



**ROBERT M. LA FOLLETTE
SCHOOL OF PUBLIC AFFAIRS**
University of Wisconsin-Madison

La Follette Policy Report

Robert M. La Follette School of Public Affairs, University of Wisconsin–Madison

Volume 20, Number 1, Fall 2010

Director’s Perspective

Modern-day slavery fight draws on many disciplines

Policy practitioners, researchers, and non-profit organization leaders engaged in discussion and learning about how the spread of modern-day slavery can be stopped through better public policy during the La Follette School’s spring symposium on April 30. More education, more comprehensive laws, and greater public awareness and empathy for victims are just a few examples of changes that would make a difference in reducing human trafficking and its horrific impacts.

Each year, our public policy symposium addresses an issue we think is of critical interest and importance, and that transcends disciplinary boundaries in ways that cannot be easily grasped or addressed by a narrow scholarly or policy focus. This year, we were inspired by the work of E. Benjamin Skinner, the author of *A Crime So Monstrous: Face-to-Face with Modern-Day*

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Policy and Practice of Financial Literacy and Financial Security

By J. Michael Collins

Growing consumer debt, low national savings, and increasing rates of bankruptcies are often mentioned in the media as evidence of widespread financial insecurity. They are also taken as evidence of widespread “financial illiteracy.” But just what being financially secure or financially literate means, how each status is to be measured, and the relationship between “literacy” and financial behavior remain unsettled areas of research and public policy. Is financial literacy to be judged on the basis of knowledge or behavior? Which behaviors might demonstrate financial literacy? How do literacy and behavior interact to promote financial security? Financial decisions represent complex choices and are affected by more than knowledge; economic and social factors (e.g., age, income), life events, emotion, and trust all play a role, as do peers and social norms.

As financial products, services, and providers have expanded dramatically over the decades, so too has financial risk. People now handle their own retirement plans instead of relying on employers to manage their pensions. Projected shortfalls in the Social Security system may mean less generous coverage when today’s younger cohorts retire, requiring greater personal responsibility for income during retirement. The greater variety of investment products and loan options make the ability to discriminate among them more challenging and essential for personal financial security. Development of more risky loans and investments means that individuals are vulnerable to “predatory” sales practices that often target populations with low financial literacy. In short, the increased demand for the knowledge necessary to navigate the financial landscape make “financial literacy” a growing individual and public policy issue. Indeed, changing products and the development of consumer protection laws governing financial transactions mean that financial literacy is a dynamic state—individual knowledge must keep up with financial institutions, products, and government policies as well as one’s own life circumstances.

Surveys indicate that important disparities exist in financial understanding across race and income. The findings underscore the greater financial disadvantage of minority and low-income populations. Financial education and counseling hold great promise as a strategy for consumers in a variety of financial contexts, but the evaluation literature is far from conclusive on the effectiveness of greater knowledge in leading to better financial outcomes.

Center for Financial Security

The University of Wisconsin–Madison’s Center for Financial Security facilitates research, program development, and evaluation of financial decision-making across the life course. An overarching aim of the center is to direct research on consumer

behavior — a tradition in many fields of inquiry — to bear in increasing people’s understanding of financial decision-making. A second theme of the center is to promote the concept that developing financial knowledge and capability is a lifelong endeavor: A variety of decision points throughout life affect an individual’s capacity to save and manage her or his household balance sheet in ways that result in financial security. Thus the center draws on faculty from many disciplines and has research projects that range from looking at pre-school children’s cognitive development and understanding of financial concepts to end-of-life financial planning.

The University of Wisconsin–Madison’s Center for Financial Security received first-year funding of \$1.4 million in October 2009 to participate in the Financial Literacy Research Consortium. The Social Security Administration established the consortium as part of its strategic plan entitled “Special Initiative to Encourage Saving.” The consortium comprises three national research centers under a five-year cooperative agreement. The three centers are Boston College’s Center for Financial Literacy; the Financial Literacy Center (a joint project of the RAND Corporation, Dartmouth College, and the Wharton School), and the University of Wisconsin–Madison’s Center for Financial Security. In funding these centers, the Social Security Administration seeks to develop innovative, research-based communications and programs to help Americans plan and save for a secure retirement.

All three centers engage faculty and graduate students through inter-disciplinary partnerships on cutting-edge consumer finance issues with the goal of identifying strategies for overcoming financial literacy deficits. Unlike the other two centers in the consortium, our Wisconsin center focuses on financial issues specific to vulnerable populations, which we define not just by income but also by characteristics that cause them to face unusual or more difficult financial decisions or that make them particularly at risk when events occur with large financial consequences. Vulnerable populations include families with children with disabilities, individuals with chronic health conditions, people with cognitive impairments, and people facing negative life events (e.g., job loss, family member’s death). While financial illiteracy, mistakes, and naïveté are by no means isolated to these individuals, from the policy perspective of safeguarding vulnerable populations, as well as on the grounds of social equity, this population is worthy of focus. During the first year of Social Security Administration funding, the center’s research focused on three vulnerable populations: people with low incomes, people facing negative shocks, and people with disabilities and their caregivers.

Low-income households and people in poverty are a long-time focus of social policy and research programs, including

those of the Social Security Administration. In the absence of public benefits, many retired working-class individuals would otherwise live in poverty. Upon retirement, most households will benefit from the income transfer provisions of the Old Age, Survivor and Disability Program, otherwise known as “Social Security,” with benefits depending on retirees’ overall work status and employment levels. Yet consumers may know little about financially planning for their retirement planning, nor about the risks they face when saving for retirement years. Many working-age people overestimate future Social Security benefits, which discourages current saving. Basic financial literacy and financial management capacity are critical to this population.

Households facing financial shocks are the second population of focus for the Center. Loss of employment, the onset of health problems, the death of a spouse or family member, housing market collapse and foreclosure, business failure/bankruptcy and even a natural disaster are all examples of events with large financial impacts that can strike anyone. The processes that lead to these events have

a random component, and all of them carry large, negative economic repercussions. Being financially literate and knowledgeable is important in cushioning these shocks and for managing credit and assets during these periods. For example, individuals must be familiar with the provisions of retirement plans that specify the conditions under which withdrawal is possible or that minimize the cost of withdrawal. However, identifying and communicating with households in moments of crises is often difficult. As a result, many decisions are made in the absence of useful information or advice. The work of the center aims at helping people identify shocks and the corresponding types of information that they require, as well as recommendations on best practices for ensuring people receive the information they need in a timely fashion.

The third major area of financial literacy research is individuals with disabilities and parents of children with disabilities. Of the nearly 51 million individuals who receive some form of Social Security, more than 9 million people (17 percent) are workers with disabilities or their dependents. For example, through the Center for Financial Security, University of Wisconsin–Madison-based researchers have documented the relative income and well-being changes experienced by those who receive Social Security Disability Insurance benefits, and they have examined the psychological well-being, job status, and income of parents who have children with disabilities. For disabled people and parents with adult children with disabilities, unique issues of saving arise: What is needed to provide for children, the costs of the children’s and their own care, and retirement? These decisions require careful balancing and managing. Moreover, these decisions depend not only on market conditions, savings, investment

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opportunities, and interest rates, but also on benefit programs rules that may constrain the options available to parents desiring to provide for their children. Research sponsored by the center seeks to strengthen programs that provide financial information and assistance to individuals with disabilities and their families.

Center researchers will present their preliminary project findings this fall to peers, outside scholars, and practitioners at the University of Wisconsin–Madison and in Washington, D.C., where invitations will go out to key policymakers as well. The center is engaging even more partners from universities and organizations throughout the country while continuing the first year’s focus on vulnerable population groups. New projects will examine intervention points such as tax preparation, as well as the dynamics of choices to save or pay down debt. Other likely projects will expand the exploration of technology as a financial education tool, as well as special issues facing the unbanked and disabled populations.

Counseling and Advice

While education models support conveying information to people and can be well suited to the needs and interests of the learner, in some situations people may need direct advice instead of information. The financial planning field has long provided advice about saving for retirement. However, this field serves a relatively small portion of the population and is often not well matched to special needs or low-income populations. In some circumstances individuals may face complicated financial issues, including legal or regulatory technicalities, where education alone is unlikely to be sufficient. In these cases, individuals need the advice and counsel of an expert who has repeated experience with people in such circumstances. Multiyear funding from the Annie E. Casey Foundation is allowing the Center for Financial Security to explore emerging approaches for improving financial behavior through financial counseling, advice, and coaching. More than just research, the project is engaging the center in evaluations of counseling and coaching programs nationally, as well as conducting pilots with community volunteers in Wisconsin. Of particular interest are advice models linked to public programs, such as tax preparation or parents in Head Start pre-school programs. Building on these programs targeted to low-income people, advice models can engender positive changes in financial behaviors.

To the extent these models facilitate self-actuated information-seeking, people can be helped to become discerning, resourceful, and confident consumers of financial information. From this perspective, providing financial information may be less effective than helping individuals develop skills that allow them to seek and utilize financial information

effectively on their own. As financial products become more complex, and sometimes obsolete, it is arguably more important than ever for financial education programs to assist individuals in becoming self-actuated information seekers.

With support from the Certified Financial Planner Board of Standards Inc., the Center for Financial Security is engaging with families to set and attain financial goals. In spring 2010 University of Wisconsin–Madison students supervised by certified financial planners coached more than 50 people

recruited from a large community-based income tax preparation site in Madison. The weekly individual meetings focused on financial goal formation and attainment, including managing credit, keeping a spending diary, opening a bank account, and tracking spending. The project taught undergraduates intending to pursue careers in

finance about lower-income populations and provided experiences to apply their training. It connected students to financial professionals and professionals to underserved populations. Meanwhile, targeted clients received help in achieving financial goals.

The Center for Financial Security worked with the Dane County University of Wisconsin Extension’s Financial Education Center to recruit and train volunteers who participated in a six-month Financial Coaching Institute. Coaches were encouraged to check in with their partners on a weekly or biweekly basis to monitor progress. In April 2010, the group had a graduation ceremony for 12 families who took part in the pilot. The program enabled partners to work with motivated community members to take the steps necessary for them to shore up their own financial well-being.

Family Financial Security Symposium

The Center for Financial Security hosted the symposium “Family Financial Security: Implications for Policy and Practice” in April 2010, funded in part by Wisconsin-based insurance and credit union organizations. The symposium drew more than 120 attendees from industry, the non-profit sector, and academia nationally, and provided an opportunity to translate research findings into implications for practitioners. Experts in economics, finance, psychology, law, public policy, and human development addressed issues of financial security in the face of a changing economic landscape. Panels explored policies, programs, and financial products that can help set the stage for sound household financial decisions. They also illustrated how people choose financial products. Panels included financial services choices, credit selection, thrift and debt, and retirement. The discussions reflected a willingness of researchers, practitioners, and policymakers to collaborate in how research and knowledge can be developed and disseminated to assist people in their personal financial deliberations.

The center aims to help people identify shocks and the corresponding types of information that they require, as well as recommendations on best practices for ensuring people receive the information they need in a timely fashion.

Symposium participants focused on the need for savings, noting that individuals required good information to make the best decisions. Speakers noted that even well-designed financial services and products can be poorly implemented, delivered by a self-interested sales force, and derailed by economic events. Improving how services and products are communicated and delivered to consumers remains an underexamined, yet critically important, area.

Another theme of the symposium related to how we measure financial choices. While strong correlations exist between education and aptitude in mathematical reasoning, self-control, time preferences, and propensity to plan, these characteristics are also related to financial knowledge and behavior. However, the behavior-knowledge linkage may run in either direction. For example, some people — maybe those who are more patient — may be willing to invest in many aspects of their lives, from education to financial knowledge and savings, so that this trait may explain much of financial behavior regardless of financial literacy. Alternatively, for people with an intense focus on the present, only a highly structured system is likely to be successful in building savings and preventing high debt levels.

A third theme that emerged was a reflection on the consumer-driven economy of the early 21st century. A period of relatively flat income growth with expanding consumer spending and accumulation of a larger array of consumer goods was facilitated by excessively easy credit. Because borrowing is not a substitute for income, the resulting consumption rates were unsustainable. No amount of financial education can make up for structural issues that constrain the earnings of American workers; changing larger societal norms and expectations such as thrift is necessary to limit consumption and promote savings. While thrift was a concept that people and organizations embraced during and coming out of the Great Depression, this notion has fallen out of the vernacular in recent decades. Understanding attitudes about spending, savings, and borrowing has now returned as an important topic for consumers, industry, and policymakers.

A final theme focused on the context of financial decision-making by vulnerable populations. Historical disadvantages in the labor, credit, housing, and other markets have restricted access to certain kinds of savings, investment, and debt products and services. Opening up these markets to underserved populations has the potential to make society better off, but the risks and rewards of these offerings need to be considered. The expansion of subprime lending to first-time mortgage borrowers is one example of opening historically closed markets without a corresponding understanding of financial literacy and infrastructure needs that consumers need to navigate the newly expanded marketplace. People must be able to figure out how to make the decision specific to their own situations in a rapidly changing environment.

Of course, there is no single solution for all consumers — we need to adapt products and disclosures for people based on where they are in their lives.

Conclusion

The Wisconsin Idea articulates the responsibility of university faculty and researchers to engage with the public by producing research that makes a difference in the lives of people and the community. The Center for Financial Security reflects the Wisconsin Idea in its mission statement: To improve consumer financial management. The center accomplishes this goal by involving researchers and practitioners from different disciplines and different schools of thought — intentionally multi-disciplinary in nature — to influence people's lives beyond the boundaries of the classroom. The Financial Literacy Research Consortium funding is for research that focuses on improving consumers' financial literacy. Those efforts and other applied research on financial behavior are informing Extension, state, and federal agencies, and are generating findings that will lead to strategies to increase savings and to manage credit and debt. At the end of the day, we hope to have a population better equipped with information and strategies to prepare for a more secure financial future. ♦

Center brings together experts from public affairs, other areas

The University of Wisconsin–Madison's Center for Financial Security is a cross-campus, interdisciplinary enterprise that focuses on applied research to promote individual and family financial security, and to inform the public about financial savings strategies at the local, state, and national levels. Based in the School of Human Ecology, the center builds on the University of Wisconsin–Madison's long history of leadership in public policy and poverty research, engaging faculty from across campus, with significant leadership from the La Follette School of Public Affairs and the Institute for Research on Poverty.

The center's faculty director, J. Michael Collins, and La Follette School professor emerita Karen Holden conceived of the center. They are both faculty members of the School of Human Ecology's Department of Consumer Science, which has the mission of understanding consumer behavior, including concerning personal finance.

Other La Follette faculty and affiliates funded through the grant include Pamela Herd, public affairs and sociology; Maximilian Schmeiser, consumer science; and Geoffrey Wallace, public affairs and economics. In 2010, the Center for Financial Security hired six research assistants from La Follette's master of public affairs degree program. Other funded faculty members are in consumer science and educational psychology. In addition, in its first year of federally funded work, the Center for Financial Security research team is collaborating with Abt Associates; University of Wisconsin Cooperative Extension; and the Institute for Research on Poverty and the Center for Demography of Health and Aging, both at the University of Wisconsin–Madison.

Personal Health Records: Supporting Meaningful Uses of Health Information Technology — by the Patients

By Patricia Flatley Brennan and Edmond Ramly

Innovations in health information technology are essential for achieving national objectives for promoting health and preventing disease. Although the 2009 American Recovery and Reinvestment Act (ARRA) will ensure that every American has an electronic health record by 2014, electronic medical records are not enough. Engaging patients as full partners in their health care requires that information technology solutions be built to address the specific needs of patients and their family caregivers. In the parlance of contemporary health policy, lay people must be able to make “meaningful use” of health information technology

ARRA’s health information technology component — the Health Information Technology for Economic and Clinical Health (HITECH) Act — explicitly advances meaningful use of information technology to improve quality of health care; the act also establishes a foundation for health-care reform. HITECH provides \$17 billion in incentives for physicians and hospitals to make meaningful use of certified electronic health records to enable information exchange with other providers and with public health institutions. Meaningful use of health information technology is a staged program that provides financial incentives (or penalties) depending on a clinic’s, physician’s, or health-care provider’s ability to document the existence and use of adequate computer support for

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health care. While most provisions deal with certification and integration of electronic health records into medical practices and creation of links across practices, other components would create personal health records to ensure that lay people have electronic access to all aspects of their medical records and that they can easily send and have integrated into their clinical records observations they and their caregivers make outside the doctor’s office.

Personal Health Records

In 2003, the Markle Foundation defined personal health records as: “an electronic application through which individuals can access, manage, and share their health information, and that of others for whom they are authorized, in a private, secure, and confidential environment.” This definition has three key policy-relevant components:

- ◆ Personal health records need to use electronic applications to store data in many places.
- ◆ A personal health record should enable patients and providers to take action based on the data stored in the various places.
- ◆ Consumers have a primary role in controlling access to information stored in their personal health records.

Early efforts in developing personal health records emphasized the role of the records as a derivative of the clinical information system — a partial replica of one’s medical record. Policies like the 1996 Health Insurance Portability and Accountability Act, which governs the curatorship of, access to, and use of data in the medical record, were expected to extend to data stored in personal health records.

Clinical electronic health records are not suitable for patients to use to record and store personal health information, such as a blood-glucose level. At the same time, such information captures challenges patients face every day as they cope with complex health problems and seek to achieve health goals. While progress toward integrating electronic health records into most clinical practice environments continues slowly, rapid development of personal records is outstripping the cumbersome and costly creation of electronic records and their implementation into clinical practice.

Project HealthDesign

One initiative leading the development of personal health records is Project HealthDesign, a program launched in 2006 with \$9.5 million in funding from the Robert Wood Johnson Foundation. It is based on the proposition that patients are experts in their own experience. Created to stimulate innovation in personal health information technology, Project HealthDesign sees personal health records as more than services that give patients access to their medical records. Rather, it sees the concept evolving to a point where multiple health applications can access patient health data and use the information to help patients take care of themselves and make healthier lifestyle choices. Project HealthDesign recognizes that patient-generated and clinician-generated data are complementary. Therefore, proper integration of personal and clinical electronic health records is essential for the meaningful use of health information technology.

Project HealthDesign is exploring practical ways to digitally capture and integrate patient-recorded observations of daily living into clinical care and testing the developed solutions with patients and providers. Project HealthDesign has funded two rounds of interdisciplinary teams to design and test electronic tools to help patients and systematically record health data and manage their health care (see Table 1). The experiences of more than 500 patients involved in testing these tools are evidence of the importance of patient-generated data and of personal health records as a key innovation in health information technology to better engage patients in their health and health care.

The Project HealthDesign national program office at the University of Wisconsin–Madison School of Nursing is interviewing lay people to better understand the sorts of observations people make about their health, how often they make them, why they make them, how they interpret them, how they use them to inform their decisions, and which actions they base on these observations of daily living. These idiosyncratic feelings, sensations, behaviors, and environmental characteristics that make up patient-identified health observations are essential for compiling a complete and meaningful picture of the patient experience. One of Project HealthDesign's key findings is that patients want to identify and define the kind of data used to measure their health. They do not just want to fill in someone else's chart — they want to decide what is measured and help interpret how it relates to their health generally.

Incorporating Observations of Daily Living in Clinical Care

The Project HealthDesign teams understand observations of daily living to be indicators of a person's experience that alert the person to take action, such as calling a clinician, exercising more, or adjusting fluid intake. Observations of daily living might not be easy to understand immediately, though that does not mean they should be ignored. They need to be used for what they are: indicators that something

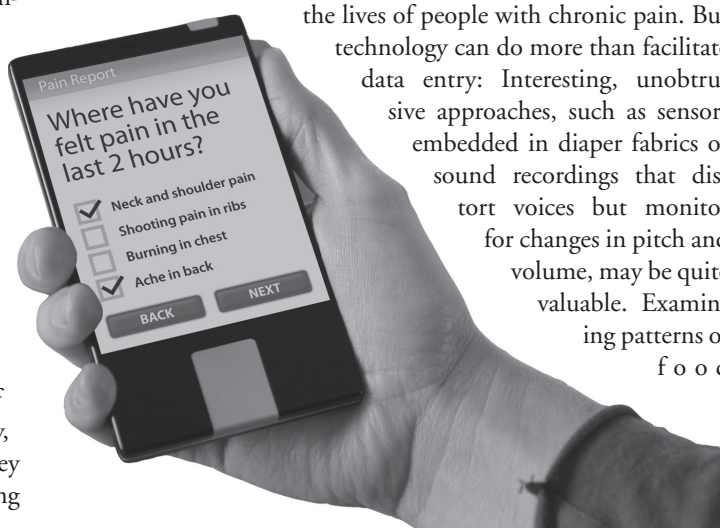
is happening related to the person's health. They are relevant to providers because they help inform therapies. For example, observations might help explain why prescribed therapies are not working, as in the case of a patient who skips an anti-hypertensive medication because he or she has wrongly determined that the frequency of urination indicated a problem with the medication rather than an expected consequence. By shedding light on everyday health experiences, observations of daily living might be useful to ensure that prescribed therapies are followed.

Clinicians, patients, and designers are investigating observations of daily living to understand which indicators people attend to, which ones are meaningful, how computerized tools can ease their capture and interpretation, and what these observations can tell clinicians and their patients about the person's health state. How observations of daily living may improve clinical workflow with the largest benefit is also under investigation.

Enabling patients to make meaningful use of health information technology requires an understanding of what patients attend to in everyday living that alerts them to aspects of their health status. It also requires expanding the ideas of patient-relevant information to include patient-generated data captured in the home and information gathered by patients under the direction of health-care providers. Patient-generated data also include the patients' records of their experiences. The vast majority of health care happens outside of interactions with health-care practitioners and hinges on the choices and actions people take every day — what they eat, where they live, how they feel, and with whom they interact.

Incorporating these observations of daily living into clinical practice will only happen when technology provides the tools for interpretation and integration that afford clinicians an efficient glance into everyday life. Such innovation at the intersection of personal and clinical electronic health records needs to accompany the electronic health record innovation the HITECH Act encourages.

Health information technology designed for patients and family caregivers can help them note sleep-rest patterns, mood, or the effect of temperature changes in the lives of people with chronic pain. But technology can do more than facilitate data entry: Interesting, unobtrusive approaches, such as sensors embedded in diaper fabrics or sound recordings that distort voices but monitor for changes in pitch and volume, may be quite valuable. Examining patterns of food



consumption and table talk tensions may hold the key to insulin control by a brittle diabetic. Once data are collected, patients and caregivers can make meaningful use of the technology to interpret the data and take action. This scenario may sound impractical or futuristic, but the practice is already mainstream. Apple has available nearly 6,000 health applications, ranging from those that track caloric intake or mood to those that measure symptoms of chronic disease.

Some of the Project HealthDesign grantees have integrated

observations of daily living into clinical work flows. For example, the University of Massachusetts Medical School team designed an electronic diary, to help patients document their daily pain experiences and physical activities. The diary supports collection of self-reported pain and activity data on a handheld device and provides patients and their health-care providers with options for analyzing and displaying these data. Patients and providers use the tool independently and together during appointments. The Project HealthDesign

Table 1: Project HealthDesign Initiatives

Project HealthDesign is developing practical ways to digitally capture and integrate patient-recorded observations of daily living into clinical care and testing the developed solutions with patients and providers. The initiatives are being conducted in two rounds.

Round 1

Personal Health Application for Diabetes Self-Management

T.R.U.E. Research Foundation and the Diabetes Institute at Walter Reed Army Medical Center designed a system to assist with the main components of diabetes self-management by capturing observations of daily living.

Assisting Older Adults with Transitions of Care

The University of Colorado at Denver and Health Sciences Center designed a portable touch-screen computer for older patients or their caregivers to better manage complex medication regimens at home.

Chronic Disease Medication Management

The University of Washington designed a system that allows people with diabetes to record their blood glucose levels, blood pressure, diet and exercise, and quickly upload these readings via cell phone to their health-care provider.

My-Medi-Health: A Vision for a Child-Focused Personal Medication Management System

Vanderbilt University developed a cell phone application for children with cystic fibrosis and their caretakers to track medications, alert parents when doses have been taken, manage refills, and more.

Supporting Patient and Provider Management of Chronic Pain with PDA Applications

The University of Massachusetts Medical School’s electronic diary supports collection of self-reported pain and activity data on a tailored handheld device.

A Customized Care Plan for Breast Cancer Patients

A University of California, San Francisco, calendar integrates breast cancer patients’ treatment and personal schedules to help them better understand and coordinate their care.

Transmedia Personal Health Record Systems for Young Adults

Stanford University and the Art Center College of Design are helping adolescents with chronic illnesses assume greater responsibility for their health by exploring a personal health application that fits within teenagers’ lives.

Personal Health Record System for At-Risk Sedentary Adults

Research Triangle Institute International worked with the Cooper Institute to develop a personal health record tool to help sedentary adults become more physically active.

Personal Health Management Assistant

The University of Rochester’s “conversational assistant” provides heart-disease patients with a “daily check-up.”

Round 2

Monitoring Older Adults’ Routines

Carnegie Mellon University technology will monitor routines of older individuals who have arthritis and are at risk for cognitive decline. The data will aid long-term assessment and treatment. The technology will monitor medication usage, movement around the home, cooking, and other activities.

Addressing Asthma and Depression

RTI International and Virginia Commonwealth University are designing a personal health record application for patients with asthma and depression to provide a clearer picture of their health in everyday life for treatment and self-monitoring.

Using Smartphones to Manage Teen Obesity, Depression

Through San Francisco State University, low-income teens with obesity and depression use smartphones to monitor physical activity, food intake, and mood. The teens can easily share the data with their care team to help set health goals, track progress, and improve physical and mental health.

Crohn’s Disease

The University of California, Berkeley, The Healthy Communities Foundation, and the University of California, San Francisco, are helping young adults with Crohn’s disease create visual narratives of their condition and treatment to provide feedback to providers about how they feel from day to day.

Helping High-Risk Infants

The University of California, Irvine, and Charles Drew University are creating a mobile device to collect information on pre-term low-birth-weight infants. Their primary caregivers can record data such as the baby’s temperament, exercise, and feeding and sleeping schedules. Providing nearly real-time data to clinicians will improve communications and care.

research team found that use of the diary significantly enhanced communication between clinicians and patients, enabling more precise and nuanced understanding of symptoms and the appropriateness of particular treatments.

Ensuring Expansion of the Policies Governing Meaningful Use

HITECH included language directing the Office of the National Coordinator of Health Information Technology, a division of the U.S. Department of Health and Human Services, to create two committees to guide the implementation of meaningful use of health information technology to help the United States achieve the vision of Healthy People 2020, our national objectives for promoting health and preventing disease. The policy committee is to recommend to the national coordinator “a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information.” The standards committee is to recommend “standards, implementation specifications, and certification criteria for the electronic exchange and use of health information.” The standards committee initially will focus on the policy committee’s recommendations.

One of the policy committee’s six work groups is examining meaningful use of information technology. It will recommend “how to define meaningful use in the short- and long-term; the ways in which electronic health records (EHRs) can support meaningful use; and how providers can demonstrate meaningful use.” Another work group will advise the national coordinator on a strategic plan.

Experts and stakeholder representatives testified in April 2010 about the meaningful use of health information technology by patients and consumers. In my comments, I drew from insights gleaned as Project HealthDesign’s national program director and as a member of the strategic plan work group. Testimony emphasized the importance of collecting patient-generated data and sharing it with health-care providers and outlined the implications for meaningful use of health information technology by patients.

Meaningful use of health information technology by health-care providers is important, but patients must be engaged and enabled so they use new electronic tools to manage their health. Technology can be a powerful tool for transforming the health-care system into one that is more patient-centric, responsive, and effective. However, to achieve this transformation, all patients will have to be more engaged in managing their own health, working with their physicians and other health-care providers. In essence, patients, too, must make “meaningful use” of health information technology.

Implications for Meaningful Use

Ultimately, patient-generated data — including observations of daily living — should be incorporated into electronic health records and into the HITECH Act’s incentives to advance meaningful use of health information technology

without adding a significant burden for health-care providers. Accomplishing this goal requires three changes:

1. **Health information technologies and policies must enable information selected and gathered by patients for their personal health records to be integrated into their clinical care.** The flow of information about an individual’s health should go two ways, from providers to patients and from patients, who are experts about their daily activities, to providers. Health information systems architecture that supports electronic health records or electronic data exchange should have sufficient flexibility to accommodate changing observations of daily living in the personal health records and permit inclusion of a wide variety of patient-defined, acquired, and generated information. This development will require policies that preserve the integration of data elements (as opposed to data storage) and tolerate data retrieval from many storage sites.
2. **Health information must be accessible to patients in a computable form.** Project HealthDesign’s grant recipients and numerous private companies have been developing applications and services to let patients use health data in innovative ways, whether via computers, mobile devices, online communities, or other means. Emerging industrial solutions such as data integrators may serve as repositories, but regulations should require that data generated by the health system (and by personal health records providers) be available to patients in a form that can be read by a computer program and manipulated and integrated with other information. Merely seeing health data on a screen or downloading it in a PDF or other locked file format will not let patients use information in ways that are most valuable to them.
3. **Health information for patients must be actionable.** Health information forms the basis of healthy action. This point is central to the Project HealthDesign’s overarching vision. Personal health information must be meaningful to patients as they make decisions about their health care. The first step is for all providers to release patient data in computable, electronic forms — then let the third-party “apps” builders creatively make the tools to integrate this information into meaningful presentations to guide healthy action. More specifically, patients should have access to information in clear language that is accessible to those with lower literacy levels. Educational materials should translate raw numbers into a context patients can comprehend, as well as instructions about how to modify their own behaviors to support good health.

If a key purpose of the emerging regulations is to provide “patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health,” then sufficient attention needs to be paid to creating not only provider incentives and data exchange mechanisms, but also the decision logic and visualization tools that help patients to understand the data. As the discussion about meaningful use continues we must all keep the focus on the ultimate user — the *patient*. ♦

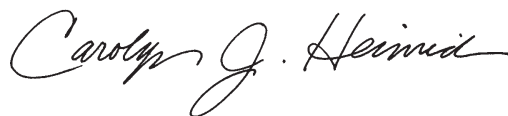
Director's Perspective

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Slavery, which received the 2009 Dayton Literary Peace Prize. In his book, Ben defines modern-day slavery as “people that work under threat of violence for no pay beyond sustenance.” Ben has crossed four continents to uncover accounts of human lives devastated by human trafficking, slave labor, urban child markets, sexual slavery, and illegal brothels. In his keynote lecture, he poignantly put a human face on modern-day slavery, illustrating the scope and intensity of this problem in a way that we can usually only understand through statistics.

A foremost goal of our symposium is to connect public policy research and practice. Our panelists and the more than 200 people who attended our slavery symposium and keynote lecture represented the wide-ranging fields and interests caught up in fighting modern-day slavery at local, state, national, and international levels, from a nun working as a nurse in Racine to the executive director of WE International, which is tackling these issues in places such as Kigali, Rwanda. Human trafficking traverses many public policy domains, including international trade, legal, human rights, social welfare, labor, public health, economic, and education issues. By addressing the nature of the problem, the available policy instruments to address it, and the challenges of implementing and enforcing these policies, we hope to contribute to public action that will help solve these complex problems.

The La Follette School plays an important convening role on the University of Wisconsin–Madison campus when we bring together people to explore multi-faceted issues of import such as modern-day slavery or the challenges of increasing financial literacy and financial security among our most vulnerable populations. Whether it is through gathering in person to share best practices and firsthand accounts of the challenges we face as researchers and policy practitioners, or through interdisciplinary exchanges in a cross-campus, inter-disciplinary research center such as the University of Wisconsin–Madison’s Center for Financial Security, we advance knowledge and open avenues to new ways of thinking, while simultaneously promoting the generation of evidence-based policy solutions. We welcome you to join us in these ongoing efforts.



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The *La Follette Policy Report* is a semiannual publication of the Robert M. La Follette School of Public Affairs, a teaching and research department of the College of Letters and Science at the University of Wisconsin–Madison. The school takes no stand on policy issues; opinions expressed in these pages reflect the views of individual researchers and authors.

Robert Haveman Editor
Karen FASTER Publications Director

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La Follette School Symposium on Modern-Day Slavery

The symposium, “Modern-Day Slavery,” featured three panels of experts from academia, public policy, non-profit organizations, and law enforcement, many of whom are members of the Wisconsin Office of Justice Assistance Human Trafficking Committee. Madison native E. Benjamin Skinner, author of *A Crime So Monstrous: Face-to-Face with Modern-Day Slavery*, gave the plenary talk.

More than 70 people attended the symposium which opened with a panel of three University of Wisconsin–Madison professors who provided an overview of the broader issues of modern-day slavery, drawing from their research: Araceli Alonso, of Gender & Women’s Studies and the School of Medicine and Public Health; Jane L. Collins, Evjue-Bascom Professor of Community & Environmental Sociology and Gender and Women’s Studies; and Heinz Klug, Evjue-Bascom Professor in Law and H.I. Romnes Faculty Fellow. Collins and Klug are La Follette School faculty affiliates.

The second panel discussed the scope of the problem of modern-day slavery in Wisconsin. They included La Follette School alumni Karina B. Silver, of the Wisconsin Office of Justice Assistance Human Trafficking Committee, and Marianna Smirnova, human trafficking policy specialist at the Wisconsin Coalition Against Sexual Assault, who both share their expertise in this issue of the *Policy Report*. The second panel also featured JoAnn Gruber-Hagen, chair of Slave Free Madison; and professor Margo Kleinfeld, University of Wisconsin–Whitewater Geography and Geology Department and member of the Office of Justice Assistance Human Trafficking Committee. Silver and Smirnova hold master of international public affairs degrees from the La Follette School.

The final panel brought the perspectives and experiences of law enforcement officials and others working in the field to combat modern-day slavery problems to the discussion. This panel included immigration attorney Saejung Lee; Amy Coleman of the Federal Bureau of Investigation; David Lippiatt, executive director of WE International; Brian Payne, an organizer with Interfaith Center for Worker Justice; and Lynda Stott of the Milwaukee Police Department.

The following two articles explore federal and state-level policies to combat modern-day slavery and outline efforts to gauge the magnitude of the problem in Wisconsin. ♦

Impact of Federal Policies on Wisconsin Efforts to Fight Human Trafficking

By Marianna Smirnova

Human trafficking is not a new phenomenon. It is recognized globally as modern-day slavery. However, in the United States, the term “trafficking” in reference to people came into common usage only after passage of the 2000 Trafficking Victims Protection Act. That act codified two types of trafficking — sex and labor exploitation — and outlined three pillars of response:

- ◆ Prevention,
- ◆ Protection, and
- ◆ Prosecution.

The implementation of this new law changed the criminal justice landscape by ranking human trafficking high on state and federal governments’ priority lists. Yet, in spite of this, efforts to fight slavery nationally and in Wisconsin have fallen short. The impediments to effective enforcement include a shortage of funding for vital victim services, overemphasis on sex trafficking, and sole focus on foreign victims and neglect of domestic victims and rural communities. Wisconsin, by virtue of its location and demographics, largely fell off the radar of national and state policymakers in the allocation of resources to fight human trafficking.

The U.S. State Department’s Office to Combat Trafficking in Persons coordinates federal government anti-trafficking activities. The office’s annual reports monitor global efforts to fight human trafficking and classify countries as to whether they are points of origin, transit, and/or destination for human trafficking victims. Although the United States did not include a direct self-evaluation in the reports until 2010, it did position itself strictly as a “destination” country. Early policymaking was based on the view that trafficking was concentrated in urban areas, that the scope of sex trafficking outweighed forced labor, that victims were primarily trafficked from abroad, and that domestic victims would be eligible for existing social services. As a result, the federal government

Marianna Smirnova is the human trafficking policy specialist at the Wisconsin Coalition Against Sexual Assault. She coordinates the Wisconsin Office of Justice Assistance’s Human Trafficking Committee, which is producing a statewide protocol on human trafficking. She earned a master of international public affairs degree from the La Follette School in 2008 with a focus on human trafficking.

directed the few funds allocated for victim services only to aid foreign victims, and focused on “ports of entry”: border states and metropolitan centers with international airports, ports, and high numbers of recent immigrants.

This position also meant that federal and state governments were on the receiving end of a problem perceived to originate elsewhere. It led to rigid conditions for receipt of federal funding. Not until funds were reauthorized in 2008 did federal policy recognize that trafficking of U.S. citizens within the nation’s borders is a large problem and that all forms of trafficking are prevalent in rural and urban areas. This new perspective demonstrated the need for an expansion of resources and the recognition that the United States is a destination *and* an origin and transit point for human trafficking.

Funding for national and state-level human trafficking initiatives has been directed primarily through the U.S. Department of Justice and U.S. Department of Health and Human Services. Monies are categorized by the Prevention, Protection, and Prosecution pillars of response. Local law enforcement task forces are funded by the U.S. Department of Justice’s Office Bureau of Justice Assistance to *prosecute* traffickers under federal and state anti-trafficking statutes. Service providers are funded by the U.S. Department of Justice’s Office for Victims of Crime to meet the needs of and assure safety and *protection* to victims. The U.S. Department of Health and Human Services funds local chapters of the Rescue and Restore Coalition to work on *prevention* of trafficking by raising public awareness of the issue.

Successes and Struggles in Wisconsin

Wisconsin was the 33rd state to pass anti-human-trafficking legislation. To many people, the issue of human trafficking was unknown, and those familiar with it saw it as mainly a problem in other countries or elsewhere in the United States. Then, in 2005, a widely publicized case of a Milwaukee couple convicted for forcing a young woman from the Philippines to work as their domestic servant for 19 years changed the perceptions of Wisconsinites.

To probe the extent of the problem, the Wisconsin Office of Justice Assistance formed a statewide multidisciplinary Human Trafficking Committee. Wisconsin outlawed human

trafficking in 2008 largely due to efforts by committee members and other stakeholders, such as Citizens Anti-Trafficking Legislative Workgroup, as well as the results of the Wisconsin Office of Justice Assistance report *Hidden in Plain Sight* described elsewhere in this issue of the *Policy Report*. Despite its robust provisions for prosecutions of traffickers and any persons who knowingly benefit from trafficking, as well as the affirmative defense and civil remedies for victims of trafficking, it did not fund victim services, data collection, or a state-level coordinating task force. These services are recommended by the U.S. Department of Justice model anti-trafficking statute and the two leading national human trafficking groups, Polaris Project and Freedom Network.

With no state funding, federal funding and policy largely drive anti-trafficking work in Wisconsin. In 2005 Milwaukee received a federal grant to establish a task force of local and federal law enforcement representatives, but for the first several years it was required to limit its case load to foreign victims. The task force is partnered with the Milwaukee Rescue and Restore Coalition, the agency tasked with the public awareness campaign, and the National Immigrant Justice Center, the service provider for foreign victims in Chicago. Other federally funded services are in Minneapolis. In the absence of such programs in Wisconsin, victims have to travel out of state to receive services tailored to their situations. The Milwaukee Rescue and Restore Coalition has stepped in to provide referrals to local services that are not specifically funded to do anti-trafficking work. These services include counseling, interpreting, and shelter for victims who cannot commute or relocate to neighboring states. As a result, confusion has arisen as to the role each agency is supposed to play in terms of public awareness and case management.

In its first five years, the Milwaukee task force prosecuted only one case involving a foreign victim of labor trafficking. The 2008 reauthorization enabled the task force to widen its scope and led to more investigations and prosecutions in which offenders were charged with sex trafficking of minor U.S. citizens. Partially due to the federal emphasis on urban centers and sex trafficking, labor exploitation in Wisconsin is largely overlooked. A 2004 study by the University of California, Berkeley, documented 46 cases of forced labor in Dane County alone. The state's \$51.5 billion agriculture and \$13 billion tourism industries rely on migrant and immigrant labor in restaurants, hotels, food packing plants, and on farms. Many such workers are vulnerable to exploitation due to their unfamiliarity with the region, isolation, and lack of support network, immigration status, and language access.

Grassroots Organizing

Wisconsin's anti-human trafficking movement mirrored national and international campaigns to eliminate slavery. The grassroots effort is grounded in decades of experience gained from movements to fight sexual and domestic violence, and to advance labor and immigrant rights. The federally funded programs in Milwaukee were producing feeble results, while numerous victims of trafficking across the state

were not receiving vital services. Many victims were still treated as criminals. For example, underage girls caught in the sex trade were still arrested, and immigrants suffering in forced labor or sexual exploitation were still deported. Based on the demonstrated need for action, an effort to focus attention on *victim-centered* community-based multidisciplinary response to human trafficking emerged.

Since 2008, the Wisconsin Coalition Against Sexual Assault has partnered with the Wisconsin Office of Justice Assistance to produce a model human trafficking protocol. The protocol will highlight best practices and provide tools to create a uniform response to survivors of trafficking throughout Wisconsin. The protocol will provide individuals and agencies guidelines to ensure safety for victims, create awareness, and promote systemic change through a transparent process. The protocol will advocate for a coordinated response team within each county, city, or town. Modeled on the sexual assault response team that has become an accepted best practice standard, the human trafficking response team will ensure a grassroots, meaningful partnership that is sustainable and flexible to meet the needs of each region. The teams will bring together health-care and service providers, prosecutors, state and federal law enforcement, and legal counsel to ensure comprehensive services for victims and successful prosecutions.

Outcomes

The 2008 reauthorization of the Trafficking Victims Protection Act promised a shift in policy to provide a more comprehensive approach to human trafficking, bringing equal attention to labor and sex trafficking and allowing flexibility in funding to cover foreign and domestic victims of trafficking. Following the reauthorization, the U.S. Department of Labor released reports on forced and child labor, while the Department of Justice has started to fund services for victims of domestic trafficking and to allow task-force investigations of all types of trafficking cases. The State Department's 10th annual report on human trafficking, released in June 2010, includes the first U.S. self-evaluation. The report describes the United States as an origin, transit, and destination country, and finds it in compliance with minimum standards for the elimination of trafficking.

Grassroots efforts, state initiatives, and federal policy are now shaping anti-trafficking work in Wisconsin. The Milwaukee task force no longer has to overlook domestic victims; its members on occasion assist rural communities. The Milwaukee district attorney's office is prosecuting the first case under Wisconsin's new human trafficking statute. And the Office of Justice Assistance's Human Trafficking Committee is engaging labor rights groups to focus on labor exploitation. Dane County's Commission on Sensitive Crimes' Coordinated Response Team on Sexual Assault is addressing trafficking in the greater Madison area through a new subcommittee on sexual exploitation of children. Anti-trafficking groups have organized, and agencies across the state are planning to apply for funding to start filling the gaps in services. ♦

Uncovering the Hidden Crime of Modern-Day Slavery: Lessons Learned from Measuring the Extent of Human Trafficking in Wisconsin

By Karina Silver

Human trafficking is a modern-day form of slavery that forcibly brings 14,500 to 17,500 people into the United States every year for sexual exploitation and forced labor. Victims can be also be trafficked within the borders of one country. Domestic trafficking can occur between states, within a single state, or within one city. Human trafficking is the third largest and fastest growing criminal industry in the world, victimizing millions of people and reaping billions of dollars in profit. Trafficking is one of the most urgent human rights issues in the world today.

The first and most important thing to be recognized about human trafficking is that it is a heinous crime against humanity. In this context, consider these “severe forms of trafficking in persons” defined in the 2000 U.S. Trafficking Victims Protection Act:

Sex trafficking – a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Labor trafficking – the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

By its very nature, human trafficking is a “hidden” crime, which makes measuring the extent of the problem on a local or statewide level problematic. Compounding that difficulty

is a lack of understanding of the problem and the terminology officials use to define it and to identify and assist victims. Data from the U.S. Department of Health and Human Services indicates many victims of human trafficking are in Wisconsin. Although victims are difficult to identify, Catholic Charities reported 19 possible cases of human trafficking in Wisconsin in 2005, of which three were passed on to the federal government for investigation. A 2007 survey by the Wisconsin Office of Justice Assistance identifies more than 190 human trafficking victims in 2000-2006, and survey results suggest that many more cases of human trafficking in Wisconsin remain unidentified. In addition, we expect that as awareness of human trafficking grows, so too will the number of identified victims and the need for services.

In 2007, a human trafficking committee funded by the Wisconsin Office of Justice Assistance sought to learn more about human trafficking in Wisconsin. The committee sent a baseline survey to 775 justice system agencies and 558 service provider agencies all over Wisconsin. First and foremost, the survey sought to determine the prevalence of human trafficking and to learn more about this crime in Wisconsin. Additional objectives were to increase awareness, to determine the need for training on human trafficking within the justice system and the service provider network, and to promote inter-agency collaboration in addressing potential cases.

To create awareness about human trafficking, it is necessary to establish a clear definition of the term. Few people are familiar with the issue, and as a result the term fails to convey the seriousness of the crime. Trafficking in persons, trafficking in human beings, or modern-day slavery — other recognized terms for human trafficking — are oftentimes misunderstood and create even more confusion. To further complicate matters, the U.S. definition of human trafficking differs from the United Nations definition, and many other independent entities have adopted their own definitions and interpretations of the term.

To form a definition, it is essential to understand what human traffickers do. Typically, a trafficker preys on individuals who are poor, frequently unemployed or underemployed, and who may lack access to social safety nets; the

Karina Silver is an executive budget and policy analyst with the Wisconsin Department of Administration’s budget office. Prior to that position she worked as a human trafficking policy specialist at the Wisconsin Office of Justice Assistance and continues her involvement with the issue as a member of the office’s Human Trafficking Committee. She adapted this article and her presentation at the La Follette School’s April 2010 symposium on modern-day slavery from *Hidden in Plain Sight: A Baseline Survey of Human Trafficking in Wisconsin*, which the Wisconsin Office of Justice Assistance published in February 2008. She earned a master of international public affairs degree from the La Follette School in 2006.

victims tend to live on the margins of life and are generally “unconnected” from a social network. Predominantly, victims are women and children, however men are also enslaved. Traffickers often lure victims with false promises of good jobs and better lives and then force them to work under brutal and inhumane conditions.

To hone in on a definition, it helps to identify some of the attributes of being a victim. An individual is likely to be trafficked and enslaved if he or she:

- ◆ is working or being held against her or his will;
- ◆ is not free to change employer;
- ◆ does not control her or his earnings;
- ◆ is unable to move freely or is being watched or followed;
- ◆ is afraid to discuss her- or himself in the presence of others;
- ◆ has been assaulted or threatened with assault for refusing to work;
- ◆ has been cheated into payment of debt; or
- ◆ has had her or his passport or other documents taken away.

In the United States, victims of sex trafficking can be found working in brothels, strip clubs, escort services, and massage parlors. Victims of labor trafficking are found in domestic situations as nannies or maids, in sweatshop factories, janitorial jobs, construction sites, farm work, restaurants, or panhandling. In other countries, families are enslaved for generations via debt bondage at quarries and mines. Traffickers take children from their parents and make them into child soldiers, have them dive for pearls, or sell their organs.

Based on this understanding of the problem, the Wisconsin Office of Justice Assistance survey set out to unmask human trafficking in Wisconsin.

Survey Objectives and Methodology

The Human Trafficking Committee conducted its baseline survey in three stages. The initial survey contained general questions focused on awareness about human trafficking, barriers to victims and services, training and need for training. It also attempted to determine any contacts respondents had with trafficking victims. The follow-up survey was sent to the respondents who indicated in the initial survey that they had experience working with victims of trafficking. This survey asked more detailed questions about the victims and the victimizers, and it invited respondents for voluntary phone interviews. The final part of the baseline survey, phone interviews, was designed to gather real-life trafficking stories and to learn from the experience of the service providers and justice system agencies representatives who handled trafficking cases; the results from this phase generally supported those from the prior two, and will not be further discussed.

The results of the overall survey addressed the objective of gathering baseline information on service provision and awareness; they also identified key ideas and issues that can inform plans for outreach and training among service providers and justice system agencies.

Sampling Area/Survey Respondents

Two separate surveys were developed and distributed state-wide, one to service providers and another to justice system agencies. The bulk of the questions were the same in both surveys, with minor details adjusted to suit the targeted recipients. The justice system agencies survey was sent to 380 law enforcement agencies (including sheriff’s departments) and 395 prosecutors (district attorneys and assistant district attorneys). The service provider survey was sent to 558 individuals identified through established networks. The composition of service providers surveyed suggests that the results perhaps overstate the prevalence of sex trafficking relative to labor trafficking.

The response rate for justice system recipients was 33.6 percent, while that for the service providers was 24.4 percent. These response rates are typical for this type of a survey. Given the reported low numbers of identified trafficking victims in Wisconsin, study designers expected that lack of direct knowledge about human trafficking contributed to these low response rates.

Results from the baseline survey suggest that:

- ◆ The majority of service providers and justice system agencies are not familiar with the term “human trafficking.”
- ◆ As many as 200 victims of sex and labor trafficking have come in contact with service providers and/or justice system agencies.
- ◆ Wisconsin experiences both international and domestic human trafficking.
- ◆ Although human trafficking was not perceived as a problem by the majority of respondents, trafficking exists in urban and rural areas.
- ◆ Most human trafficking cases reported in the survey are perpetrated by the victims’ family members or prostitute clients and pimps.

In measuring the perception of the seriousness of human trafficking, results identify a significant disparity in the answers by service providers. Forty percent of service provider respondents said trafficking is a serious or very serious problem, and 38 percent from the same group indicated that it is not a serious problem or not a problem at all. The justice system agencies respondents were more uniform in their answers, with 75 percent considering trafficking to be not a serious problem or not a problem at all. Among both service providers and justice system agencies respondents, more than 20 percent reported that they “don’t know” whether human trafficking is a problem in their community or area of jurisdiction.

Clearly, the answers to this question were influenced by the extent of the respondents’ familiarity with the terms “human trafficking” or “modern-day slavery.” The process of taking the survey educated respondents about the issue. If a respondent had never heard the term “human trafficking,” he or she was unlikely to believe that the crime was a serious problem in their community.

To understand the perceptions of respondents, the survey presented them with seven hypothetical situations and asked them to indicate which of them constituted human trafficking. Table 1 summarizes the results.

It is the “no” responses that are cause for alarm. For example, 16 respondents (from both the justice system and the service provider agencies) did not think an individual traded by a family for goods or services was a trafficking victim, and 17 respondents did not believe an underaged girl forced into prostitution was a trafficking victim. It appears that if victims with these characteristics turned to the service providers or to the justice system, they would not have been identified at trafficking victims. By failing to correctly identify the elements of human trafficking in these cases, the service providers or justice system representatives would have robbed these victims of significant benefits they are due as trafficking victims through the 2000 Trafficking Victims Protection Act.

The survey also included a question measuring the respondents’ level of awareness of the victims’ eligibility to receive benefits and services under the Trafficking Victims Protection Act. The analysis of the responses revealed a severe lack of knowledge about remedies available to trafficking victims among both types of respondents. These findings underscore the urgent need for education and training efforts to ensure that service providers and justice system agencies understand

the full context of human trafficking and to inform their service provision to victims.

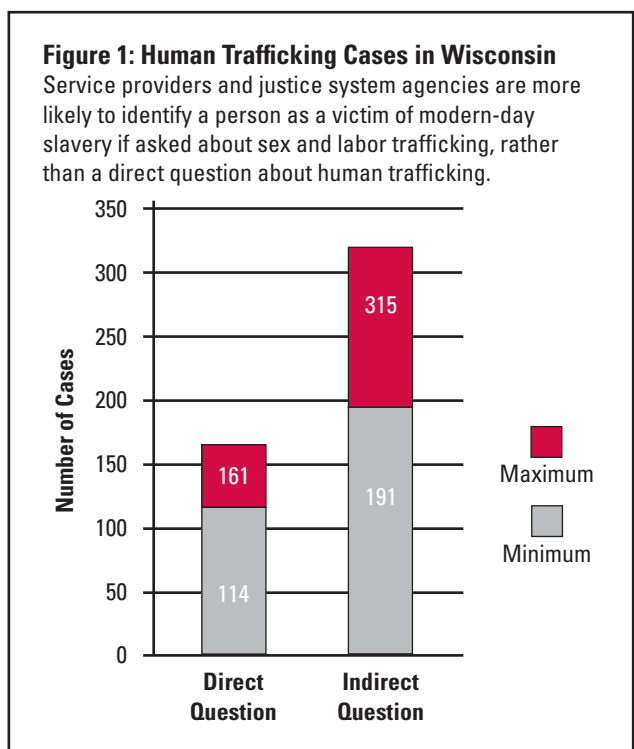
Of justice system agencies respondents, only 9 percent indicated that they had some training on human trafficking since 2000, in contrast to 40 percent of service providers. However, these results are somewhat misleading, as comments by respondents indicated that a range of activities only tangentially related to the issue were treated as “training.”

Experience with Trafficking Victims

The survey demonstrated that the justice system agencies and service providers likely underreported their encounters with trafficking cases when the survey had the term “human trafficking” in the question. When asked “Has your agency encountered a case(s) involving slavery/human trafficking victims (that is, provided direct service and/or consultation),” 82 percent of justice system agencies and 43 percent of service providers indicated they had not encountered any cases of human trafficking; additionally, 13 percent of justice system agencies, and 31 percent of service providers were not sure whether they had worked with human trafficking cases. The low number of respondents who claim to have encountered trafficking victims suggests caution in drawing inferences about the population of Wisconsin’s justice system and service provider agencies as a whole. The hidden nature of human trafficking may mask identification of victims from all but those who are well-informed about the issue and are expressly looking for trafficking victims.

When asked specifically about cases of commercial sex or labor performed under conditions of force, fraud, or coercion, 30 percent of service providers and 11 percent of justice system agencies indicated they encountered cases of

Scenario	Understanding			Correct Answer
	Yes	No	Not Enough Information (NE)	
Underaged girl forced into prostitution	337	17	39	Yes
Factory worker laboring in unsafe conditions	152	90	149	NE
Agricultural worker earning slave wages	202	57	130	NE
Prostitute working off debt to pimp	281	46	61	Yes
Domestic helper forced to work 14-hour days	197	54	134	Yes
Foreign worker smuggled into country	215	36	139	NE
Individual traded by family for goods or services	324	16	51	Yes



adult commercial sex induced by force, fraud or coercion; 21 percent of service providers and 15 percent of justice system agencies encountered cases of minors engaged in commercial sex acts; 33 percent of providers and 8 percent of justice system agencies encountered cases of labor exploitation.

Figure 1 shows the differences between answers to the direct (containing the words “human trafficking”) and indirect (containing the definitions of sex and labor trafficking but not the term “human trafficking”) questions.

Service providers and justice system agencies are more likely to identify a person as a victim of modern-day slavery if asked about sex and labor trafficking, rather than a direct question about human trafficking.

We conclude that at least 190 human trafficking victims in Wisconsin came into contact with the justice system or a service provider in 2000-2006.

Considering that at the time this survey was conducted there was only one federally certified trafficking victim in Wisconsin, the number of victims reported by the survey respondents suggests a need for further exploration. Clearly, the results of the survey indicate a need for training and

education on the matter of human trafficking among service providers and justice system agencies.

Both justice system agencies and service providers respondents recognized a variety of barriers that hamper their agencies from providing services (see Table 2). The most persuasive barriers have to do with the lack of knowledge about human trafficking in general.

Both service providers and justice system respondents recognized the numerous barriers that victims of trafficking face while seeking services (see Table 3).

Characteristics of Human Trafficking Victims and Perpetrators in Wisconsin

The follow-up survey focused on victim and perpetrator profiles and aimed to get a better understanding of the crime of human trafficking in Wisconsin. Ninety-six respondents of the 397 who indicated encounters with human trafficking were targeted for the follow-up survey; there was a 50 percent response rate.

In the course of the analysis of the responses to the follow-up survey, it became evident that the further into the survey the respondents progressed, the more trafficking victims they reported having encountered.

The lack of knowledge of the term “human trafficking”

**Table 2:
Barriers to Helping Human Trafficking Victims**

	Justice System (n=250)	Service Providers (n=133)
Lack of training or information	62%	69%
Lack of knowledge about services needed	60%	74%
Lack of funding and other resources	48%	59%
Inadequate staffing	44%	36%
Knowing where and how to identify victims	43%	56%
Lack of knowledge about remedies available	41%	66%
Language barriers	40%	50%
Lack of organizational policy and procedures	32%	50%
Don't know or unsure	27%	9%
Lack of support and coordination with federal agencies	22%	29%
Victim's legal status	21%	32%
Lack of support or coordination with other agencies	20%	27%
Issues of safety	7%	26%

Table 3: Barriers Victims Face to Receive Services

	Justice System (n=247)	Service Providers (n=134)
Fear of deportation	65%	87%
Language barriers	62%	81%
No knowledge of available services	60%	90%
Lack of trust in the system	56%	83%
Lack of community awareness about human trafficking	53%	81%
Fear of violence against self or family if seeking help	53%	77%
Isolation or no support	52%	82%
Not recognizing self as victim or has no knowledge of rights	49%	80%
Shame or embarrassment	37%	69%
Don't know or unsure	36%	16%
Lack of transportation or geographical isolation	33%	74%
Held in captivity	31%	69%
Culturally inappropriate services	22%	60%

has also influenced the ways service providers and justice system agencies come in contact with trafficking victims. Victims often are not aware that the crime perpetrated against them was “human trafficking” and do not identify themselves as human trafficking victims. Moreover, trafficking victims are usually held in captivity and do not have an opportunity to seek help from the authorities or community services. Indeed, victims often come into contact with service providers or the justice system when they seek other forms of assistance, such as help with domestic violence or sexual assault (28 percent of reported victims). The service provider or the justice system agency representative must be the one to recognize the signs of human trafficking, a difficult task that requires training and education.

Thirty percent of victims were referred for additional services by a state or local law enforcement agency, and an equal number were referred by a service provider/community agency. Twenty-six percent of referrals came from victims’ family or friends, 17 percent of victims were encountered when they sought health-related services, and an additional 13 percent called a hotline.

The majority of reported victims (130) were from North America (United States), a result that highlights the existence and omnipresence of domestic human trafficking. While these victims came mostly from the Midwest, some responses named Texas and Mexico. Latin America (including Mexico and the Caribbean) was the second most frequent region of origin; Southeast Asia and the former Soviet Union were also frequently mentioned.

Thirty of the reported victims were under 18, representing 15 percent of the number of victims reported. The majority of the reported victims were adult sex workers (124); thirty victims were sexually exploited minors; fifteen were mail-order brides. Other types of trafficked individuals included domestic helpers, service workers, migrant workers, and factory workers

In 47 percent of cases, the victims were trafficked by their own family members (spouses, partners, parents, etc.). In 23 percent of cases, the traffickers were prostitute clients; 21 percent were brothel owners or pimps. Acquaintances were the victimizers in 19 percent of reported cases, as were sex abusers of minors. Other types of reported traffickers included homeowners, migrant worker recruiters or overseers, sweatshop

owners, gang members, drug dealers, restaurant owners, and men who ordered brides.

In 69 percent of cases, no organization was involved in trafficking of a victim. In 15 percent of cases, local gangs were involved, and in 10 percent of cases some small localized crime networks were involved in trafficking.

Conclusion

Today, 10 years after the enactment of the federal Trafficking Victims Protection Act of 2000, human trafficking still largely remains a hidden crime in Wisconsin. The nearly 200 cases identified in the baseline survey are a starting point to inform service providers, justice system agencies, legislators, community leaders, and the general public about human trafficking in Wisconsin. Given the lack of familiarity of survey respondents with the term human trafficking, the extent of the problem is likely substantially greater than the survey indicated.

The results from the survey raise the question of availability of services specific to human trafficking cases in Wisconsin, such as shelters, immigration services, and social services. While Wisconsin has many shelters for victims of domestic violence and sexual assault, these facilities usually are not suitable for trafficking victims. Service providers reported difficulties in finding immigration attorneys knowledgeable about human trafficking and the specific immigration needs and rights of trafficking victims. Similarly, social services workers do not offer benefits that trafficking victims are entitled to because the victims are presented as domestic violence or sexual assault victims, not trafficking victims.

The situation is a “catch-22”: victims do not know they are victims of human trafficking and therefore do not know they are eligible for additional benefits; service providers, who often are not familiar with benefits, do not provide trafficking-specific services and benefits because victims are not identified as trafficking victims. The most efficient way to resolve this deadlock is through education and training of service providers and justice system agencies, as they are more likely to recognize the traits of human trafficking in a case before them, and they can be relatively easily reached and trained on human trafficking as a group, as opposed to victims who are usually hidden and come in contact with service providers or with the justice system on an individual basis. ♦