

## Wisconsin Summary

### Background

Wisconsin's program integration efforts date back to 2002 with the formation of the Division of Public Health (DPH) Program Integration (PI) Work Group. The configuration became more formal when two bureaus merged in 2004 to form the Bureau of Community Health Promotion (BCPH). The main impetus for the integration work was the recognition that there were many similarities among programs: common partners and stakeholders; burden of disease documents; statewide plans of action; implementation plans; focus on special populations; and a link to the Wisconsin State Health Plan, *Healthiest Wisconsin 2010*.

### Strategic Direction

*The aim of the Wisconsin Program Integration Demonstration Project (PIDP) is to create an organizational culture where program integration is the norm. This will be accomplished through focusing on: policies aimed at creating healthier environments that will help achieve measurable public health outcomes; an increased emphasis on partnerships and collaboration to help leverage categorical resources to achieve common goals shared by different chronic disease programs; and increased internal communication and activity.*

The structure of the Integrated Work Plan (IWP) was based on recommendations from a National Association of Chronic Disease Directors (NACDD) State Technical Assistance Review (STAR) team visit. **The IWP was developed around six key elements or goals:**

**Epidemiology and Surveillance** – The intent is to develop an integrated risk factor report focused on modifiable behavioral risk factors, and leadership is provided by the Epidemiology and Surveillance Ad Hoc Subcommittee. Wisconsin is funded for the Common Ground initiative and aims to use this project to better integrate data sources being used.

**Partnerships** – The intent is to bring the right partners at the table, particularly as it relates to policy development; and to engage these partners more effectively in addressing chronic disease.

**Interventions** – One intent is to develop working definitions for policy, systems and environment that staff “buy in to,” as programs continue to implement best practices aligned with policy, system and environment interventions.

**Program Integration** – The intent is to establish a BCPH framework with key messages that promote program integration across the life span. The Bureau has adopted the Healthy People at Every Stage of Life Framework and developed 5 key messages for inclusion in all chronic disease prevention programs and external partners.

**Evaluation** – BCPH is working closely with the University of Wisconsin-Madison Population Health Evaluation Team to establish baseline measures for the program integration project that will satisfy the needs of both the Division of Public Health and the CDC.

**Program Management and Administration** – The intent is to focus on the elimination of barriers to prevent joint program funding; as well as improving internal communication, around program integration, among internal staff, and with external partners.