Waushara County

Community Health Improvement Plan

2017-2022

In collaboration with:

The CWHP Central Wisconsin Health Partnership
"Wellness with health in mind"

Waushara County Community Health Improvement Plan

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Letter to the Community

Dear Waushara County Residents and Friends,

Thank you for taking time to read Waushara County's Community Health Improvement Plan (CHIP). The Community Health Assessment and writing of this CHIP in collaboration with the Central Wisconsin Health Partnership has taken almost two years. Throughout this process, we have gathered data and listened to the residents of our communities in order to determine top health priorities and create a plan of action. We are excited about presenting this information to you. I extend my sincere appreciation to all of those who contributed in putting this plan together.

A special thanks to ThedaCare - Wild Rose and Kaye Thompson for their support of our community improvement efforts. The partnerships that help us build a healthier environment for the residents and visitors to Waushara County are critical to the success of the plan.

Residents and community agencies interested in improving the health of Waushara County should use this plan as a guide. Each priority area has a broad goal followed by and objective and a list of possible strategies to reach the next level of improvement. Over time, we will evaluate our progress and post successes on the Waushara County Health Department website and through our social media outlets.

We invite anyone to join in making Waushara County a healthier place to live, work and play.
Ask for a copy of the plan, join our Waushara County Wellness Coalition and take part in one of our Action Teams, or make a comment on the plan. Contact us at public.health@co.waushara.wi.us or call me at 920-787-6590.

Sincerely,

Patti Wohlfeil
Health Officer
Waushara County Health Department

Acknowledgements

In order to better meet the needs of our community, the Waushara County Community Health Improvement Plan was developed in collaboration with the Central Wisconsin Health Partnership. The Central Wisconsin Health Partnership (CWHP) is a consortium covering a six-county region including Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara Counties. The partnership includes county human services and public health departments, a Federally Qualified Health Center and other interested healthcare advocates and providers in the region.

The partnership worked together to complete the 2016 Community Health Assessment and as a result, identified key areas that needed improvement in all six counties. Addressing these health priority areas in a regional Community Health Improvement Plan allows for better sharing of ideas and resources to determine best practices for improving the health of the individual counties and the entire region.

Our Community Partners

Collaboration with community members, along with the Central Wisconsin Health Partnership, is vital for the development and implementation of the Community Health Improvement Plan. We would like to thank all the following partners for attending meetings, providing data, completing surveys, and sharing their concerns and ideas on how we can improve the health of Waushara County. This document would not be complete without the input we received. We thank you for the many different parts you have played in the process and look forward to future partnerships as we begin to implement this plan and work to make our communities a healthier place to live, work, and play.
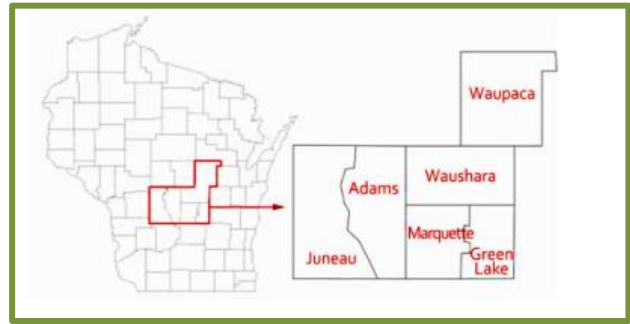
Steering Committee

- Sarah Grosshuesch, Adams County Health Officer

- Kathy Munsey, Green Lake County Health Officer

- Julia McCarroll, Green Lake County Health Educator

- Barb Theis, Juneau County Health Officer

- Alyson Horkan, Juneau County Public Health Nurse

- Jamie Schenk, Marquette County Health Officer

- Lauren Calnin, Marquette County Health Educator

- Jed Wohlt, Waupaca County Health Officer

- Terry Harrington, Waupaca County Preparedness Program Specialist

- Patti Wohlfeil, Waushara County Health Officer

- Brenna Root, Waushara County Health Educator

Other Community Partners

- Waushara County Wellness Coalition

- Community Members who provided valuable input through surveys and small group forums

Executive Summary

Where we live, learn, work, and play affects our health. Understanding the determinants of health, identifying best practices and creating partnerships to implement strategies to combat health related problems is a core function of public health. Every five years, local health departments are required to assess the health needs of the county they serve and develop a plan to address those needs. The 2017-2022 Community Health Improvement Plan provides the framework for improving the health of Waushara County. It also helps to create a shared vision between the Health Department and community partners so that together we can create positive, measureable change in our communities.

This plan addresses the three priority areas identified as a result of the 2016 Regional Community Health Assessment: Mental Health, Alcohol and Other Drug Abuse, and Chronic Disease Prevention. The key findings of the Community Health Assessment are outlined in this document and the full assessment can be found here.

The 2017-2022 Community Health Improvement Plan is unique in the fact that it was written in collaboration with the Central Wisconsin Health Partnership (CWHP) to identify regional goals and objectives. The Central Wisconsin Health Partnership (CWHP) is a consortium covering a six-county region including Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara Counties. The partnership includes county human services and public health departments, a Federally Qualified Health Center and other interested healthcare advocates and providers in the region.

Mental health and alcohol and other drug abuse (AODA) are top health concerns for many of the neighboring rural counties, which drives the need for change beyond the community and county levels. As a result, the goals and objectives under the Mental Health and AODA priority areas will be addressed regionally through the work of the CWHP, as well as locally by community partners and coalitions. The county specific priority area, Chronic Disease Prevention, will be addressed primarily at the county level through the Health Department and the Waushara County Wellness Coalition along with other community partners and organizations.

The goals and objectives listed under each priority area were strategically chosen to align with the State of Wisconsin Health Improvement Plan. A wide range of strategies to improve health outcomes is included for each priority area to give community partners the opportunity to implement the strategies that will work best for their organization. Many of these strategies also align with those identified in the State Health Improvement Plan. By aligning with the state plan, we will not only help improve the health of our county, but we will also be able to help advance the efforts being made to make Wisconsin the healthiest state to live. The State Health Improvement Plan can be found here.

Community Health Improvement Process
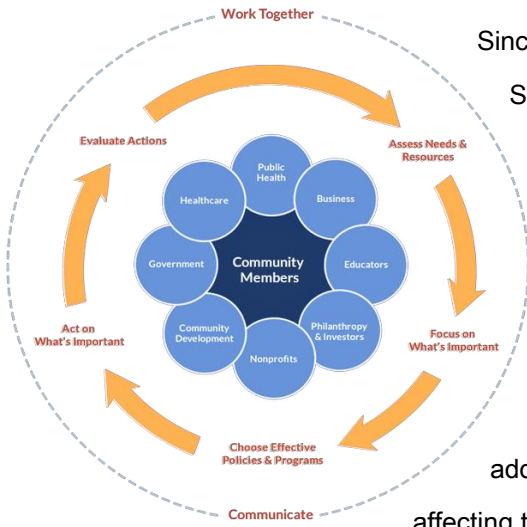
Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions affecting their residents. This process is the "Community Health Improvement Process". The community health improvement process has two major phases: the community health assessment and the community health improvement plan. These two processes work together to assess the unique needs of communities and allow them to work collaboratively to address the identified health needs.

The Take Action Cycle

The six counties in the Central Wisconsin Health Partnership began the community health improvement process in 2015 when the Community Health Assessment was started. The overall health improvement planning process follows the *Wisconsin Guidebook on Improving Health of Local Communities*. This framework is built on the *Take Action Cycle Model* developed by County Health Rankings and Roadmaps. The following information outlines each step of the process.

CHA Timeline

August 2015- Central Wisconsin Health and Economic Summit

-March 2016 Health Surveys, key informant interviews, focus groups conducted

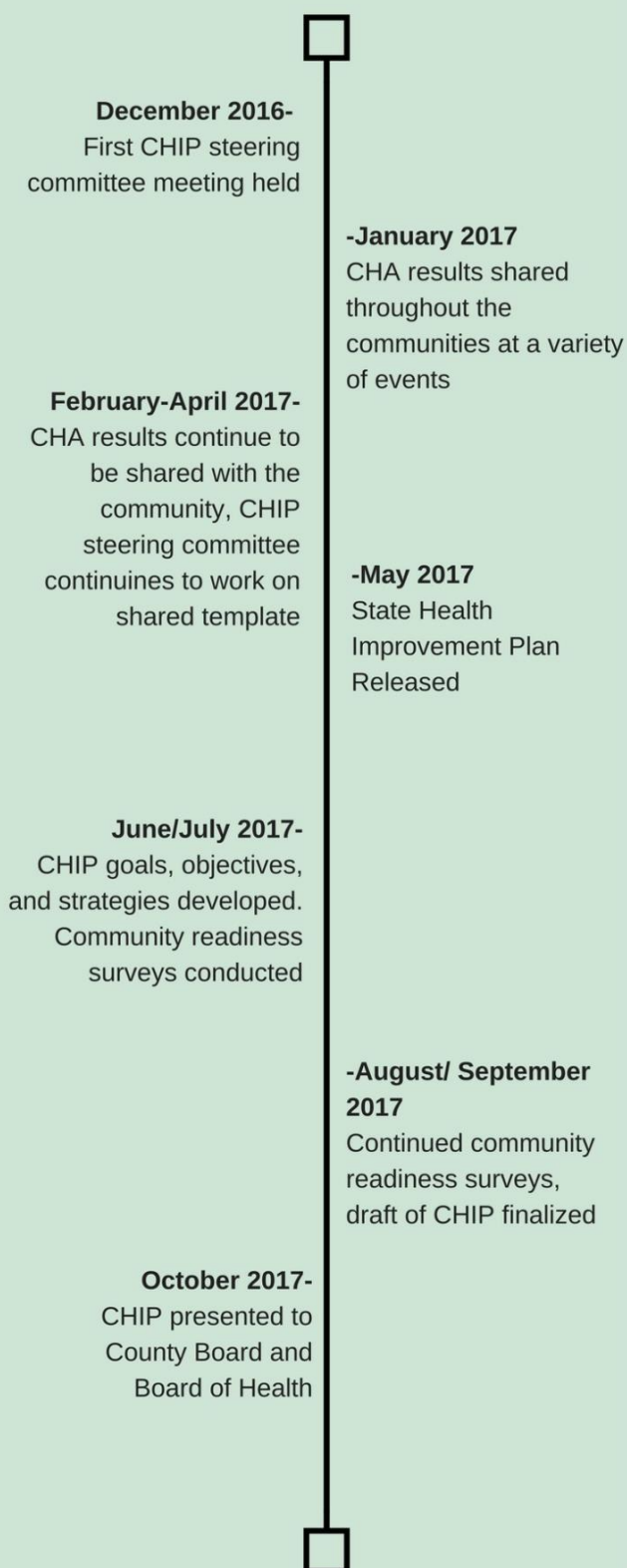**April 2016-** Secondary data gathering, further community outreach

-May 2016 Primary and secondary data analysis, review additional data, consolidate data

June/July 2016- Town forums, listening sessions, begin draft of CHA

-August 2016 Finalizing the document

October 2016- Complete CHA, present to coalitions and Boards of Health

CHIP Timeline

December 2016-
First CHIP steering committee meeting held

-January 2017
CHA results shared throughout the communities at a variety of events

February-April 2017-
CHA results continue to be shared with the community, CHIP steering committee continuines to work on shared template

-May 2017
State Health Improvement Plan Released

June/July 2017-
CHIP goals, objectives, and strategies developed. Community readiness surveys conducted

-August/ September 2017
Continued community readiness surveys, draft of CHIP finalized

October 2017-
CHIP presented to County Board and Board of Health

Assess Needs and Resources

The Community Health Assessment is a collaborative process of systematically collecting and analyzing health data to examine the health status of the community as well as identify priority health concerns for the population. The 2016 Community Health Assessment was completed in collaboration with the Central Wisconsin Health Partnership as a regional assessment with county specific data. The data for the health assessment was drawn from multiple primary data sources such as communicable disease reports, death records, local provider numbers, hospital admissions, and youth risk behavior surveys. Secondary data from sources such as County Health Rankings, Wisconsin Department of Health and Human Services, and the U.S. Census Bureau were analyzed as well. This data, along with community input gathered from community conversations, town hall meetings, surveys, and key informant interviews, was used to determine the health needs of the county.

Focus on What's Important

After gathering the community health data, the Community Health Assessment steering committee identified three health priorities that would be the focus of the Community Health Improvement Plan. Community and stakeholder feedback that was collected during key informant interviews and community conversations were the driving components used to determine which health concerns are priorities. The priorities were then narrowed down further by using four different criteria to assess community capacity and readiness to impact the identified priority. Those criteria included:

1. The magnitude of the problem
2. The severity of the problem
3. If there is a high need among vulnerable populations
4. Community capacity and/or willingness to act

The steering committee ultimately decided on three health priorities: mental health, alcohol and other drug abuse, and chronic disease prevention. More about these focus areas can be found on page 15.

Choose Effective Policies and Programs

Effective, evidence-based or best practice strategies are instrumental in meeting the identified goals and objectives for each priority area. The steering committee worked to identify a variety of potential strategies to align with each goal and objective for the three priority areas. The steering committee used a variety of different databases such as "What Works for Health" and "The Community Guide" to search for evidence based and best practice strategies for the different priority areas. The final selection of the potential strategies included in this document was based on numerous factors such as evidence, community resources, health equity and community input and readiness. More information about the chosen strategies can be found under the Goal Page for each priority area.

Act on What's Important

Each of the six CWHP counties will be responsible for determining what program and policy implementation looks like in their own county. Although there are regional goals and objectives that the group will work on collaboratively, each county has unique strengths and challenges that must be considered when implementing health improvement strategies. Each county, along with their coalitions and community members, will define what they want to achieve under each priority area and how they will achieve it. A work plan template will be used for each county to track program implementation and progress towards goals and objectives. A sample work plan template can be found in Appendix B on page 27.

Evaluate Action

For each different priority health area, the CHIP Steering Committee has identified both long and short-term outcome indicators, which will serve as the primary measures on which to base program evaluation. These short and long-term indicators are directly related to the selected strategies listed under each priority area. Due to the differences in program implementation in each county, evaluation will also look slightly different. Evaluation tools will be developed for regional efforts and stakeholders will be updated regularly on progress.

Work Together

Everyone has a key role to play when it comes to improving the health of a community. As part of the community health improvement process, a variety of community members and key stakeholder agencies were engaged throughout the community health assessment and improvement planning process. Community member input was gathered in the form of community surveys, community conversations, town hall meetings and key informant interviews during the "Assessing Needs and Resources Phase" of the Take Action Cycle and again in the "Choose Effective Policies and Programs" phase. Community input was the primary driver for determining the health priorities and strategies detailed in this document. Key policy makers, including members of the Waushara County Board of Health were also engaged and updated throughout the health assessment and improvement planning process. Community Health Assessment findings were shared with

these key policy makers and they were asked to support health improvement efforts at the local level. Finally, it is the hope of the Central Wisconsin Health Partnership that by working together on a developing a regional health improvement plan, coordinated efforts can be established to improve health across county lines in Central Wisconsin.

Communicate

Communication is an ongoing part of the take action cycle and is vital to ensuring that key stakeholders and policy makers are kept up to date on important updates related to the community health improvement process and progress toward goals and objectives. Communication to partners and stakeholders occurs through a variety of different outlets:

- Partners are updated at bi-monthly Waushara County Wellness Coalition meetings. Partners who are unable to attend meetings in person receive meeting minutes via email. Additionally, work plans will be created by coalition members to track progress towards goals and objectives.
- The completed Community Health Improvement Plan is presented and adopted by the Waushara County Board of Health. Board members are updated at least once a year on CHIP progress and strategies.
- The Community Health Improvement Plan and work plans will be shared with community members on the Waushara County Health Department website, through social media, and at community events.

2016 Community Health Assessment Key Findings

The following sections provide a review of the key findings from the 2016 Community Health Assessment. The full Waushara County report can be found on the Waushara County Public Health website.

Demographics and Determinants of Health

Waushara County is located in Central Wisconsin and serves as a home to approximately 24,162 residents, according to the 2016 Census Bureau estimates. The County spans 637 square miles and is considered rural. The varying demographic and socioeconomic statuses of Waushara County residents contribute to health vulnerabilities and disparities in populations, including the following:

Age Composition

The population in Waushara and the other CWHP counties is aging. Currently, 23% of Waushara County residents are over age 65. That number is expected to increase to between 27- 43% by the year 2030. With an aging population comes a unique set of challenges, such as social isolation and shifting health needs of the community.

Average Annual Wage

$10,205

The average wage for those in CWHP counties is $35,000 annually. This is over $10,000 less than the Wisconsin average. Having a lower income and social status are linked to poorer health. The greater the gap between the richest and poorest people, the greater the differences in health.

Educational Attainment

CWHP counties have a lower number of adults with any form of formal education past high school. This measure is important to consider, as the relationship between higher education and improved health outcomes is well known. Low education levels are linked with poor health, more stress and lower self-confidence.

Access to Care

Access and use of services that prevent and treat disease influences health. Access to care includes measures such as uninsured rates and options for local care. The majority of CWHP counties have fewer healthcare providers, dental providers, and mental health care providers per 1,000 people when compared to the Wisconsin state average.

2016 Community Health Assessment Key Findings

The following sections provides a review of the key findings from the 2016 Community Health Assessment. The full Waushara County report can be found on the Waushara County Public Health website.

CWHP Health Snapshot

ADULT SMOKING RATE

27% Tobacco use is linked to a variety of chronic diseases.The smoking rate among CWHP adults is higher than the Wisconsin state average.

HEART DISEASE

#1 Heart disease was the leading cause of death for CWHP in 2013.

EXCESSIVE DRINKING

23% Similar to the Wisconsin state average, CWHP counties have an adult excessive drinking rate that nearly doubles the U.S. national average.

OBESITY RATES

31% The average adult obesity rate for the six CWHP counties, which is higher than the state average at 29%.

Waushara County Key Informant Interview Results

Community Strengths
- Many recreational opportunities; parks, clean lakes, and streams
- Local arts, entertainment, and libraries
- Strong schools
- Community support systems, crisis units, and Regional Comprehensive Community Services (CCS) Program
- Aging and Disability Resource Center (ADRC), Family Health/La Clinica Programs, Public Health and Human Services Programs

Community Challenges
- Shortage of mental health providers
- Stigma surrounding mental health
- Limited options for AODA treatment
- Lack of professional assistance to overcome substance abuse (detox, long term care)
- Isolation, both physical and social
- Limited access to affordable exercise opportunities
- Limited access to fresh foods/food deserts
- High tobacco use rates
- Excessive drinking rates
- High number of ACEs
- Limited public transportation
- Poverty/Financial difficulty for many residents

Accomplishments from the 2014 - 2018 CHIP

Over the last four years, we, along with our community partners, have worked to improve the health and well-being of Waushara County residents. The following list highlights some of the accomplishments that have been made.

2014

- The Central Wisconsin Health Partnership (CWHP), which consists of six counties (Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara) was regionally certified by the State to deliver Comprehensive Community Services.
- The Waushara County Emergency Services Department and the Sheriff's Department increased the number of AEDs available at local businesses and in squad cars in Waushara County in order to increase early access to emergency care. A policy has been put in place to ensure all out of house time are at 90 seconds or below for EMS response. An EMS station was built in the town of Hancock.
- Increased availability of Stepping On and Living Well classes held in Mount Morris, Wild Rose, and Wautoma.
- Fitness Flurry event held at Wautoma High School to increase access to physical activity for residents.

2015

- A daylong health and economic summit was held in August 2015, including health professionals, business leaders, faith community leaders, educators and concerned citizens. CWHP sponsored the event.
- The East Central Wisconsin Regional Planning Commission conducted a visioning session on the status of walking/biking in Wautoma.
- Community gardens were created in Redgranite at St. Mark's Church and at Grace United Methodist Church.
- Twenty percent increase in attendance at the Fitness Flurry event held at Wautoma High School to increase access to physical activity for residents.
- Two drug disposal events took place in 2015 to offer a safe way to dispose of controlled and uncontrolled substances. A total of 494 pounds of drugs were disposed, a greater amount than any previous year.
- In collaboration with the Waushara County Parks Department, improvements were made to the Bannerman Trail.

2016

- The 2016 Community Health Assessment was completed and adopted by the Board of Health in October 2016.
- Two drug disposal events took place in 2016. A total of 449 pounds of drugs were disposed of.
- Waushara County Wellness Coalition was chosen to participate in a UW Extension project, Reducing Rural Cancer Disparities Together, and receive coaching support to improve its capacity.

2017

- We continue to work towards completing objectives and increasing the capacity of our coalition members.

Overarching Priority Areas

During the process of selecting health priority areas for the 2017-2022 CHIP, a few cross-cutting themes were identified that have an impact on all aspects of health. These themes expanded beyond the scope of just one health priority area. It was determined that these overarching priority areas were too important not to note. For this reason, CWHP counties decided to select five overarching priority areas to focus on while choosing goals, objectives, and strategies to guide our work. These overarching priority areas include: Access to Care, Adverse Childhood Experiences (ACEs), Health Equity, Community Collaboration, and Policy, Systems and Environmental Change. These themes have been chosen as overarching priorities to work on in conjunction with the three identified health priorities in each CWHP county.

Access to Care

Having adequate access to health care services is an important part of promoting and maintaining health, prevention of disease, and reducing unnecessary disability and death. Access to health care has a direct impact on an individual's overall physical, social, and mental health status and quality of life.

Access to health services includes entry into the health care system (usually through insurance coverage), accessing a specific location where health care services are provided (geographic location), and finding a health care provider the patient can trust and communicate with. When considering access to health care, it is important to also include oral health care and obtaining necessary prescription drugs (Healthy People 2020).

Adverse Childhood Experiences

Our health is not determined by our genetics alone. The choices we make, environment in which we live, and our experiences all play a part in our health. The positive and negative experiences we have during childhood have a lasting effect on our health and well-being even into adulthood. Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian (Child Trends, 2014). The negative health effects of ACEs can be lessened when people have a strong
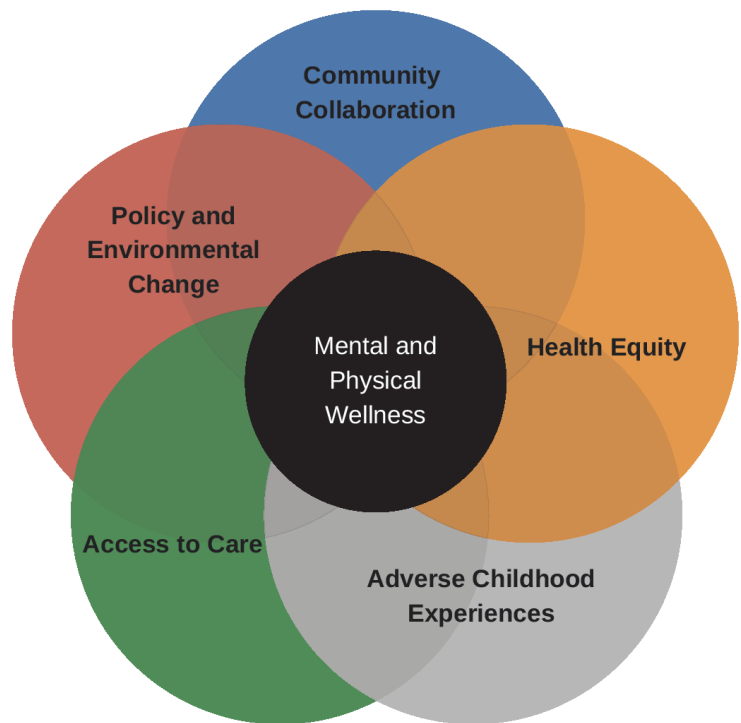
support system and the skills to successfully cope with life's many challenges. This is what we call resilience, and it's something children learn best when they've been given the following positive supports:

- Caring relationships with parents, teachers, counselors or other adults actively involved in child's life
- Good peer relationships
- Positive disposition
- Positive coping style
- Good social skills

Building resilience is a lifelong process. Even in adulthood, learning how to adapt to change and recover from setbacks can mean thoughtfully considering behavior and attitudes, learning from the past and finding healthy ways to cope with daily stress (ACEs, Wisconsin Department of Health Services).

Healthy Equity

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." It means that efforts are put in place to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, despite race, ethnicity, gender or socioeconomic status. Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socio-economic opportunities. Approximately 40% of factors that influence health, according to the University of Wisconsin Population Health Institute, are social and economic in nature. Focusing on health equity in our work will allow people in CWHP counties to have a better quality of life no matter where they live, work, learn, and play.

Community Collaboration

Collaboration is the focus of our work in public health. The community issues that we work to solve and emerging problems that our communities face can't easily be solved by one group alone. We rely on working together with community members, agencies, organizations, and individuals to solve community issues together. As we work together, we increase the capacity of our communities to make changes that improve outcomes while learning to communicate effectively as a team. We are all in this together.

Policy, Systems and Environmental Change

Policy, systems and environmental (PSE) change is a new way of thinking about how to improve health in our communities. For a long time, many health programs have focused on individual behaviors with the assumption that if you teach people what will make them healthy, they will find a way to make those changes. Now we understand that health is not just about individual choices. It is not enough just to know how to be healthy – we need to have practical, readily available options around us. This is where PSE change comes into play. PSE change is a way to modify the environments around us to make healthy choices easier, more practical, and available to all members of our communities. By changing laws and shaping physical landscapes, a big impact can be made in a short amount of time with fewer resources used. When we change policies, systems and/or environments, communities are better able to work together to tackle issues such as addiction and chronic disease.

2017 - 2022 Health Priority Areas

Three health priority areas have been identified for the 2017-2022 Community Health Improvement Plan: mental health, alcohol and other drug abuse, and chronic disease prevention. The Community Health Assessment steering committee identified health priorities by first analyzing secondary data and by gathering community and stakeholder input via survey and key informant interviews. The priorities were then narrowed down to the top three by using four different criteria to assess community capacity and readiness to impact the identified priority. In addition to the three health priority areas, several different intersecting themes were identified as having an impact across nearly all health related issues. Access to care, Adverse Childhood Experiences (ACEs), health equity, community collaboration, and policy and environmental change have been chosen as overarching priorities to work on in conjunction with the three identified health priorities.

Defining Goals, Objectives, and Strategies

In order to help create a shared vision among stakeholders, community members, and partners, each priority area has identified goals, objectives, and strategies listed to help guide the work being done.

GOALS

The priority area goals, developed by the steering committee, are broad statements that provide the long-term vision to guide program objectives and strategies. The goals for the mental health and AODA priority areas have been adopted by all six CWHP counties in an effort to help create regional change in Central Wisconsin. Goals will be monitored using the long-term indicators that are listed under each priority area.

OBJECTIVES

Along with a goal, each health priority area will also have objectives listed. The objectives are similar to goals in that they will help guide the progress being made towards improved health outcomes in each priority area. The main difference is that the objectives are more specific, measurable, and specify a timeline for completion. The objectives are set with the intention that they will help reach the goals. Objectives will be monitored using the short-term indicators listed.

STRATEGIES

For each objective listed under the three priority areas, there is a list of potential evidence-based strategies that can be implemented to help meet those objectives. A variety of strategies are listed for each objective to allow community

coalitions and stakeholders the flexibility to adopt and implement the strategies that will work best for them. The strategies that also address an overarching priority area have been identified with the corresponding symbol found below:

	Access to Care
	Policy, Systems, and Environmental Change
	Community Collaboration
	Health Equity
	Adverse Childhood Experiences * The "Shift Your Perspective" logo is used with the permission from the Wisconsin Department of Health Services.

The list of potential strategies included with each goal and objective is not an exhaustive list. More information on evidence-based strategies that improve health can be found using the resources listed below:

- Guide to Community Preventive Services
  http://www.thecommunityguide.org/

- Healthy People 2020 Evidence-Based Resource Tool
  http://healthypeople.gov/2020/implement/EBR.aspx

- Winnable Battles
  http://www.cdc.gov/winnablebattles/

- Health.gov
  http://www.health.gov/

- What Works for Health (County Health Rankings)
  http://www.countyhealthrankings.org/roadmaps/what-works-for-health

- National Registry of Evidence-based Programs and Practices (SAMHSA)
  http://nrepp.samhsa.gov/

> Note: Individuals and organizations that are looking for ways to incorporate small changes
> that can have a big impact on health, please refer to documents in Appendix A on pages 24-26.
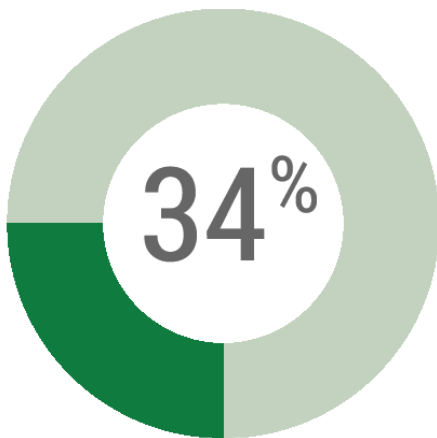
Priority Area: Mental Health

Mental health can be defined as a state of well-being in which an individual realizes their full potential and is able to contribute to his or her community by working productively and coping with the stresses of everyday life. Mental health is influenced by many different determinants such as poverty, stressful work conditions, discrimination, poor physical health, and an unhealthy lifestyle (WHO-4). Children are an especially vulnerable population that is at risk for potentially being negatively impacted by parents or family members suffering from mental illness. When children experience adverse events in childhood (ACEs), they are more likely to have poor mental health later in life and may suffer from depression and anxiety. The treatment of mental illness can be quite challenging in rural areas due to limited access to mental health services, social isolation, and fear of stigmatization. Enhancing protective factors can help create resilient communities and create a foundation of emotional well-being from the earliest stages of life.

Snapshot of Waushara County

0.79
Mental Health Providers per 1,000 people

Waushara County has **0.79 Mental Health Providers** for every 1,000 residents. The state average for Wisconsin is 1.69 per 1,000 people. (2016 CHA)

34%

The percent of survey respondents who believe that mental health is the **top health priority** in our communities. (2016 CHA)

Waushara County has a higher than state average suicide rate at **16.2 per 100,000 people.** The statewide average is 13.5 per 100,000 people. (Prevent Suicide Wisconsin)

◄15-20%►

of Waushara County's adult residents have FOUR or more ACEs (Wisconsin ACE Brief 2012, Children's Hospital of Wisconsin)

Goal 1:

Improve mental health and decrease suicide rates in CWHP counties

In alignment with the State of Wisconsin's vision of preventing suicide, this goal is aimed at improving individual, family, and community characteristics that can help reduce the likelihood of having negative mental health outcomes such as suicide.

CWHP Objective: By 2022, at least one new or existing strategy will be implemented, strengthened, or expanded upon to help increase and enhance mental health protective factors.

Possible Strategies

Community Mentorship Programs

Mental Health First Aid

Coping Skills Training

Telemental Health Services

Trauma Informed Communities

Bullying Prevention Programs

Means Restriction Education

Short-Term Indicators

- increase in number of community organizations providing trauma informed services
- decrease in high school youth who report attempting suicide within the last 30 days

Long -Term Indicators

- decrease Suicide Rates
- decreased hospitalizations related to suicide attempts

Priority Area: Alcohol and Other Drug Abuse

The American Psychiatric Association defines a substance use disorder as a problematic pattern of use of an intoxicating substance leading to significant impairment or distress (DSM-5). In 2013, the economic burden of excessive alcohol use in all six CWHP counties totaled $180.9 million. This financial burden is largely due to a host of negative outcomes associated with substance abuse such as lost productivity, failure at school, domestic violence, child abuse, and crime. Substance abuse can also lead to a variety of different health problems such as sexually transmitted infections, Hepatitis C, HIV/AIDS, pregnancy complications, and cardiovascular conditions.

SNAPSHOT OF WAUSHARA COUNTY

Approximately **1 out of 5 (21%)** of Waushara County adults reported binge or heavy drinking. (2017 County Health Rankings)

$28.2 million

The annual economic cost of excessive alcohol use in Waushara County in 2012. (The Burden of Excessive Alcohol Use in WI, UW PHI, Mar. 2013)

Other 56%

44%
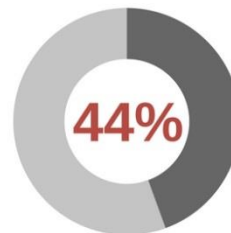
Substance Abuse 44%

The percent of survey respondents who believe substance abuse is the top health priority in our communities. (CHA 2016)

In 2014, 37 of the 263 deaths (approximately 14%) that occurred in Waushara County had Alcohol and Drug Abuse as Underlying or Contributing Cause of Death. (Wisconsin DHS, DPH. Public Health Profiles, Wisconsin 2016, August 2016)

Goal 1:
Decrease alcohol and drug misuse and abuse in CWHP Counties

Preventing and treating drug and alcohol misuse and abuse requires many different partners and strategies across all sectors. This goal is aimed at promoting both new and existing strategies to ultimately reduce deaths associated with substance use disorders.

CWHP Objective:
By 2022, at least one new or existing strategy will be implemented, strengthened, or expanded to help increase use of outreach, intervention, treatment, and support services for alcohol and drug misuse.

SHORT-TERM INDICATORS

- decrease in drug and alcohol related hospitalizations
- increase in number of drug court participants
- decrease in opioid prescribing rates

LONG-TERM INDICATORS

- decrease in drug and alcohol related deaths
- decrease in binge drinking rates among adults
- decrease in past 30 day use among youth who participate in the YRBS

Possible Strategies

Drug Court

Prescription Drug Monitoring Program

Naloxone Education and Distribution

Drug Drop Boxes

SBIRT (Screening, Brief Intervention, and Referral to treatment)

Responsible Beverage Server Training

Alcohol Access Restrictions in Public Places

Priority Area: Chronic Disease

Chronic diseases are conditions that last a long time, do not go away on their own, and are rarely cured. These diseases often have permanent effects and can result in disability later on in life. Some examples of the most common chronic diseases include heart disease, cancer, diabetes, stroke, and asthma. These and other chronic diseases have a significant impact on both length and quality of life. Compared to urban communities, rural counties, like Waushara County, disproportionately share the burden of chronic disease. The good news about chronic diseases is that many cases are preventable through lifestyle modification. Lack of physical activity, unhealthy diet, tobacco use or exposure to secondhand smoke, and excessive alcohol use are the four modifiable risk factors that primarily contribute to chronic disease in the United States.

Snapshot of Waushara County

1 in 5 Waushara County women reported smoking during pregnancy in 2015. (WISH)

25%
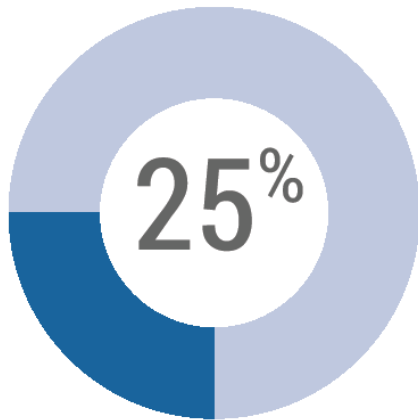
Percentage of adults age 20 and over in Waushara County reporting **no leisure-time physical activity**. (2017 County Health Rankings)

72%

Percentage of population with **no adequate access** to locations for physical activity. (2017 County Health Rankings)

1 out of 3 (33%) of Waushara County adults age 20+ are considered obese. (2017 County Health Rankings)

Goal:
Increase physical activity among Waushara County residents.

In alignment with the State of Wisconsin's vision of having communities that eat healthier and move more, this goal is aimed at implementing evidence based strategies that help prevent chronic diseases. Strategies will focus on increasing physical activity among Waushara County residents.

Objective:
By 2022, at least one new or existing strategy will be implemented, strengthened, or expanded upon to help people to become and remain physically active.

Short-Term Indicators

- Increase in awareness of the importance of physical activity in living a healthy lifestyle
- Increase in attendance to community physical activity programs

Long-Term Indicators

- Decreased rates of obesity
- Decreased rates of diabetes
- Decreased rates of heart disease

Possible Strategies

Built Environment Approaches (Walking/Biking Paths)

Community Walking/Running groups

Prescriptions for Physical Activity

Community Physical Activity Programs

Increasing Access to Places for Physical Activity

Chronic Disease Self Management Classes

Worksite Obesity Prevention Initiatives

Next Steps

The Community Health Improvement Plan is a road map to creating a healthier Waushara County for all residents. The next steps for us are to plan and implement the evidence based strategies that are outlined in this plan. In order to create successful health outcomes, we need the help of community members and stakeholders. Here are a few ways you can get involved to help make Waushara County a healthier place to live, learn, work, and play!

Connect with us!
- Like our Facebook Page, Waushara County Health Department
- Follow us on Twitter @WausharaHealth
- Visit our website at www.wausharacountypublichealth.com
- Look for our "Waushara County Health News" Articles in the Waushara Argus

Partner with us!
- Already taking action to improve health? We want to hear from you!
- Contact the Health Department (920-787-6590) to find out how you or your organization can partner with public health and other community organizations.
- Large-scale change is best achieved through collaboration and collective impact!

Take action to live a healthier lifestyle!
- Avoid tobacco.
- If you drink alcohol, drink in moderation.
- Aim for 150 minutes of physical activity each week.
- Eat healthier by adding more fruits, vegetables, and whole grains to your diet.
- For other ideas of ways to incorporate healthy behaviors see Appendix A.

Questions?
- Call us at 920-787-6590 for more information or with questions.
- Email us at public.health@co.waushara.wi.us

Appendix A: Individual and Organizational Practices to Improve Health

Mental Health

What can government officials and legislators do?

- Encourage awareness of available mental health resources

What can employers and businesses do?

- Make eforts to reduce workplace stress
- Provide mental health education opportunities for employees

What can healthcare providers and insurers do?

- Involve mental health patients in safety planning
- Develop programs to address mental health and substance abuse within primary care settings

What can schools and educators do?

- Know signs of poor mental health to watch for in children
- Promote programs that reduce bullying and violence and increase social interaction

What can community organizations, non-profits, and churches do?

- Provide events and activities that encourage social involvement for the community

What can the general public do?

- Maintain strong and healthy relationships with friends and family
- Become involved in community activities and encourage chilren to participate in school activities

Alcohol and Other Drug Abuse (AODA)

What can government officials and legislators do?

- Promote enforcement of existing laws surrounding tobacco, alcohol, and illegal drugs

What can employers and businesses do?

- Adopt policies that discourage drug use (i.e. drug free workplace)
- Consider if drug testing policies would be beneficial

What can healthcare providers and insurers do?

- Utilize the Wisconsin enhanced Prescription Drug Monitoring Program (PDMP) database and prescribe medications with caution
- Offer referrals for drug treatment options

What can schools and educators do?

- Continue or start drug education programs in schools
- Provide activities and opportunities after school that are safe and drug-free

What can community organizations, non-profits, and churches do?

- Acknowledge any Alcohol and Other Drug Abuse (AODA) issues and offer or encourage participation programs to reduce drug use (i.e. Alcoholics Anonymous, Narcotics Anonymous)

What can the general public do?

- Avoid tobacco and illegal drugs and use prescriptions and alcohol responsibly
- Seek help if needed to stop any habits
- Serve as a role model to children to reduce drug use in youth

Chronic Disease Prevention

What can government officials and legislators do?

- Consider any health aspects to legislation and ways to integrate "health in all policies"

What can employers and businesses do?

- Have an employee wellness plan and promote wellness in the workplace
- Promote physical activity with health insurance that incentivizes exercise

What can healthcare providers and insurers do?

- Be aware of community resources that promote exercise and refer patients

What can schools and educators do?

- Provide daily options for physical activity (physical education classes, active recess, open gym during lunch)
- Promote healthy choices in lunches and vending machines
- Make fitness centers available to the community

What can community organizations, non-profits, and churches do?

- Encourage and host events to encourage physical activity for all age groups
- Develop joint use agreements for exercise facilities (schools, community centers)

What can the general public do?

- Engage in three hours of physical activity per week and encourage children to be active for one hour per day.
- Consider healthy choices when grocery shopping and limit junk food

Appendix B: Work Plan

Action Plan
Date Created: **Date Reviewed/Updated:**

PRIORITY AREA: AODA
GOAL: Broad goal

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Long Term Indicators	**Source**	**Frequency**

OBJECTIVE #1: Specific, measurable, attainable, relevant, time bound objective- there will be additional charts for each different objective

BACKGROUND ON STRATEGY- list of potential strategies
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #2:

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #3:

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	State	Healthy People 2020	National Prevention Strategy
1			
2			
3			

Action Plan
Date Created: **Date Reviewed/Updated:**

PRIORITY AREA: Mental Health
GOAL: Broad goal

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Long Term Indicators	**Source**	**Frequency**

OBJECTIVE #1: Specific, measurable, attainable, relevant, time bound objective- there will be additional charts for each different objective
BACKGROUND ON STRATEGY- list of potential strategies **Source:** **Evidence Base***:* **Policy Change (Y/N):**
ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #2:					

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #3:					

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	State	Healthy People 2020	National Prevention Strategy
1			
2			
3			

Action Plan
Date Created: **Date Reviewed/Updated:**

PRIORITY AREA: Chronic Disease Prevention
GOAL: Broad goal

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Long Term Indicators	**Source**	**Frequency**

OBJECTIVE #1: Specific, measurable, attainable, relevant, time bound objective- there will be additional charts for each different objective

BACKGROUND ON STRATEGY- list of potential strategies
Source:
Evidence Base*:*
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #2:

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #3:

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	State	Healthy People 2020	National Prevention Strategy
1			
2			
3			

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