

# HEALTH & WELL-BEING INSTITUTE SHARED OUTCOMES

## Framing:

The Health and Well-Being Institute strives to create opportunities for health for all Wisconsin residents at every stage of life. Working in collaboration with state, local and community partners, we work to catalyze positive change in Wisconsin families through educational programming; policy, systems and environmental change; and coalition work focused on nutrition, physical activity, food security and safety, chronic disease prevention, mental health promotion and substance abuse prevention.

We define health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1978).

Our work is anchored in an equity framework. Concretely, this means:

- We center the voices and priorities of those most impacted by health inequities.
- We commit to developing our work in authentic partnership with impacted communities.
- While we strive to create opportunities for health for all Wisconsin residents, we prioritize improving outcomes for those communities most impacted by health inequities.
- We integrate culturally-responsive and linguistically-appropriate approaches, strategies, interventions, materials and resources.

## *Key definitions ...*

**Health disparities** are population-based differences in health outcomes. (*Minnesota Department of Health, 2015*)

**Health inequities** are health disparities based on unfair, socially-determined circumstances (e.g. American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods). Because health inequities are socially determined, change is possible. (*Minnesota Department of Health, 2015*)

**Health equity** means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. (*Braveman P., Arkin E., Orleans T., Proctor D., Plough A., 2017. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation.*)

**Healthy Eating & Active Living OUTCOMES** (includes FoodWise)

*Create opportunities for improved healthy eating and active living, prioritizing communities most impacted by inequities.*

	<b>Short-Term Outcome</b>	<b>Medium-Term Outcome</b>	<b>Long-Term Outcome</b>
<b>Individual &amp; Community Education</b>	<p>Increase understanding of the impact of nutrition and physical activity on physical and behavioral health.</p> <p>Increase participants' knowledge of healthy eating and intent to make healthy food choices.</p> <p>Increase participants' knowledge of food resource management strategies and intent to purchase healthy food on a budget.</p> <p>Increase participants' knowledge of food safety best practices and intent to use food safety practices at home.</p> <p>Increase participants' knowledge of and intent to be physically active and/or less sedentary.</p>	<p>Increase in healthy dietary changes.</p> <p>Increase in practice safe food handling and preparation techniques at home.</p> <p>Increase in food resource management behaviors.</p> <p>Decrease in sedentary behaviors.</p> <p>Increase in the duration, frequency and intensity of physical exercise.</p> <p>Improved muscle strength, flexibility and endurance.</p> <p>Achieve physical activity recommended levels.</p> <p>Improved management of chronic disease.</p> <p>Increase in friendships and meaningful social connections.</p> <p>Increased self acceptance, cognition, mastery, growth, attitude, and mood.</p>	<p>Individuals sustain safe food handling practices and healthy eating behaviors for optimal health.</p> <p>Individuals sustain active lifestyles.</p> <p>Improved food security.</p> <p>Population reduction in foodborne illness.</p> <p>Reductions in diet- and physical activity-related chronic disease incidence and prevalence (e.g., cancer, diabetes, hypertension, depression, obesity).</p> <p>Increase in measures of belonging, cognition, and self acceptance.</p> <p>Reduction in health care costs (e.g., medication, hospital stays).</p> <p>Improved physical and mental health outcomes.</p> <p>Reduction in health inequities.</p>
<b>Settings (communities, institutions, environment)</b>	<p>Increase in partnerships to promote food security, healthy eating and active living, prioritizing communities most impacted by health inequities.</p>	<p>Adoption and implementation of positive food security, healthy eating and active living policies and systems changes to settings as informed by community</p>	<p>Increase in adoption and maintenance of organizational policies to support healthy eating and active living.</p>

	<p>Identify readiness and opportunities to promote food security, healthy eating and active living via community assessments.</p> <p>Increase in number of organizations trained in best practices for food security, healthy eating and active living.</p>	<p>assessments.</p> <p>Improved access, availability and affordability of healthy food choices where people eat, live, learn, play, work, shop, and pray. Settings become compatible with the health behaviors people want to practice.</p> <p>Improved access, availability and affordability of active living opportunities. Settings become compatible with the health behaviors people want to practice.</p> <p>Increase in collaborative efforts to promote food security, healthy eating and active living.</p>	<p>Community environments offer healthy food that is available, accessible, affordable and culturally-appropriate.</p> <p>Community environments support active living.</p> <p>Increase in sustainable food systems.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Behavioral Health OUTCOMES

*Create opportunities for improved behavioral health, prioritizing communities most impacted by inequities.*

	<b>Short-Term Outcome</b>	<b>Medium-Term Outcome</b>	<b>Long-Term Outcome</b>
<b>Individual and Community Education</b>	<p>Increase self-awareness of experience and range of emotions.</p> <p>Increase ability to identify coping strategies including stress management, self-care, developing a support network and accessing community resources in times of need.</p> <p>Increase knowledge of substance use trends and risk factors.</p> <p>Increase knowledge of protective factors and concrete steps to build them in oneself and others.</p> <p>Increase knowledge of resources to support substance use disorders and promote mental health.</p> <p>Increase in awareness of the impact of Adverse Childhood Experiences (ACEs) and toxic stress among community members, family-serving agencies, elected officials and other stakeholders.</p>	<p>Increase or maintenance in the use of positive self-management practices (self care and wellbeing activities).</p> <p>Increase or maintainance of belonging, social support and social connectedness.</p> <p>Reduce youth risky substance use.</p> <p>Reduce individual stigma associated with mental health and substance use disorders.</p>	<p>Reduction in rates of fair/poor health.</p> <p>Increase resilience and ability to cope with challenges.</p> <p>Decrease in suicide attempts.</p> <p>Decrease in substance use disorders.</p> <p>Decrease in drug overdose deaths.</p> <p>Reduce stigma of mental health at the community level.</p> <p>Increase in utilization of treatment and recovery services for mental health and substance use disorders.</p> <p>Reduction in health care costs.</p> <p>Reduction in behavioral health inequities.</p>
<b>Settings (communities, institutions, environment)</b>	<p>Increase number of organizations trained in best practices in mental health.</p> <p>Increase in partnerships to promote positive mental health strategies.</p>	<p>Increase in organizations or changes in organizations that provide well-being support and education.</p> <p>Increase in collaborative efforts to address mental health and substance</p>	<p>Increase in adoption of organizational policies that strengthen mental health and/or substance abuse primary prevention best practices.</p> <p>Decrease in the level of childhood</p>

	<p>Increase in knowledge of concrete steps that build protective factors among family serving professionals, schools and other agencies.</p> <p>Initiate community engagement processes to identify readiness and opportunities to promote positive mental health.</p>	<p>abuse prevention.</p> <p>Increase in organizations and providers practicing trauma-informed care principles and policies.</p>	<p>adversity within communities.</p> <p>Increase in availability of resources to support treatment and recovery for mental health and/or substance use disorders.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Coalition & Capacity Building OUTCOMES

	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
<b>Individual (coalition members &amp; partners)</b>	<p>Increase in individual awareness and knowledge of the impact of health inequities and the social determinants of health and opportunities to foster community health.</p> <p>Increase the number of individuals trained in collaborative leadership skills and health equity frameworks for effective coalition building, particularly from communities most impacted.</p> <p>Increase in individual capacity to act/ confidence in ability to affect community-level change.</p>	<p>Increase in number of community champions affecting health inequities and supporting community health and well-being.</p> <p>Coalition members are consistently applying:</p> <ul style="list-style-type: none"> <li>● Collaborative leadership skills</li> <li>● Communication skills</li> <li>● Planning for action skills</li> <li>● Community engagement skills</li> </ul> <p>Coalition membership reflects those most impacted by health inequities.</p> <p>Coalition members are able to name and discuss bias and assumptions, build a practice of cultural humility, and deepen understanding of individual assumptions and their relationships to structural bias and inequities.</p> <p>Increased coordination between individual education and environmental efforts that support health.</p>	<p>Coalitions are led by people most impacted by health inequities.</p> <p>Coalitions are effective in advocating for PSE changes that advance health equity.</p> <p>Effective leadership for enhanced community health outcomes.</p>
<b>Settings (communities, institutions, environment)</b>	<p>Power is understood as a root cause of health inequities in community.</p> <p>Coalition members are able to describe their ability (or inability) to exercise power (ability to act).</p> <p>Identify community stakeholders and</p>	<p>Power is defined by and shared with those most impacted by health inequities.</p> <p>Coalition members are able to map power across stakeholder networks and leverage that information to strengthen coalition capacity.</p>	<p>Culture and environment is shaped by those most impacted by inequities.</p> <p>Public narrative moves beyond a focus on health care and individual behavior and reflects language centering the voices and experiences of those most impacted.</p>

	<p>organizational partners, with attention to serving communities most impacted.</p> <p>Increase partnerships' readiness for action.</p>	<p>Coalitions develop charters/ organizational structures and/or agreements.</p> <p>Increase in community coalition capacity to affect change.</p> <p>Adoption and implementation of policies, systems and environmental changes that address systemic and historical inequities.</p> <p>Active partnerships further community level changes that promote healthy behaviors and reduce health inequities.</p>	
<p><b>Sectors of influence</b></p>	<p>Increased community capacity through multi-sector partnerships.</p> <p>Multi-sector partners are actively engaged in coalition activities.</p> <p>Coalition activities are coordinated and aligned for maximum potential impact on health and well-being.</p> <p>Coalitions invest in communities most impacted by prioritizing time, energy, and resource coordination to maximize impact.</p> <p>Extension serves as a link to evidence/practice based strategies and/or research partners in coalition.</p>	<p>Increase in organizational capacity to act/ability of coalition to impact policies, system and environmental changes for health and well-being, etc.</p> <p>Improved access, availability and affordability of health and well-being opportunities/environments where people eat, live, learn, play, work, shop, and pray.</p> <p>Settings are aligned to the priorities of communities most impacted by inequities.</p> <p>Increase in shared action that includes collaboration, organizing and advocating for community health, particularly in communities most impacted.</p>	<p>Institutionalization of evidence-based policies and guidelines that remove barriers, change environments and create conditions to support healthy eating/physical activity/behavioral health, etc.</p> <p>Systemic support for health and well-being demonstrated by multi-sector resource investments in health.</p> <p>Greater health equity.</p>