

WISCONSIN PUBLIC HEALTH COUNCIL

*Assure safe and healthy people by monitoring progress on the state health plan
and on the readiness for public health emergencies.*



Re: Wisconsin Public Health Council Recommendations for the 2027-2029 State Budget

[The Wisconsin Public Health Council \(PHC\)](#) was created in 2003 by the State Legislature for the purpose of advising the Department of Health Services, the Governor, the Legislature, and the public on key public health issues. The 23-member PHC is made up of Governor-appointed representatives from across the state, including people working in public health and healthcare, not for profits, and other sectors.

The PHC is charged with monitoring and providing guidance on progress in implementing Wisconsin's State Health Plan and coordination of responses to public health emergencies. Part of the Council's work includes identifying key issues that impact health outcomes and then objectively advising related to health impacts of State policy and budget decisions. The State of Wisconsin is ranked 49th out of 50 States¹ in the US for funding public health. On average, \$124 per person is spent in the US on public health services. In Wisconsin, it is \$69 per person. We hope to close this gap by addressing the funding recommendations below.

The Wisconsin Public Health Council has prioritized 7 state budget recommendations which were approved at the June 5, 2026, Public Health Council meeting and finalized at the July 24, 2026, Executive Committee meeting. Our recommendations are as follows:

Local and Tribal Health Department Funding

- Dedicated sustained, flexible GPR funding to Wisconsin's 84 local and 11 Tribal health departments to carry out the foundational public health services they are required to provide under Wisconsin law.

State and Community Health Assessments & Improvement Plans Funding

- Dedicated sustain GPR funding so that Wisconsin's 84 local and 11 tribal health departments and Division of Public Health can carry out the State and Community Health Assessments (SHA/CHAs) and State and Community Health Improvement Plans (SHIP/CHIPs)

Public Health Emergency Preparedness

- Funding for local and tribal health department emergency preparedness operations
- Funding for Department of Health Service emergency preparedness operations
- Funding for Wisconsin's Regional Healthcare Emergency Readiness Coalitions

Vaccinations and Communicable Diseases

- Increase sustained state investment in communicable disease control and vaccine infrastructure across Wisconsin's public health system.

Source: [Explore Public Health Funding in Wisconsin | AHR](#)

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Mental Health & Suicide Prevention

- Increase funding and support for statewide strategy and coordination of mental health & suicide prevention within Wisconsin's Department of Health Services

Violence Prevention and Gun Violence Prevention

- [August 2025 Public Health Council statement](#) on requesting funding to address gun violence and violence prevention

Access and Improved Connections to Community Health Care and Community Based Resources

- Increase access to care and improve connections to community health care and community based resources for all Wisconsin residents by expanding Medicaid benefits to address health related social needs.

Thank you for your consideration of our recommendations to improve the health of our state and for your service to all Wisconsin residents!

With appreciation,

The Wisconsin Public Health Council

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Sustaining & Increasing Funding for Local & Tribal Health Departments

Supporting Wisconsin's Governmental Public Health Infrastructure

Recommendation: The Public Health Council recommends that the State dedicate sustained, flexible General Purpose Revenue (GPR) funding to Wisconsin's 84 local and 11 Tribal health departments to carry out the foundational public health services they are required to provide under Wisconsin law. State investment is needed to support the workforce, infrastructure, and organizational capacity necessary to promote healthy communities, improve environmental health, protect communities from communicable diseases, and respond to public health emergencies.

Our Charge: *The Wisconsin Public Health Council (PHC) was created in 2003 by the State Legislature for the purpose of advising the Department of Health Services, the Governor, the Legislature, and the public on key public health issues. The [23-member PHC](#) is made up of Governor-appointed representatives from across the state, including people working in public health and healthcare, not for profits, and other sectors.*

The PHC is charged with monitoring and providing guidance on progress in implementing Wisconsin's State Health Plan and coordination of responses to public health emergencies. Part of the Council's work includes identifying key issues that impact health outcomes and then objectively advising related to health impacts of State policy and budget decisions.

Background of Recommendation: The State of Wisconsin is ranked 49th out of 50 States in the US for funding public health. On average, \$124 per person is spent in the US on public health services. In Wisconsin, it is \$69 per person.¹

Local and Tribal health departments are required under Chapter 251 of the Wisconsin Statutes and Chapter DHS 140 of the Wisconsin Administrative Code to provide a core set of foundational public health services. These mandated responsibilities include communicable disease prevention and control, public health nursing, surveillance and investigation, emergency preparedness and response, chronic disease prevention, human health hazard control, and Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs).

Despite these statutory responsibilities, Wisconsin provides very limited dedicated funding to support these essential services. Currently, the only ongoing General Purpose Revenue (GPR) appropriation specifically dedicated to mandated local public health services is \$500,000 annually for communicable disease control and prevention under Wis. Stat. §252.185. When distributed among Wisconsin's 84 local and 11 Tribal health departments, this averages less than \$6,000 per agency each year. Categorical state aid, and temporary federal grants are often restricted to specific diseases or programs. This approach creates instability, limits long-term planning, and results in uneven public health capacity across Wisconsin.

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As a result, local property tax levies have become the largest funding source for local health departments, with federal funding serving as the second-largest source. Much of this federal funding supports specific programs—such as WIC, tobacco prevention, maternal and child health, HIV prevention, Well Woman services, and lead poisoning prevention—and cannot be used to sustain the workforce and infrastructure needed to meet all statutory public health responsibilities. Temporary federal investments made during the COVID-19 pandemic strengthened Wisconsin's public health system but have largely expired, leaving local and Tribal health departments increasingly vulnerable to reductions in federal funding.

The Council recommends a dedicated public health infrastructure allocation distributed to all local and Tribal health departments using a base allocation combined with a population-based formula. The funding model should include automatic inflationary adjustments, provide flexibility to address local community needs while meeting state requirements, and reduce reliance on short-term and competitive grant funding.

Wisconsin continues to rank as the second lowest state in the nation for state investment in public health. This chronic underinvestment places a disproportionate financial burden on counties and municipalities, creates inequities in local public health capacity, and limits Wisconsin's ability to prepare for emerging public health threats, respond to emergencies, and improve health outcomes.

Dedicated state funding for foundational public health services will ensure every Wisconsin resident has access to a consistent level of protection regardless of where they live while strengthening the public health system that supports healthy people, thriving communities, and a strong economy.

Positive Impact:

- **Public health initiatives consistently deliver high returns on investment (ROI)**, with recent data showing a median Return on Investment of 14.3 to 1, often saving \$14 in medical and societal costs for every \$1 spent.²
- **Strengthens Wisconsin's public health workforce.** Stable infrastructure funding enables local and Tribal health departments to recruit, retain, and develop qualified public health professionals while improving continuity of services.
- **Ensures consistent delivery of mandated services.** Dedicated state funding provides every community with access to the foundational public health services required under Wisconsin law, regardless of local fiscal capacity.
- **Improves emergency preparedness and response.** Sustainable funding allows communities to maintain the staff, partnerships, and infrastructure needed to respond quickly to disease outbreaks, environmental hazards, natural disasters, and other public health emergencies.

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- **Reduces reliance on local property taxes and unstable federal funding.** Increased state investment recognizes public health as a shared governmental responsibility and creates a more balanced, sustainable funding model.
- **Provides flexibility to address local priorities.** Flexible infrastructure funding allows local and Tribal health departments to respond to community-specific health needs while continuing to meet statewide statutory responsibilities.
- **Improves health outcomes while reducing healthcare costs.** Investments in foundational public health services consistently produce strong returns by preventing disease, reducing healthcare expenditures, and supporting healthier, more resilient communities.

Rationale: This recommendation directly supports the Public Health Council's charge to monitor implementation of Wisconsin's State Health Plan and advise state leaders on policies that strengthen the public health system. Foundational public health services are essential governmental functions that protect the health, safety, and economic well-being of every Wisconsin community. These services depend on a strong workforce, modern data systems, emergency preparedness, community partnerships, and organizational capacity that cannot be sustained through temporary or disease-specific grants alone.

Current funding mechanisms are outdated and do not reflect the true cost of delivering the services required under Wisconsin law. Reliance on local property tax levy and short-term federal funding creates instability, limits long-term planning, and leaves communities vulnerable as federal funding declines. Dedicated, flexible General Purpose Revenue should serve as the foundation of Wisconsin's public health system, with federal grants supplementing—not replacing—core infrastructure. A sustainable funding model that includes a base allocation for every local and Tribal health department, population-based funding, and inflationary adjustments will help ensure equitable access to foundational public health services across Wisconsin.

Investing in local and Tribal public health departments is both fiscally responsible and evidence-based. Public health initiatives consistently deliver high returns on investment (ROI), with recent data showing a median Return on Investment of 14.3 to 1, often saving \$14 in medical and societal costs for every \$1 spent.¹ Public health initiatives consistently generate significant returns on investment by preventing illness, reducing healthcare costs, improving workforce productivity, and strengthening community resilience. Sustained state investment will help ensure Wisconsin's public health system remains equipped to meet current needs while preparing for future public health challenges.

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1. American's Health Rankings. *Public Health Funding in Wisconsin*. https://www.americashealthrankings.org/explore/measures/PH_funding/WI
2. Wenderoff, Josh. *Public Health Initiatives Deliver Big Returns on Investment*. The Pew Charitable Trusts. July 8, 2025. <https://www.pew.org/en/research-and-analysis/articles/2025/07/08/public-health-initiatives-deliver-big-returns-on-investment>

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Funding State and Community Health Assessments & Improvement Plans (CHA/CHIP)

Supporting Our Partners to Do the Work

Recommendation: The Public Health Council recommends that the State dedicate sustained state (GPR) funding so that Wisconsin's 84 local and 11 tribal health departments can carry out the **Community Health Assessments (CHAs)** and **Community Health Improvement Plans (CHIPs)** they **have been required to complete by the state since 1993**¹, and so that the community-based organizations that implement those plans can be funded to do that work. Additionally, provide funding for the Division of Public Health to carry out State Health Assessment (SHA) and State Health Improvement Plan (SHIP). Funding these mandated services enhances local health departments' collaboration among jurisdictions and the state, creating better alignment across the State. This is the engagement-and-implementation layer of mandated public health services, and it is where dollars produce the most health for the least cost.

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Local and Tribal health departments (LTHDs) are required by statute to conduct CHAs and CHIPs with input from policymakers and the public; under administrative rule, communities complete a CHA and CHIP at least every five years.^{2,3} These local plans are the foundation of Wisconsin's State Health Plan. The 2023–2027 State Health Improvement Plan (SHIP), and the 2028–2032 plan now underway following the 2025 State Health Assessment, both rely on local and tribal health departments aligning their CHIPs with statewide priorities.^{3,4} This requirement, however, is largely unfunded.

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Current funding levels leave significant gaps in capacity, including:

- LTHDs lack staff capacity to conduct meaningful community engagement alongside compliance obligations.
- Local CHIPs and the State Health Improvement Plan (SHIP) are often developed in isolation, resulting in misaligned priorities across Wisconsin's 72 counties and 11 Tribal nations.
- Community partner organizations — nonprofits and NGOs best positioned to do outreach, navigation, and implementation — are left scrambling for patchwork funding or go unfunded entirely.
- The federal funding landscape is shifting, with opportunities shrinking and restrictions tightening. State investment is not a supplement — it is increasingly the floor.

Community partners are the implementation layer of public health: their proximity to residents, established trust, and lower barriers to action make them better positioned than government alone to reach the communities where disparities are steepest, and to do it in ways that are authentic, equitable, and durable. Funding them is not a supplement to the CHA/CHIP and SHA/SHIP mandate — it is what turns the plans into results. Increasing funding opportunities, whether through State or local contracts and grants or other opportunities, increases public health's ability to improve community health. The Council recommends dedicated state GPR for SHA/SHIP. The Council also recommends a dedicated CHA/CHIP allocation (GPR) scaled to all 84 and 11 tribal health departments — a base grant to each department plus a population-weighted supplement — so every community can put its plan into action.

Positive Impact:

- **Capacity to engage, not just document.** LTHDs can authentically involve residents in setting priorities, not just file a required plan. Every county would gain capacity for the work that drives results: staff time, data and epidemiology support, community partnership, and follow-through on locally identified priorities. The strongest gains would come in rural, under-resourced, and tribal communities, where capacity is most limited today.
- **Alignment instead of fragmentation.** Local CHIPs connect to the SHIP: shared statewide priorities, locally driven execution. Because each CHIP already includes indicators and measures, funding implementation also gives the state a consistent way to track progress and strengthen the local infrastructure that supports public health emergency readiness.
- **Partners funded to do the work.** Nonprofits and community partners, which are often more trusted and closer to residents than government, are resourced to implement CHIP and SHIP strategies. Dedicated funding would allow communities to move from planning to implementation and provide a clearer way to measure progress over time.
- **Better outcomes, fewer gaps.** Community-supported strategies reach the populations facing the steepest disparities and improve health system-wide.

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Rationale: This recommendation is central to the Council’s charge: monitoring progress on the State Health Improvement Plan and supporting coordinated public health emergency response: without funded CHAs and CHIPs, the SHIP cannot be carried out. It is also the direct practice of **Essential Public Health Service #4 — “Strengthen, support, and mobilize communities and partnerships to improve health.”** That service is defined as building multi-sector partnerships across fields like housing, transportation, and education; engaging residents authentically to shape solutions; and learning from and supporting the community partnerships already doing the work. As federal support recedes, State investment becomes the floor that keeps this infrastructure standing. This recommendation is supported by evidence showing that investments in local public health infrastructure are associated with lower preventable mortality and reduced healthcare costs.⁷ Sustained investment in public health infrastructure — rather than short-term, project-by-project grants — is what creates lasting improvements in health outcomes. Wisconsin continues to experience persistent disparities in mortality and birth outcomes; strengthening local and state public health infrastructure is one important strategy for improving these outcomes and advancing health equity. Community engagement is built into the CHA/CHIP and SHA/SHIP process, ensuring local and state priorities are informed by residents and key stakeholders, and a base-plus-population formula directs support to the communities that need it most.

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Public Health Emergency Preparedness

Recommendation: Establish a dedicated state investment for public health emergency preparedness and response across Wisconsin's public health system to build, sustain, and strengthen a resilient emergency preparedness infrastructure. Funding should support all 84 local health departments, 11 tribal health departments, the state health department, and each regional health care coalition to ensure every Wisconsin community has the capacity to prepare for, respond to, and recover from public health emergencies.

Our Charge: *The Wisconsin Public Health Council (PHC) was created in 2003 by the State Legislature for the purpose of advising the Department of Health Services, the Governor, the Legislature, and the public on key public health issues. The [23-member PHC](#) (is made up of Governor-appointed representatives from across the state, including people working in public health and healthcare, not for profits, and other sectors.*

The PHC is charged with monitoring and providing guidance on progress in implementing Wisconsin's State Health Plan and coordination of responses to public health emergencies. Part of the Council's work includes identifying key issues that impact health outcomes and then objectively advising related to health impacts of State policy and budget decisions.

Background of Recommendation: The State of Wisconsin is ranked 49th out of 50 States in the US for funding public health. On average, \$124 per person is spent in the US on public health services. In Wisconsin, it is \$69 per person.¹

The ability to prepare for, respond to, and recover from public health emergencies is directly tied to the investments made in Wisconsin's public health and healthcare emergency preparedness systems. Due to the importance of public health emergency preparedness systems. Recognizing the critical importance of preparedness, Congress enacted the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, which enables state and local health agencies to obtain funding to build the capacity needed to detect and respond to public health emergencies.² In Wisconsin, preparedness efforts are dependent on this federal funding for supporting essential preparedness functions and meeting the requirements in Wis. Stat. § 250.042 and Wis. Admin. Code DHS 140, which guides the ability of state and local health departments to plan for, respond to, and recover from emergencies. However, this reliance puts our preparedness infrastructure at risk, particularly as federal priorities and allocations change. Even with stable federal funding, recent assessments show a funding gap of more than \$23 million in Wisconsin's public health system, affecting critical resource capacities. Additionally, this number does not account for healthcare coalitions that have a gap in continuity of operations each year due to funding.

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Positive impact:

A strong preparedness system allows for the earliest possible recovery and return of the public health system to pre-incident levels or improved functioning including:

- Timely identification, investigation, and interventions for public health incidents
- Rapid communication of situational awareness, risk information, and coordinated response activities among public health, healthcare, emergency management, and community partners.
- Continuity of emergency operations
- Timely procurement and expedited staffing (hiring or reassignment) to support medical countermeasure distribution and dispensing
- Support for community recovery from an incident with public health impact, including recovery resources around responder safety and health for response professionals, such as critical incident debriefing
- Improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery
- Workforce development, planning, exercising, and relationship building among healthcare partners to ensure coordinated and effective emergency response.

Rationale: To achieve these functions, Wisconsin needs to invest in preparedness actions at both the state and local levels. The recommended funding list below, when addressed, can improve public health emergency preparedness and decrease reliance on federal landscape changes to safeguard Wisconsin's functioning.

Funding for local and tribal health departments

- All incidents start and end locally, making funding integral at the local level to plan and respond. Increase funding will address gaps, allow for decreased impacts to operational reliance solely on federal dollars, and support operations required of local health departments in WI Admin Code 140. It should be allocated based on an equitable model that includes collaboration with local and tribal health departments.

Funding for the Wisconsin Department of Health Services

- Increase funding will address gaps, allow for decreased impacts to operational reliance solely on federal dollars, and assist with meeting requirements in WI Statute 250.042. WSLH LRN-C & B requires high-complexity laboratory instrumentation to perform testing. This instrumentation requires replacement and upgrades to remain operational. A current gap in the PHEP funding process is that there is not adequate or timely funding provided to support instrument replacement needs.

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Funding for Wisconsin's Regional Healthcare Emergency Readiness Coalitions

- Annual delays in federal funding impact the operations of Wisconsin's regional healthcare emergency readiness coalitions. State funding is needed to ensure continuity of operations for each of the regional coalitions, to enable healthcare delivery systems to effectively prepare for and respond to community needs, provide equitable access to care, and save lives during disasters and emergencies. Funding should be distributed evenly amongst the regions to maintain coordinator positions and essential operational capacity throughout the state.

Public health emergency preparedness funding is our frontline defense against all hazards, such as pandemics, extreme weather, environmental hazards, radiological, and biological threats. Every dollar invested in preparedness today represents future dollars saved by preventing disruptions, minimizing loss, and ensuring a coordinated and effective response.

Strategic and sustained funding is essential, not only to protect the health and safety of Wisconsinites, but also to reduce the long-term economic, social, and human costs of emergencies. Public health crises don't just threaten lives; they disrupt our economy by reducing consumer spending, interrupting supply chains, increasing unemployment, straining healthcare systems, widening community disparities, and destabilizing markets.

Wisconsin cannot afford to wait for the next crisis to reveal gaps in our preparedness. As policymakers responsible for Wisconsin's long-term stability and prosperity, it is essential to make targeted, strategic investments in public health preparedness now. These investments can protect our communities, safeguard our economy, and ensure a resilient future for our state.

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1. American's Health Rankings. *Public Health Funding in Wisconsin*.
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2. H.R.3448 - 107th Congress (2001-2002): Public Health Security and Bioterrorism Preparedness and Response Act of 2002. *Www.congress.gov*, 12 June 2002, www.congress.gov/bills/107th-congress/house-bill/3448.

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Vaccinations and Communicable Diseases

Recommendation: Increase sustained state investment in communicable disease control and vaccine infrastructure across Wisconsin's public health system.

Our Charge: *The Wisconsin Public Health Council (PHC) was created in 2003 by the State Legislature for the purpose of advising the Department of Health Services, the Governor, the Legislature, and the public on key public health issues. [The 23-member PHC](#) is made up of Governor-appointed representatives from across the state, including people working in public health and healthcare, not for profits, and other sectors.*

The PHC is charged with monitoring and providing guidance on progress in implementing Wisconsin's State Health Plan and coordination of responses to public health emergencies. Part of the Council's work includes identifying key issues that impact health outcomes and then objectively advising related to health impacts of State policy and budget decisions.

Background of Recommendation: The State of Wisconsin is ranked 49th out of 50 States in the US for funding public health. On average, \$124 per person is spent in the US on public health services. In Wisconsin, it is \$69 per person.¹

Wisconsin's communicable disease and immunization programs are critical to protecting communities from infectious disease outbreaks and emerging public health threats. In 2023, local and Tribal health departments investigated more than 80,000 infectious disease cases statewide², while childhood vaccination rates have fallen below the level needed to prevent outbreaks of highly contagious illnesses such as measles and pertussis^{3,4} directly contradicting Wisconsin State Health Improvement Plan (SHIP) priorities to improve immunization coverage and prevent vaccine-preventable disease.

Despite growing demand, Wisconsin's communicable disease and immunization infrastructure remains heavily dependent on unreliable federal funding⁵, creating workforce instability and limiting long-term planning. As federal funding fluctuates or expires, local health departments face increasing challenges in maintaining the staffing and infrastructure needed to detect and respond to outbreaks quickly as required per state statute.

Wisconsin invests \$500,000 annually in General Purpose Revenue (GPR) appropriation for mandated local public health services, communicable disease control and prevention under Wis. Stat. §252.185. When distributed among Wisconsin's 84 local and tribal health departments (who are responsible for investigating more than 80,000 reportable infectious diseases a year) this averages less than \$6,000 per agency each year. This is inadequate investment, as employing just one public health nurse costs approximately 100,000 annually.

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At the same time, vaccine misinformation and declining immunization rates continue to increase the risk of preventable disease outbreaks⁶, particularly in rural and underserved communities.

Without stable state investment, Wisconsin's ability to prevent outbreaks, protect vulnerable populations, and respond to emerging infectious disease threats will continue to weaken.

Positive impact: Sustained investment will:

- Improve outbreak detection and response statewide
- Strengthen public health workforce capacity and infrastructure
- Increase vaccination access and community-based prevention efforts
- Reduce healthcare costs associated with preventable disease outbreaks
- Improve health outcomes across Wisconsin communities

Rationale: Communicable disease control and immunization programs are foundational to Wisconsin's public health system and emergency preparedness infrastructure. Stable state investment will strengthen Wisconsin's ability to respond to emerging health threats, prevent avoidable illness, reduce health disparities, and maintain a strong public health system that protects all Wisconsinites.⁷

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Mental Health & Suicide Prevention

Recommendation: Increase funding and support for mental health & suicide prevention in Wisconsin, including the establishment of statewide strategy and coordination of mental health & suicide prevention within Wisconsin's Department of Health Services.

Our Charge: *The Wisconsin Public Health Council (PHC) was created in 2003 by the State Legislature for the purpose of advising the Department of Health Services, the Governor, the Legislature, and the public on key public health issues. [The 23-member PHC](#) is made up of Governor-appointed representatives from across the state, including people working in public health and healthcare, not for profits, and other sectors.*

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Suicide remains a significant and persistent public health issue in Wisconsin. In 2024, 920 Wisconsinites died by suicide, a rate of 14.8/100,000.² This is a higher rate than what is observed at the national level. Additionally, the suicide rate in Wisconsin has increased by more than 24% over the past 20 years, primarily affecting middle-aged individuals, men, rural residents, and veterans.³ Suicide among youth, and particularly Black and African American youth, is also increasing in our state.⁴ Rising long-term trends show that suicide in Wisconsin is not improving on its own⁴. Sustaining and increasing funding around suicide prevention in our state is necessary to reverse these increases and focus on disproportionately affected populations.

More broadly, mental health challenges affect a large proportion of our state's population. According to NAMI Wisconsin, about 859,000 Wisconsinites are living with a mental health condition, and approximately one in five adults in Wisconsin experience mental illness each year.⁵ At the same time, a large proportion of adults who need mental health care are not able to access it, often due to cost barriers.⁵ Because mental health challenges are so prevalent in our state, the effects are felt not only by individuals, but also families, workplaces, and communities across Wisconsin. Without adequate funding and resources to support those experiencing mental health challenges, services remain unaffordable or unavailable, which can lead to worsening conditions, including mental health crises, hospitalization, and suicide.⁶

To address the issue of suicide in Wisconsin, we recommend dedicated funding within the Department of Health Services to coordinate statewide and population level suicide prevention efforts, support local

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initiatives and health departments, improve data collection and surveillance, and advance evidence-based strategies to reduce suicide deaths.

Positive impact: Establishing and funding a statewide suicide prevention strategy, along with increasing overall mental health investment, would have several important positive impacts. A centralized effort would improve coordination across agencies, allowing for more efficient use of resources and consistent implementation of evidence-based strategies, which is critical given that suicide rates in Wisconsin have risen by more than 24% over the past two decades.⁷ Strengthening data collection and surveillance statewide and locally would enable earlier identification of trends, such as increasing suicide among youth and disproportionately affected populations, which would facilitate more targeted, effective interventions. Increased funding would also expand access to affordable mental health care, helping address the large gap in treatment for the hundreds of thousands of Wisconsinites living with mental health conditions. As access improves, more individuals can receive care earlier, reducing the likelihood of crises, hospitalizations, and suicide. These efforts would also help reduce disparities by supporting tailored interventions for high-risk groups, including rural residents, veterans, and communities of color. Beyond individual outcomes, stronger mental health systems would benefit families, workplaces, and communities by improving overall well-being, reducing stigma, and increasing productivity. Ultimately, these recommendations shift Wisconsin's approach from reactive crisis response to proactive prevention, leading to fewer deaths, healthier communities, and long-term social and economic benefits.

Rationale: This recommendation directly aligns with the priorities of the State Health Improvement Plan (SHIP). In fact, the SHIP committee included the establishment of an Office of Suicide Prevention within its top priorities for promoting public health in Wisconsin. In addition, the state's suicide prevention coalition, Prevent Suicide Wisconsin, has consistently advocated for the augmentation of support for suicide prevention in our state, including the establishment of an Office of Suicide Prevention.

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Access and Improved Connections to Community Health Care and Community Based Resources

Recommendation: The Wisconsin Public Health Council advises increasing access to and improving connections to community health care and community based resources for all Wisconsin residents by expanding Medicaid benefits to include health related social needs.

These [social determinants](#) significantly influence health outcomes and access to timely services. Sustainable funding should be provided to nontraditional partners such as nonprofit organizations, Federally Qualified Health Centers, local public health departments, community health workers, Tribal Nation partners, and other innovative models. The June 3, 2025, draft minutes from the Department of Health Services Medicaid Advisory Committee highlight concerns about federal Medicaid reductions, the implications of proposed SNAP changes, unmet mental health needs, Tribal representation challenges, and important developments in school-based health reimbursement¹. Together, these findings underscore the urgency of strengthening Medicaid infrastructure to improve care coordination, reduce barriers, and promote equitable access across the state.

Our Charge: *The Wisconsin Public Health Council (PHC) was created in 2003 by the State Legislature for the purpose of advising the Department of Health Services, the Governor, the Legislature, and the public on key public health issues. [The 23-member PHC](#) is made up of Governor-appointed representatives from across the state, including people working in public health and healthcare, not for profits, and other sectors.*

The PHC is charged with monitoring and providing guidance on progress in implementing Wisconsin's State Health Plan and coordination of responses to public health emergencies. Part of the Council's work includes identifying key issues that impact health outcomes and then objectively advising related to health impacts of State policy and budget decisions.

Background of Recommendation: The State of Wisconsin is ranked 49th out of 50 States in the US for funding public health. On average, \$124 per person is spent in the US on public health services. In Wisconsin, it is \$69 per person².

Wisconsin residents experience significant challenges in accessing and maintaining needed health services. The 2025 Wisconsin State Health Assessment found that 35% of households cannot afford basic needs, more than 16% of children and 11% of all residents face food insecurity, and housing and childcare costs absorb nearly one third of the income of households with two children³. Transportation barriers continue to limit access to preventive care, chronic disease management, and essential medical appointments, forcing many families to choose between health care and other necessities. These access barriers are compounded by potential federal Medicaid cuts and proposed SNAP changes that could heighten food insecurity and reduce economic stability statewide³. Tribal Nations have also

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emphasized ongoing concerns about representation within Medicaid structures and the need for systems that better reflect the diversity of Tribal members' experiences¹. These access to care issues disproportionately affect rural residents, low-income households, older adults, people with limited English proficiency, and caregivers.

Additional developments further illustrate the urgency of strengthening the Medicaid and public health infrastructure. As an example, rising mental health needs intensify this demand, with one in four Wisconsin adults reporting anxiety or depression and nearly half of those individuals receiving no treatment⁴. Youth mental health challenges have also escalated, and counseling has proven effective for those who access it. In response, state agencies are collaborating through the Interagency Council on Mental Health to reduce barriers and ensure people receive care regardless of where they seek help⁴.

Positive impact: Increasing access to care, strengthening connections to community resources, and expanding Medicaid to address health related social needs will directly reduce strain on Wisconsin families and create a more efficient and responsive health system. Investments that improve enrollment processes, reduce administrative barriers, and enhance coordination across clinical, public health, school, Tribal, and community providers will help residents access timely and appropriate services. Strengthening coverage and linkages to mental health, food security, transportation, and housing supports will reduce emergency department utilization, prevent avoidable illness, relieve caregiver burden, and support the workforce through reduced absenteeism and increased stability. These investments not only improve individual well-being but contribute to stronger communities and reduce long term healthcare expenditures.

Rationale: This recommendation aligns with established priorities in the State Health Plan, the State Health Improvement Plan Committee, the DHS 2025 to 2027 Budget Recommendations, the Governor's proposed 2025 to 2027 budget, and bipartisan support for postpartum Medicaid expansion. Findings from the Medicaid Advisory Committee and the Interagency Council on Mental Health further highlight the importance of early intervention, prevention, and coordinated care strategies. By strengthening Medicaid's capacity to support health related social needs, preventive services, school-based health, community-based mental health, and Tribal partnerships, Wisconsin can improve health outcomes, strengthen its workforce, reduce preventable healthcare spending, and support long term state prosperity.

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