

2017 COMMUNITY HEALTH ASSESSMENT



Marquette

Central Wisconsin Health Partnership (CWHP)

["For he who has health has hope; and he who has hope, has everything."- Owen Arthur]

Effective date January 1, 2017

2017 CWHP Community Health Assessment

CENTRAL WISCONSIN HEALTH PARTNERSHIP

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LETTER FROM THE HEALTH OFFICERS

The six health officers from the counties of Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara which make up the Central WI Healthcare Partnership (CWHP) understand that the overall health of a community is a shared responsibility. These health departments along with many other stakeholders including government agencies, healthcare providers, nongovernmental organizations and community members have provided thoughtful input to this Community Health Assessment. CWHP has a history of collaborating successfully on a number of projects in the past and decided that a blended Community Health Assessment would provide another opportunity to share, learn and explore best practices that would improve health outcomes in our rural communities.

This document is intended to be a resource that will not only help CWHP with planning and implementation of programs, but can also be used by community planners, practitioners and policy developers as they identify actions to improve health priorities. The Community Health Assessment (CHA) includes key drivers to community health needs such as: access to care, socioeconomic factors, limited preventative and screening services, chronic disease, mental health, drug abuse and more. Information on demographics, health and societal risk factors for each of the six counties is included. Community input on the perceived health needs of the region was used to complement publicly available data. CWHP used all of this information to prioritize significant community health needs.

Each Central WI Healthcare Partnership member is deeply rooted in their respective communities with a variety of established programs and services to support the health of the community. Despite the continuous efforts of our CWHP Partners, all six counties identified gaps when it came to behavioral health and the treatment of substance use disorders. The CWHP hopes to leverage resources and synergies within the boundaries of our system to provide population-based services with comprehensive programs targeted at those most at risk for poor mental health and drug use disorders. Data collected will assist us in developing a roadmap to direct resources where services are needed most and the impact will be the greatest.

Although all six counties identified gaps in mental health and AODA services, each county also has unique concerns. For that reason, each of our partners has also identified individual health priorities. CWHP members will spearhead efforts to connect the community on regional and individual community goals. Resources and plans to improve the community's health and achieve measurable results will be developed and implemented.

The goal of CWHP is to work within our community and collaborate regionally to achieve a positive impact resulting in better health for each of our counties.

The CWHP Health Officers,

Sarah Grosshuesch
Adams County

Kathy Munsey
Green Lake County

Barb Theis
Juneau County

Jayne Schenk
Marquette County

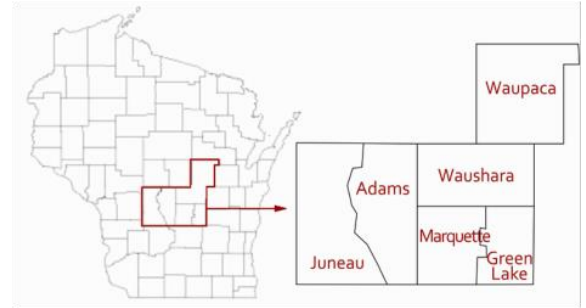
Jed Wohlt
Waupaca County

Patti Wohlfeil
Waushara County

VISIONS AND VALUES

Who we are:

The Central Wisconsin Health Partnership is a consortium among the Departments of Health and Human Services of Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara County. This Community Health Assessment comes from the public health departments in these counties.



Vision:

To be the healthiest counties in Wisconsin

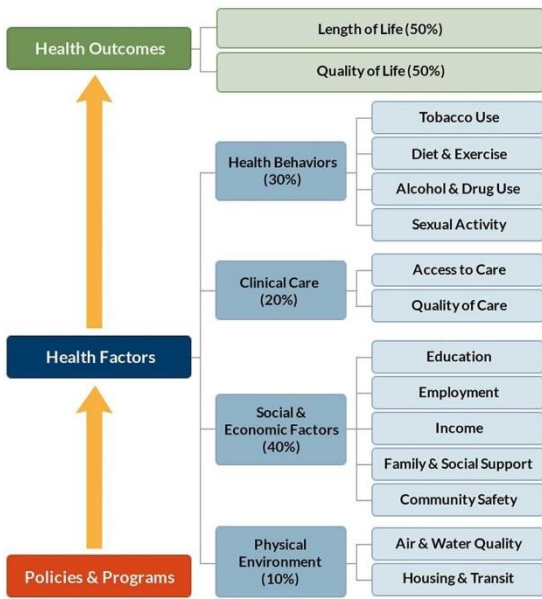
Mission:

Improve the health of the public and achieve equity in health status for the Central Wisconsin region

METHOD OVERVIEW

The six counties started the Community Health Assessment (CHA) in 2015. The overall process followed the *Wisconsin Guidebook on Improving the Health of Local Communities*. This framework is built on the *Take Action Cycle* model used by the County Health Rankings and Roadmaps. The steps taken for the needs assessment were to Assess Needs & Resources and to Focus on What's Important while emphasizing collaboration and open communication.

The assessment includes primary data from communicable disease reports, death records, local provider numbers, hospital admissions, and youth risk behavior surveys. The secondary data includes, but is not limited to, County Health Rankings, Wisconsin Department of Health and Human Services, and the U.S. Census Bureau.



This data, along with key informant interviews, surveys, focus groups, and community forums were used by the steering committee to determine the health focus areas.

This assessment will then be used to develop a Community Health Improvement Plan (CHIP).

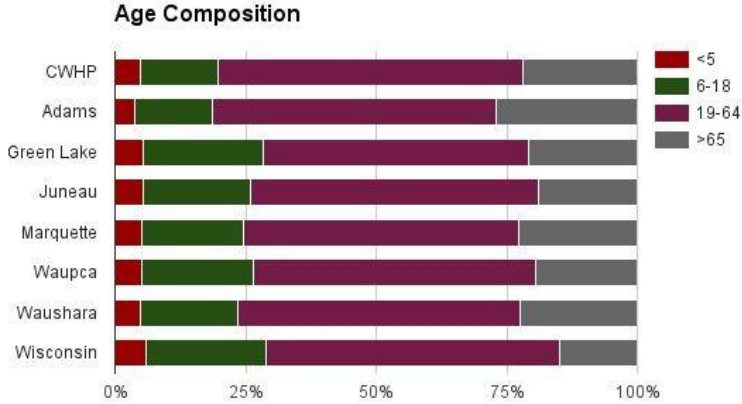
COMMUNITY HEALTH ASSESSMENT

Demographics

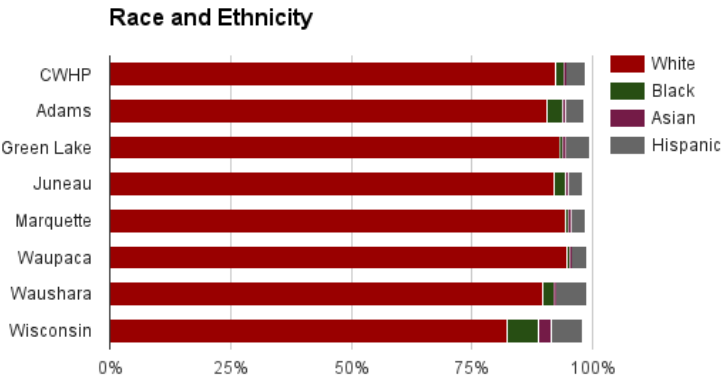
	Total Population	Female	Male	Urban	Rural
CWHP	156,281	48.22%	51.88%	19.14%	80.86%
Adams County	20,148	46.70%	53.30%	0%	100%
Green Lake County	18,856	49.60%	50.40%	25.67%	74.33%
Juneau County	26,224	46.90%	53.10%	16.51%	83.49%
Marquette County	15,075	49.20%	50.80%	0%	100%
Waupaca County	51,945	49.60%	50.40%	35.06%	64.94%
Waushara County	24,033	47.30%	52.70%	10.50%	89.50%
Wisconsin	5,724,692	50.30%	49.70%	70.15%	29.85%

Source: U.S. Census Bureau

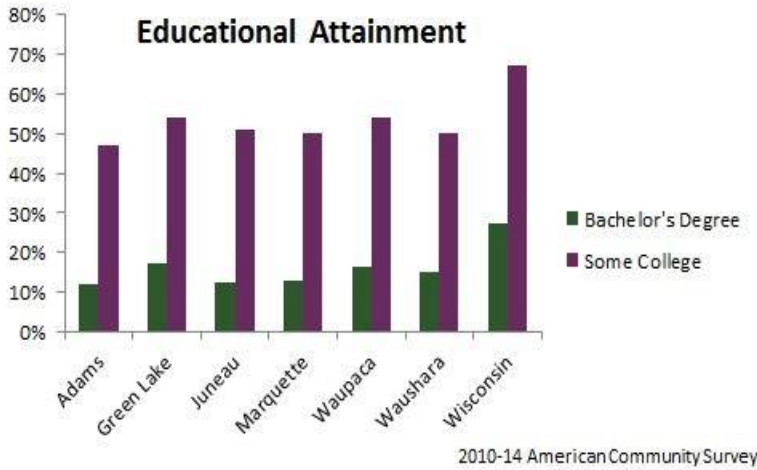
Overall, the elderly population is growing. By **2030** nearly 30% of CWHP residents will be 65 years and older (Wisconsin DOA). The health needs of the community will shift, as the aging health concerns grow. This will require more focus on chronic disease prevention. Delaying the onset of chronic disease is essential to creating a healthier community.



Source: U.S. Census Bureau



While the graph shows minimal racial and ethnic diversity in CWHP counties, our Amish and Hispanic communities bring a unique variety of culture and customs. Racial and ethnic disparities in health factors, including access to care and income level, are one of many factors that contribute to inequalities in health status. Eliminating these disparities is challenging, yet vital to improving our communities.



The relationship between higher education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, and reduced psychosocial stress (Egerter, Braveman, Sadegh-Nobari T, Grossman-Kahn, and Dekker 2011). CWHP has a lower number of adults with any form of formal education past high school. Those with ‘some college’ refer to those who have not completed their degree, whether it is vocational/technical, an associate’s, and/or a bachelor’s degree.

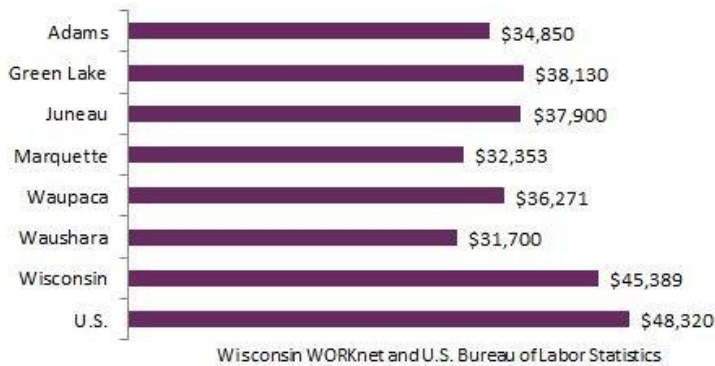
Income and Poverty

Having a higher income is linked to better health (World Health Organization). It’s not just the level of income that affects the health of our communities, but also the distribution of the income. The larger the income disparity, the larger the health inequalities will be. The average per capita personal income of CWHP is \$38,509, which is \$5,677 lower than Wisconsin’s average. Compared to the nationwide average, the gap is over \$7,000.

2014 Per Capita Personal Income

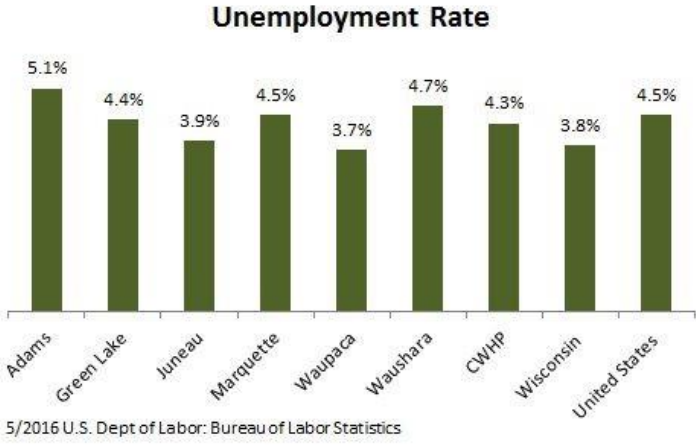


2015 Average Wage



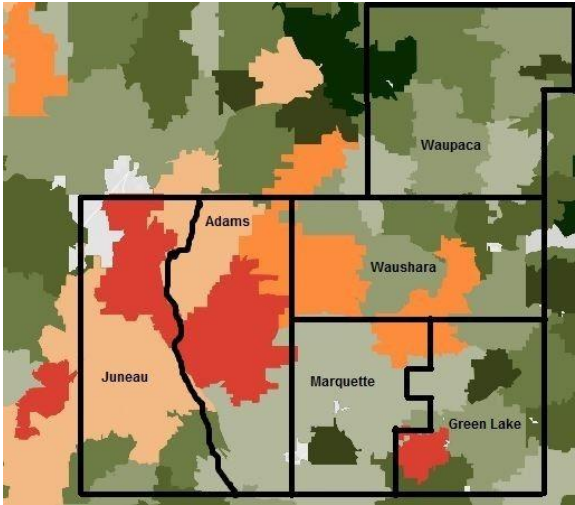
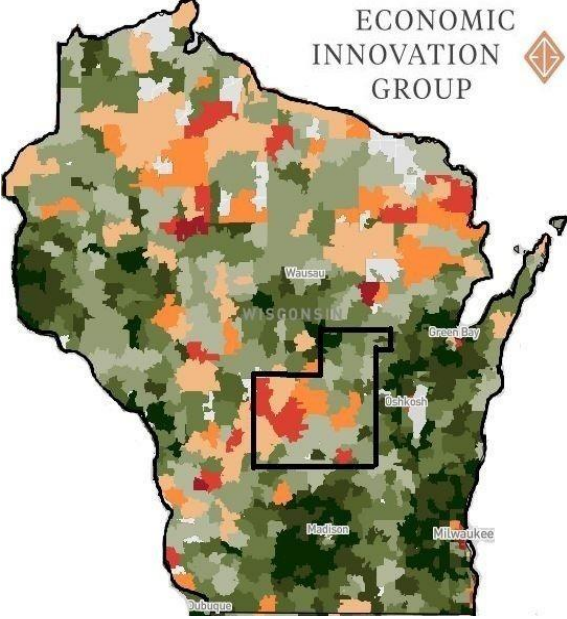
The low average personal income can be partly attributed to two factors. The wage paid by employers in the individual counties, along with the counties’ unemployment rates. The graph to the left illustrates the average wage paid by employers located in the county. Using these numbers, the average wage for those in CWHP is \$35,184. This is \$10,205 lower than Wisconsin and \$13,136 lower than the national average.

With the exception of Waupaca, all of the CWHP counties had higher unemployment rates than the state in May 2016. Acknowledging the relationship between one’s health and economical status, CWHP hosted the Central Wisconsin Health & Economic Summit in August 2015. This event helped develop strategies to improve the health and vitality of our communities, with a focus on workforce development. A detailed description of the summit can be found in Appendix A.



Distressed Communities Index

The index combines seven measures to present a complete and multidimensional picture of economic distress- or prosperity- in U.S. communities (Economic Innovation Group). Much of the data comes from the American Community Survey and County Business Pattern Data. This index further illustrates some of the economic challenges facing CWHP.



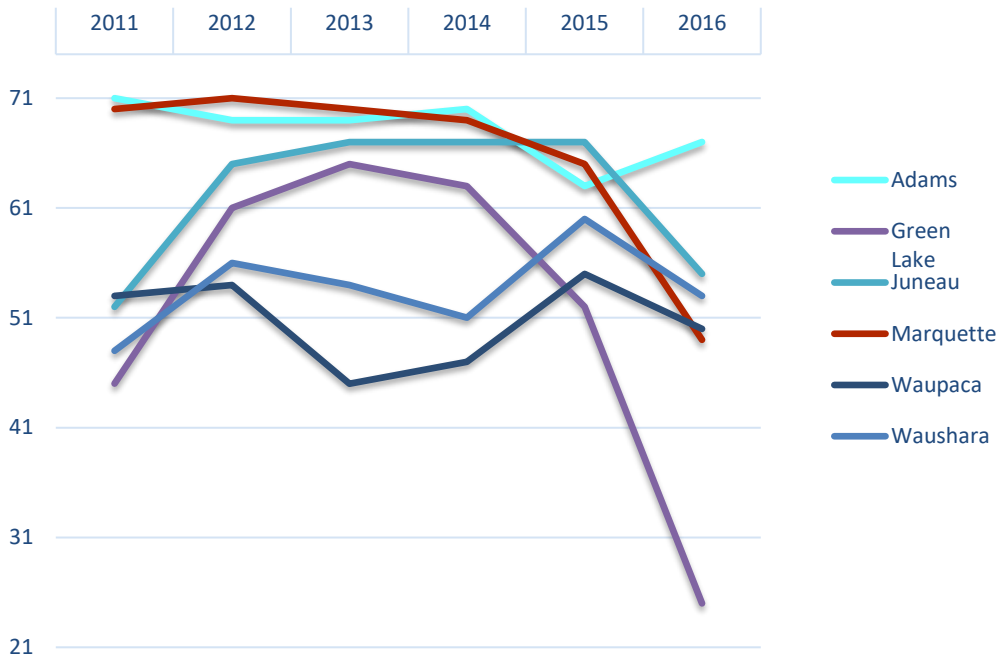
Index numbers are based upon the following measures.

- No High School Degree
- Housing Vacancy
- Adults Not Working
- Poverty Rate
- Median Income
- Change in Employment
- Change in Business Establishments



2016 Wisconsin County Health Rankings

County Health Rankings & Roadmaps
 Building a Culture of Health, County by County
 A Robert Wood Johnson Foundation program



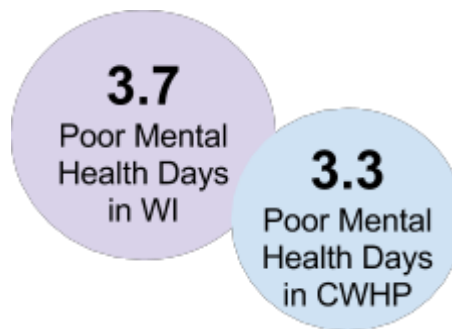
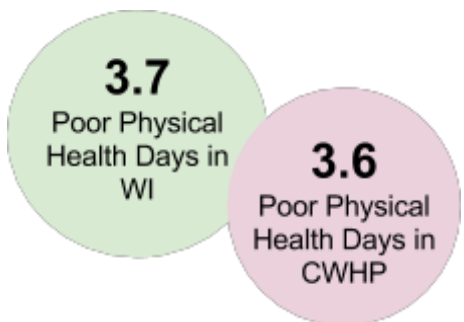
CHR Health Outcomes

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute produce County Health Rankings each year. These report the overall health of each county in Wisconsin. The report ranks all 72 counties based on measures of health outcomes and health factors, with the healthiest county being ranked #1. The counties of CHWP, in general, have been improving ranks in overall health outcomes.

While the rankings should not be compared year to year, creating a trend line can offer a picture of the health status for the past 5 years. We will continue to strive to improve our health factors and outcomes, and become the healthiest counties in Wisconsin.

Length of Life	
Green Lake	17 th
Waupaca	47 th
Marquette	55 th
Waushara	58 th
Juneau	59 th
Adams	70 th

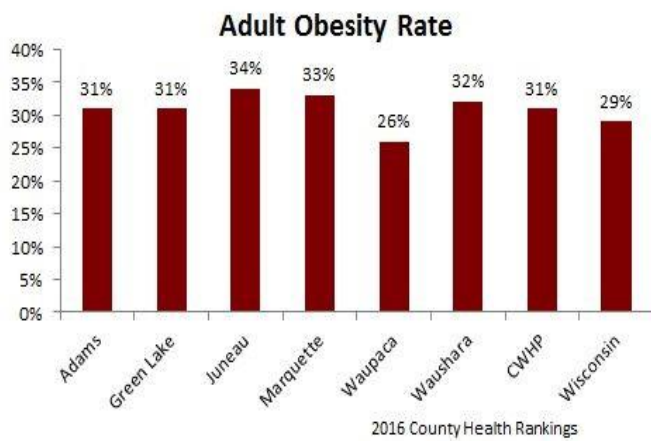
Quality of Life	
Marquette	29 th
Waushara	45 th
Green Lake	46 th
Juneau	47 th
Waupaca	60 th
Adams	64 th



Overall Health

In 2013 there were a total of **1,941** deaths in CWHP. The vast majority of deaths in the six counties can be attributed to chronic disease and unhealthy behaviors. It is also important to note the high number of suicides in CWHP. Attributing factors will be discussed in the Second Health Priority. Additionally, an in depth look at the deaths for Marquette County can be seen in Appendix B.

Obesity in CWHP

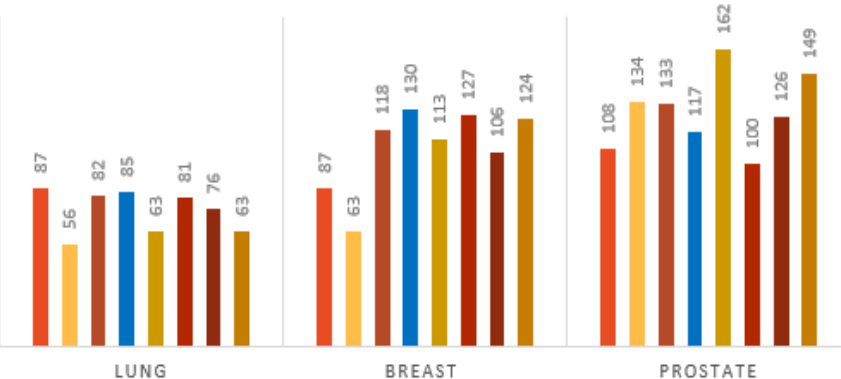


Chronic Disease

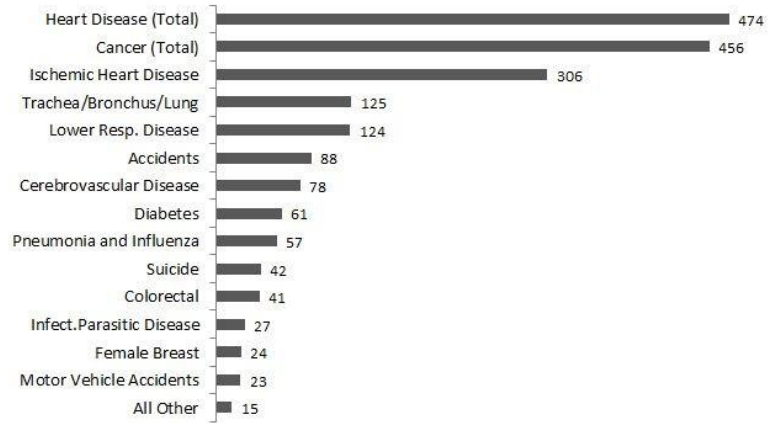
Prevention of chronic disease such as diabetes, heart disease, and cancer not only assures a strong quality of life, but also results in a decreased economic burden on our health care system.

RATE OF CANCER DIAGNOSIS LUNG, BREAST, PROSTATE

Adams Green Lake Juneau Marquette Waupaca Waushara CWHP Wisconsin



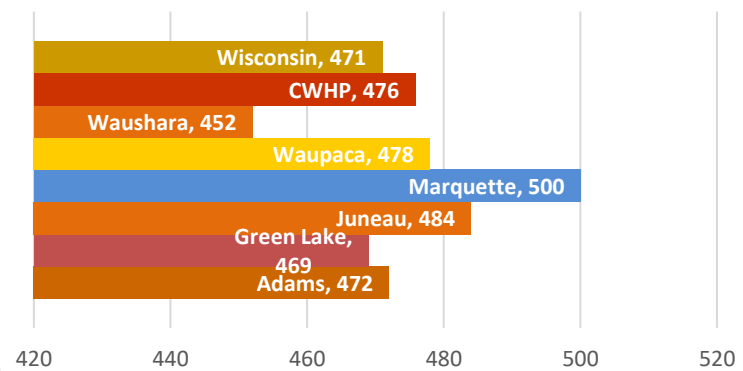
CWHP Underlying Cause of Deaths (2013)



2015 Wisconsin Public Health Profiles

With the exception of Waupaca County, all counties in CWHP have rates of obesity higher than the state average. High rates can be attributed to lower individual and environmental socioeconomic status and the built environment, which may then be related to health attitudes and behaviors contributing to obesity (McAlexander, Banda, McAlexander, Lee 2009). In order to combat this growing epidemic positive change must come to all parts of society, especially to areas of policy and environmental change.

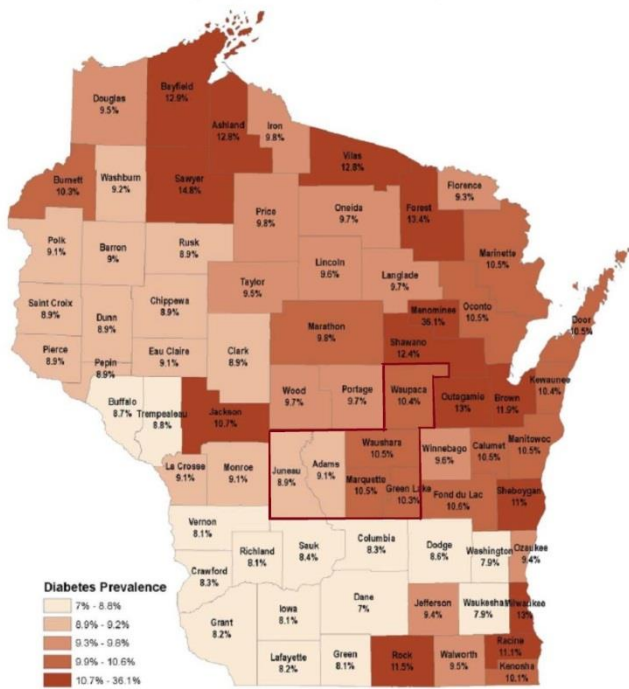
Rate of Cancer Diagnosis All Cancer



Cancer

The rates of cancer for CWHP are slightly higher than the state average with the largest difference attributed to lung cancer. This can most likely be attributed to the high smoking rates in CWHP seen on page 15.

Total Diabetes Prevalence in Wisconsin Adults by County (September 2011)



Estimated Diabetes Prevalence in Adults



(2011 The Burden of Diabetes in Wisconsin)

Diabetes

Diabetes, as a chronic disease, is a serious complex condition, which when left unchecked can lead to a lower quality of life. Nerve damage, heart disease, stroke, blindness, kidney disease, and sometimes amputations are all possible if it is left uncontrolled. These complications can be managed through a healthy diet, avoiding smoking and alcohol, and incorporating regular activity.

Heart Disease

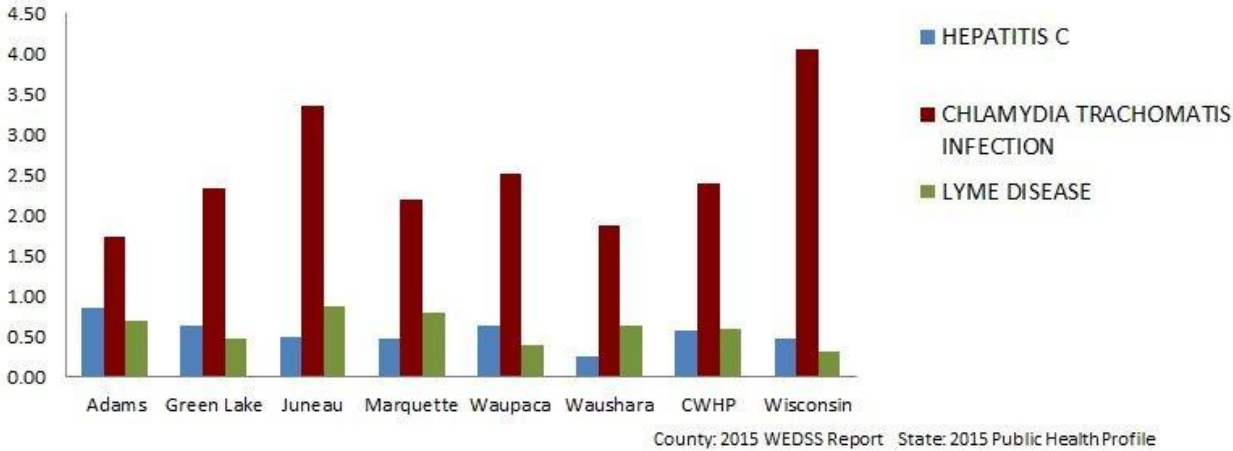
Heart disease was the leading cause of death for CWHP in 2013. Another way to measure the burden heart disease has on our counties is by looking at how often residents visit the emergency room for heart issues. Every hospital in CWHP has some form of heart related issue in their top ten types of ER visits.

Hospital	Berlin	Waupaca	Wild Rose	Mile Bluff	New London	Moundview	Ripon	Divine Savior
Rank	#2	#2	#8	#4	#7	#3	#2	#4
Reason for Visit	Chest Pain	Chest Pain	Heart Attack	Cardiac Related	Chest Pain	Chest Pain	Cardiac Related	Chest Pain

Communicable Disease

Public Health plays an important role in preventing, monitoring, and controlling diseases that can spread from person to person in a variety of ways. These diseases can come from other humans through the air, skin contact, blood and bodily fluids, or from a variety of animal hosts like mosquitos or ticks. CWHP as a whole has higher rates of Hepatitis C and Lyme disease. Lyme disease is of no surprise as it is more common in the central to northern most counties in Wisconsin.

Communicable Disease Rate per 1,000

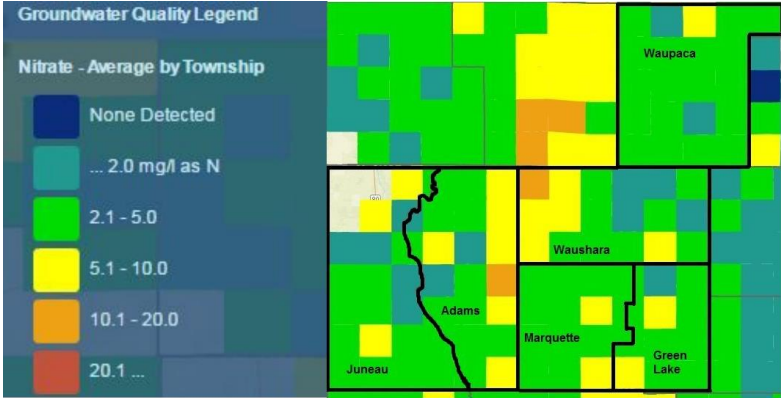


A state map of Lyme disease incidences, along with an individual trend line for Marquette County’s rate of Chlamydia, can be seen in Appendix B.

Environment

Drinking Water

With economies based on agriculture, manufacturing, and tourism it is important to monitor nitrate levels in the water supplies. Sources of nitrate may include agricultural runoff, municipal and industrial waste water, animal feedlots, and septic tanks. CWHP’s nitrate levels are higher than the state average with the average nitrate concentration shown by township in the map shown to the right.

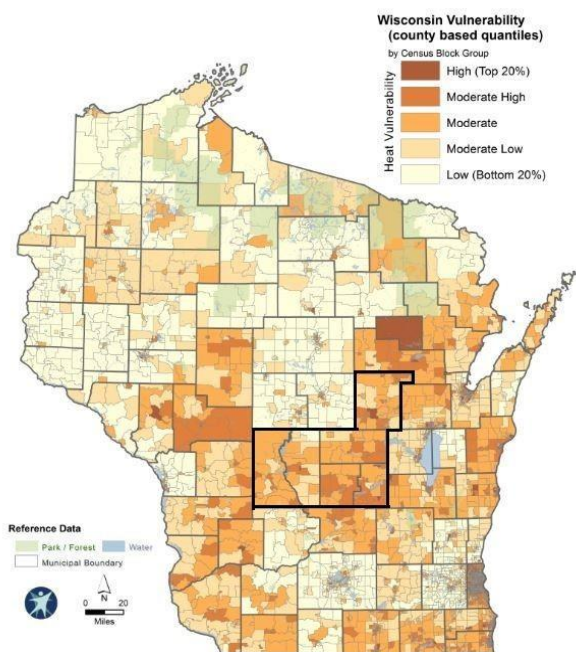


Source: U.W. Stevens Point

	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara	Wisconsin
Nitrate mg/L	1.8	4.9	2.6	3.2	2.5	2.6	1.5

Source: Environmental Health Profiles

Wisconsin Heat Vulnerability Index (HVI)



Heat Vulnerability

Extreme heat negatively affects human health in terms of causing heat exhaustion, stroke, and even death. It can also make pre-existing chronic conditions worse, such as respiratory and heart diseases. As Wisconsin’s climate changes, temperatures will rise and extreme heat events will increase in frequency (WHITEHOUSE). From 1950–2006, Wisconsin has seen an increase of average annual temperature by 1.5°F (WICCI). In addition to exposure to heat and climate conditions, many other factors, such as infrastructure, physiology, culture, and demographics influence the risk of heat-related impacts. This is especially true for the elderly, socially isolated individuals, and those with pre-existing chronic conditions. Seen in the map to the left, CWHP residents have moderate to high vulnerability in the case of extreme heat. They also have higher rate of ER visits compared to the state.

Heat Stress ER visits per 100,000 people	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara	Wisconsin
	46.8	19.2	48.6	28.8	21.6	23.6	16.5

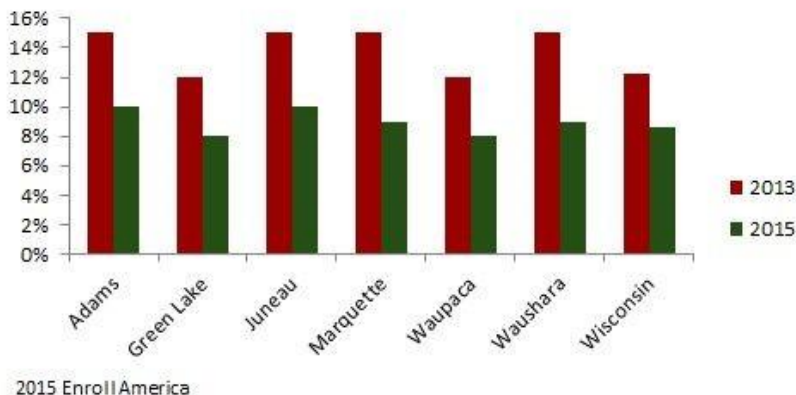
Source: Environmental Health Profiles

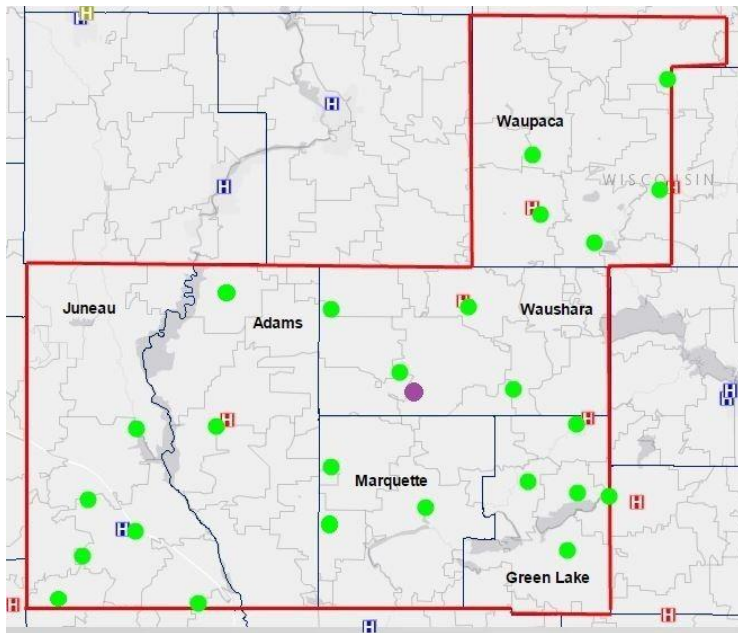
Access to Healthcare

Medical

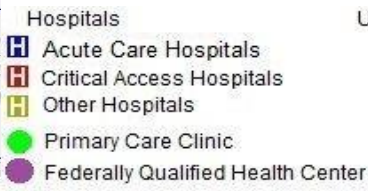
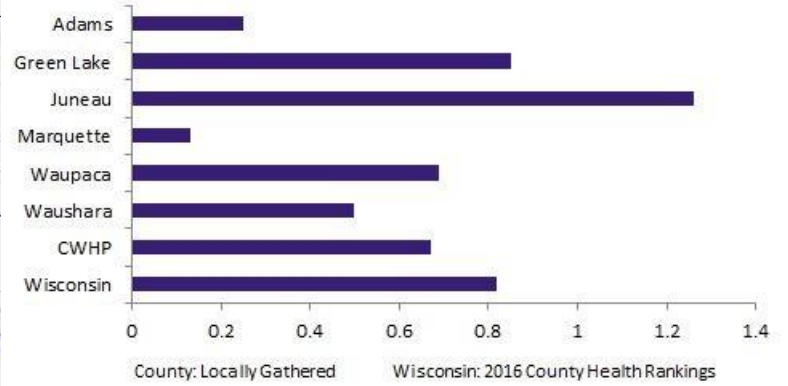
Access to healthcare encompasses many factors including health insurance, local care options, affordability, and social or cultural barriers. Not having health insurance is a significant barrier to utilizing the healthcare system. Since the Affordable Care Act’s first open enrollment period all CWHP counties have seen a modest decrease in their uninsured rates, similar to Wisconsin as a whole. *Those over 65 years old are not included in the uninsured rate.

Uninsured Rates





Primary Care Physicians per 1,000 People

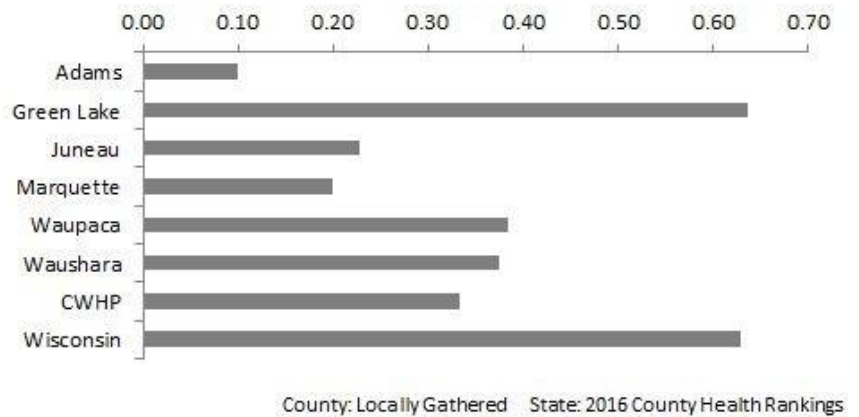


Not having enough local providers, along with their location, can act as barriers to receiving the care necessary to gain access to satisfactory health outcomes. Compared to the state, the majority of CWHP has a lower ratio of primary care physicians. These physicians are considered those specializing in general practice medicine, family medicine, pediatrics, and internal medicine (County Health Rankings and Roadmaps). The locations of their offices along with hospitals, and a federally qualified health center can be seen above.

Dental

Oral Health is essential to general health and quality of life. Risk factors for oral disease typically include an unhealthy diet, tobacco use, poor oral hygiene, and social determinants. Poor and disadvantaged groups bear a disproportionate share of these diseases. Unmet dental care can increase the likelihood of oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. The majority of CWHP has a lower number of dentists per 1,000 people, compared to the the state average. All but Green Lake County are federally designated dental care shortage areas (Wisconsin Office of Rural Health). It is also important to note a number of dentists in CWHP practice in multiple counties. Additionally, only Juneau and Waushara have free/low cost dental care facilities operated by Family Health/ La Clinica.

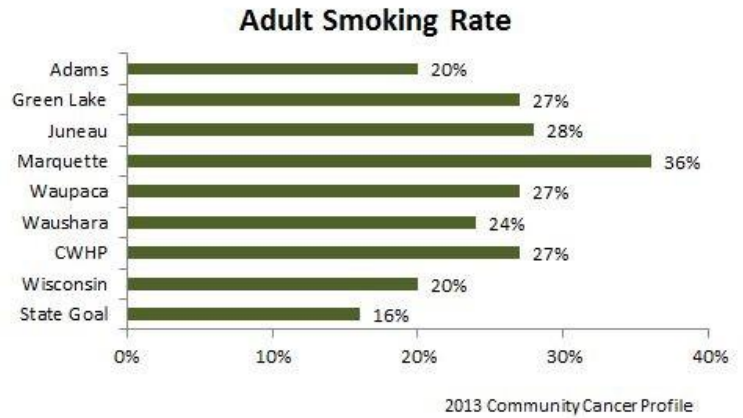
Dentists per 1,000 People



Health Behaviors

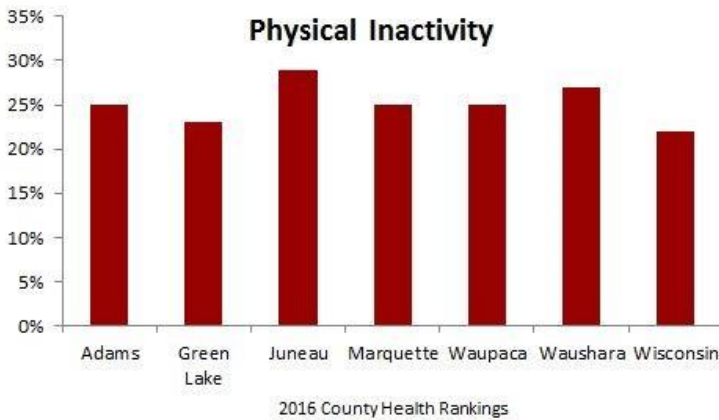
Smoking

It is well known, smoking is bad for your health. It can lead to lung cancer, heart disease, and stroke. Unfortunately, smoking continues to be a problem for CWHP and the state as a whole. It is an issue for the general population and especially mothers who are pregnant. In Marquette County, about 1 in 4 pregnant mothers smoked during their pregnancy (County Health Rankings and Roadmaps).



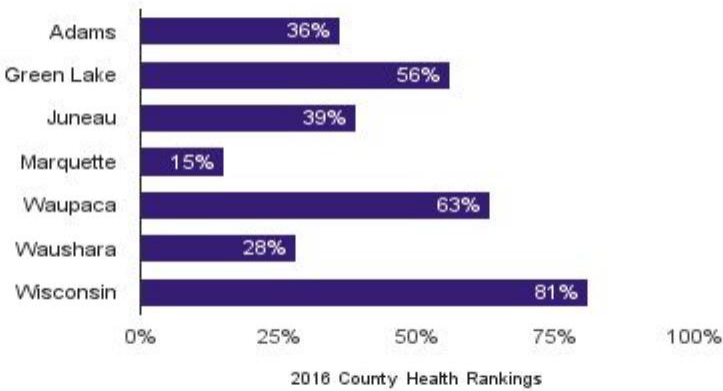
Physical Inactivity

The graph to the left depicts the percent of adults over age 20 reporting no leisure-time physical activity. It is known that lack of physical activity is related to health care expenditures for circulatory system diseases (Rosenberger, Sneh, Phipps, and Gurvitch 2005). A decrease in physical activity can also be related to diabetes, hypertension, and cancer.



Access to Exercise Opportunities

The ability to be physically active is dependent on access. CWHP is limited in access, in part, because of how rural the counties are. Residents must travel longer distances to reach exercise facilities and safe places to walk or bike. Another barrier can be the cost of memberships to the gyms present in the counties.



It is important to note the percentages to the right do not include access to schools, which most CWHP residents can use

during the winter to walk in. They also have ample access to nature. This allows the possibility for higher levels of outdoor physical activity and nature based play and recreation.

*Marquette County's additional measures for the community health assessment can be found in Appendix B

PRIORITIES

Criteria Used to Identify Priorities

Criterion 1. The magnitude of the problem

- What is the percentage of the population impacted?
- Is it associated with the leading cause of death in 4 of the 6 counties?

Criterion 2. The severity of the problem

- Is it worse than the Wisconsin average?
- Is the trend worsening in 4 of the 6 counties?

Criterion 3. A high need among vulnerable populations (health equity)

- Is the problem equally distributed across the population?
- If no, what groups are more likely to be at risk or currently impacted?

Criterion 4. The community's capacity and/or willingness to act on the issue

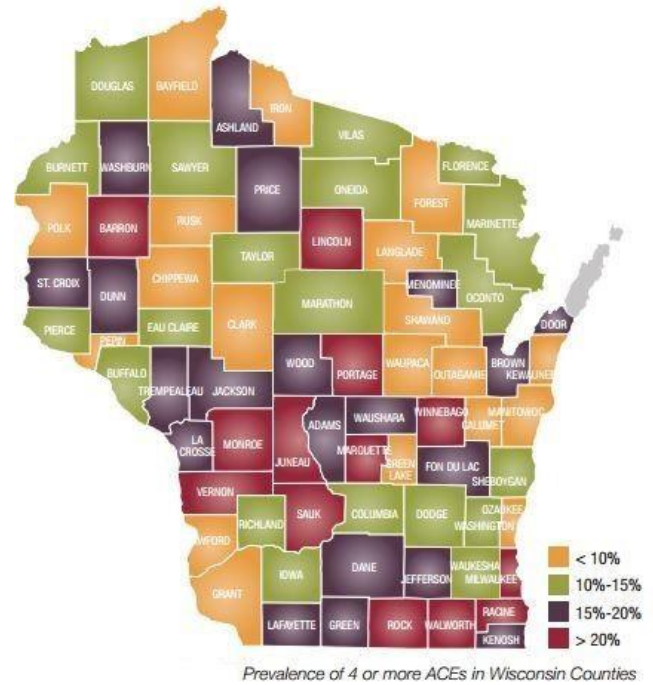
- Was it identified by community stakeholders in 4 of the 6 counties?
- Was it identified by primary community input in 4 of the 6 counties?
- Was it identified by Wisconsin Health Improvement Planning Process?

The steering committee identified priorities utilizing the above criteria, with the understanding that community feedback, was the driving component to determine the most appropriate health focus areas. The input gathered allowed for the ranking of all the identified health focus areas, with a summary of results provided below. Additional information can be found in Appendix C.

Order of Priority	Community Feedback					
	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara
1 st	Access to Care	Mental Health	AODA	AODA	AODA	AODA
2 nd	Employment	AODA	Obesity	Mental Health	Mental Health	Chronic Disease
3 rd	AODA	Nutrition	Mental Health	Nutrition & PA	Poverty	Mental Health
4 th	Mental Health	Physical Activity	Chronic Disease	Tobacco	Chronic Disease	Nutrition & PA
5 th	Physical Activity	Chronic Disease	Nutrition & PA	Access to Care	Access to Care	Aging Problems

*Before we discuss the priorities chosen, it is important to keep in mind a strong association between poor social, mental, and physical health outcomes in adulthood, and Adverse Childhood Experiences (ACEs).

An Adverse Childhood Experience (ACE) is a traumatic experience, which occurs prior to the age of 18, such as child physical or sexual abuse, having an incarcerated household member, exposure to domestic violence or parental divorce (Children’s Hospital of Wisconsin). These ACEs can disrupt healthy brain development required for emotional control, learning capacity, and the ability to form healthy relationships. Research has also demonstrated a strong dose-response relationship between ACEs and a variety of substance-related behaviors (SAMHSA). This means the more ACEs an individual has; the more likely it is they will have substance abuse behaviors.



Priority 1. Alcohol and Other Drug Abuse (AODA)

Drug and alcohol dependence often go hand in hand. It can also lead to other chronic diseases such as diabetes and heart disease. Preventing substance abuse disorders and related problems is essential to CWHP residents’ behavioral and physical health.

Relevant Strengths:

- Wisconsin State Drug Database
- Statewide “Dose of Reality” Campaign
- Regional Comprehensive Community Services
- Treatment and Alternatives Diversion (TAD) Court
- Social Host Ordinance

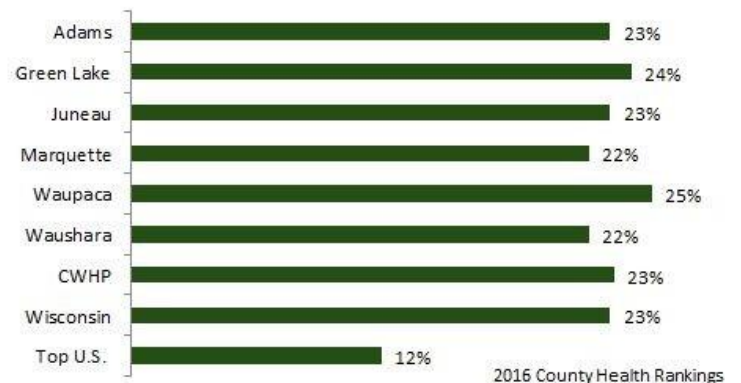
Relevant Challenges:

- Availability, Affordability, Attractiveness, and Acceptability of alcohol in Wisconsin
- Lack of professional assistance in overcoming substance abuse (detox, long term care, etc.)
- High number of ACEs
- Medication and drug seekers
- Limited locations to send patients for AODA treatment

Alcohol

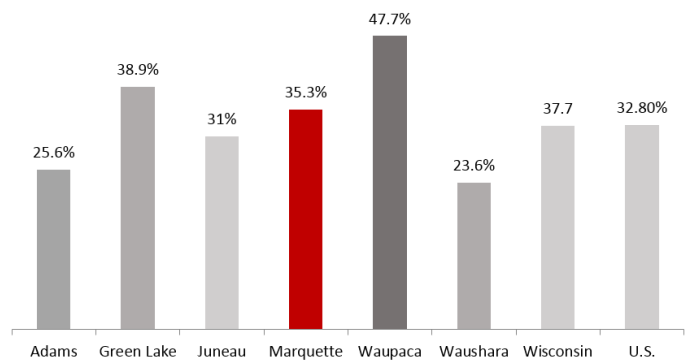
Excessive drinking is defined as both binge and heavy drinking. Binge drinking is 5 or more drinks in about 2 hours, which brings blood alcohol concentration levels to 0.08 g/dL. Heavy drinking is when someone consumes 5 or more drinks at one time for 5 or more days in the past 30 days (National Institute on Alcohol Abuse). Adverse health outcomes associated with excessive drinking include violence, suicide, vehicle crashes, STIs, and heart problems among others. CWHP is not alone in high rates of drinking. Similar to the state average, CWHP has a rate double that of top U.S. performers. An equal concern among CWHP is the early initiation of drinking among our youth.

Excessive Drinking Rate

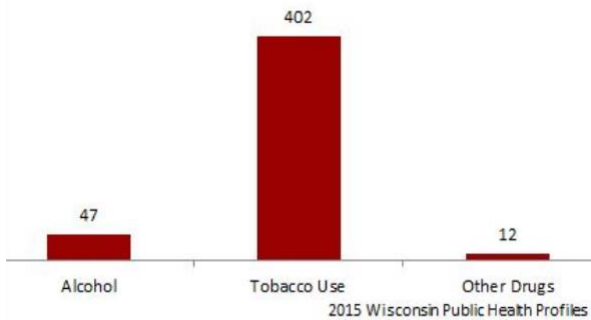


The Youth Risk Behavior Survey (YRBS) is taken by middle and high school youth to monitor six types of health-risk behaviors that contribute to the leading causes of death and disability. From the YRBS and other youth surveys we were able to find out how many high school students reported having one alcoholic drink in the last 30 days.

One Alcoholic Drink in the Last 30 Days
Grades 9-12



CWHP Alcohol and Drug Abuse Related Deaths (2013)



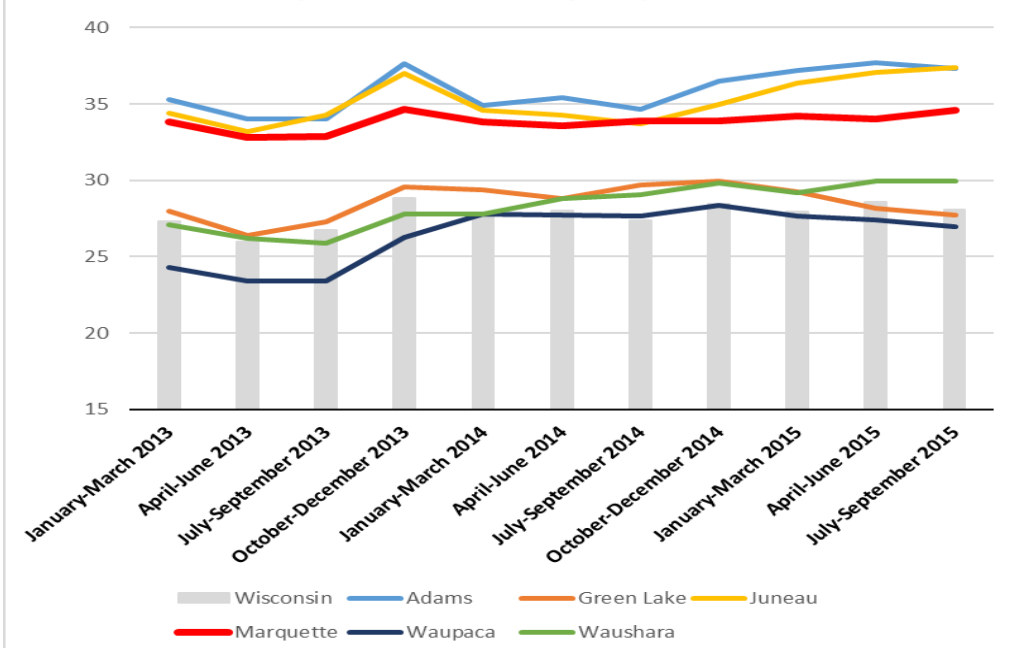
Tobacco

Tobacco use remains the single most preventable cause of death and disease in the United States. In 2013 there were a total of 1,941 deaths in CWHP, of which 402 were attributed to tobacco. Including alcohol and other drugs, as the underlying or contributing cause of death, we see 23.75% of the deaths in CWHP. This is higher than the state’s 20.68%(Public Health Profiles).

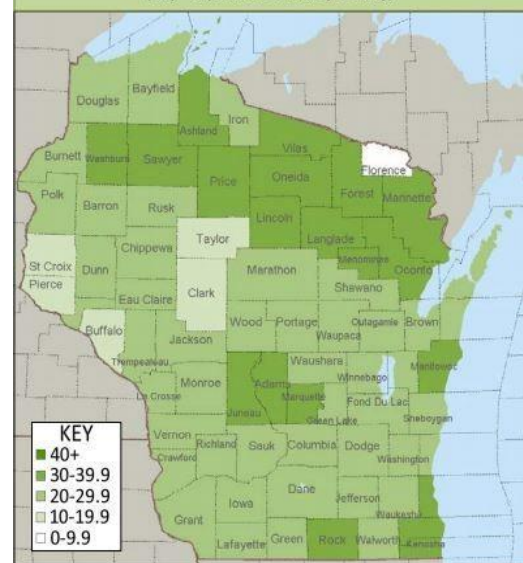
Wisconsin Prescription Drug Monitoring Program

The Wisconsin Prescription Drug Monitoring Program (PDMP) is a tool to improve patient care and safety and to reduce the abuse and diversion of prescription drugs. The monitored drugs are state and federally controlled substances in schedule II, III, IV, or V that requires a prescription to be legally dispensed. Examples include opioids, stimulants, and antipsychotics.

Monitored Prescription Drug Doses Dispensed / County Population



Monitored Prescription Drug Doses Dispensed / County Population (July - September 2015, By County)



The map of Wisconsin offers a snapshot of the most recent rates and illustrates three counties in CWHP higher than the majority of the state.

Source: Wisconsin Prescription Drug Monitoring Program (PDMP)

Priority 2. Mental Health

Many factors can contribute to one’s mental health. Risk factors can include biology, a family history of mental health problems, or ACEs. In Wisconsin, a higher number of ACEs has been linked to higher rates of depression (Child Abuse and Neglect). With a high prevalence of ACEs in CWHP there is great need for mental health services. Those seeking care in CWHP will most likely have trouble due to the low number of providers in the area.

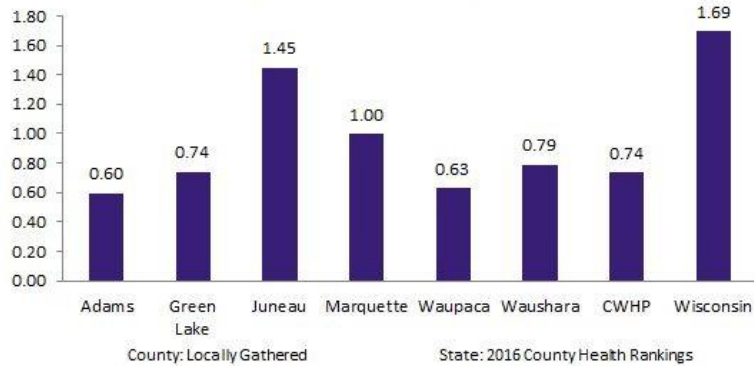
Relevant strengths:

- Community support systems
- Crisis Units
- Comprehensive Community Services

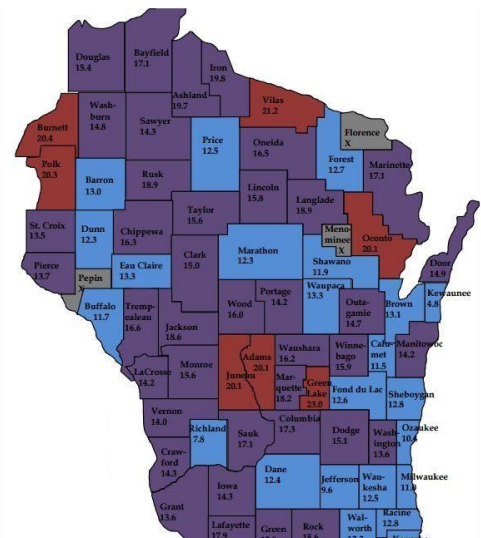
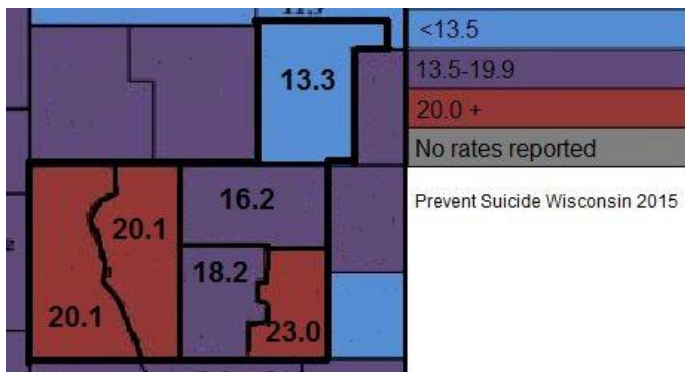
Relevant challenges:

- Mental health stigma
- Mental health provider shortage
- High number of ACEs
- Social isolation & Physical isolation
- Limited social associations
- Limited natural supports

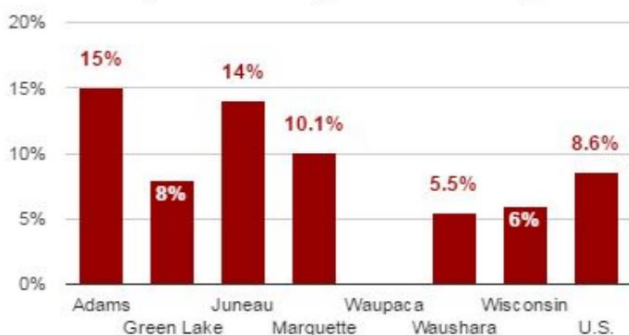
The Number of Mental Health Providers per 1,000 People



Suicide impacts families, communities, and society in terms of economic and human costs. Suicide rates in the U.S. have been on the rise since 1999(CDC). All of CWHP, except for Waupaca County, have suicide rates higher than the statewide average of 13.5 per 100,000 people. Preventing suicidal behavior before it ever occurs, while addressing risk and protective factors, is essential to improve the mental health of CWHP.



Attempted Suicide (Last 12 Months)



The chart to the left illustrates the percentage of high school students in each county who reported attempting suicide within the last 12 months of taking the YRBS. This measure can be a gauge for the mental health of our students. *Waupaca County does not have data for this measure.

Priority 3. Healthy Growth and Development

Healthy growth and development in early life have a profound effect on health across the life span. There is a demonstrated link between early life events and adult chronic diseases.

The health of the mother before and during pregnancy can influence birth outcomes. Risk factors such as obesity, smoking, stress, and sexually transmitted diseases can have a profound effect on the baby.

Preventive measures such as immunizations and taking a multivitamin with folic acid can prevent illness in mom and baby. Healthy behaviors such as smoking cessation, physical activity, and balanced nutrition are also important for normal growth and development. Early positive and nurturing conditions can promote a child's ability and willingness to learn and relate to others throughout life. Positive environments and relationships in the early life of a child can develop a strong foundation for all future learning, behavior, and health.

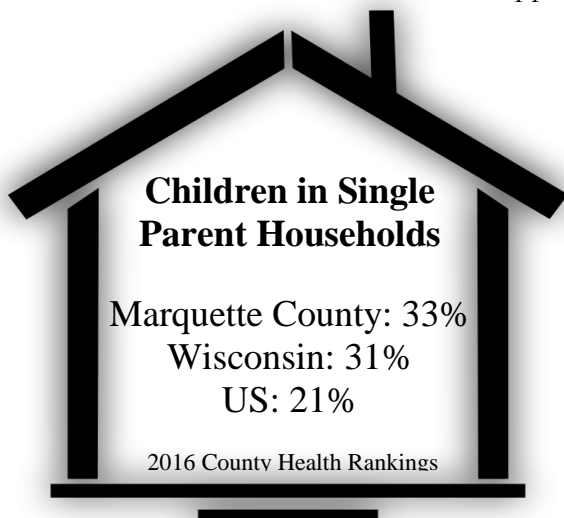
Source: Healthiest WI 2020

Relevant strengths:

- Prenatal Care Coordination (PNCC)
- Women, Infants and Children (WIC)
- Maternal and Child Health Hotline
- Maternal and Child Health Breastfeeding Objective
- Fresh fruits and veggies from local farm stands, families, or friends
- SNAP-Ed education interventions in schools and with vulnerable or at-risk populations (UW Extension)
- Birth to 3 Program through Human Services
- First Breath Smoking Cessation

Relevant challenges:

- High smoking rates for pregnant women
- High number of ACEs
- Poverty
- Access to affordable exercise opportunities



2016 County Health Rankings

353 Total WIC Participants

93 Adults
88 Infants (under 12 months)
172 Children (1-5 years old)

Marquette County Annual Report 2016

APPENDIX A

CENTRAL WISCONSIN HEALTH PARTNERSHIP'S TIMELINE

CWHP generally followed the *Wisconsin Guidebook on Improving the Health of Local Communities*. This framework is built on the *Action Cycle* model used by the County Health Rankings and Roadmaps. Adjustments were made in order to meet the local and regional context.

The Start- Central Wisconsin Health and Economic Development Summit

155 stakeholders registered to attend the August 2015 Summit, with representatives from all six counties and a breadth of public, private, and community sectors. Across all sessions, the most common regional theme was workforce development, with a focus on linkages from education and skill building to jobs, regional economic development, and attention to early childhood support and lifelong learning. While collaboration was identified as an asset for the region, there was a recognized need for better engagement, communication, aligned vision, and regional partnership (Forward Community Investments).

The key themes that emerged from summit conversations across all six counties were:

1. Workforce Development
2. Family and Community Development
3. Transportation and Communication Connectivity
4. Collaboration

Planning (October 2015-February 2016)

The purpose of the regional health assessment is to assemble, with partners, to assess the region's resources and needs to align our counties under two regional priorities.

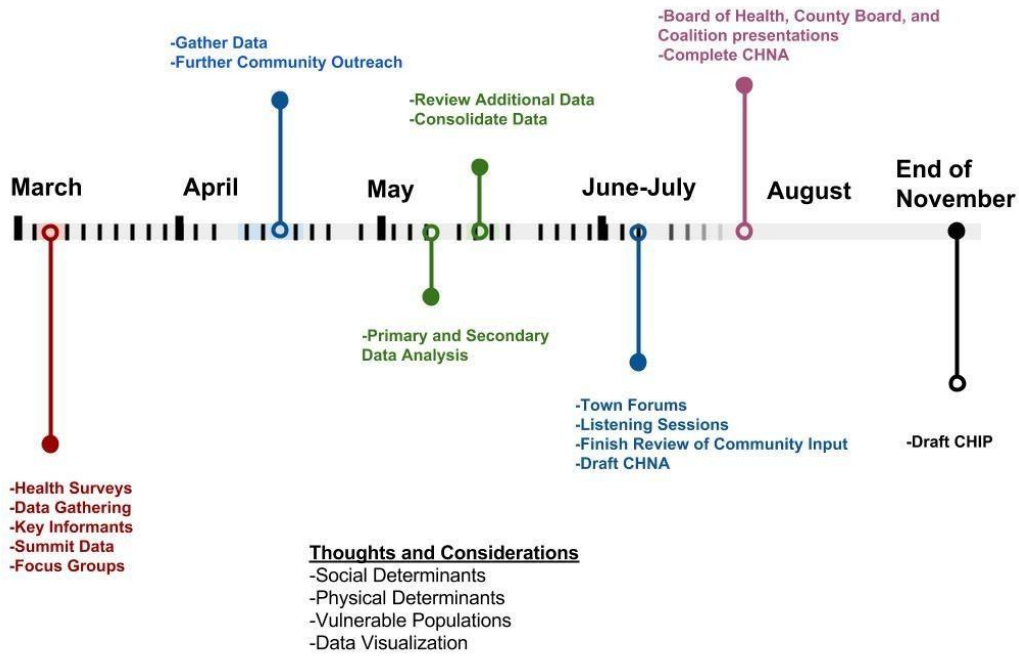
Questions we had were:

- What collaboration can and cannot be done with a needs assessment between the hospitals and public health departments?
- Will a regional health assessment fit in the Public Health Accreditation Board's (PHAB) guidelines?
- How many regional priorities will we focus on and what will they be?
- What will the state's new assessment look like? How will it guide our priorities?

Assessing and Prioritizing (March 2016-July 2016)

Identifying county themes and strengths, county health status, and data needed were the beginning goals of the assessment. Processes used to gather this information included steering committee brainstorming, key informant input, and the development of a data subcommittee to gather the individual county data needed.

Individual county data was gathered, with the help of partner agencies and stakeholders, through surveys, town hall forums, focus groups, and key informant interviews. This community feedback was used to narrow our regional priorities to two health topics. Each county then chose additional.



Finalizing and Engaging (August 2016 and Beyond)

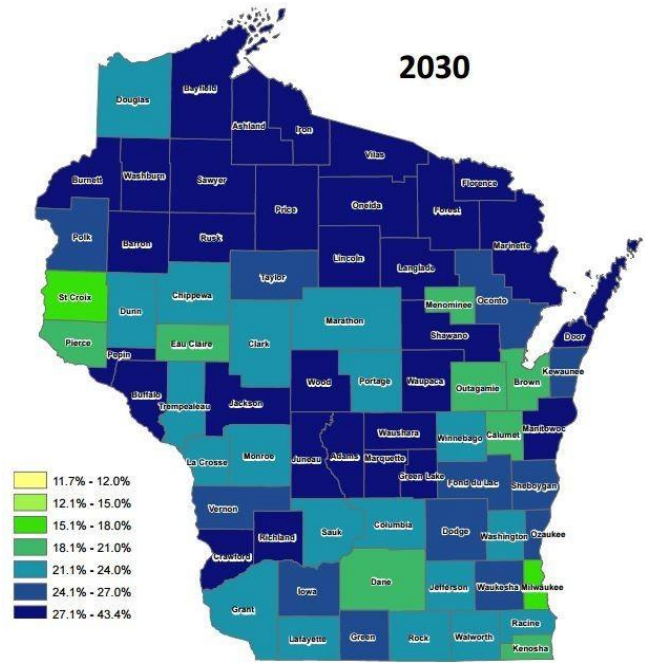
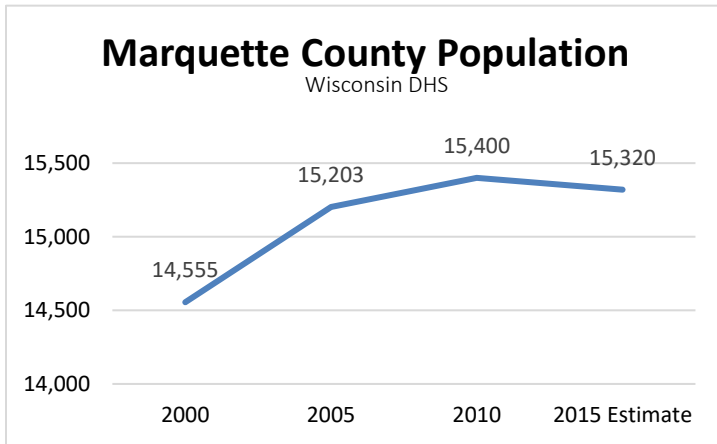
Once the health assessment is complete, each health department will inform their communities of the findings and ask for input and help developing improvement plan objectives. The regional and local steering committees will then begin the community health improvement plan (CHIP) process. Once completed, community health partners from a variety of sectors will utilize the CHIP to set priorities, coordinate activities, and collaborate to improve the health status of CWHP’s counties.

APPENDIX B

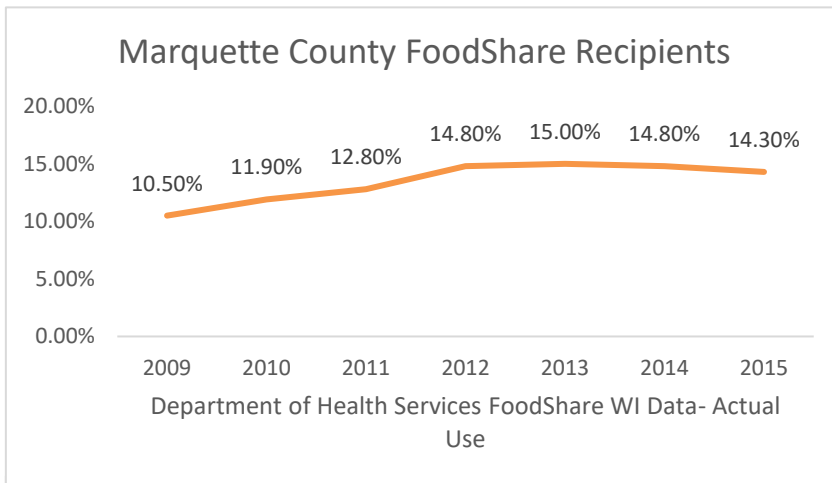
Community Health Assessment Additional Data

Population

In Marquette County, there has been a slight population increase since 2000. The Wisconsin map to the right shows the 65 and older population projections for the year 2030.

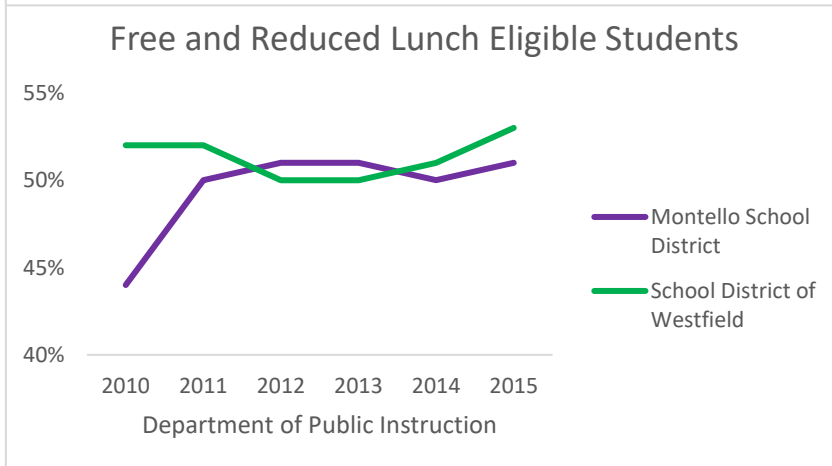


Source: Wisconsin DOA, Prepared by Eric Grosso



FoodShare

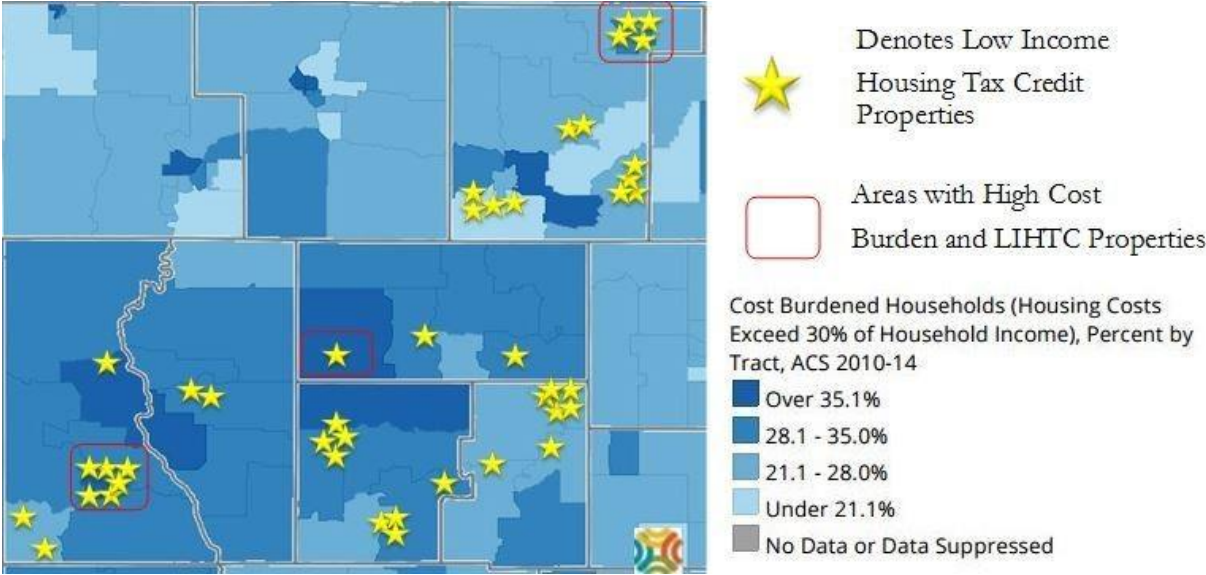
Following the national economic recession that occurred from December 2007 to June 2009, Marquette County saw an increased need for assistance from its residents. After peaking in 2012, the number of FoodShare recipients seems to have leveled off. Following the trend of this measure allows the health department to see how many of its residents are living in poverty.



Free and Reduced Lunch Eligible Students

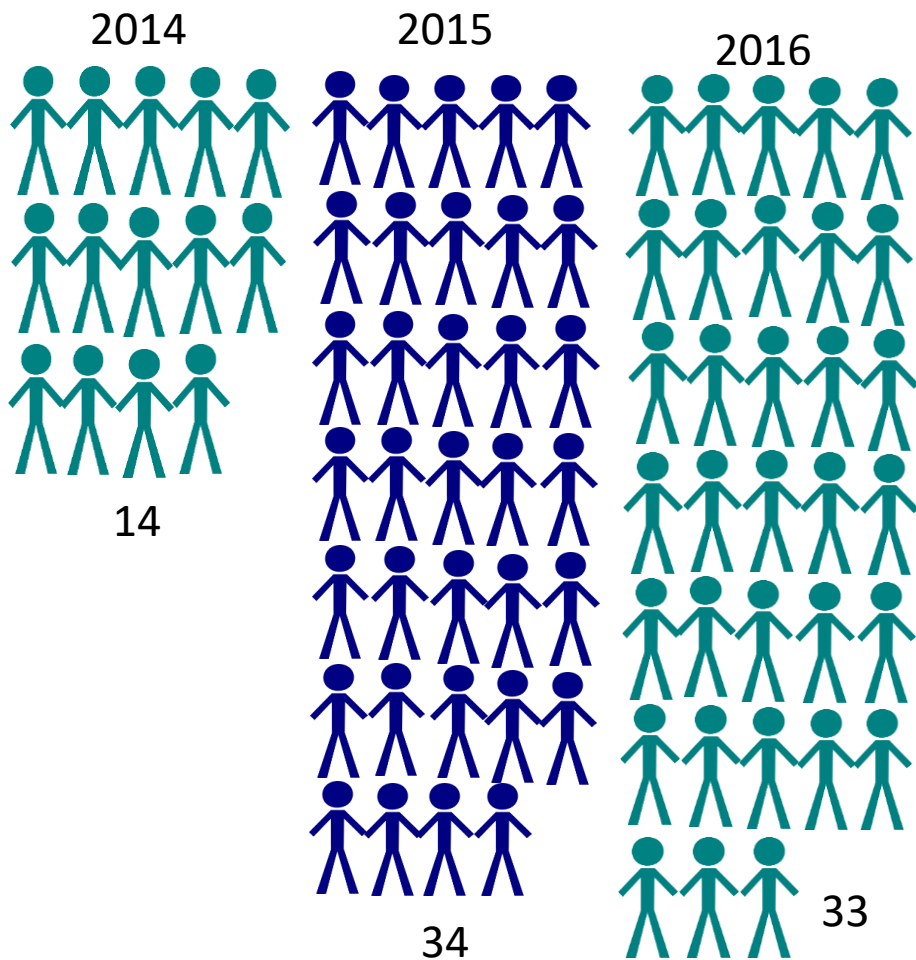
Free and reduced school lunch percentages can provide information about relative poverty. It is termed relative because of the varying federal poverty thresholds. The actual number of children in poverty in Marquette County is 22%(County Health Rankings 2016).

Housing



ER Visits

2015 Divine Savior Healthcare Emergency Room Visits					
Rank	1	2	3	4	5
Type of Visit	Acute Respiratory Infections	UTI	Ear Infection	Chest Pain	Lower Back Pain
Rank	6	7	8	9	10
Type of Visit	Pneumonia	Dental Concerns	Headache	Nausea and Vomiting	Bronchitis



Chlamydia

Over the last few years chlamydia rates have been, on average, increasing in Marquette County. In 2014 there were a total of 14 cases reported compared to 2015 and 2016 in which the cases reported were almost double.

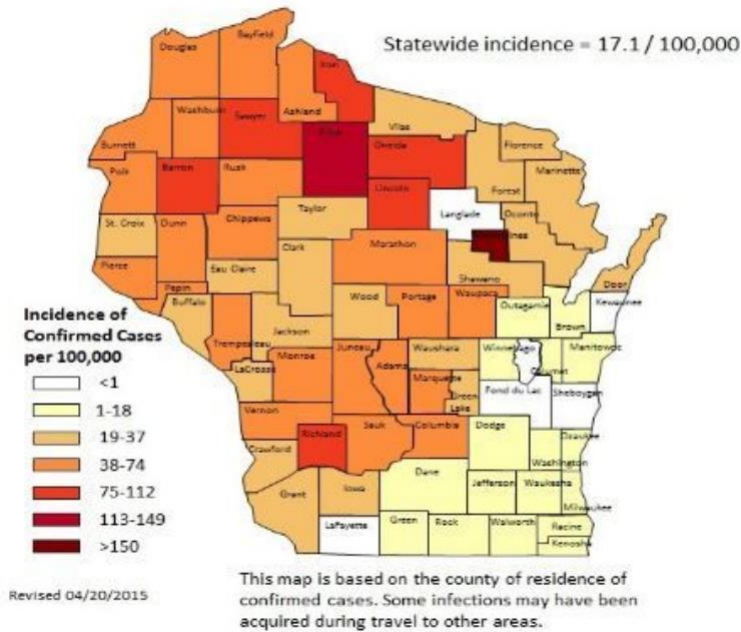
In order to prevent the spread of STD/STIs we must have equal access to reproductive care and proper sexual health education. Avoiding alcohol and recreational drug use can also reduce the risk of contracting an STD/STI.

Fluoridation in Marquette County

Fluoride is a substance that strengthens tooth enamel with regular use. Both the supplements and varnish prevent tooth decay and are provided by the Marquette County Health Department. Though fluoride can be naturally occurring in drinking water, the groundwater in Marquette County consistently tests below the level recommended for children with developing teeth. Additionally, there are no municipal sources of fluoridated water within the county. Tooth decay is one of the most common childhood diseases, but it is also one of the easiest to prevent.

Lyme Disease Annual Incidence Wisconsin, 2014

The Wisconsin map illustrates the locations of confirmed Lyme disease cases in 2014. It is more likely to be seen in the central and northern Wisconsin.



APPENDIX C

Community Feedback

Survey Results---Over 80 individuals were surveyed and asked to identify the top health priorities in Marquette County. Below are the results of the survey:

Top 5 Focus Areas Identified

1. Alcohol and Other Drug Use
2. Mental Health
3. Physical Activity
4. Healthy Growth and Development
5. Nutrition and Healthy Foods

Key Informant Interviews—several individuals were interviewed by the Public Health Officer to get the community’s perspective on the health of Marquette County. Many of the key issues have been incorporated into this document. Additionally, the informants provided the following thoughts on key areas where they felt there were gaps and offered suggestions for improvements.

- 1) AODA issues including alcohol, prescription drugs and heroin
 - a. Lack of treatment options
 - b. Healthy option alternatives
- 2) Mental Health Issues
 - a. Adolescent mental health
 - b. Mental Health Care
- 3) Exercise
 - a. Access to exercise opportunities
 - b. Lifestyles
 - c. Obesity rates
- 4) Poor Nutrition
 - a. Access to healthy foods
 - b. More nutrition education needed for all ages

Existing Strategies/Strengths:

Collaboration/Support

- Community support
- Community Networking Group
- Parent Information Exchange and Parent Cafes
- Local support groups
- Both Montello and Westfield School Districts have school Social Workers
- Healthy Communities Healthy Youth
- Neshkoro Area Community Center

Mental Health/Medical /AODA

- EMS
- Clinical Services
- Three Drug Drop Boxes located throughout the county

Obesity/Physical Activity/Nutrition

- UW-Extension Nutrition Educator is in all school districts to provide nutrition education to certain grades
- Oxford Elementary, Westfield Elementary and Montello School District have weekend backpack program for families
- Westfield School District food service works to buy local fruits and vegetables from the Tri-County Product Auction

- Healthy Eating Active Lifestyles Team
- Annual Wellness Challenge
- Access to outdoor physical activity

Barriers and Challenges

Collaboration

- Lacking a sense of partnership between law, schools and hospital systems
- Lack of communication with our medical community
- Resistance to change

Mental Health/AODA/Medical

- Stigma
- Tobacco use
- Poverty
- Unaware of services that are available
- Insurance coverage
- Lack of hospital in county
- Prevalence of alcohol and culture of drinking
- Transportation

Obesity/Physical Activity/Nutrition

- Lack of awareness of what Marquette County does have to offer
- Changing people's mindset and health behaviors
- Lack of health foods

Needed strategies

Collaboration/Action

- Respect for families, law and each other
- Education
- Funding Sources
- More involvement from key leaders

Mental Health/AODA

- Mental health treatment options
- AODA treatment options
- Transportation

Obesity/Nutrition/Physical Activity

- Cultural shift to wellness
- More off road walking and biking
- Community Gardens

Acknowledgements

Marquette County Board of Health	Montello School District	Westfield School District	Divine Savior Healthcare
Marquette County Department of Human Services	ThedaCare	Marquette County Department of Aging	Marquette County ADRC
University of Wisconsin Extension	Family Health/ La Clinica	Waushara Faith Community	Wisconsin Health Services- Green Bay Regional Office
Marquette County Board of Supervisors	CWHP	Marquette County Sheriff's Office	Marquette County EMS

LIMITATIONS

Although this assessment reflects the most recent and best available health information for CWHP and Marquette County, there are important limitations to note.

- For teen data used, not every county conducted the same youth survey and a few of them were done in different years. Additionally, not all of the surveys asked every grade in high school.
- Input from vulnerable populations, like the Amish, can be hard to obtain
- Not all of the data gathered is from the same year
- Much of the data is hard to put into a trend as the way they are measured changes year to year

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