers who identify as gay, lesbian, or bisexual reported such exposure to neighborhood violence, which is higher than reported by students identifying as heterosexual or straight (15.4%).		
4.4. Number of individuals under the care of Wisconsin state correctional authorities per 10,000 adult residents (Bureau of Justice Statistics; U.S. Census Bureau)	43.7 (2021)	Decrease
As of December 31, 2021, there were 20,202 people under the care of Wisconsin state prisons, which is about 43.7 per 10,000 Wisconsin adult residents. This overall number masks large racial disparities; Wisconsin has the highest Black imprisonment rate in the nation and the highest disparity between Black and white imprisonment rates. As of 2021, the imprisonment rate per 10,000 residents was 317.5 for Black, 227.1 for American Indian, 69.2 for Hispanic, and 23.2 for white.		
4.5. Number of juvenile arrests per 1,000 juveniles (Wisconsin Department of Justice UCR Arrest Demographics Dashboard; U.S. Census Bureau)	44 (2022)	Decrease
Juvenile arrests are reflective of many factors, including policing strategies, local laws, and family and community support. Measuring arrests, rather than convictions, provides more context to community conditions, as only a fraction of arrests result in convictions and the experience of arrest itself has significant effects on an individual. In 2022, there were 44 juvenile arrests in Wisconsin per 1,000 juveniles (population ages 10 to 17). Historically marginalized populations are disproportionately affected by juvenile arrests, reflecting the long-standing effects of historical and structural racism. In Wisconsin, there were 130 arrests per 1,000 Black juveniles and 109 arrests per 1,000 American Indian and Alaska Native juveniles, compared to 36 arrests per 1,000 white juveniles.		
4.6. Number of out of school suspensions or expulsions per 1,000 public school students (DPI)	93 (2021-2022)	Decrease

School suspensions and expulsions are a relatively common disciplinary practice, though such practices have negative impacts on student learning outcomes and socio-emotional well-being. Students of color, students with disabilities, and students from low-income backgrounds face the highest rates of school suspension and expulsion. During the 2021–2022 school year in Wisconsin, there were 224 suspensions and expulsions per 1,000 students with disabilities, compared to 71 per 1,000 students without disabilities. Similarly, there were 178 suspensions and expulsions per 1,000 students from low-income backgrounds, which is almost five times higher than the rate for students who are not (36 per 1,000 students). When looking at the data by race and ethnicity, there were 458 suspensions and expulsions per 1,000 Black students, 141 suspensions and expulsions per 1,000 American Indian students, 141 suspensions and expulsions per 1,000 students with two or more races, 109 suspensions and expulsions per 1,000 Hispanic students, 43 suspensions and expulsions per 1,000 white students, and 20 suspensions and expulsions per 1,000 Asian students.

Priority area: Person- and community-centered health care

Person- and community-centered health care includes whole-person, high-quality, equitable medical, dental, vision, and other types of care. Wisconsin partners expressed the need for health care systems that are accessible, affordable, and support and meet unique needs, including social determinants of health, of individuals, families, and communities. It's important to address these needs to improve health and well-being.

Objective 1: Improve access to health care services for all Wisconsinites.

Strategies	Sample activities
Increase the affordability of health care and related systems, especially through policy change and budget appropriation.	- Expand BadgerCare Plus (Medicaid) eligibility (for example, lengthen post-partum eligibility, raise income limit). - Increase proportion of employees offered health insurance through their employers. - Engage dentists to increase acceptance of BadgerCare Plus members and reimbursement (for example, through community coordination, dental navigation services). - Increase resources for federally qualified health centers and free and charitable clinics. - Increase price transparency requirements, including improving ease of accessing pricing information.
Improve accessibility of health care and related systems.	- Increase school-based health services for children, including preventive medical, dental, and vision care. - Improve patient experience of connectivity and continuity of care across health care providers, locations, and systems. - Increase patient health literacy services around benefits availability, benefits use, and payment. - Increase resources to expand health care navigator services. - Ensure equitable access to new and innovative care and treatments.
Improve scale, scope, and connectivity of health care infrastructure.	- Increase the size of the health care workforce using financial support, training, and other programs and incentives. - Improve community emergency medical services infrastructure and connectivity to stationary services, especially in rural and medically underserved areas. - Increase resources for core competency training and reimbursement of community health worker services to scale-up and expand scope of offered services. - Improve models for team-based care and community-health care integration (for example, retail pharmacists).

Implementation in action! Rebalanced Life Wellness Association has sustained a community-centered model of health care to ensure Black men and boys living in under-represented communities, who bear the heaviest burden of disease and poor health status, have access to preventive services and heathier lifestyles. They have dedicated health and educational centers set up in barber shops, to include the largest Black barbershop in Madison, Wisconsin, and they provide quality free health care at the Perry Family Free Clinic for uninsured and under-insured Black men (and all who are impacted by disparities in health care). They work with an overarching goal of transforming neighborhoods located in underserved zip-codes into health villages, bringing health care outside of the hospital and into the community.

Objective 2: Ensure health care services meet the unique needs of all Wisconsinites.

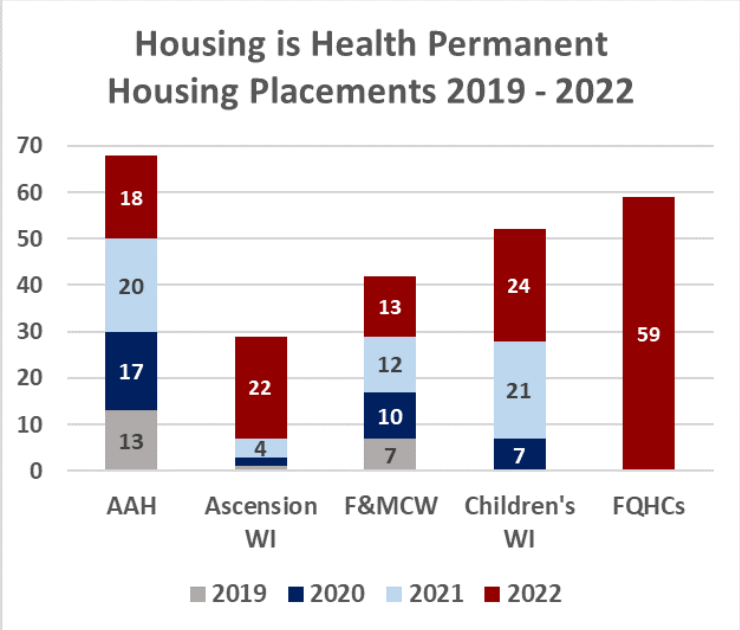
Strategies	Sample activities
Increase responsiveness of care systems to patients' unique needs.	- Increase training and resources for shared decision-making between patients and health care providers. - Increase resources for chronic disease management and self-management programs. - Improve care transition and discharge services for people with additional needs (for example, older adults, children, people experiencing homelessness, people with disabilities). - Design appropriate systems and train health care providers to deliver trauma-informed care. - Ensure care providers are educated on, and people with disabilities receive reasonable accommodations in health care settings.
Increase sociocultural competence, relevance, and person-centeredness of care delivery.	- Increase and improve cultural humility education and training for health care providers, and design systems to support ongoing improvement. - Ensure health and health care information is available in a patient's primary language. - Ensure adherence to national standards for culturally and linguistically appropriate services (CLAS). - Improve pathways to employment for new health care providers from diverse and underrepresented communities. - Respect and include cultural and other healing practices as components of a complete care and treatment plan.

Implementation in action! Great Rivers United Way, in partnership with St. Clare Health Mission and the Trempealeau County Health Department, created the sustainable infrastructure for a promotor(a) de salud/community health worker to connect the growing Latinx population in Trempealeau County and increase access to services, foster connection and relationships, and uplift unique needs. Community health workers implementing the Pathways Community HUB model in this community have bridged gaps and fostered relationships with local systems to identify barriers to access, understand health priorities, and improve health outcomes of this population.

Objective 3: Engage health care organizations, payers, and decision-makers to leverage their power to emphasize individual and community social determinants of health to improve health outcomes.

Strategies	Sample activities
Increase emphasis on social determinants of health supports and other preventive services.	- Leverage health care locations and patient interactions as opportunities to coordinate complete health care and social determinants of health needs. - Increase use of medical-legal partnerships to support patient needs. For example, address medical debt, secure disability resources, and prevent eviction. - Increase resources and coordination of health care-based social workers, community health workers, and related services. - Appropriately resource and implement evidence-based screening and intervention programs across a person's lifespan. For example, social determinants of health, childhood lead testing, learning disabilities, cancer, depression, and dementia.
Increase use of health care systems' institutional power to improve upstream health factors.	- Engage in advocacy to advance policies that aim to improve health outcomes and social determinants of health. - Identify, strategize, and address disparities in health outcomes. - Leverage resources to support and maintain strong connections between health care organizations and community-based organizations that support social determinants of health services. - Lead or participate in community anchor institution initiatives.

Implementation in action! The Housing is Health program is an initiative by the Milwaukee Health Care Partnership developed for unhoused and vulnerably housed patients receiving care at Milwaukee area health systems and safety-net clinics. Member hospitals and clinics partner with the Milwaukee County Housing Division and IMPACT coordinated entry social workers, or navigators, who help patients secure temporary housing, provide case management, and aid in their ultimate transition to permanent housing stability. Navigators also provide patients with a variety of support services including public benefits, counseling, mental health and AODA treatment, tenancy education, temporary housing subsidies, and employment counseling. Through 2022, over 1,500 referrals have been made and over 260 individuals and families have secured permanent housing through the Housing is Health Program.



Source: Milwaukee Health Care Partnership

Partnership landscape

DHS' Primary Care Program supports Wisconsin's community health centers and federally qualified health centers (FQHCs) to provide free or low-cost care to low-income Wisconsinites. The program also supports health care provider recruitment and retention efforts. DHS also continues to implement strategies to address social determinants of health for BadgerCare Plus members.

The Governor's Health Equity Council recommended extending BadgerCare Plus coverage for a person who has given birth from 60 days to 12 months post-partum. The council also recommended extending those BadgerCare Plus benefits to include supports for social determinants of health, including housing and nutrition assistance.

Several DHS programs leverage community health workers to support individuals with chronic disease conditions. The Governor's Health Equity Council recommended creating a community health worker training and certification program, as well as creating a reimbursement model for their services through a BadgerCare Plus community health benefit.

The SHIP team will continue to partner with programs across DHS to support their work as well as add efforts in the intersection of social determinants of health and health care.

Measures

Indicator (source)	Baseline (Year)	Target Direction
5.1. Percent of adults who did not see a doctor in the past 12 months when they needed to because they could not afford it (Behavioral Risk Factor Surveillance System)	6.9% (2021)	Decrease
In Wisconsin, 6.9% of adults report a time in the past 12 months when they needed to see a doctor but couldn't afford it. This is slightly below the median value for all states (8.7%). Those with limited health care coverage options may be particularly burdened by health care costs, and Wisconsinites with low incomes often have limited health care coverage access. When looking at survey results by household income, those with incomes between $15,000 and $24,000 experienced the highest percentage of individuals who couldn't afford needed health care (19.3%), which is significantly higher than those with household incomes above $50,000 (4.8%). Approximately 2.5 times more Black and Hispanic Wisconsinites reported withholding needed health care in the past 12 months due to costs compared to white Wisconsinites.		
5.2. Percent of individuals who visited a dental care provider in the last year (Family Health Survey)	73.0% (2021)	Increase
As of 2021, an estimated 73.0% of Wisconsinites reported visiting a dental care provider in the last year, though dental care remains inaccessible to many. Among the 22% of Wisconsinites without dental insurance, only 56.9% report visiting a dental provider in the last year, compared to 77.6% of those with dental insurance. Though Medicaid recipients technically have dental coverage, only 63.3% of Medicaid members visited a dental provider in the last year, which may be due to difficulties accessing dental providers who accept Medicaid, especially in rural areas.		
5.3. Percent of children who went to a health provider in the last year whose parent or caretaker reported that the health provider listened carefully to them very often (Family Health Survey)	86.5% (2021)	Increase
Feeling heard and respected is an important aspect of receiving health care. Among children who visited a health provider in the past year, only 86.5% of parents reported that the health provider listened carefully to them very often. Results remain relatively consistent when broken down by race and ethnicity. In 2021, 87.5% of caretakers of American Indian children, 78.3% of caretakers of Asian children, 92.9% of caretakers of Black children, 92.6% of caretakers of Hispanic children, 85.1% of caretakers of white children, and 85.9% of caretakers of children of two or more race reported that health providers listed carefully to them very often.		

Priority area: Social connectedness and belonging

Social connectedness and belonging affect the vitality of communities and the people living within them. Wisconsinites expressed a desire to improve both the number and strength of interpersonal connections, as well all the connectivity, inclusiveness, and belonging in their communities as a whole. Additionally, community members raised the importance of civic engagement and participation in community improvement efforts.

Objective 1: Improve community connections, social support, and belonging of all Wisconsinites.

Strategies	Sample activities
Increase group-specific social engagement opportunities.	- Create intergenerational mentoring, relationship-building, and other engagement opportunities. - Establish support spaces for caregivers of children. - Engage disconnected youth and those at risk for disconnection (for example, young parents, youth living independently, youth in foster care) in targeted programming.
Improve support services and civic infrastructure to enable community engagement for all.	- Create and expand safe and accessible community spaces. For example, libraries, recreation centers, and shared gardens. - Design safe and accessible inter- and intra-community transportation. For example, public transportation, and complete streets. - Incentivize and provide supports for community event engagement. For example, child care, gift cards, and food.
Reduce stigma and discrimination against marginalized groups.	- Eliminate laws and policies that enable identity-based discrimination and oppression. - Design community engagement programming in partnership with people with lived experience of discrimination and marginalization and with their needs and preferences in mind.

Implementation in action! Price County Health and Human Services' work highlights the connection between social connectedness and mental health. The Price County Alcohol and Other Drug Abuse (AODA)/Mental Health Coalition partnered with other local organizations to initiate a free, Wednesday night live music series during summer 2023. These events connected attendees of all ages and backgrounds from across the area in a safe and celebratory environment. Price County also participated in the Price County veterans outreach event and Price County benefits expo to support the practical, mental, and social needs of local veterans. Price County's AODA/Mental Health Coalition also supported the delivery of mental health services through the coordination of a lifeline training. Lifeline is a program that promotes suicide prevention and provides resources necessary to equip individuals when responding to a situation. The program aims to increase the likelihood that school staff and students will be able and willing to identify at-risk youth when they encounter and connect with them, provide an appropriate initial response, and obtain help. These engagement efforts have the dual benefits of building community connectedness and belonging, as well supporting improvement of the community's mental and emotional health and well-being.

Objective 2: Enable the development of supportive interpersonal relationships.

Strategies	Sample activities
Reduce systemic barriers to interpersonal engagement for individuals.	- Identify and implement specific transportation solutions for geographically isolated and homebound individuals. - Support efforts to increase availability and affordability of high-speed internet.
Increase opportunities for deep, meaningful interpersonal interactions.	- Increase organized opportunities for interpersonal interaction. For example, group classes and mentoring opportunities. - Ensure youth are connected to positive, caring, and reliable adults.

Implementation in action! Loneliness and social isolation have serious physical and mental health implications in all people, especially older adults and people with disabilities. The Wisconsin Coalition to End Social Isolation and Loneliness brings together community organizations; local public health, aging, and disability services agencies; as well as individuals seeking to bring positive change to their communities. DHS supports this coalition as well as many other backbone organizations and nonprofits involved with aging and disability, academic researchers, and others. The coalition is raising awareness about the impacts of social isolation, increasing its detection, and creating a pathway for long-term, whole-system responses to build connection and belonging.

Objective 3: Support the development of community-based power for all Wisconsinites.

Strategies	Sample activities
Encourage development of community and civic participation and pride.	- Broaden shared social norms to improve inclusion, belonging, trust, interconnectedness, and solidarity. - Increase volunteer opportunities and reduce barriers to participation for all. - Encourage engagement in neighborhood and other civic associations. - Develop a community emergency and resiliency action plan.
Reduce barriers to building and exercising individual and community power.	- Enact inclusive voter registration and voting policies. - Reduce barriers to direct participation in existing local decision and policymaking processes. - Develop equitable neighborhood and community collaborative decision-making processes and groups where they do not currently exist. - Build community trust and counter the narrative of social and political division.

Implementation in action! The UW-Madison Population Health Institute, a long-time SHIP implementation partner, named civic infrastructure and civic participation as essential health influencing factors in their 2023 County Health Rankings National Findings Report. The report examined data related to civic health, and shared improvement strategies. The county health rankings team also created a civic health podcast featuring experts on the topic and hosted collaborative webinars for partners working on civic health.

Partnership landscape

Social connectedness and belonging are growing action areas. DHS supports several statutory councils on disability, many of which have identified issues related to social connectedness and belonging as high priority. DHS' maternal and child health team delivers maternal and child health programs that emphasize the importance of engagement for pregnant people, new parents, babies, and youth.

Other state agencies, including the Office for Children's Mental Health, DPI, DCF, and the Public Service Commission all work to encourage social connectedness and community belonging, especially for youth and their caregivers.

The SHIP team will continue to support and advocate for these ongoing efforts across state government, community-based organizations and on a local level with local public health partners. The team will also focus on raising awareness and educating about the important link between civic health and health outcomes in Wisconsin.

Measures

Indicator (source)	Baseline (Year)	Target Direction
6.1. Percent of adults who report always or usually getting the social and emotional support they need (Behavioral Risk Factor Survey)	77.3% (2020)	Increase
As of 2020, 77.3% of Wisconsin adults reported they always or usually get the social and emotional support they need, 14.1% reported they sometimes get the support they need, and 8.6% reported they rarely or never get the support they need. Those with low incomes and those from marginalized racial groups experience particularly low levels of social support, so strategies to improve social and emotional support should be tailored to the specific needs of these communities. Only 63.7% of adults with household incomes less than $15,000 reported always or usually getting the social support they need, which is significantly lower than that reported by adults with household incomes of $50,000 or more (81.8%). When looking at results by race and ethnicity, 79.6% of white adults, 72.1% of Native American adults, 65.3% of Hispanic adults, and 55.1% of Black adults reported always or usually getting the social and emotional support they need.		
6.2. Percent of high school students who agree or strongly agree that they belong at their school (Youth Risk Behavioral Survey)	60.8% (2021)	Increase
In Wisconsin, the percent of students who agree or strongly agree that they belong at their school has significantly declined since 2017, when 70.8% of high schoolers reported feeling like they belonged at their school. There are significant disparities that we must act to address. Female students and students who identify as gay, lesbian, bisexual, or other/questioning sexual identities report particularly low levels of school belonging. In Wisconsin, only 55.9% of female high schoolers and 39.4% of students identifying as gay, lesbian, or bisexual agreed that they belonged at their school, which is significantly lower than that reported of male students (66.1%) and students identifying as heterosexual or straight (67.7%). Hispanic students and Asian students also reported low levels of school belonging.		
6.3. Percent of voting age population who voted in the last general election (2022) (Wisconsin Elections Commission)	57.1% (2022)	Increase
In the 2022 general election, 57.1% of voting age Wisconsinites cast a ballot, though there was significant variability across counties. Voter turnout ranged from 37.8% of the voting age population in Menominee County to 72% of the voting age population in Ozaukee County.		
6.4. Percent of all households that self-responded to the 2020 census (U.S. Census Bureau)	72.2% (2020)	Monitor
Census data is used as the basis for distributing federal resources to communities, so a high Census self-response rate is critical to ensuring that Census data accurately depicts communities and does not systematically undercount populations. In 2020, 72.2% of all Wisconsin households self-responded to the Census (by internet, paper questionnaire, or telephone), which is higher than the self-response rate for the nation (67.0%). Census self-response rates in Wisconsin ranged from about 34.4% in Vilas County to 83.4% in Washington County.		
6.5. Percent of individuals ages 16 and older who reported that they and their neighbors did favors for each other (like lending tools, house sitting, watching each other's children) during the past year (CPS Volunteering and Civic Life Supplement)	55.9% (2021)	Increase
In 2021, more than half of Wisconsinites over the age of 16 reported that they and their neighbors did favors for each other (like lending tools, house sitting, watching each other's children) during the past year, which is similar to the estimate for the U.S. as a whole (47.5%). Wisconsinites of all incomes report this type of community engagement. In 2021, 45.1% of Wisconsinites with household incomes less than $15,000, 57.5% of Wisconsinites with household incomes between $15,000 and $24,999, 48.9% of Wisconsinites with household incomes between $25,000 and $34,999, 44.8% of Wisconsinites with household incomes between $35,000 and $49,999, and 61.1% of Wisconsinites with household incomes of $50,000 or more reported that they and their neighbors did favors for each other during the past year.		

Priority area: Mental and emotional health and well-being

Mental health, emotional well-being, and substance use are unique issues, and also share many of the same root causes and are often co-occurring. Many of these root causes are addressed through strategies in other, more upstream priority areas (for example, economic well-being, healthy housing, social connectedness), and consequently some strategies listed in this priority area will overlap. Additionally, more directed, prevention, intervention, treatment, and recovery efforts are also important to wholly address the complexities of mental health and emotional well-being issues.

Objective 1: Pursue population-level prevention of and intervention for mental health and substance use issues.

Strategies	Sample activities
Reduce stigma of mental health issues and substance use.	- Support efforts to destigmatize and decriminalize substance use, addiction, and mental health issues. - Invest in harm reduction and education services for substance users (for example, hepatitis and HIV prevention, safe sex, syringe service programs, fentanyl test strips, wound care). - Deliver trauma informed care and interventions.
Increase prevention and early intervention policies, programs, services, and resources relative to mental health and substance use issues.	- Design policies that address the alcohol environment (for example, availability and affordability) and consumption. - Identify and support people at risk for self-harm and suicide. - Increase mental health and substance use services in schools and other community settings that serve youth. - Enact evidence-based policies to improve lethal means safety and prevent suicide as well as unintentional firearm injury (for example, firearm purchase waiting periods). - Integrate tobacco dependence treatment with other substance use disorder and mental health treatment.

Implementation in action! The Wisconsin Alcohol Policy Project (WisAPP) provides training, tools, and technical assistance to municipalities, law enforcement, public health and community groups working to address the alcohol environment and reduce excessive alcohol use. Since its founding in 2010, it has worked with communities to implement evidence-informed strategies that can reduce underage and binge drinking. WisAPP supports local decision-makers and officials, public health professionals, and others as they identify local alcohol-related issues and implement solutions to address them.

Objective 2: Increase accessibility of mental health and substance use intervention and recovery services.

Strategies	Sample activities
Increase access to mental health and substance use treatment across the continuum of care.	- Improve integration of behavioral and primary health care screening and services. - Increase funding for mental health and substance use peer support programs. - Improve quality and quantity of mobile health and telehealth mental health and substance use services.
Increase affordability of mental health and substance use care, treatment, and supportive services.	- Increase insurance coverage of mental health and substance use treatment benefits. - Implement housing first policies for people experiencing substance use disorder and mental health concerns who are unhoused or at risk of becoming homeless.

Implementation in action! Florence County Health Department brings a harm reduction approach to substance use and the opioid epidemic and is working to increase accessibility of services. They have recently delivered multiple trainings across the county, in partnership with Vivent Health, on the signs of overdose and on Narcan® administration to empower community members to save lives. These trainings also educate participants on harm reduction strategies and local recovery resources. Florence County Health Department and Vivent Health also partner to offer needed health care services to substance users, including HIV and hepatitis C screenings.

Objective 3: Support the delivery of mental health and substance use prevention and treatment services that meet the unique needs of all Wisconsinites.

Strategies	Sample activities
Ensure mental health and substance use services meet the unique needs and circumstances of all who need them.	- Address inequities in service accessibility, delivery, and outcomes. For example, across lifespan, geography, disability, race, ethnicity, and income level. - Increase culturally appropriate mental health first aid training for all public service providers. For example, health care, teachers, law enforcement. - Support use of cultural healing practices, native language use, engagement with history and self as aspects of a complete intervention, treatment, and recovery plan.
Engage a diverse group of Wisconsinites when designing services across the mental health and substance use prevention and care continuum.	- Recruit mental health and substance use treatment providers who reflect the communities they serve. - Engage people with lived and living experience of substance use and mental health issues to design responsive and appropriate programs and systems.

Implementation in action! Taylor County Health Department has partnered with other local community organizations to hold a diverse series of community events aimed at reducing stigma, promoting engagement, and preventing harm related to substance use and mental health issues. Events have included overdose prevention and naloxone administration training, a night of hope with activities for youth, and a walk for suicide awareness. They also helped host suicide prevention sessions specifically tailored for at-risk groups including youth, veterans, older adults, farmers, and the LGBTQ+ community. This mix of group-specific and whole community events serves to meet the unique needs of individuals while also building a community-wide movement to improve health and well-being for all.

Partnership landscape

Many state agencies work to address aspects of this priority area. DHS' Injury and Violence Prevention program works to prevent self-harm and suicide, and the Resilient Wisconsin program implements trauma informed care strategies to prevent and treat mental health and substance use issues. DHS manages services and protects the rights of people receiving services for mental health and substance use issues. This includes running seven care and treatment facilities for people living with psychiatric disorders and intellectual disabilities, general community mental health and substance use services, and community mental health and substance use treatment services for people in the criminal justice system. BadgerCare Plus also covers some mental health and substance use treatment benefits for its members. The Office of Children's Mental Health supports mental health and well-being services and programs for children, including developing resources and tools, building partnerships for collective impact, and monitoring and communicating data. Additionally, the State Council on Alcohol and Other Drug Abuse (SCAODA), consisting of members from government, treatment providers, and the community, leads and coordinates work on alcohol and other drug abuse issues in Wisconsin. SCAODA's work includes advising state agencies on substance use disorder prevention, treatment, and recovery activities; reviewing pending legislation, including state budget proposals; and developing plans to guide administration of the federal substance use prevention and treatment grant.

Indicator (source)	Baseline (Year)	Target Direction
7.1. Alcohol outlet density: total population per alcohol license (Wisconsin Environmental Public Health Tracking)	345 (2020–2021)	Decrease
In Wisconsin there is one establishment with a liquor license for every 345 people. Though the alcohol outlet density varies across the state, estimates can be challenging to interpret because this measure does not account for the size of the establishment, or the number of people served. Iron County, for example, has the highest alcohol outlet density, with one liquor license per every 65 people. Menominee County has the lowest alcohol outlet density, with one liquor license per every 631 people.		
7.2. Tobacco retailer zoning ordinances: number of jurisdictions with zoning ordinances to limit tobacco retailers and/or vape shops (Tobacco Prevention and Control Program Tracking)	3 (2023)	Increase
While Wisconsin state statute preempts municipalities from increasing tobacco taxes or enacting tobacco retailer licensing ordinances stronger than state law, zoning ordinances to limit tobacco retailers and/or vape shops are one policy solution available to Wisconsin localities. In 2023, Milwaukee passed a zoning ordinance that both limits the density of new vape and smoke shops and prevents them from opening near schools, bringing the total number of tobacco retailer zoning ordinances to three across Wisconsin.		
7.3. Percent of adults reporting 14 or more days of poor mental health per month (Behavioral Risk Factor Surveillance System)	13.6% (2021)	Decrease
Poor mental health affects many, as nearly 1 in 7 adult Wisconsinite's report having 14 or more days of poor mental health during the past month (hereafter referred to as poor mental health). This overall number masks large disparities that persist due to experiences and structures that perpetuate chronic stress, trauma, and inaccessibility of mental health care. In Wisconsin, a significantly larger proportion of women (17.5%) report poor mental health than men (9.5%), and 1 in 4 young adults ages 18–24 report poor mental health. More than 1 in 3 adults with a household income less than $15,000 report poor mental health, which is more than three times higher than the prevalence of poor mental health among those in households with incomes over $100,000. When looking at survey results by race and ethnicity, 30.7% of multi-racial adults, 23.1% of American Indian or Alaska Native adults, 20.9% of Black adults, and 14.5% of Hispanic adults, and 12.9% of white adults report poor mental health.		
7.4. Number of drug poisoning deaths per 100,000 population (National Vital Statistics System, CDC WONDER)	30.8 (2021)	Decrease
In 2021, there were 30.8 drug poisoning deaths per 100,000 Wisconsin population, which is below the rate for the nation (33.5 per 100,000 population). Wisconsin men experience drug poisoning deaths (41.3 deaths per every 100,000 men) at over twice the rate experienced by women (20.2 deaths per every 100,000 women). Large disparities persist by race and ethnicity. As of 2021, the number of drug poisoning deaths per 100,000 population was 85.1 for American Indian or Alaska Native, 83.0 for Black, 27.2 for white, 25.8 for Hispanic or Latino, and 16.3 for those with more than one race.		
7.5. Percent of children ages 3 to 17 who needed mental health care but faced difficulties getting mental health treatment or counseling (National Survey of Children's Health)	57.4% (2021)	Decrease
In 2021, approximately 14.3% of Wisconsin children ages 3 to 17 either received mental health services in the past 12 months or needed mental health services but did not receive them. Of those children who received or needed mental health services, 57.4% of children faced difficulties getting the treatment or counseling they needed. This is consistent with national data, where 50.9% of children who needed mental health care had parents who reported facing difficulties getting care for their child.		
7.6. Percent of individuals who received mental health services who reported being satisfied with the mental health services they received (Family Health Survey)	58.9% (2021)	Increase
In 2021, approximately 1 in 6 Wisconsinites received mental health services. Of those receiving services, 58.9% reported being satisfied with the services received and another 28.3% reported being somewhat satisfied. When		

broken down by sex, 63.9% of females reported being satisfied with mental health services received, which is higher than the proportion of males (50.6%) who reported being satisfied. The proportion satisfied with mental health services remained relatively consistent across race and ethnicity groups. In 2021, 62.3% of American Indian, 62.9% of Black, 67.5% of Hispanic, 58.6% of white, and 40.7% of those with two or more races were satisfied with the services received.

Engaging with SHIP

The SHIP implementation guide is intentionally flexible. The intention of this report is to welcome any person, community, or organization as a SHIP implementation partner and champion.

Successful implementation of this guide requires a diverse set of implementation partners. Many of the priorities and strategies described in this report lay outside of public health. DHS also primarily works on state-level initiatives and strategies. This means partners in sectors outside of public health and those who work at the regional, county, city, neighborhood, and other local levels are vital to the success of this work.

If you wish to engage with the SHIP and don't know where to start, Appendix D can help you to identify the root cause factors for any issue or problem you address in your own work. Appendix E can help you to organize your thoughts around how your current and potential future work aligns with SHIP priority areas, which you can then dive deeper into and identify potential strategies and actions that align with your own priorities.

Local and Tribal health departments

Local and Tribal health departments (LTHDs) are close institutional partners. SHIP priorities and strategies can be used by LTHDs in many ways. LTHDs may adopt or adapt in their own community health improvement plans (CHIPs) the SHIP foundational shifts and priority areas, strategies, and activities that are relevant to their settings and local context and needs. Local health departments could also use SHIP priorities to help fulfill their Chapter DHS 140 requirements. Appendix C describes the alignment between the SHIP priorities and Chapter DHS 140 requirements, as well as the foundational public health services framework. DHS welcomes direct engagement through participation in DPH's SHIP community of practice call series as well as individual requests for technical assistance, alignment, and partnership.

State and local agencies

It is important for public health to connect, align, and collaborate with other agencies working across the SHIP priorities and beyond. State and local agencies have expertise on housing, economic development, child care, and more in alignment with Health in All Policies efforts. Partnering with these agencies to identify alignment and connections between their work and public health will help build continuity throughout the whole system. Coordination and sharing of expertise will multiply the impact of improvement efforts, increase funding opportunities, and maximize shared advocacy for the well-being of all Wisconsinites.

State and local agencies, particularly those with purview over social determinants of health-related sectors, may adopt, adapt, and support the implementation of strategies under the SHIP and local CHIPs. It will benefit the people of Wisconsin if agencies with influence over the social and economic conditions that lead to better health and well-being to work closely with public health agencies to understand how their upstream programing and decision-making could impact health outcomes and well-being downstream. Partnerships between these agencies within SHIP/CHIPs and other public health efforts on state and local levels can be a powerful driver of well-being in our state.

Statutory boards, committees, and councils

Statutory boards, committees, and councils can leverage and advocate for the implementation of the strategies within the SHIP implementation guide that best align with their specific populations, topics, and priorities. These groups may also serve as subject matter experts and advocates in spaces where policies and programs are designed, ensuring change is indeed also improvement. Additionally, the Wisconsin Public Health Council, specifically, is charged with providing guidance and advising DHS, Governor, legislature, and public on SHIP implementation progress.

Community-based organizations

Community-based organizations (CBOs) are uniquely positioned to effectively and directly engage with and serve Wisconsinites. The close, trusting relationships they have in their communities position them to best understand and appropriately respond to health and well-being needs. CBOs can leverage the content of the SHIP when developing their own strategic plans, applying for funding, advocating for change, or designing and delivering services. CBOs are also important advocates in their communities and local democratic processes to ensure attention and resources are spent on the SHIP priorities that best align with their community needs.

Advocacy groups and organizations

We encourage advocacy groups and organizations to use their voices to promote policy, systems, and environment change. This document details many changes in laws and funding opportunities in state and local budgets that would make further improvement related to SHIP priority areas. Advocates could also use the foundational shifts as a lens through which to push for change on any topic, by centering fairness, representation in decision-making, and community-centeredness.

Businesses

The health and well-being of the communities in which customers and employees live is important to the vitality of businesses. Businesses can support the health of their employees directly through the implementation of appropriate internal systems and policies, including but not limited to eliminating health and safety risks in the workplace. They may also support community development initiatives and drive improvement of community well-being by advocating for policies that support workers, many of which are listed in this guide. Relevant policies may include those directly related to business and employment practices, as well as related social determinants of health, including inclusive housing, child and family care, educational and training programs, safety, health care access, and more.

Decision-makers and funders

Decision-makers and funders includes city councilors, county supervisors, members of local boards of health and other boards, state legislators and executive offices, leaders in state and local agencies, appointed government figures, individuals and organizations who influence public and private funding decisions, and many more. The priority areas and foundational shifts described in the SHIP directly reflect the hopes and concerns of hundreds of Wisconsinites and Wisconsin communities. Elected and appointed decision-makers, as well as others who influence public and private funding mechanisms, may use the priorities described here to guide their own efforts and decisions. Private funders may decide to dedicate more resources to identified SHIP priorities that align with, or address root causes related to, their own organizational aims.

We also encourage decision-makers and funders to more actively engage with public health and other related subject matter experts, as well as with people with lived experience of the issues identified in the SHIP.

All Wisconsinites

Every Wisconsinite can contribute to the work of the SHIP. For example, you can join an advocacy group, volunteer in your community, or educate yourself on the systemic causes of inequities. Engage in local, state, and national governmental efforts (that is, input processes like local CHIPs and SHIP), and participate in democratic processes, keeping these health and well-being priorities in mind when you do. There are so many ways to engage, and no contribution is too small!

Next steps

Leveraging both the existing activities described in this report, as well as activities still in development, the SHIP team will support implementation of SHIP objectives and strategies across all foundational shifts and priority areas. These activities will be based in the overall theory of change: policy, systems, and environment change; partnerships; whole-system change; and shifting narratives.

The SHIP implementation guide is a living document that we intend to continuously improve. The SHIP team will create and publish annual reports describing changes in the public health landscape, progress on objectives and strategies, and updated measure data. The team will also, with accountability in mind, develop a plan to evaluate and track progress across the priority area activities and results, including process and outcome measures and evaluation.

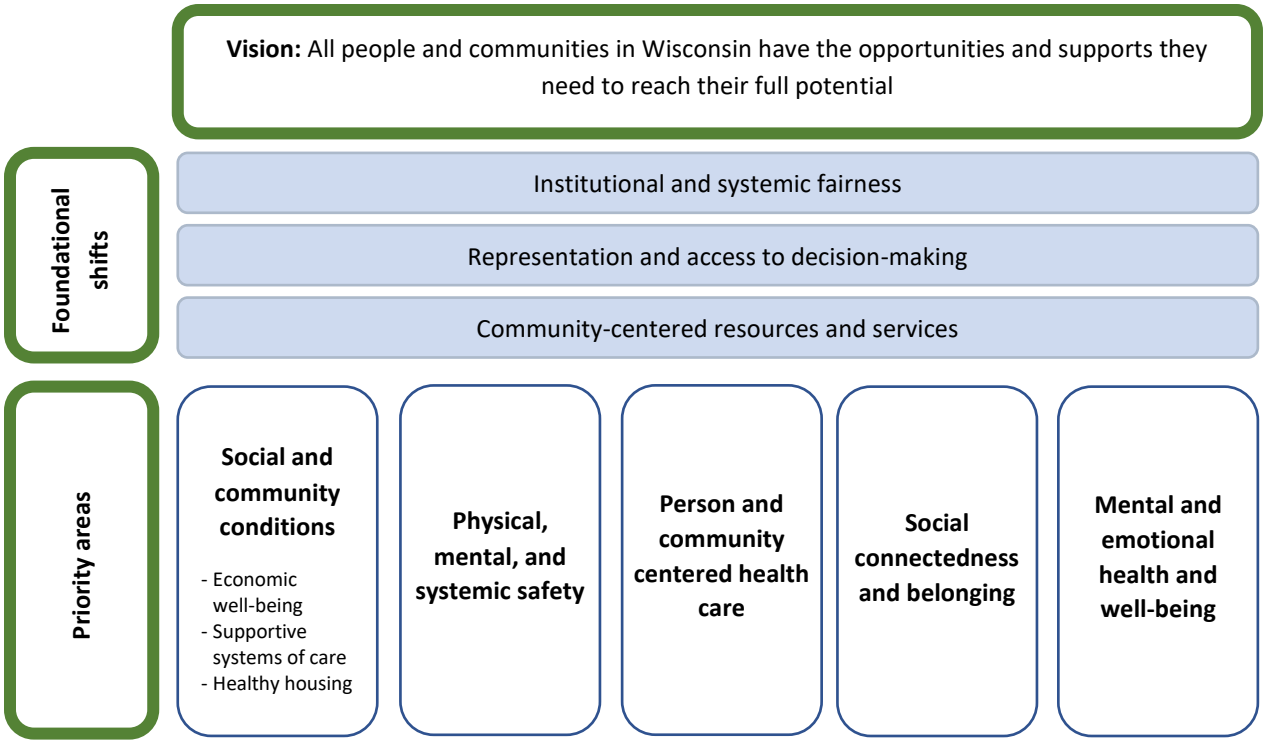
The SHIP team will also work to, over time, create more tools and resources for implementation partners. These products will be shared in the annual update reports, on the state health plan webpage, and through email and other communication channels.

The SHIP team will also develop a work plan with specific, measurable aims to reflect its contribution towards achieving the overall SHIP aims. The team will assist other partners, especially state agencies and entities, to identify and plan their own SHIP implementation efforts.

In accordance with the five-year health planning cycle, the SHIP team will begin the process of conducting a new state health assessment. The results will inform the development of the next 2028–2032 SHIP.

Appendix A: SHIP implementation guide framework and development

SHIP framework



Foundational shifts

Foundational shifts are the fundamental changes in approach necessary for public health to address and improve the health and well-being of all Wisconsinites effectively and sustainably. The 2023–2027 SHIP foundational shifts are:

Institutional and systemic fairness: Ensure Wisconsin's systems and structures, including governmental policies and actions, do not result in disparate health or other outcomes as a result of a person's or community's life experiences, background, history, and personal characteristics.

Representation and access to decision making: Ensure individuals and communities have the power to influence the decisions being made that affect their health and lives, and diverse perspectives are meaningfully involved in decision-making processes.

Community-centered resources and services: Help communities drive investment in resources and services based on their own collective knowledge and experience with the community's needs and hopes.

Priority areas

The 2023–2027 SHIP priority areas are:

Social and community conditions: The conditions where people are born, live, learn, work, play, worship, and age affect a wide range of health and quality-of-life outcomes and risks including economic well-being, supportive systems of care, and healthy housing.

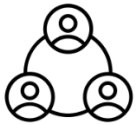
Economic well-being: Systems and policies support all communities, families, and individuals to access opportunities that ensure financial stability, create well-being, and develop a workforce that meets the community's needs.

Supportive systems of care: Policies and systems support accessibility and affordability of quality child and other community-based care that meet the needs of individuals, families, and caregivers.

Healthy housing: Policies support the development of housing that matches the unique needs of communities, including affordability, accessibility, safety, types of housing, and enables access to other factors such as jobs, health care, and transportation.

Physical, mental, and systemic safety: Systems, policies, and institutions create environments that ensure safety for all individuals and communities, with consideration for harms caused by historical systems, policies, and institutions.

Person and community-centered health care: Health care and systems are accessible, affordable, and support and meet the unique needs, including social determinants of health, of individuals and communities.



Social connectedness and belonging: Systems support connections and relationships, social support, and community cohesion and belonging, including civic participation.

Mental and emotional health and well-being: Systems and resources that support mental health and substance use prevention, treatment and recovery are accessible, affordable, cross the lifespan, and meet the unique needs of the individuals and communities they serve.

In coordination with relevant and interested institutional and community partners, the SHIP team undertook critical steps to determine the best implementation approach for each priority area:

Landscape analysis	The SHIP team conducted a landscape analysis of existing levers, initiatives, and partnerships within and outside of DHS across each priority area to ensure that there is no duplication and resource diversion from those existing efforts as the SHIP is developed and implemented. The team aims to ensure all SHIP efforts support existing partnerships and community assets.
Partner and asset mapping	As part of the process, all partners and existing efforts identified during the landscape analysis were mapped to help identify gaps and support outreach to partners. The SHIP intends to continue to reach out to and work with existing partnerships and only stand-up new priority action teams and partnerships as and where needed, both within and outside of DHS.
Gaps analysis	The landscape analysis and partner mapping were followed by a gap analysis across each priority area to identify gaps and opportunities for action and advocacy across all proposed strategies in this guide. All gaps were noted to ensure that the SHIP is holding space and opportunities for action in spaces that others in the state are not focusing on and ensure that all actions bring value to the work already happening in our state.
Assessing work maturity and opportunities	The last step in the implementation strategy development included assessing the maturity of the work and opportunities for action based on the gap analysis. For example, the maturity and the partnership landscape is very different between health care access, which is a very traditional priority area, compared to social connectedness and belonging, which is a relatively new area for public health and will require innovation and, likely, standing up new partnerships.
Measurement, evaluation, and progress tracking	Thorough evaluation of existing indicators and data sources for each priority area was also conducted. The SHIP team selected the core SHIP indicators based on their ability to measure structural successes and failures of the existing support systems and policies and tell a more comprehensive story on the current disparities and inequities. The next step in this process is to develop a plan for evaluation and progress tracking.

The process of building narrative (that is, shared societal values, perspectives, and stories) and framing of all SHIP priorities included collaboration with other partners doing this upstream public health work that focuses on root causes. Narrative reference documents include the University of Wisconsin (UW)-Madison Population Health Institute's Population Health and Equity Report Card, DHS' Minority Health Report, and the Governor's Health Equity Council Report. Building a shared narrative around the factors that drive health outcomes is vital to our collective success in improving the health and well-being of all Wisconsinites.

Appendix B: SHIP priority area measures details and sources

Indicator	Source	Data disaggregation	Local data availability
1. Priority area: Economic well-being			
Objective: Invest in an economy that benefits all Wisconsin communities.			
1.1. Income inequality: Ratio of household income at the 80th percentile to income at the 20th percentile	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B19080	Not available	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes. County Health Rankings and Roadmaps also reports county-level data.
Objective: Support the development of jobs that meet the needs of Wisconsin workers and job seekers.			
1.2. Percent of the population ages 16 and over that are in the labor force	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B23025, Table DP03, Table B23001	Data is available by sex, age, race, ethnicity, and other factors.	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes.
Objective: Develop a workforce that meets the current and future needs of Wisconsin's industries and employers.			
1.3. Percent of teens and young adults between ages 16 and 19 who are not employed and not in school	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B14005	Data is available by sex.	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes. County Health Rankings and Roadmaps also reports county-level data.
Objective: Improve financial stability of all Wisconsinites.			
1.4. Percent of children (ages 17 and younger) living below the poverty line	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B17020, Tables B17020A to B17020I	Data is available by age, race, and ethnicity.	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes. County Health Rankings and Roadmaps also reports county-level data.
1.5. Home ownership: Percent of all occupied housing units that are owner occupied	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B25003, Tables B25003A to B25003I	Data is available by race and ethnicity.	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes. County Health Rankings and Roadmaps also report county-level data.
1.6. Median household net worth	U.S. Census Bureau, Wealth and Asset Ownership Data Tables (Analysis of Survey of Income and Program participation data)	Prosperity Now calculates estimates by race and ethnicity for states, though estimates have large margins of error.	No—Prosperity Now does produce modeled estimates of other net worth indicators for counties, cities, and other local geographies.
1.7. Ratio of all women's median earnings to all men's median earnings for full-time, year-round workers (presented as "cents on the dollar")	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B20017, Tables B20017A-B20017I	Data is available by race and ethnicity.	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes. County Health Rankings and Roadmaps also reports county-level data.

Indicator	Source	Data disaggregation	Local data availability
1.8. Percent of households that are unbanked, meaning that no one in the household has a checking or savings account at a bank or credit union	Federal Deposit Insurance Corporation (FDIC) Household Survey	Though data is technically able to be disaggregated by many factors, much of the disaggregated data has very large confidence intervals or is suppressed at the state-level.	No direct data from FDIC is available at local geographies, but Prosperity Now does produce modeled estimates for counties, cities, and other local geographies.
2. Priority area: Supportive systems of care			
Objective: Improve the accessibility and affordability of quality early care and education opportunities that meet the needs of families and caregivers.			
2.1. Percent of children ages 0 to 5 living with parents who had to quit a job, not take a job, or greatly change a job because of problems with childcare for a child (age 0-5 years)	2021 National Survey of Children's Health	Though data is technically able to be disaggregated by many factors, much of the disaggregated data has very large confidence intervals or is suppressed at the state-level.	Not available
Objective: Improve accessibility and affordability of quality care across the lifespan that meet the needs of individuals and caregivers.			
2.2. Number of personal care and home health aides per 1,000 adults ages 65 and older	America's Health Rankings analysis of U.S. Department of Labor, Bureau of Labor Statistics data	Not available	Not available
3. Priority area: Healthy housing			
Objective: Increase the supply of affordable housing that meets community needs.			
3.1. Percent of households that spend 30% or more of their household income on housing costs	U.S. Census, American Community Survey (ACS) 1-Year Estimates, Table B25091 and Table B25070	Data is disaggregated by housing tenure (owner occupied versus renter occupied).	Yes—County, city, and census tract level data is available. Consider using five-year estimates for smaller population sizes.
Objective: Improve systems of support for people seeking to rent or buy a home.			
3.2. Number of individuals that are homeless per 10,000 population; rates calculated using census 2022 annual estimates as the denominator (see source column for details)	Department of Housing and Urban Development (HUD) 2022 Continuum of Care Homeless Populations and Subpopulations Reports - Wisconsin; U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin (SC-EST2022-SR11H-55) and by Age Groups (SC-EST2022-AGESEX-55)	HUD data is available by sheltered versus unsheltered status, household type, race, ethnicity, gender, and other factors.	Only state level HUD data is provided in online reports. Contact your regional HUD Continuum of Care for details on local data availability.
Objective: Improve the quality, safety, and accessibility of housing.			
3.3. Percent of children (less than 6 years old) tested for lead poisoning	Wisconsin Department of Health Services Geographic Information Systems, Wisconsin Childhood Lead Poisoning Data	Data is available by age, race, and ethnicity.	Yes—County and census tract data is available.

Indicator	Source	Data disaggregation	Local data availability
who were determined to be lead poisoned			
4. Priority area: Physical, mental, and systemic safety			
Objective: Build systems that support and protect the physical safety of people and communities.			
4.1. Number of deaths due to firearm per 100,000 population	Centers for Disease Control and Prevention, National Center for Health Statistics; Underlying Cause of Death 2018–2021 on CDC WONDER Online Database; data from the Multiple Cause of Death Files, 2018–2021	Data is available by race, ethnicity, age, and sex.	Yes—County data is available. County Health Rankings and Roadmaps also reports county-level data.
Objective: Build systems that support and protect the mental and psychological safety of people and communities.			
4.2. Number of unique children who were victims of substantiated maltreatment per 1,000 children	Wisconsin Department of Children and Families, Wisconsin Child Abuse and Neglect Report	Data is available by age, race, ethnicity, and sex.	Yes—County data is available.
4.3. Percent of high school students who have ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood	Centers for Disease Control and Prevention, High School Youth Risk Behavioral Survey	Data is available by sex, race, ethnicity, grade, and sexual orientation.	Yes—Wisconsin Department of Public Instruction produces county-level reports for counties that meet certain conditions.
Objective: Build systems and institutions that ensure legal protection from harm for all Wisconsinites.			
4.4. Number of individuals under the jurisdiction of Wisconsin state correctional authorities per 10,000 adult residents; rates calculated using census 2021 annual estimates as the denominator (see source column for details)	Bureau of Justice Statistics, National Prisoner Statistics (NPS) Program, Prisoners in 2021 – Statistical Tables, Table stat01; U.S. Census Bureau, Population Division, Annual State Resident Population Estimates for six Race Groups (SC-EST2022-ALLDATA6)	Data is available by race, ethnicity, and sex.	Though no local data is available through the Bureau of Justice Statistics, some local data can be found on the Wisconsin Department of Corrections Interactive Dashboards.
4.5. Number of juvenile arrests per 1,000 juveniles; juveniles defined as the population between ages 10 and 17; rates calculated using census 2021 annual estimates as the denominator (see source column for details)	Wisconsin Department of Justice, Uniform Crime Reporting (UCR) Arrest Demographics Dashboard; U.S. Census Bureau, Population Division, Annual State Resident Population Estimates for six Race Groups (SC-EST2022-ALLDATA6)	Data is available by race, age, and sex.	Yes—County level data is available via the UCR Arrest Data Dashboard. County Health Rankings and Roadmaps also reports similar county-level data.
4.6. Number of out of school suspensions or expulsions per 1,000 public school students	Wisconsin Department of Public Instruction, WISEdash Data Files by Topic, Discipline File	Data is available by race, ethnicity, sex, grade, economic status, English proficiency, disability status, and migrant status.	Yes—Data is available at the school level and the school district level.

Indicator	Source	Data disaggregation	Local data availability
5. Priority area: Person- and community-centered health care			
Objective: Improve access to health care services for all Wisconsinites.			
5.1. Percent of adults who did not see a doctor in the past 12 months when they needed to because they could not afford it	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System (BRFSS) Prevalence & Trends Data [online].	Data is available by sex, race, ethnicity, age, education, and income, among other factors.	Data for some counties and Wisconsin regions may be available by combining multiple years of data. Contact the Wisconsin Behavioral Risk Factor Survey coordinator for more details.
5.2. Percent of individuals who visited a dental care provider in the last year	Wisconsin Department of Health Services, Division of Public Health, Family Health Survey	Data is available by sex, race, ethnicity, age, education, income, and insurance status, among other factors.	Data for some counties and Wisconsin regions may be available by combining multiple years of data. Contact the Family Health Survey coordinator for more details.
Objective: Ensure that health care services meet the unique needs of all Wisconsinites.			
5.3. Percent of children who went to a health provider in the last year whose parent or caretaker reported that the health provider listened carefully to them very often	Wisconsin Department of Health Services, Division of Public Health, Family Health Survey	Data is available by sex, race, ethnicity, age, education, income, and insurance status, among other factors.	Data for some counties and Wisconsin regions may be available by combining multiple years of data. Contact the Family Health Survey coordinator for more details.
6. Priority area: Social connectedness and belonging			
Objective: Improve community connections, social support, and belonging of all Wisconsinites.			
6.1. Percent of adults who report always or usually getting the social and emotional support they need	Wisconsin Department of Health Services, Division of Public Health, 2020 Behavioral Risk Factor Survey	Data is available by sex, race, ethnicity, age, education, and income, among other factors.	Not available
Objective: Enable the development of supportive interpersonal relationships.			
6.2. Percent of high school students who agree or strongly agree that they belong at their school	Wisconsin Department of Public Instruction, Wisconsin Youth Risk Behavioral Survey 2021 Preliminary Release	Data is available by sex, race, ethnicity, sexual orientation, and grade.	Yes—Wisconsin Department of Public Instruction produces county-level reports for counties that meet certain conditions.
Objective: Support the development of community-based power for all Wisconsinites.			
6.3. Percent of voting age population who voted in the last general election (2022); County-level data calculated using the voting age population estimates provided by the Wisconsin Department of Administration as the denominator (see source column for more details)	Wisconsin Elections Commission, Voter Turnout, Voter Turnout Partisan-NonPartisan Through November 2022 file (state-level data); Wisconsin Elections Commission General Election Voting and Registration Statistics (county-level ballot data); Wisconsin Department of Administration, Demographic Services Center, Population and Housing Unit	Not available	Yes—Number of votes is available by county, municipality, ward, and polling place via Wisconsin Elections Commission General Election Voting and Registration Statistics. Similar data on voter turnout is reported by County Health Rankings and Roadmaps.

Indicator	Source	Data disaggregation	Local data availability
	Estimates, County Final Population Estimates (county-level population data)		
6.4. Percent of all households that self-responded to the 2020 census	U.S. Census Bureau, 2020 Census: Tracking Self-Response Rates Map (state-level estimates); U.S. Census Bureau, 2020 Census Quality Metrics Viewer, Self-Response tab (county-level estimates)	Not available	Yes—County, census tract, and other local geographies are available (see both links in source column). County Health Rankings and Roadmaps also reports county-level data.
6.5. Percent of individuals ages 16 and older who reported that they and their neighbors did favors for each other (like lending tools, house sitting, watching each other's children) during the past year	U.S. Census Bureau, CPS Volunteering and Civic Life Supplement	Data is available by income, education, sex, among other factors.	Not available
7. Priority area: Mental and emotional health and well-being			
Objective: Pursue population-level prevention of and intervention for mental health and substance use issues.			
7.1. Alcohol outlet density: total population per alcohol license	Wisconsin Environmental Public Health Data Tracker, Analysis of Wisconsin Department of Revenue liquor license data	Not available	Yes—County and city/town/village data is available.
7.2. Tobacco retailer zoning ordinances: number of jurisdictions with zoning ordinances to limit tobacco retailers and/or vape shops	Wisconsin Department of Health Services, Division of Public Health, Tobacco Prevention and Control Program Tracking	Not available	For information about local data, please contact your local tobacco alliance or the Tobacco Prevention and Control program.
7.3. Percent of adults reporting 14 or more days of poor mental health per month.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health; Behavioral Risk Factor Surveillance System (BRFSS) Prevalence & Trends Data [online]	Data is available by sex, age, race, ethnicity, age, education, and income, among other factors.	Data for some counties and Wisconsin regions may be available by combining multiple years of data. Contact the Wisconsin Behavioral Risk Factor Survey coordinator for more details.
7.4. Number of drug poisoning deaths per 100,000 population	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018–2021 on CDC WONDER Online Database; Data are from the Multiple Cause of Death Files, 2018-2021	Data is available by race, ethnicity, age, and sex.	Yes—County data is available. County Health Rankings and Roadmaps also reports county-level data.
Objective: Increase accessibility of mental health and substance use intervention and recovery services.			
7.5. Percent of children ages 3 to 17 who needed mental health care but faced difficulties getting mental health treatment or counseling	2021 National Survey of Children's Health	Though data is technically able to be disaggregated by many factors, much of the disaggregated data has very	Not available

Indicator	Source	Data disaggregation	Local data availability
		large confidence intervals or is suppressed at the state-level.	
Objective: Support the delivery of mental health and substance use prevention and treatment services that meet the unique needs of all Wisconsinites.			
7.6. Percent of individuals who received mental health services who reported being satisfied with the mental health services they received	Wisconsin Department of Health Services, Division of Public Health, Family Health Survey	Data is available by sex, race, ethnicity, age, education, income, and insurance status, among other factors.	Data for some counties and Wisconsin regions may be available by combining multiple years of data. Contact the Family Health Survey coordinator for more details.

Appendix C: Public health frameworks crosswalk with SHIP priorities

State Health Improvement Plan (SHIP) components		Foundational Public Health Services	Wisconsin Admin. Code ch. DHS 140
Foundational Shifts	Institutional and systemic fairness	Equity (Foundational Capability); Policy development and support (Foundational Capability)	Policy and planning (level 1–3)
	Representation and access to decision making	Equity (Foundational Capability); Community partnership development (Foundational Capability); Policy development and support (Foundational Capability)	Policy and planning (level 1–3)
	Community centered resources and services	Community Partnership Development (Foundational Capability)	Population health aspects of various requirements (level 1–3)
Priority Areas	Social and community conditions	Communicable disease control (Foundational Area); Chronic disease and injury prevention (Foundational Area); Maternal, child, and family health (Foundational Area)	Communicable disease control (level 1–3); Other disease prevention (level 1–3)
	Economic well-being	Emergency preparedness and response (Foundational Capability); Environmental public health (Foundational Area)	Emergency preparedness and response (level 1–3)
	Supportive systems of care	Maternal, child, and family health (Foundational Area)	
	Healthy housing	Environmental public health (Foundational Area); Emergency preparedness and response (Foundational Capability)	Emergency preparedness and response (level 1–3); Human health hazard control (level 1–3); Environmental health program (level 2–3)
	Physical, mental, and systemic safety	Chronic disease and injury prevention (Foundational Area); Maternal, child, and family health (Foundational Area)	Human health hazard control (level 1–3)
	Person and community centered health care	Access to and linkage with clinical care (Foundational Area); Maternal, child, and family health (Foundational Area); Communicable disease control (Foundational Area); Chronic disease and injury prevention (Foundational Area)	Health promotion (level 1–3)
	Social connectedness and belonging	Community partnership development (Foundational Capability)	Health promotion (level 1–3)
	Mental and emotional health and well-being	Chronic disease and injury prevention (Foundational Area); Maternal, child, and family health (Foundational Area); Access to and linkage with clinical care (Foundational Area)	Health promotion (level 1–3); Other disease prevention (level 1–3)
SHIP Implementation		Community Partnership Development (Foundational Capability); Assessment and Surveillance (Foundational Capability); Organizational Competencies (Foundational Capability); Communications (Foundational Capability); Equity (Foundational Capability)	Surveillance and investigation (level 1–3); Conduct quality improvement (level 2–3); Health promotion (level 1–3); Leadership and organizational competencies (level 1–3); Public health nursing services (level 1–3)

Appendix D: Identifying root causes of health and well-being tool

Health and well-being outcomes are influenced by many different downstream and upstream factors, from individual situations to high level policies, systems, and environments. A root cause analysis is a common process used to identify foundational, complex, and seemingly unrelated factors that influence specific health and well-being outcomes. Identifying the root cause(s) of an issue helps determine opportunities and actions that may be taken to improve future outcomes. You might use a root cause analysis to understand how any health and well-being issues in your community relate to the SHIP priorities.

Step 1—Define the issue: What does the health and well-being issue you wish to examine look like in your community? Collect the qualitative and quantitative data you need to describe the issue in a sentence. This "problem statement" should be specific enough as to not have an overwhelming number of related factors, but not so narrow that it limits improvement possibilities.

Example problem statement: Seasonal flu activity is very high in my community.

Step 2—Determine the factors that cause the issue: This step is often called "the five whys." Starting with your problem statement, repeatedly ask "why did or does this happen?" until you reach the root cause(s). If multiple significant factors are identified when asking the initial question of why the identified problem happened, you may follow multiple chains of whys. The process is called the five whys because experts recommend five rounds of questioning to reach the root cause, though it may actually take more or fewer than five rounds. Regardless, it will take several rounds of questioning to uncover the root cause of an issue.

Example: *Why* is seasonal flu activity high? Because people aren't staying home when they're sick. *Why***?** Because they need to go to work. *Why?* Because they can't afford to miss out on pay. *Why?* Because they don't have paid sick time. *Why?* Because there isn't a state law requiring employers to provide paid sick time.

Step 3—Identify the issue's root cause(s): After enough rounds of whys, you will identify one or more upstream factors that are the root causes of the issue you identified. These root causes become your improvement targets.

Example: The absence of a law requiring paid sick time is identified as an actionable root cause of high community seasonal flu activity.

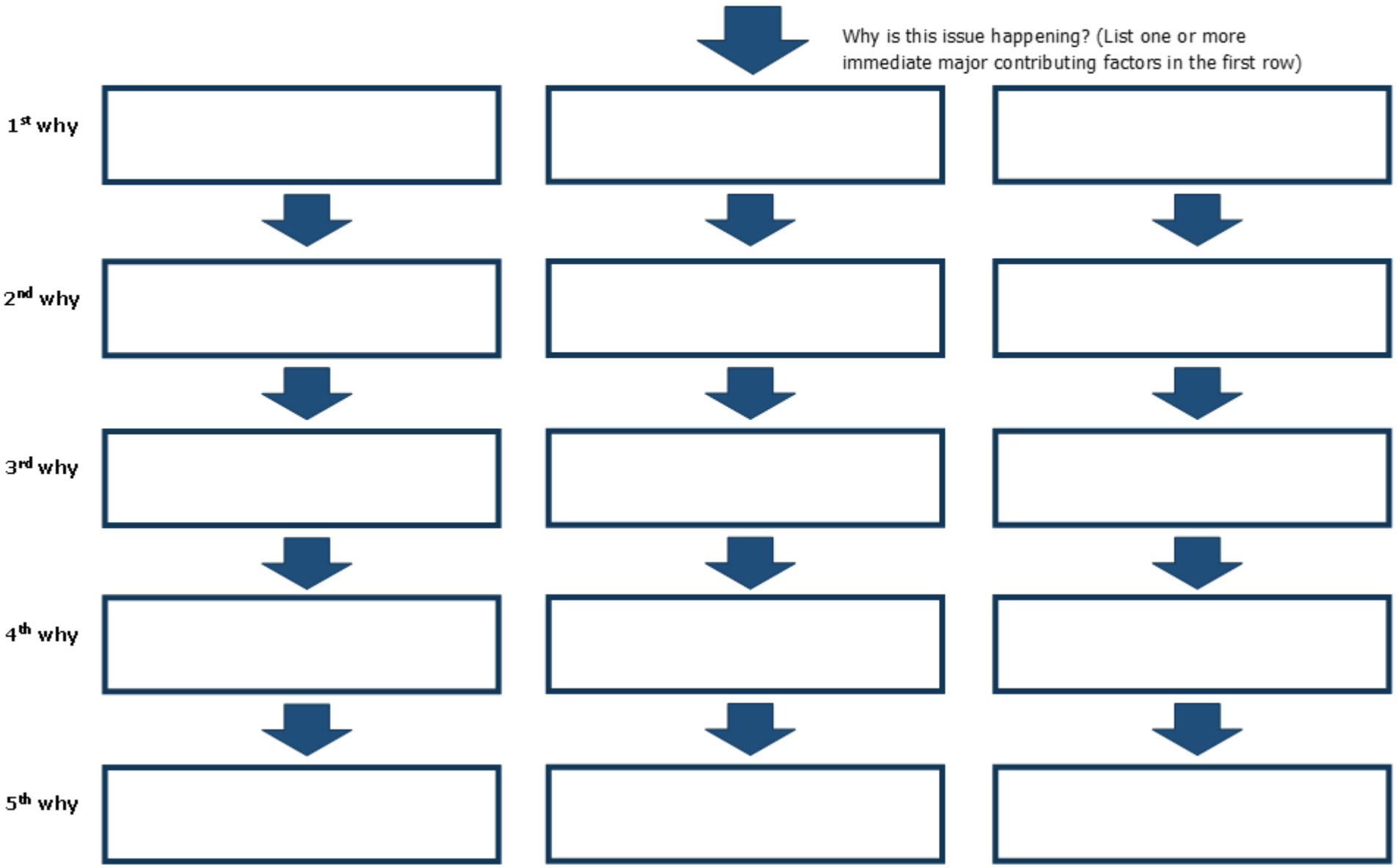
Step 4—Identify strategies to address the root cause(s): For your improvement targets (root causes), we encourage you to utilize resources, including the SHIP Implementation Plan, to identify evidence-based best practices and emerging promising practices that aim to address them. In the SHIP Implementation Plan, the strategies and sample activities listed for each priority area are examples of these best and emerging practices. Appendix E contains additional sources of strategies. Strategies should be adapted and implemented as appropriate for your community or setting.

Example: Refer to resources, including the SHIP economic well-being priority area details, for more information and strategies around paid sick time legislation.

Step 5—Track and evaluate improvement efforts: Identify and track process and outcomes measures, as appropriate, that are related to the implementation of improvement strategies. Use these measures to determine how well your improvement efforts are working, including whether they are addressing health inequities, and where changes might be made to make strategies more effective.

Example: Track the percent of employees in the state covered by paid sick time laws (process measure) and seasonal flu rates (outcome measure).

Problem statement:



Appendix E: SHIP priority alignment mapping tool

How to use this template

Current alignment:

1st column: List your team's current programs, activities, and/or priorities.

2nd column: List SHIP priority(ies) that in some way connect(s) to the program/activity/priority.

3rd column: Describe how the named program/activity/priority aligns with the selected SHIP priority area. Alignment may range from deep to tangential.

**Note: items in columns B and C may get repetitive across programs and activities; this is okay and helps to identify alignment.

(Optional) Future alignment:

4th column: Assuming a world without barriers and resource restrictions, describe potential ways your project or activity could more deeply address or be integrated with the selected SHIP priority.

5th column: What resources (for example, time, funding, staff), supports (for example, subject matter expertise), system changes, etc. would you need to achieve deeper connections between the proposed future program or activity and the selected SHIP priority.

State Health Improvement Plan (SHIP) Work Alignment and Planning				
Current alignment			**(Optional) Potential Future alignment**	
Program/activity/priority	*SHIP priority(ies) aligned with the work*	*How does the program/activity/priority align with this SHIP priority area?*	*What are potential ways in which SHIP priorities area work be further addressed through this existing program/activity?*	*What supports are needed to achieve expansion?*

Appendix F: Additional resources

What Works for Health: This is a database of policies and programs to address community priorities. Each item includes an evidence rating and other details related to expected policy/program benefits and potential impact on health disparities. The database is curated by County Health Rankings and Roadmaps.

Governor's Health Equity Council Report: The full report, titled "Building a Better Wisconsin: Investing in the Health and Well-being of Wisconsinites," describes the 20 recommendations to improve health equity adopted by the Governor's Health Equity Council. The report also contains information about the roots of health inequities and the pressing need to address them.

BARHII Framework: This framework, developed by the Bay Area Regional Health Inequities Initiative (BARHII), visualizes the cross-sectoral connectivity of upstream and downstream health factors and outcomes.

Policy System and Environmental Change Overview: This training course provides an overview of policy, systems, and environmental change strategies, why they are important and how to get started. The State Health Plan Team utilizes a policy, system, and environmental change (PSE change) approach to all efforts and initiatives. Many public health practitioners rely on PSE change as a critical tool to improve equity and health outcomes.

APHA Narrative Change Policy and Practice Brief: This resource walks the reader through policy and practice examples from across the country and provides a basic introduction to existing public narratives, why they are an important step towards achieving equitable health outcomes, and how they can shift.

Public Health 3.0: The Public Health 3.0 is a collaborative model that emphasizes the social determinants of health. It was developed by health practitioners to improve on past strategies that primarily focused on the work of health care and governmental health agencies. These resources from the National Association of County and City Health Officials (NACCHO) describe Public Health 3.0's five recommendations in action.

Collective Impact: Collective impact is a model that brings people together in a structured way to achieve social change. It represents a network of community members, organizations, and institutions who advance equity by aligning and integrating their actions to achieve population and systems level change.

ASTHO Health-in-All Policies (HiAP) Resources: The Association of State and Territorial Health Officials' (ASTHO) HiAP resources include reports, policy guides, tools, success stories, and briefs. ASTHO provides resources to support states and territories in their efforts to implement HiAP strategies.

HiAP Guide for State and Local Governments: This guide was created by the public health facilitators of the California Health in All Policies Task Force and is geared toward state and local government leaders engaging in intersectoral collaborations.

HiAP Evaluation Guidance for Local Health Departments: This evaluation tool by the National Association of County and City Health Officials (NACCHO) aims to provide LHDs, local government staff, and other community-based organizations with example metrics to help build an evidence base for HiAP practice. New iteration of the guidance is expected to be published in late fall of 2023.

Additional root cause analysis resources: From the Public Health Foundation (Solve the Real Problem Using Root Cause Analysis), and from the Minnesota Department of Health (Root Cause Analysis Toolkit).