

Wisconsin's Strong Rural Community Initiative

Discussion Paper #1: Statewide Support for Business Sector to Expand Wellness Initiatives

Proposal Accepted by the Rural Health & Economic Development Forum on April 10th, 2008

This paper is the first in a series of five discussion papers with policy recommendations promised by the Strong Rural Communities Initiative as a deliverable in commitments made to its major funders—the Wisconsin Partnership Fund and the Wisconsin Office of Rural Health at the University of Wisconsin and the Healthier Wisconsin Partnership Fund at the Medical College of Wisconsin.

This discussion paper benefited from the input of members of the Rural Health & Economic Development Forum, the Rural Health Development Council, & the Strong Rural Communities Initiative Steering Committee. The paper was drafted by a volunteer work group consisting of Syed Ahmed, Byron Crouse, John Eich, Eric Gass, Kevin Jacobson & Tim Size (Chair).

Executive Summary

The Rural Health & Economic Development Forum supports the following recommendations to enhance statewide support for the business sector to expand wellness initiatives. As appropriate and as resources are available, it is hoped that action will be taken by both the Forum as well as related organizations and members:

- #1. Continue the SRCI Steering Committee
- #2. Publicly Recognize Local Community Partnerships
- #3. Facilitate a Diversified Set of Interventions
- #4. Promotes Use of Wisconsin Worksite Wellness Resource Kit
- #5. Drive Employee Wellness Link to Community Development

Background of the Strong Rural Communities Initiative

The Strong Rural Communities Initiative (SRCI) is sponsored by the Rural Health Development Council (RHDC). RHDC works to link rural health and community development, members are appointed by the Governor, confirmed by the Senate, and staffed by the Wisconsin Office of Rural Health (WORH). Consequent to strategic planning sessions in early 2004, SRCI was designed to support Healthiest Wisconsin 2010 by implementing sustainable rural models for medical, public health, and business collaboration to enhance preventive health services in rural Wisconsin. Business partners or participants in the SRCI context includes both public and private sector employers.

SRCI knows that rural counties are predicted to have worse health status given unfavorable aggregate rankings related to smoking, exercise, education, jobs and income, and in fact they do have worse health status. [University of Wisconsin's "Wisconsin County Health Rankings for 2006."]

SRCI believes that "if we can change lifestyles, it will have more impact on cutting costs than anything else we can do." [Larry Rambo, CEO, Humana Wisconsin and Michigan] and that "businesses will move to where healthcare coverage is less expensive, or they will cut back and even terminate coverage for their employees. Either way, it's the residents of your towns and cities that lose out." Thomas Donohue, President & CEO, U.S. Chamber of Commerce]

SRCI believes that “Rural communities must reorient their health quality improvement strategies from an exclusively patient- and provider-centric approach to one that also addresses the problems and needs of rural communities and populations.” [From the Institute of Medicine’s *Committee on the Future of Rural Health Care. Quality through collaboration: the future of rural health care*; National Academies Press; 2004.]

As a result of the SRCI process, RHDC reached out to include a broader range of participants; the following is from the WORH web site: “There is a documented linkage between rural economic development and availability of quality rural health services to attract, sustain, and retain a healthy productive rural business workforce. There a number of public, quasi-public and private entities in Wisconsin whose key responsibilities deal with one or more elements of rural health development and/or economic development, and who make both unique and complementary contributions to both sectors. Some of these entities have well-designed, effective linkages with collaborative entities within or between the sectors. Others may be just arriving at an awareness of the value of this kind of collaboration. As a result, there are missed opportunities, unattended needs and inadvertent consequences that a representative and collaborative body could help identify and address.”

“The Rural Health and Economic Development Forum (Forum), which grew out of RHDC in 2007, is an opportunity for these organizations to share information on their work in economic development and rural health. As it develops, the Forum will go beyond this stage and develop policy recommendations that reflect members’ shared goals and help to achieve its mission: *To optimize the health of rural citizens and the economic wellbeing of rural communities by identifying, enabling and advocating actions which add value to both.*”

In 2005, through a statewide competitive process, RHDC chose six local community programs from among 22 proposals and was able to secure grant funding for three years for each project. The SRCI with the Center for Healthy Communities (CHC) as an academic partner at the Medical College of Wisconsin (MCW) acquired funding for three years, 2006-2009 from the Healthier Wisconsin Partnership Program for community partners in Langlade, Manitowoc and Waupaca Counties.

With the WORH as an academic partner at the University of Wisconsin School of Medicine and Public Health (UWSMPH), funding was acquired for community partners in Jackson, Sauk and Sawyer Counties for three years, 2006-2009. First year funding was allocated from the Wisconsin Rural Hospital Flexibility Program by the WORH and funding from the Wisconsin Partnership Fund for a Healthy Future was obtained for the second and third years.

As part of the MCW and UWSMPH grants, the RHDC agreed to pursue a “policy development” agenda to **“Identify and promote statewide public policies to support collaboration among rural medical, public health, and business partners.”** With a one year research grant from the Robert Wood Johnson Health & Society Scholars Program at the UWSMPH, the RHDC agreed to focus its policy development efforts in these five areas:

1. Statewide Support for Business Sector to Expand Wellness Initiatives
2. Insurance Products that Incent Prevention
3. Stop the Blame Game, Address Root Causes
4. Address Small Businesses that are Small
5. Make Change with What We Have

SRCI Lessons Learned to Date from Evaluation of the Six Community Pilots

The Center for Health Systems Research and Analysis at the UWSMPH offered the following recommendations based on their evaluation of the first year of the three pilots funded by the Wisconsin Partnership Fund for a Healthy Future:

- Programs would benefit from on-going support from the RHDC or its agents (ORH, others). Technical assistance, as would support to facilitate the sharing of ideas, challenges, and strategies across communities. Financial support will be important to help communities firmly establish their SRCI programs as self-sustaining programs.
- The SRCI model should be refined, to take into account learning from the early phase of implementation and to increase the likelihood of on-going success. Model refinements should emphasize the active engagement of businesses and the general community.
- RHDC and ORH should support on-going evaluation activities. We recommend repeated surveys of participants using the tool developed for this evaluation, as well as the addition of cost-benefit analysis. This will be important to help communities target areas for improvement, to demonstrate the concrete benefits of the program, and generate on-going support for it.

The CHC at MCW performed an evaluation of the first year of the three pilots funded by the Wisconsin Partnership Fund for a Healthy Future. They consider this a first step in a long-term process to understand local collaborations, identify best practices, and work with Wisconsin rural communities to implement worksite wellness, or other health related programs. They plan to follow up their initial survey toward the end of Year 3 of the initiative, to see if participants report more achievement of partnership outcomes as the collaborations have more time to work together. Based on their initial findings, they concluded the following:

Areas of Strength

- Trust among partners
- Active participation among partners and acceptance of other's perspective
- Clear mission and goals for the partnership
- Established roles for each partner
- Achievement of short-term goals
- Using outcomes to develop future efforts
- Sense of collaborative accomplishment
- Creation of new relationships
- Feeling that worksite wellness programs improve health

Areas of Potential Improvement

- Improve clear, honest, and open communication
- Timeliness of task completion
- Inclusion of high-level, visible leaders
- Accumulation of adequate resources

- Measurement and achievement of long-term goals
- Lack of shared decision-making
- Active recruitment of new, diverse members
- Increase policy change efforts
- Increase pride, awareness, and publicity of SRCI programs
- Increase attractiveness of community through health programs
- Inclusion of participant's families in health programs

Approaches to Enhance “State Support for Business Sector to Expand Wellness Initiatives”

Four alternate approaches have been considered by the Forum to enhance “State Support for Business Sector to Expand Wellness Initiatives” They include, modeling a Policy after the:

1. Wisconsin Main Street Program
2. Wisconsin Worksite Wellness Resource Kit
3. “Healthy Communities” Movement
4. New or Hybrid Approach

Model a Policy after the Wisconsin Main Street Program?

Approach

“The Wisconsin Main Street Program is a comprehensive revitalization program designed to promote the historic and economic redevelopment of traditional business districts in Wisconsin. The Main Street Program was established in 1987 to encourage and support the revitalization of downtowns in Wisconsin communities. Each year, the Department of Commerce selects communities to join the program. These communities receive technical support and training needed to restore their Main Streets to centers of community activity and commerce.”

Pros

- National Main Street's Eight Principles are very consistent with the principles embedded in SRCI:
 1. Comprehensive Four-Point Approach
 2. Incremental Process
 3. Quality
 4. Public and Private Partnership
 5. Changing Attitudes
 6. Focus on Existing Assets
 7. Self Help Program
 8. Action Oriented
- Is a known and respected approach in Wisconsin, particularly with many in the business community.

- Does not offer a “cookie cutter” solution but technical assistance for local group to find local solutions to local problems based on local values and priorities.
- Is not based on having a pot of money to handout; the value added is as noted above, access to subsidized technical assistance.
- It might be possible to “piggy back” onto Mainstreet. This would not get SRCI as far as an independent program but will get wider exposure of ideas faster than creating something new. If the goal is to have lots of programs everywhere then pursuing a Mainstreet based program is a great idea. However, if the idea is to get small businesses and communities putting the proven strategies to work then piggy backing makes more sense.
- *Cons*
- Another large scale program like Main Street would be very expensive. Less applicable as Wisconsin’s Main Street Community program was able to get started based on the proven success of the model in other states and training materials made available to it.
- Less applicable as Wisconsin benefits from the ongoing networking available through the National Main Street Community program
- Given the Main Street Program’s mission, adding a SRCI agenda to it would not be feasible.
- SRCI would probably require major political support to get support for General Purpose Revenue dollars to establish a program comparable to that of the Main Street Program
- Health and wellness has not been a focus of Main Street Programs and the technical support that currently exists would not be able to support health and wellness initiatives (this may be the thrust of bullet three, but it should be more explicit.

More information on the model is available in the Appendix.

Model a Policy after Wisconsin Worksite Wellness Resource Kit?

Approach

“The New Worksite Wellness Resource Kit (Sept. 2007) is a tool to assist worksites with implementing strategies that have been proven to be effective. The second edition of the Kit provides additional information based on feedback from pilot users during the past year. The Kit provides information to implement a broad range of strategies or programming: some will require very little or no resources while other strategies may require considerable resources. The Kit shows you ways to get started and make a difference in the health of your employees, regardless of the size of your worksite and its available resources.” From <<http://dhfs.wisconsin.gov/>>.

A 2008 survey of the toolkit has been completed by a University of Wisconsin MPH graduate student, Abiola Keller. The limited number of potential respondents who could be described as small employers, typical of those found in rural communities, left her to conclude that the “utility for smaller employers needs to be further explored.”

Pros

- The Kit exists and employers can modify it to the own circumstances.
- On going support and promotion by the Wisconsin Department of Health & Family Services.
- Additional networking through the Wisconsin affiliate of Wellness Councils of America (WELCOA)
- The State has begun to reach out to “extenders” such as public health departments, hospitals and medical groups that may have an interest in using the Kit to work with local employers.

Cons

- Unclear utility for smaller employers, typical of rural Wisconsin, with out onsite Human Resource support.
- Would require funding to convert the ‘lessons learned’ from the SRCI into the Worksite Wellness Resource Kit.
- Could limit the engagement of the public health sector in this type of initiative? Focused efforts would need to be made to engage the public health sector in the business environment and workplace setting and not limit the partnership to the business and healthcare sectors (the next bullet also gets at this)
- The “Worksite Wellness Resource Kit” seems too focused on the business sector. While “wellness” is the target, it may be difficult to integrate the public health sector and the health sector actively in the program.
- Relies on individual employers to take the initiative and implement a wellness program on their own. There is apparent value in a community wide approach with a certain degree of hands on guidance and assistance by a community health care facility or organization (hospital, public health, etc.)

More information on the model is available in the Appendix.

Model a Policy after the “Healthy Communities” Movement?

Approach

There are many definitions of a healthy community. The Healthy People 2010 strategy describes a healthy community as one which include those elements that enable people to maintain a high quality of life and productivity. Some of the elements described in Healthy People in Healthy Communities A Community Planning Guide Using Healthy People 2010, include access to health care services that focus on both treatment and prevention for all members of the community; a safe community; the presence of roads, schools, playgrounds, and other services to meet the needs of the people in that community; and a healthy community has a healthy and safe environment. The Centers for Disease Control defines healthy communities in its Designing and Building Healthy Places page as “A

community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

The modern Healthy Communities movement started in 1986 with the Ottawa Charter of the World Health Organization. The goal was to build capacity for health within communities. The focus is not solely on physical infrastructure or local institutions, but on understanding basic human needs. The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity

The United States does not have universal federal healthcare; thus, state-level governments play a large role in providing services. Based upon this healthcare and governmental structure, experts have offered suggestions to help the Healthy Communities movement gain traction in the U.S.:

- Understand Federal Devolution (Healthy communities movements are more successful when the momentum comes from the local, grassroots level.)
- Demonstrate community benefit: Healthcare institutions, primarily non-profits, must demonstrate community benefit to maintain tax exempt status. (BlueCross BlueShield funds).
- Understanding that community health and prevention are essential in the managed care environment.
- Community mobilization.

WHO has outlined a series of steps for communities to follow when developing a healthy communities program. The program includes input from all sectors of the community. It is built on the philosophy that communities are more than bricks and mortar, but are dynamic, people-oriented, and inclusive of all races, income levels, and status in the community:

- Getting Started
 - ☐ Build support group
 - ☐ Understand idea
 - ☐ Know the city
 - ☐ Find finances
 - ☐ Decide organization of project
 - ☐ Prepare proposal
 - ☐ Get approval
- Getting Organized
 - ☐ Appoint committee
 - ☐ Analyze environment
 - ☐ Define project work
 - ☐ Set-up office
 - ☐ Plan strategy
 - ☐ Build capacity
 - ☐ Establish accountability

- Take Action
 - ☐ Increase health awareness
 - ☐ Advocate strategic planning
 - ☐ Mobilize intersectoral action
 - ☐ Encourage community participation
 - ☐ Promote innovation
 - ☐ Secure healthy public policy

Pros

- Is a holistic approach, consistent with long term SRCI goals.
- Opportunity to collaborate with the State's governmental public health infrastructure structure or with the Wisconsin Public Health Association.
- While this goes beyond the immediate focus of increasing the demand for and supply of rural workplace wellness programming, it does open opportunities for medical, public health and business sectors to collaborate to improve a communities health
- Much of the Healthy Communities infrastructure is already in place in SRCI communities

Cons

- While this goes beyond the immediate focus of increasing the demand for and supply of rural workplace wellness programming, it does open opportunities for medical, public health and business sectors to collaborate to improve a communities health.
- May be, or perceived to be, competing with the State's governmental public health infrastructure structure or with the Wisconsin Public Health Association.
- The "Healthy Communities" model seems too focused on community. While it has "community" in the title, it has been brought out from Public Health in a manner not always embraced by the businesses sector. SRCI's initial focus is on worksite wellness programs, with an eventual expansion to the larger community.
- While the stated focus of the Healthy Communities program is to build capacity for health, as stated above, the "work" involved in a Healthy Communities program is community development. In order for this model to successfully address health, the focus must be on physical structural change in the community (i.e. walking trails) or state/federal level policy change.
- *More information on the model is available in the Appendix*

Develop a New or Hybrid Approach?

Approach

The direction SRCI believes our state should be heading is (1) recognition to communities similar to the Main Street Program, (2) utilizing technical support similar to Main Street Program and (3)

consideration of a Worksite Wellness Resource Kit that targets small employers and (4) the commitment to continuous community improvement processes central to the Health Communities movement.

We could seek support from the Wisconsin Association of Local Health Departments And Boards (WALHDAB), the League of Wisconsin Municipalities, the WHA, the Wisconsin Chamber of Commerce Executives (WCCE), Wisconsin Manufacturers and Commerce Association, and of course, the Rural Wisconsin Health Cooperative. If we could have each of these organization lobby for incentives, tax breaks, or better yet, a state administered grant program similar to Main Street to create a worksite wellness network across the state, that would be ideal.

Pros

- Combines the best of existing programs to support multiple sectors in communities to address local issues utilizing local resources in a different relationship than usually exists today
- The combined support of these organizations would represent a strong voice recommending State support of worksite wellness programs.
- Creates a program where each sector has equal standing from the beginning of the program and role-models the needed collaboration to succeed in the community setting.
- This approach is consistent with RHDC and SRCI being a catalyst for action an infrastructure development by others.

Cons

- Cost and other issues noted under each of the existing programs.
- Adapting an existing model, one with proven results, may be more effective in gaining support at the State level.

Recommendations to Enhance “Statewide Support for Business Sector to Expand Wellness Initiatives”

Recommendation #1. Continue the SRCI Steering Committee

The current SRCI Steering Committee should continue under the umbrella of the Forum to facilitate ongoing statewide support for the business sector to expand wellness initiatives. The Steering Committee should continue SRCI’s initial work consulting opinion leaders from the business, public health and healthcare sectors. It is anticipated that participation will evolve over time.

Recommendation #2. Publicly Recognize Local Community Partnerships

In particular, the Forum should do the following:

- a. Continue to evaluate how local community partnerships (whether or not originally a SRCI pilot site) are supporting the business sector to expand wellness initiatives, with local input and participation.
- b. In order to promote local community partnerships, continue to disseminate lessons learned through the SRCI and similar initiatives and to seek opportunities to present and write related papers or articles to both academic and non-academic audiences through various dissemination pipelines.
- c. Promote the benefits of worksite wellness programs by reaching out to municipal, county and state government leaders, sharing program success, economic impacts, and unique coalition development.
- d. Seek partners willing to support a statewide conference showcasing the ‘best practices’ of local community partnerships that promote improved community health through work-place initiatives
- e. Create a yearly award that recognizes innovation and excellence in improving community health through community-based partnerships. This could be an award for rural communities and small businesses, similar to the Wellness Council’s Well Workplace City award. This could be branded, e.g. Ken Carlson’s (from Sauk-Prairie Memorial Hospital) idea of presenting a sign for the town limits that says “This is a Strong, Healthy Rural Community”

Recommendation #3. Facilitate a Diversified Set of Interventions

With outside funding, the Forum is in a good position to facilitate Wisconsin’s public and private sectors to (a) give recognition to communities similar to the Main Street Program, (b) give technical support similar to Main Street Program and (c) consider a Wisconsin Worksite Wellness Resource Kit that targets small employers and (d) promote a commitment to continuous community improvement processes central to the Health Communities movement.

- a. With additional funding, the Forum could facilitate a diversified set of interventions with Wisconsin’s public and private sectors organized with a program or infrastructure such as the Main Street Program.
- b. At a minimum, without additional funding, the Forum needs to pick a model like the Wisconsin Worksite Wellness Resource Toolkit and focus on that in the short term, based on current best practices and the lessons learned from SRCI. (see below).
- c. The Forum should reach out to similar efforts to pool resources and reduce duplication wherever possible.

Recommendation #4. Promotes Use of Wisconsin’s Worksite Wellness Resource Kit.

In particular, the Forum should do the following:

- a. Work with DHFS to further encourage the use of the State of Wisconsin's Worksite Wellness Toolkit.
- b. Continue to look for opportunities to better understand how the Kit be used by the very small employers typical of rural Wisconsin.
- c. Support formal, structured outreach, training and technical assistance such as the DHFS Spring series of Worksite Wellness Workshops to worksites as well as wellness service providers and consultants.

Recommendation #5. Drive Employee Wellness Link to Community Development

The Forum should do the following:

- a. Further foster the study and promotion in Wisconsin of the link between workplace wellness and the communities economic health and development.
- b. Through surveys, focus groups, etc., identify obstacles to implementing worksite wellness programs. Include all stakeholders involved in wellness programs: providers, businesses (managers, supervisors, owners), employees. Incorporate these potential obstacles into recommendations for program designs.
- c. Identify the long-term impact of employee's participation in wellness programs: Have behaviors changed? Has health improved? Are there changes (behavior and health) in the employee's family? Have participating businesses experienced any changes (less absenteeism, fewer health insurance claims, etc.)? This may require the Forum to seek additional evaluation funding.
- d. As possible, the above indicators should also be tied to community economic impact.

Appendix

Summary of the Strong Rural Community Initiatives Six Local Community Pilots

Building a Healthier Langlade County Coalition is enhancing collaborative strategies with partner agencies to increase response to the rising obesity rates in the county by targeting businesses and their employees. This proposal has a multifaceted approach including primary and secondary prevention. The principle focus is to engage three new businesses each year of the grant cycle to implement action steps and create policy to improve the health of their employees. Proposed activities will bring health and wellness providers to the worksite. **Karen Hegrane**s is the project representative from Langlade County. She is the Assistant Director of the Langlade County Health Department and has over 20 years of experience as a pediatric oncology nurse and public health worker. The Hospital partner is Langlade Memorial Hospital. **Jessica Kerner** is the project coordinator. She manages the day to day operations of the SRCI project and is employed by Langlade Memorial Hospital.

Healthiest Manitowoc County 2010 is engaging the community through multiple pathways to increase individual knowledge regarding lifestyle choices and their impact on health. HMC will engage community employers and local occupational health providers, working with them to offer health risk assessment and health improvement planning for their employees and individuals in the community. **Amy Wergin** is the project representative from Manitowoc County. She is the Assistant Director of the Manitowoc County Health Department. The hospital partners are Holy Family Memorial in Manitowoc, and Aurora Medical Center in Two Rivers. In addition, **Marty Schaller** and **Annie Short** of Northeast Wisconsin AHEC contribute to identifying and recruiting new businesses, implementing community programs, and providing leadership for HMC.

Working on Wellness (WOW) in Waupaca County is an action research project that is developing the long-term capacity of cross-sectional teams (public and private healthcare, businesses, education, volunteer, and community) to provide prevention and health promotion services to corporate and independent worksite locations. Paid and volunteer health workers will move within and between sectors to better influence the social, economic and environmental conditions that enable and support the health and well-being of local rural residents. **Connie Abert** is the project representative from Waupaca County. She is the Waupaca County University of Wisconsin-Extension Youth Educator. The public health partner is the Waupaca County Health Department. The hospital partner is Riverside Medical Center.

ProACTIVE Wellness Initiative (Jackson County) is implementing worksite wellness programs at six employment sites and established a control site during the first year for comparison. The ProACTIVE Wellness Initiative is developing the program, the intent of which is to reduce incidence of lifestyle related chronic diseases by modifying poor fitness and nutrition habits through wellness programs at work, during work hours. **Liz Lund**, business development coordinator at Black River Memorial Hospital is the project representative from Jackson County. The public health partner is Jackson County Health Department.

FIT: Fitness-Improvement-Teamwork Program (southern Sauk County) are expanding a successful pilot program with the Sauk Prairie Police Department to improve nutrition/exercise within the employed population. The next step is for the FIT program to be extended to additional employers in the Sauk Prairie community area. They have expanded their community coalition by including the School District's Community Recreation Department as a partner, offering community light cooking classes. **Sandy Scola** of Sauk Prairie Memorial Hospital and Clinics is the project representative from southern Sauk County. The public health partner is the Sauk County Health Department.

More ENERGY/More ENERGY at Work (Sawyer County) are expanding a successful hospital-based exercise and nutrition program for cardiovascular patients by expanding hours and taking the curriculum out into the community to local businesses. They have completed programs at two local worksites and are negotiating to repeat the program at one site and with additional employers. The program is a partnership between the Sawyer County Health Department, Hayward Clinic, North Woods Community Health Center, Lac Courte Oreilles Health Center, two Hayward area businesses, and Hayward Memorial Hospital. **Sue Duffy** of Hayward Area Memorial Hospital is the project representative from Sawyer County. The public health partner is the Sawyer County Health Department.

WISCONSIN MAIN STREET PROGRAM

Contact: Jim Engle at James.Engle@Wisconsin.gov or (608) 267-0766.

The Wisconsin Main Street Program is a comprehensive revitalization program designed to promote the historic and economic redevelopment of traditional business districts in Wisconsin. The Main Street Program was established in 1987 to encourage and support the revitalization of downtowns in Wisconsin communities. Each year, the Department of Commerce selects communities to join the program. These communities receive technical support and training needed to restore their Main Streets to centers of community activity and commerce.

The Four-Point Approach

In 1980, the National Trust for Historic Preservation established the National Main Street Center to assist nationwide downtown revitalization efforts. The Wisconsin Main Street Program is based on the Trust's philosophy, which advocates restoration of the historic character of downtown while pursuing traditional development strategies such as marketing, business recruitment and retention, real estate development, market analysis, and public improvements.

Four elements combine to create this well balanced program:

- **Organization** involves building a Main Street framework that is well represented by civic groups, merchants, bankers, citizens, public officials, and chambers of commerce. Everyone must work together to renew downtown. A strong organization provides the stability to build and maintain a long-term effort.
- **Design** enhances the attractiveness of the business district. Historic building rehabilitations, street and alley clean-ups, colorful banners, landscaping and lighting all improve the physical image of the downtown as a quality place to shop, work, walk, invest in, and live. Design improvements result in a reinvestment of private and public dollars into the downtown.
- **Economic Restructuring** involves analyzing current market forces to develop long-term solutions. Recruiting new businesses, creatively converting unused space for new uses, and sharpening the competitiveness of Main Street's traditional merchants are examples of economic restructuring activities.
- **Promotion** creates excitement downtown. Street festivals, parades, retail events, and image development campaigns are some of the ways Main Street encourages consumer traffic in the downtown. Promotion involves marketing an enticing image to shoppers, investors, and visitors.

MAIN STREET BENEFITS

Investment—In the first five years of a local Main Street program, the state of Wisconsin invests approximately \$125,000 in on-site visits, training, and technical assistance.

The Wisconsin Main Street Program, the National Main Street Center, and private consultants spend more than 80 days in each new community during the start-up phase.

After the start-up phase, the state annually invests approximately \$5,000 in each Main Street community to provide quarterly volunteer and director training sessions, design assistance, business consultations, and town-specific technical assistance. Other benefits are an annual awards ceremony,

cooperative marketing opportunities, and an extensive library of slides, videos, and printed materials. In addition, scholarships are available for local Main Street program directors to attend the National Town Meeting on Main Street.

Results—Together, Wisconsin Main Street communities have impacted the heart and soul of our communities-the downtowns. A significant number of new jobs have been created; many new businesses have been attracted; and millions of dollars have been privately invested in the communities.

Services Available To Communities

Communities selected to participate in the Wisconsin Main Street Program receive five years of technical assistance, including:

- Volunteer and program manager training;
- Advanced training on specific downtown issues, such as marketing, business recruitment,
- Volunteer development, and historic preservation;
- On-site visits to help each community develop its strengths and plan for success;
- On-site design consultations;
- On-site small business consultations;
- Telephone assistance;
- Materials such as manuals and slide programs

Application Information

Successful applicants are committed to the following key principles:

- Procurement of stable, local funding
- Establishment of a volunteer board of directors
- Development of public/private partnerships
- Commitment to hire a program manager
- Commitment to the four-point approach
- Establishment of a well-defined commercial district
- Commitment to historic preservation
- Willingness to work and succeed over time

2006 Wisconsin Main Street Criteria

Need - The need for the Main Street Program in the municipality and its expected impact on the municipality.

Organizational Capability - The capability of the applicant to successfully implement the Main Street Program.

Public Sector Commitment - The level of public sector interest in and commitment to a local Main Street program.

Private Sector Commitment - The level of private sector interest in and commitment to a local Main

Street program.

Financial Capacity - The financial capability to employ a full-time manager (at least half-time if the population of the community is 5,000 or less), fund a local Main Street program, and support business-area projects. A variety of funding sources should be utilized. A minimum budget of \$70,000 annually (including in-kind donations) is expected of applicants hiring a full-time manager and a minimum budget of \$40,000 annually is expected of applicants hiring a part-time manager.

Physical Capacity - The cohesiveness, distinctiveness, and variety of business activity conducted in the proposed Main Street Program area.

Historical Identity - The historic significance of the proposed Main Street Program area and the interest in and commitment to historic preservation.

If, after comparing the application, the department is unable to distinguish between two or more of the highly rated municipalities then, to distinguish one applicant from another, the department shall consider the following:

Geographical Variety - The contribution to the geographic variety of the program made by the applicant.

Population Diversity - The contribution to the variety of community size in the program made by the applicant.

WISCONSIN WORKSITE WELLNESS TOOLKIT

<http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>

Contact: Jon Morgan, Physical Activity Coordinator
morgajg@dhfs.state.wi.us 608-266-9781

“The New Worksite Wellness Resource Kit (Sept. 2007) is a tool to assist worksites with implementing strategies that have been proven to be effective. The second edition of the kit provides additional information based on feedback from pilot users during the past year. The kit provides information to implement a broad range of strategies or programming: some will require very little or no resources while other strategies may require considerable resources. The kit shows you ways to get started and make a difference in the health of your employees, regardless of the size of your worksite and its available resources.”

NATIONAL EXAMPLES OF “HEALTHY COMMUNITY” MOVEMENT

<http://www.mrsc.org/Subjects/HumanServices/healthyWhat.aspx>

“There are many definitions of a healthy community. The Healthy People 2010 strategy describes a healthy community as one which include those elements that enable people to maintain a high quality of life and productivity. Some of the elements described in Healthy People in Healthy Communities A Community Planning Guide Using Healthy People 2010, include access to health care services that focus on both treatment and prevention for all members of the community; a safe community; the

presence of roads, schools, playgrounds, and other services to meet the needs of the people in that community; and a healthy community has a healthy and safe environment. The Centers for Disease Control defines healthy communities in its Designing and Building Healthy Places page as "A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

Various strategies for healthy communities have been advocated for many years by several organizations. As described by the Municipal Research and Services Center they include:

[Healthy Communities Initiatives](#) - Over the past ten years, the National Civic League has been helping communities across the country pull together to improve their quality of life. The NCL staff can assist communities by providing training in healthy communities principles, practices & tools; designing and facilitating short and long-term healthy communities planning projects; helping communities create a shared vision for the future by engaging citizens, local government, business and non-profits; and connecting communities to a national network of healthy communities innovators at the local, state and national levels.

[Center for Liveable Communities](#) - The Center for Livable Communities is a national initiative of the [Local Government Commission](#) (LGC). A nonprofit, nonpartisan, membership organization of elected officials, city and county staff, and other interested individuals throughout California and other states, the Local Government Commission helps local governments identify and implement solutions to today's problems.

[Association for Community Health Improvement](#) - The Association for Community Health Improvement is committed to its vision of community leaders everywhere creating health where people live, work and play. These leaders include paid organization staff, community volunteers, elected officials and others. Their work to create health reaches people wherever they live, not only in health care settings.

[CityNet](#) - CityNet is a World Health Organization (WHO), Collaborating Center in Healthy Cities. CityNet's Mission is to provide information that will encourage communities to build a safe and healthy environment within urban areas.

[International Healthy Cities Foundation](#) - The International Healthy Cities Foundation was created to assist people and groups from many different sectors. The mission of the IHCF is to facilitate linkages among people, issues and resources in order to support the development of Healthy Cities initiatives.

[Sustainable Communities Network](#) - The SCN website connects citizens with the resources they need to implement innovative processes and programs to restore the economic, environmental, and social health and vitality of their communities. It addresses a wide range of issues related to community sustainability, including creating communities, living sustainably, and governing communities. In addition it offers case studies, resources, links to relevant websites, events calendar, and suggested reading.

WHO's Twenty Steps for Developing a Healthy Cities Project – This guide has been published and re-edited by WHO several times over the past 15 years and serves as a manual for developing a Healthy Communities Movement.

<http://www.euro.who.int/document/E56270.pdf>

The Healthy Communities Movement: Bridging the Gap Between Urban Planning and Public Health – Brief article on the history of the Healthy Communities movement and examples of recent projects in the U.S.

<http://design.asu.edu/apa/proceedings99/LUND/LUND.HTM>