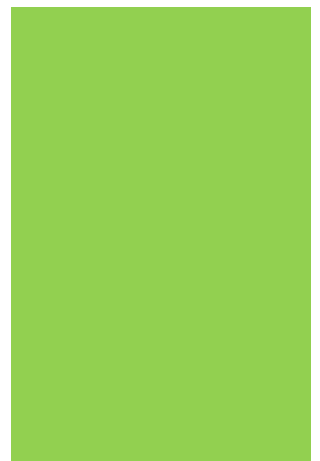


Marinette County **COMMUNITY HEALTH IMPROVEMENT PLAN** 2018 - 2023



Photographs compliments of Val Ihde Photographers

Table of Contents

A Letter to the Community	4
Community Health Improvement Plan for Marinette County	5
Acknowledgements:	
Steering Committee	6
Community Health Needs Assessment Presentation	7
How Healthy is Marinette County?	8
Marinette County Health Rankings	9
About Community Health Needs Assessments & Community Health Improvement Plans	10
Alignment with Wisconsin State Health Improvement Plan	11
Community Health Improvement Process	12
Priority Areas:	
Alcohol and Other Drugs of Abuse	14
Mental Health	16
Nutrition and Physical Activity	18
Next Steps	20

Dear Marinette County Residents:

Thank you for taking the time to read Marinette County's Community Health Improvement Plan (CHIP). The Community Health Needs Assessment and development of this plan has been almost two years in the making. Throughout this process, we have gathered data and listened to Marinette County residents to determine the top health priorities and create a plan of action. The three health priorities that were identified are: **alcohol and other drugs of abuse (AODA), mental health, and nutrition and physical activity.**

Anyone interested in improving the health of Marinette County is encouraged to use this plan as a guide. Each health priority has a broad goal followed by an objective and a list of possible strategies to address the issue. Overtime, we will evaluate our progress and post successes on the Marinette County Public Health website, www.marinettecounty.com/departments/health-and-human-services/public-health/.

Workgroups have been established to address the health priorities in order to make Marinette County a healthier place to live, work, learn and play. Please call us at 715-732-7670 if you would like to be a part of a workgroup. The more members and organizations we have participating in our workgroups, the greater impact we will have.

We are excited to present this information to you and hope that you will find it useful!

Sincerely,

A handwritten signature in cursive script that reads "Molly Bonjean RN".

Molly Bonjean, BSN, RN

Marinette County Public Health Officer

Community Health Improvement Plan for Marinette County

The following health issues clearly emerged as health priorities for Marinette County based on community input and review of the data. These three priorities will be the focus of educational, programmatic and policy attention for the next five years. Community partners and residents developed goals and strategies to address the health priorities and engage the community in making Marinette County a healthier place.

Health Priority 1

Alcohol and Other Drugs of Abuse

Goal: Decrease alcohol and drug misuse and abuse in Marinette County

Health Priority 2

Mental Health

Goal: Improve mental health of Marinette County residents

Health Priority 3

Nutrition and Physical Activity

Goal: Healthy nutrition and active lifestyles

ACKNOWLEDGEMENTS: Steering Committee

Thank you to the members of the Steering Committee that was assembled to guide and facilitate the development of the Community Health Improvement Plan for 2018. The Steering Committee will continue to provide oversight of the community health improvement planning process. Steering Committee members include:

- Katey Ambrose • School District of Wausaukee
- Autumn Bickel • Marinette County Public Health
- Laura Cormier • Bellin Health Oconto Hospital & Clinics
- Marilou Counard • Bellin Psychiatric Center
- David Cullin • School District of Crivitz
- Sarah Ferdon • University of Wisconsin Extension
- Kalyani Grasso • St. Vincent de Paul Society of Marinette
- Anna Gross • Marinette County Health and Human Services
- Mary Inglese • Marinette County Public Health
- The Rev. Glenn Kanestrom • St. Paul's Episcopal Church
- Laurie Lawrenz • School District of Wausaukee
- Marilyn Lawson • Marinette County Health and Human Services Board
- Melani Lindbeck • School District of Wausaukee
- Rose O'Hara • ADRC Advisory Board
- Sarah Rabideau • Tri-City Area United Way
- Lynda Rastall • Northeast Wisconsin Technical College
- Diane Ries • Bellin Health
- Maddie Stibbe • Bellin Health
- Wendy Stuart • Marinette County Public Health
- Melanie Tiedt • Aurora Bay Area Medical Group
- Heather Walters • Marinette County Resident

ACKNOWLEDGEMENTS: Community Health Needs Assessment Presentation

On August 21, 2018, a Community Health Needs Assessment presentation was held at Northeast Wisconsin Technical College (NWTC) in Marinette. This interactive presentation guided local stakeholders through data that illustrated the health of Marinette County residents. Attendees were then tasked with selecting the three health priorities that we will work on improving over the next five years.

We want to extend a special “thank you” to everyone that attended the presentation. Your participation helped to make this data-informed, community-driven project a huge success. This plan wouldn’t be possible without the expertise of our community partners and their commitment to making Marinette County safe and healthy for all residents.

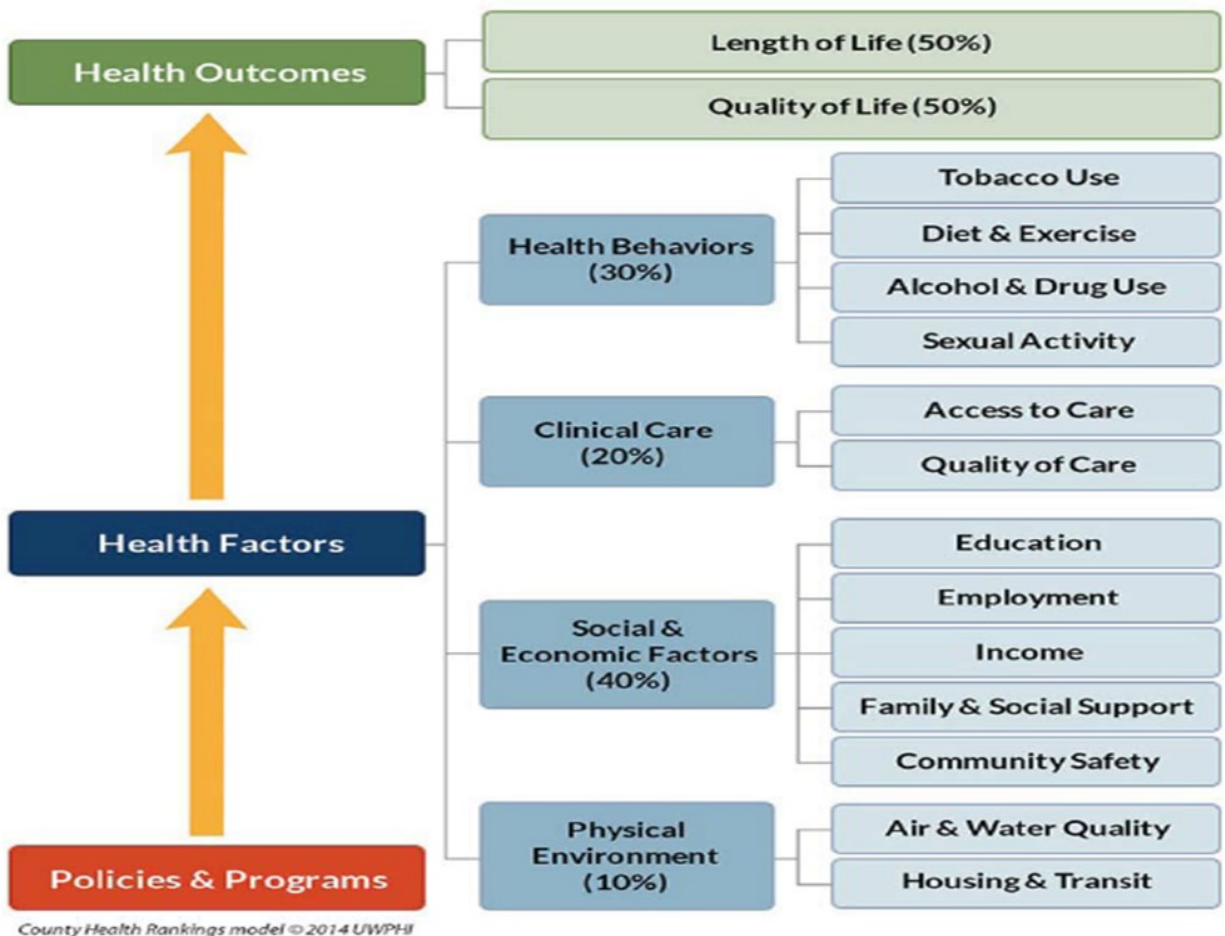
We also would like to thank the sponsors of the presentation: **Bay Area Medical Center, Bellin Health, and NWTC.** Your support is truly appreciated.



How Healthy is Marinette County?

When we look at the health of a community, it is important to understand the many factors that influence health. The County Health Rankings and Roadmaps program is a collaboration between UW Population Health Institute and the Robert Wood Johnson Foundation. This collaborative focuses on providing local data to communities to help them identify opportunities to improve their health. The rankings are based on a model of population health and emphasize the many factors that, when improved, will make communities a healthier place to live, work, learn and play.

The model below helps illustrate the many factors that affect the health of our communities and to what degree they play a role in determining our health. County rankings measure health in terms of health outcomes and health factors. For more detailed information about the County Health Rankings and Roadmaps, go to: www.countyhealthrankings.org.



Marinette County Health Rankings

Of the 72 counties in Wisconsin, the following is how Marinette County Ranks in 2018:

55th in Health Outcomes • how healthy our county is

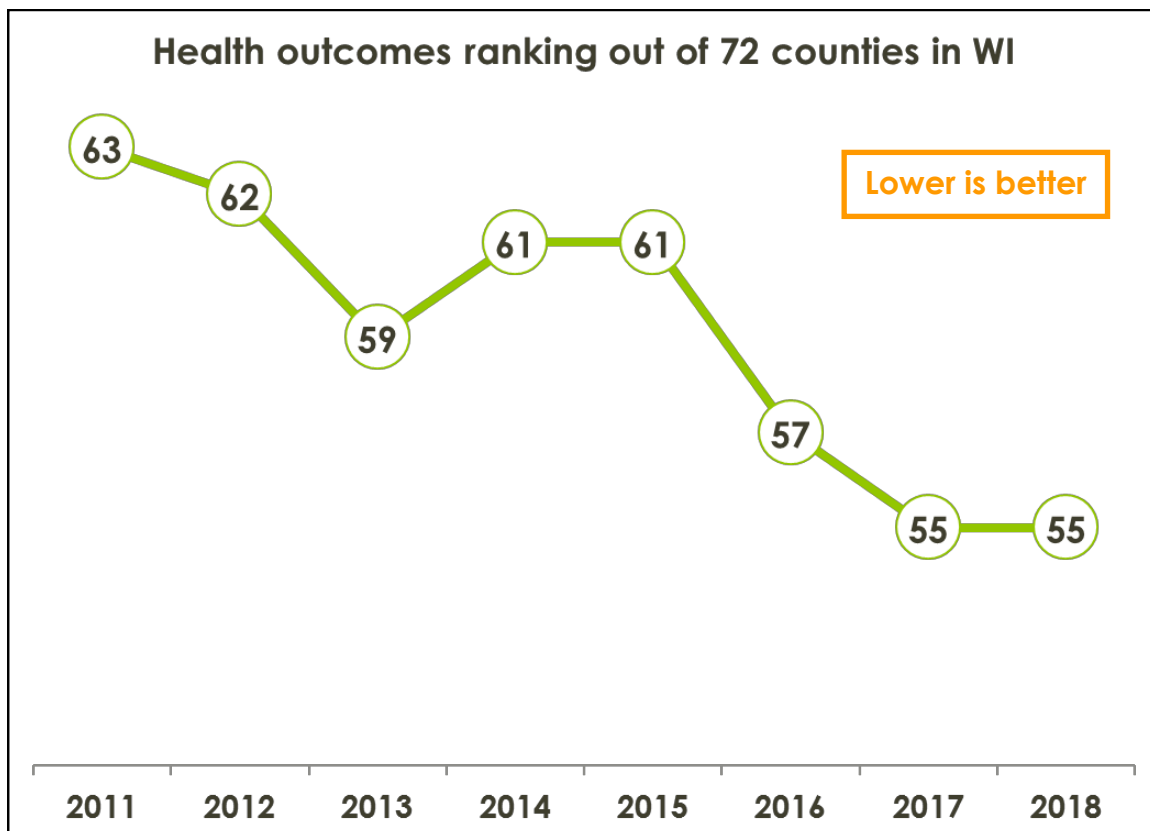
51st in Health Factors • things that influence health

60th in Health Behaviors • how healthy we live

31st in Clinical Care • how good is our healthcare

50th in Social and Economic Factors • how strong is our social fabric

26th in Physical Environment • how healthy our environment is



About Community Health Needs Assessments & Community Health Improvement Plans

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 phases work together to assess the unique needs of communities and allow them to work collaboratively to address the identified health needs.

What is a Healthy Community?

"...one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential" (World Health Organization, 2011).

Why Community Health Needs Assessments and Improvement Plans?

- Wisconsin State Statute 251 and DHS Administrative Rule 140 requires that each local health department complete a community health assessment and participate in a new local health improvement plan every five years.
- Assessment is a core function of public health. By utilizing the expertise of our community partners and evaluating health data we are able to strategically plan goals and objectives for improving the health of our community.
- Fosters successful partnerships of many facets of our community in order to have a continuous planning process for identifying and addressing health needs in Marinette County.

A Public Health Agenda for a Healthy Community

This Community Health Improvement Plan is a roadmap or a call to action that is intended to be the strategic framework for a comprehensive and focused approach to lead community partners towards the common goal of improving the health of Marinette County.

- This plan identifies goals, objectives, possible strategies, and short-term and long-term indicators for the next five years.
- It will serve as a method of engaging community partners and stakeholders in health improvement efforts.

Alignment with Wisconsin State Health Improvement Plan

Healthiest Wisconsin 2020, is our state health improvement plan for the decade 2010-2020. It was designed to benefit the health of everyone in Wisconsin and the communities in which we live, work, learn, and play. It also provides guidance for local health departments.

Healthiest Wisconsin 2020 Focus Areas:

1. Adequate, appropriate, and safe food and nutrition
2. Alcohol and other drug use
3. Chronic disease prevention and control
4. Communicable disease prevention and control
5. Environmental and occupational health
6. Healthy growth and development
7. Injury and violence
8. Mental health
9. Oral health
10. Physical activity
11. Reproductive and sexual health
12. Tobacco use and exposure



Wisconsin Department of Health Services has developed a five-year health improvement plan through the Wisconsin Health Improvement Planning Process (WI-HIPP) that will meet national accreditation standards. This health improvement plan, Healthy Wisconsin, will build on the foundation of the current state health plan, Healthiest Wisconsin 2020.

Healthy Wisconsin Priorities:

- 1) Alcohol
- 2) Nutrition and physical activity
- 3) Opioids
- 4) Suicide
- 5) Tobacco

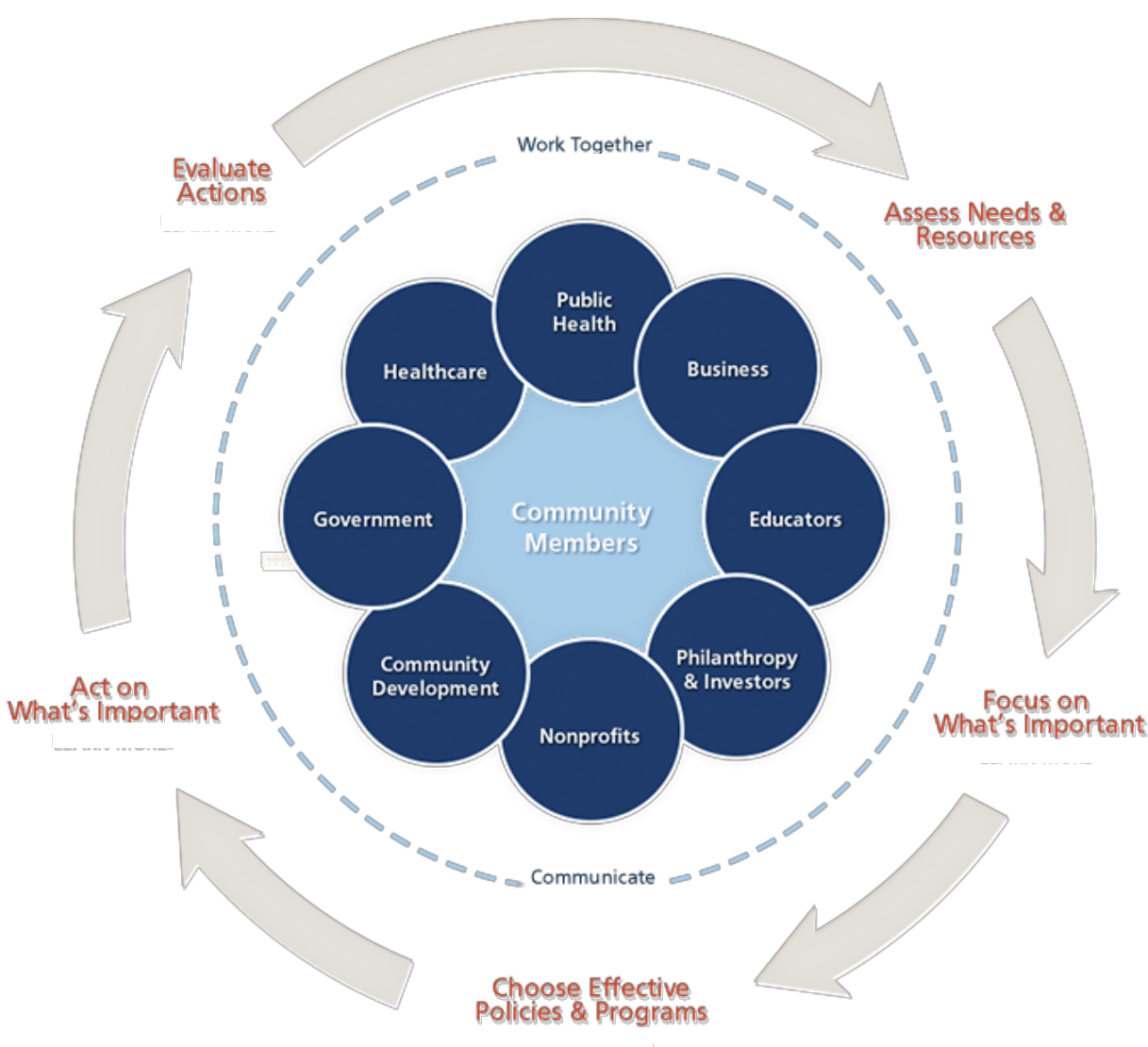
Overarching Topic:

- Adverse Childhood Experiences (ACEs) and Trauma



Community Health Improvement Process

The process used for this Community Health Improvement Plan is adapted from the County Health Ranking's Action Cycle. At the core of the Action Cycle are people from all walks of life because we know we can make our communities healthier if we all get involved. Each step on the Action Cycle is a critical piece of making communities healthier. One of the first steps in local health improvement is to evaluate our community's needs.



Community Health Improvement Process

Data collection began back in 2017. A series of Community Conversations were also held to collect feedback from community members and the qualitative data that is not captured in the hard numbers. A Steering Committee was formed to help oversee the entire process.

On August 21, 2018, a Community Health Needs Assessment presentation was held to share the data with community members and involve them in prioritizing health needs. The presentation was open to the public. We were grateful approximately 60 community members attended and invaluable feedback was received. This report includes a snapshot of the data that was shared at the presentation.

A comprehensive data set was reviewed to help attendees better understand the state of health in Marinette County. Participants discussed community assets (what is going well in the community) and gaps (what is needed to address problems) regarding the following Healthiest Wisconsin 2020 focus areas: chronic disease, oral health, communicable diseases, mental health, injury and violence, alcohol and drug abuse, physical activity and nutrition, tobacco use and exposure, reproductive and sexual health, and physical environment.

After processing the information, attendees brainstormed possible strategies to address some of the top health issues and voted on health priorities. The three health priorities selected were: **alcohol and other drugs of abuse, mental health, and nutrition and physical activity.**

Workgroups have been established and are meeting regularly. They have been working diligently to develop this plan and will continue to work on addressing the health priorities. The remainder of this plan outlines the goals, objectives, short-term indicators, long-term indicators, and possible strategies that have been identified by the workgroups for each of the health priorities.

HEALTH PRIORITY: Alcohol and Other Drugs of Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (World Health Organization).

Alcohol and other drug abuse can create a significant burden on both the state and local counties. The large financial burden is mainly 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 transmitting infections, Hepatitis C, HIV/AIDS, pregnancy complications, and cardiovascular conditions.



SNAPSHOT OF MARINETTE COUNTY

**\$57.1
MILLION**

The annual economic cost of excessive alcohol use in Marinette County.

(The Burden of Excessive Alcohol Use in WI, UW PHI, Mar. 2013)

**624
PER 100,000**

The rate of Operating While Intoxicated (OWI) arrests in Marinette County.

(WI Epidemiological Profile on Alcohol and Other Drugs, 2016)

**3x
STATE AVERAGE**

Opioid use during pregnancy leading to infants born withdrawing from substances.

(Wisconsin DHS Publication on Opioids, 2016)

GOAL: Decrease alcohol and drug misuse and abuse in Marinette County

Objective: By December 31, 2023, 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 access to safe drug disposal
- Decrease in opioid prescribing rates

Long-term Indicators

- Decrease in drug and alcohol related deaths
- Decrease the number of alcohol-related arrests (OWI & Liquor Law violations)
- Decrease in binge drinking rates among adults
- Decrease in past 30 day use among youth who participate in Pride Survey

Possible Strategies

- Prescription drug education for prescribers and patients
- Naloxone education and distribution
- Drug drop boxes
- Alcohol compliance checks
- Community resource awareness
- Life Skills in all Marinette County schools (grades 6-8)
- Support jail education programming
- Big Brothers/Big Sisters
- Strengthening Families Program (10-14 years old)



HEALTH PRIORITY: Mental Health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization).

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 Childhood Experiences (ACEs), they are more likely to have poor mental health later in life and often suffer from illnesses such as depression and anxiety. The treatment of mental illness can be quite challenging, especially in rural areas, due to limited access of mental health services, social isolation, and fear of stigmatization. Enhancing protective factors can help create more resilient communities and create a foundation of emotional well-being from the earliest stages of life.



SNAPSHOT OF MARINETTE COUNTY

16.8
PER 100,000

Marinette County has a higher suicide rate than the statewide average of 14.5.

(Wisconsin Interactive Statistics on Health, 2013)

63.2
PER 100,000

26 self-inflicted injury related ER visits for all ages in Marinette County.

(Wisconsin Interactive Statistics on Health, 2017)

1,359
PER 100,000

559 crisis calls to Marinette County ADAPT in 2017.

(Marinette County Health and Human Services Annual Report, 2017)

GOAL: Improve mental health of Marinette County residents

Objective: By December 31, 2023, at least one new or existing strategy will be implemented, strengthened, or expanded upon to help increase and enhance mental health resources.

Short-term Indicators

- Develop a comprehensive list of mental health resources in the community and identify gaps
- Increase evidence-based programming
- Increase access to mental health services
- Decrease number of crisis calls to Marinette County ADAPT

Long-term Indicators

- Decrease suicide rates
- Decrease hospitalizations related to suicide attempts
- Decrease the number of high school youth who report attempting suicide that participate in Pride Survey

Possible Strategies

- Community mentorship programs - children through elderly
- Mental health first aid
- Question, Persuade, Refer (QPR) trainings
- Develop a document with mental health resources
- Trauma informed communities/Adverse Childhood Experiences (ACEs)
- Bullying prevention programs
- Means restriction education—gun locks/medication drops
- Enhance mental health resources
- Mental Health Court



HEALTH PRIORITY: Nutrition and Physical Activity

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems (World Health Organization).

Obesity is a contributing factor for excessive health care costs. Obesity is closely interconnected with poor nutrition and lack of physical activity. Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time.



SNAPSHOT OF MARINETTE COUNTY

26%

26% of Marinette County adults age 20 and older reported no leisure-time physical activity, compared to 21% in Wisconsin.

(County Health Rankings, 2018)

12%

More Marinette County population (12%) experience food insecurity compared to Wisconsin (11%).

(County Health Rankings, 2018)

32%

Marinette County had more adults (32%) with a Body Mass Index greater than 30 (obese) than the United States (28%).

(County Health Rankings, 2018)

GOAL: Healthy nutrition and active lifestyles

Objective: By December 31, 2023, at least one new or existing strategy will be implemented, strengthened, or expanded upon to contribute to residents' nutrition and physical wellness.

Short-term Indicators

- Increase access to exercise opportunities
- Increase access to healthy foods

Long-term Indicators

- Decrease physical inactivity
- Decrease food insecurity
- Decrease in adult Body Mass Index (BMI)

Possible Strategies

- Safe routes to school
- Public bikes
- Rails-to-Trails
- Promote healthy donations to food pantries
- Soda-free policies
- Affordable access to facilities offering physical activity
- Compile list of local resources
- Highlight worksite incentives for healthy behaviors
- Find programs to offer healthy eating
- Smarter Lunchroom Movement
- Increase physical activity in schools
- Eat Healthy, Be Active Community Workshops
- Senior fitness & exercise programs
- Promote summer breakfast and lunch programs and participation in free/reduced school meals



Next Steps

The community health improvement process is a cyclical progression towards improved community health for Marinette County. This document concludes the initial assessing and planning portion of the cycle. For the process to succeed, a transition to the action phase is crucial. This document serves as a call to action for community members and organizations to engage in community health improvement efforts. The assessment and improvement plan were created using community input throughout the entire process and should continue in the action phase.

The next steps for our community is to plan and implement the strategies that are outlined in this plan. In order to create successful health outcomes, we need the help of community members across all sectors. **Please get involved to help make Marinette County the healthiest place to live, work, learn, and play!**



Public Health
Prevent. Promote. Protect.

Marinette County

2500 Hall Avenue

Marinette, WI

715-732-7670

www.marinettecounty.com



Public Health
Prevent. Promote. Protect.

MARINETTE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

AUGUST 21, 2018

WELCOME

- Thank you for joining us!
- Housekeeping
- Folders
- Sponsors



INTRODUCTIONS

- **Public Health**
 - **Steering Committee**
 - **WI Department of Health Services/Division of Public Health**
 - **Attendees**
-

OBJECTIVES FOR THE DAY

- What is a Community Health Needs Assessment?
 - Healthiest Wisconsin Presentation
 - Community Data Presentation
 - 2013 and 2018 Community Health Improvement Plans
 - Interactive Group Activity
 - Group Report Out
 - Next Steps
-

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

Christopher Culotta - WI Department of Health Services/Division of Public Health

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

- **Assessment required every 3-5 years**
 - Healthcare systems every 3 years per Affordable Care Act (ACA)
 - Public Health every 5 years per State Statute
 - Last assessment was 2013 – 3 priorities were selected:
 1. Alcohol and Other Drug Abuse
 2. Mental Health
 3. Physical Activity
 - **Consistent framework statewide**
-

COLLABORATIVE INITIATIVES

- **Communities That Care of Marinette & Menominee Counties**
 - An Affiliate of Tri-City Area United Way and Health Youth Coalition
 - **Tri-cities Regional Active Communities Coalition (TRACC)**
 - **Hospitals/Health Systems**
 - **Public Health**
-



HEALTHIEST WISCONSIN PRESENTATION

Christopher Culotta - WI Department of Health Services/Division of Public Health

BACKGROUND

- **Wisconsin Department of Health Services is required to produce a public health agenda for Wisconsin at least every 10 years**
 - Wisconsin State Statute § 250.07(1)(a)
 - **Local health departments are required to conduct their own assessments and develop local strategies for health improvement**
 - Wisconsin State Statute § 251.05
 - Wisconsin Administrative Rule 140.04
-

HEALTHIEST WISCONSIN 2020

- **Launched in 2010**
 - **Built with input from:**
 - Over 1,500 stakeholders
 - More than 60 listening sessions
 - **Foundation for local community health assessments and improvement plans**
-

STRENGTHS OF HEALTHIEST WISCONSIN 2020

- Large number of people invested in the work to develop the plan
 - Covers 10 year period, allowing time to address issues
 - Provides a broad foundation:
 - 23 objectives address wide range of public health issues
 - All objectives are important to various sectors in the public health system
-

WISCONSIN HEALTH IMPROVEMENT PLANNING PROCESS

- **Comprehensive process**
 - Healthiest Wisconsin 2020 foundation
 - Alignment with Wisconsin communities
 - Development and application of prioritization criteria
 - **Ongoing collaboration – WI Health Improvement Planning Process Steering Committee**
 - Data workgroups
 - Public Health Council
 - Wisconsin communities
-

WI HEALTH IMPROVEMENT PROCESS PLAN AND HEALTHY WISCONSIN

- **State Health Assessment**
 - Overview of the health of the people of Wisconsin
 - Guides the selection of priorities in the State Health Improvement Plan
 - **State Health Improvement Plan**
 - Identified priorities
 - Creates strategies and measures to support solutions for better health by 2020
-

SHARED PRIORITIES IN WISCONSIN

Local Communities	WI Health Improvement Process and Plan/Healthy Wisconsin
Excessive alcohol consumption	Alcohol
Nutrition	Nutrition and physical activity
Obesity	
Physical activity	
Prescription and illicit drug abuse	Opioids
Mental health needs/issues	Suicide
Tobacco use	Tobacco

HEALTHY WISCONSIN PRIORITIES

1. Alcohol
2. Nutrition and physical activity
3. Opioids
4. Suicide
5. Tobacco

Cross-cutting issue – Adverse Childhood Experiences (ACEs) and Resilience

1. ALCOHOL

- **Reduce binge and heavy drinking**
 - Objective 1 – Reduce binge drinking
 - Objective 2 – Reduce alcohol-related deaths
-

2. NUTRITION AND PHYSICAL ACTIVITY

- **Eat healthier and move more**
 - Objective 1 – Increase consumption of healthy foods and beverages
 - Objective 2 – Increase breastfeeding
 - Objective 3 – Increase physical activity
-

3. OPIOIDS

- **Prevent and reduce opioid-related deaths and harm**
 - Objective 1 – Reduce overdose deaths, hospitalizations, and emergency department visits
 - Objective 2 – Increase use of outreach, intervention, treatment and support services
 - Objective 3 – Reduce adolescent nonmedical use of opioids
-

4. SUICIDE

- **Prevent suicide in Wisconsin**

- Objective 1 – Reduce suicides
 - Objective 2 – Reduce rate of suicide attempts
 - Objective 3 – Increase and enhance protective factors
-

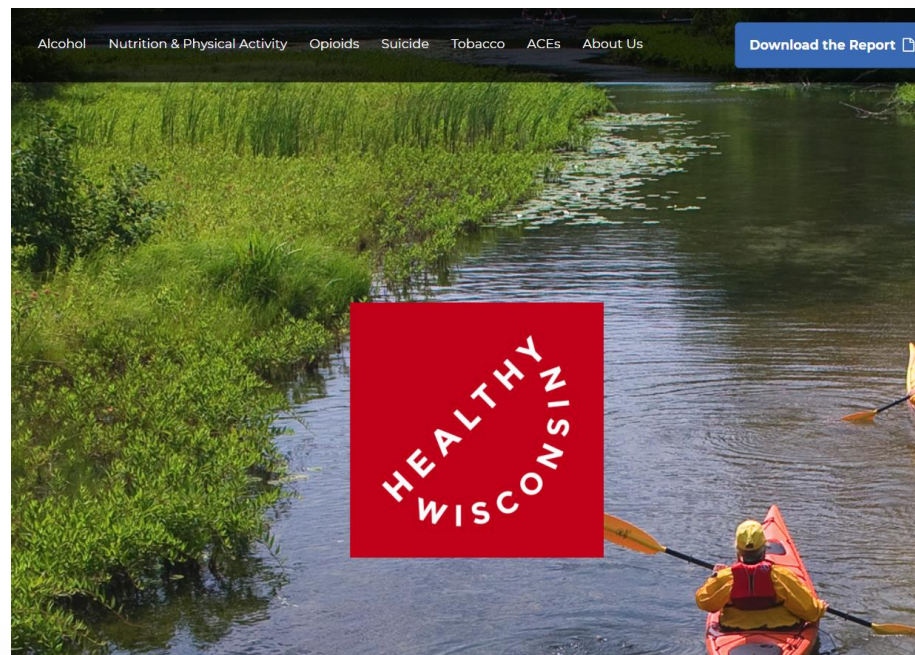
5. TOBACCO

- **Prevent and reduce smoking and use of other tobacco products**
 - Objective 1 – Reduce adult smoking
 - Objective 2 – Reduce use of other tobacco products by adults
 - Objective 3 – Reduce use of other tobacco products by youth
-

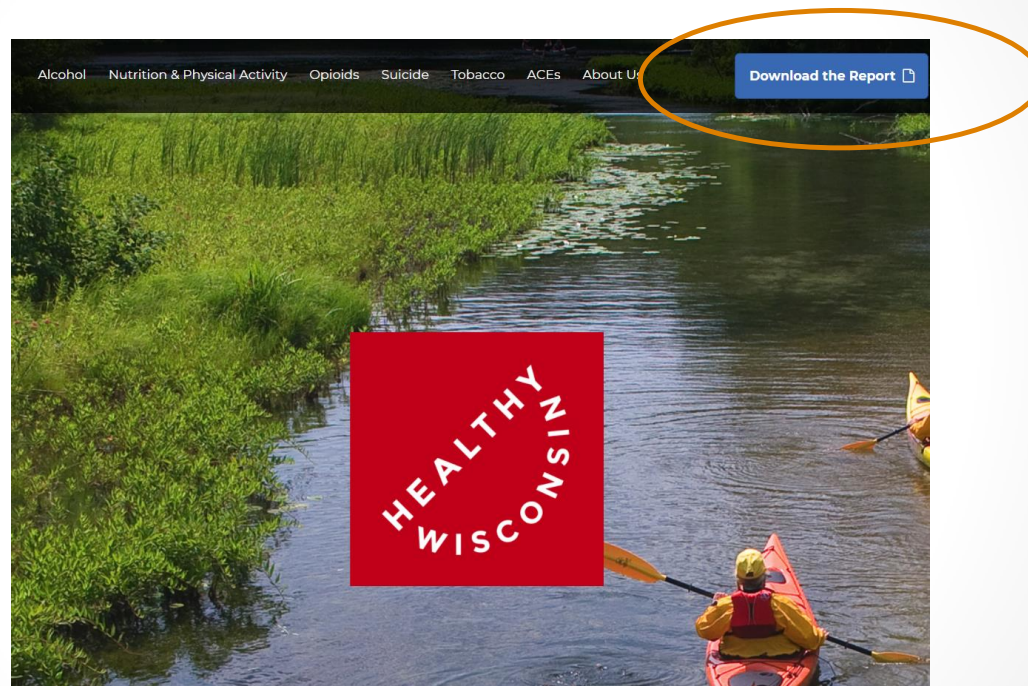
ADVERSE CHILDHOOD EXPERIENCES (ACES) & RESILIENCE

- Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.
 - Children may also have their own characteristics and experiences that protect them and help them develop resilience despite exposure to ACEs. Resilience is positive adaptation within the context of significant adversity. In the face of adversity, neither resilience nor disease is a certain outcome.
-

HEALTHY WISCONSIN - WEBSITE



HEALTHY WISCONSIN - REPORTS



HEALTHY WISCONSIN REPORTS

- **Process overview**
 - **Population overview**
 - **Healthy profiles**
 - Focus areas, objectives, and reports
 - America's health rankings – best and worst 10
 - Narrative of submitted issues
 - Assets and opportunities
 - **Priority plans**
 - Summaries
 - High-level goals, objectives, and strategies
-

HEALTHY WISCONSIN REPORTS


- **Population health assessments in Wisconsin**
 - Healthiest Wisconsin 2020
 - Healthiest Wisconsin 2020 – Baseline and Health Disparities Report
 - State Innovation Model – State Health Innovation Plan
 - Assessing and Improving Community Health in Wisconsin

Population Health Assessments in Wisconsin


Assessment	Description	Resources
Healthiest Wisconsin 2020	This 10-year state health plan is the third in a series of statewide community health improvement plans designed to benefit the health of everyone in Wisconsin and its communities.	Healthiest Wisconsin 2020 Main Plan (2010)
Healthiest Wisconsin 2020: Baseline and Health Disparities Report	This report offers baseline data for the health focus areas of Healthiest Wisconsin 2020. Also included are data about health disparities among some populations and communities in Wisconsin.	Healthiest Wisconsin 2020 Baseline and Health Disparities Report (2014)
Assessing and Improving Community Health in Wisconsin	University of Wisconsin Population Health Institute project to look at the priorities selected through local health assessments.	Assessing and Improving Community Health in Wisconsin
State Innovation Model – State Health Innovation Plan	Through a \$2.49 million grant from the Centers for Medicare and Medicaid Services Innovation Center, a statewide collaboration created a comprehensive State Health Innovation Plan (SHIP) to transform the health care system.	State Health Innovation Plan (2016) Wisconsin State Profile
County Health Rankings and Roadmaps	An assessment driven by data to identify state-specific, data-driven and realistic priorities, objectives and strategies to address identified needs and gaps.	Wisconsin Mental Health and Substance Abuse Needs Assessment (2014)
Title V Maternal and Child Health (MCH) Block Grant Needs Assessment	A five-year statewide needs assessment and plan of action to address priorities identified during the process.	Wisconsin Department of Health Services Maternal Child Health Needs Assessment Website

HEALTHY WISCONSIN REPORTS

[◀ Tobacco](#)[Alcohol](#)[Nutrition & Physical Activity ▶](#)



Heavy and binge drinking affects many in Wisconsin.

[Download Alcohol Report](#)

Resources

Wisconsin's identity includes tailgating, community festivals and county fairs. These treasured traditions bring our friends and families together, and drinking alcohol is and has been a big part of Wisconsin culture. Unfortunately, our alcohol use in Wisconsin has been steadily increasing. Many adults in Wisconsin are binge drinking (drinking

HEALTHY WISCONSIN IMPLEMENTATION

- **Priority Action Teams**
 - Wisconsin communities and leaders
 - Division of Public Health teams
 - **Tools and resources**
 - Website
 - Measuring success
-

WHAT'S NEXT FOR HEALTHY WISCONSIN?

- **Healthy Wisconsin launch and ongoing events**
 - Website and report release – May 2017
 - SAMHSA Prevention Week – May 2017
 - WPHA Annual Conference Town Hall – May 2017
 - **Preparation for the next state health plan**
 - State Health Assessment – 2017-2018
 - State Health Improvement Plan – 2018-2019
-

INTRODUCTION TO DATA

Molly Bonjean - Marinette County Public Health

DEFINITION OF PUBLIC HEALTH

“Public health is the science of protecting and improving the health of people and their communities...Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality, and accessibility.”



Source: Center for Disease Control and Prevention

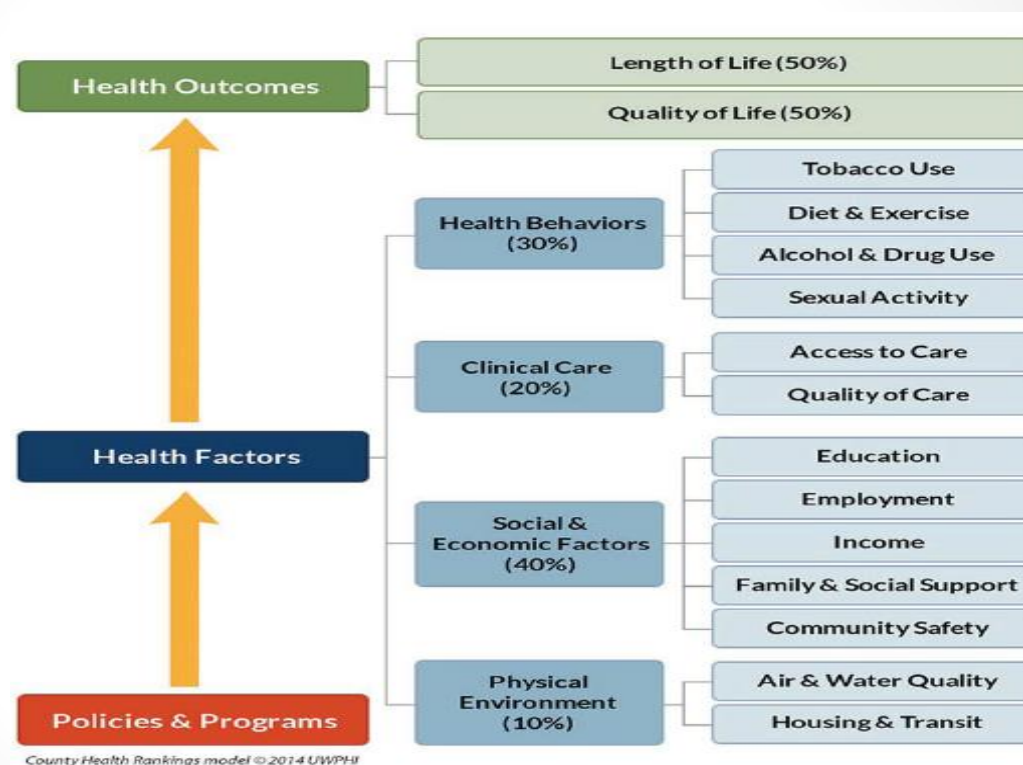
SOCIAL DETERMINANTS OF HEALTH

“The social determinants of health are the conditions in which people are born, grow, live, work and age... (They) are mostly responsible for health inequities – the unfair and avoidable differences in health status.”



Source: World Health Organization

WHAT MAKES A COMMUNITY HEALTHY?

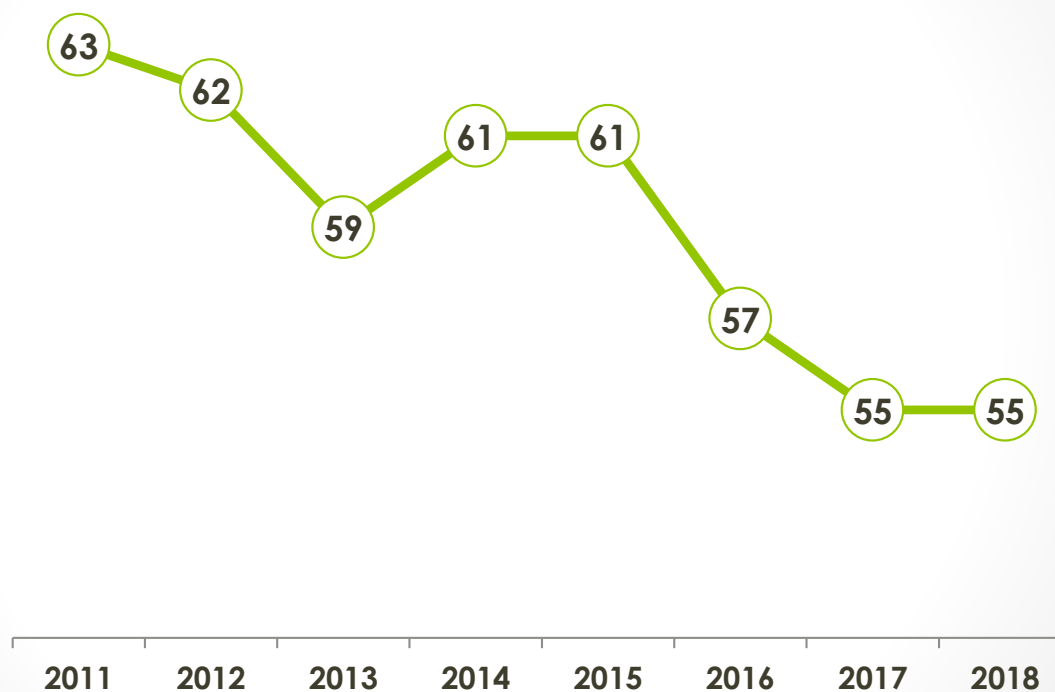


Source: County Ranking Model

MARINETTE COUNTY HEALTH RANKING

Health outcomes ranking out of 72 counties in WI

Lower number is better



Source: 2018 County Health Rankings & Roadmaps

DATA PRESENTATION

- Ifeanyi Mbah, Bellin Health – assisted with data collection
 - Attempted to use the most current data available
 - Can be challenging to get local county data
 - Scale of graphs
-

UNDERSTANDING THE DATA

MI = Marinette County



WI = Wisconsin



NER = Northeast Region (of WI)



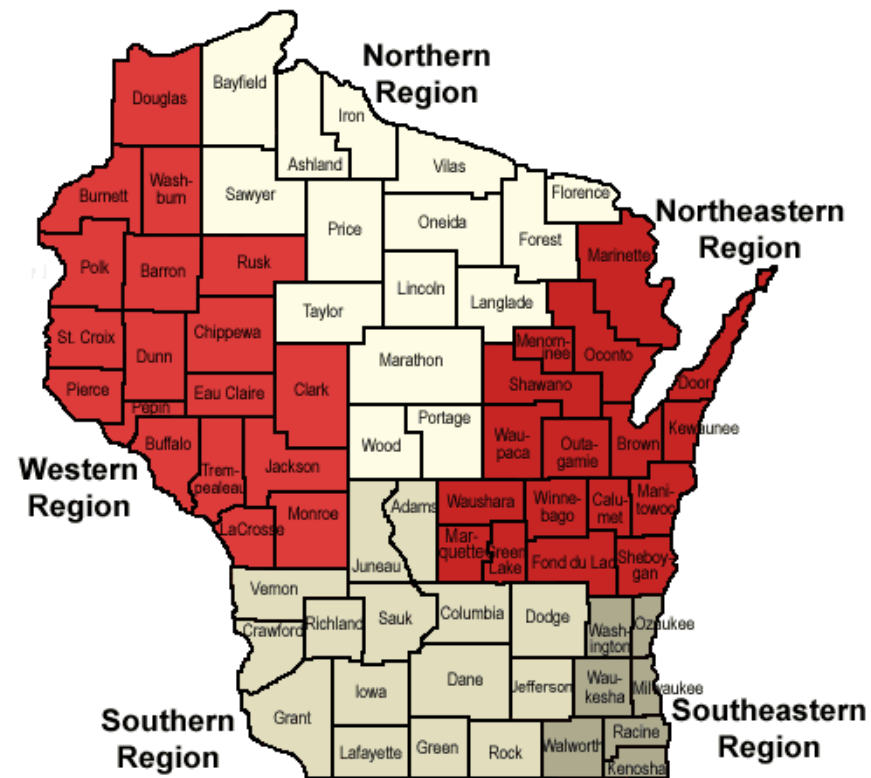
USA = United States of America



Benchmark/Target



REGIONS



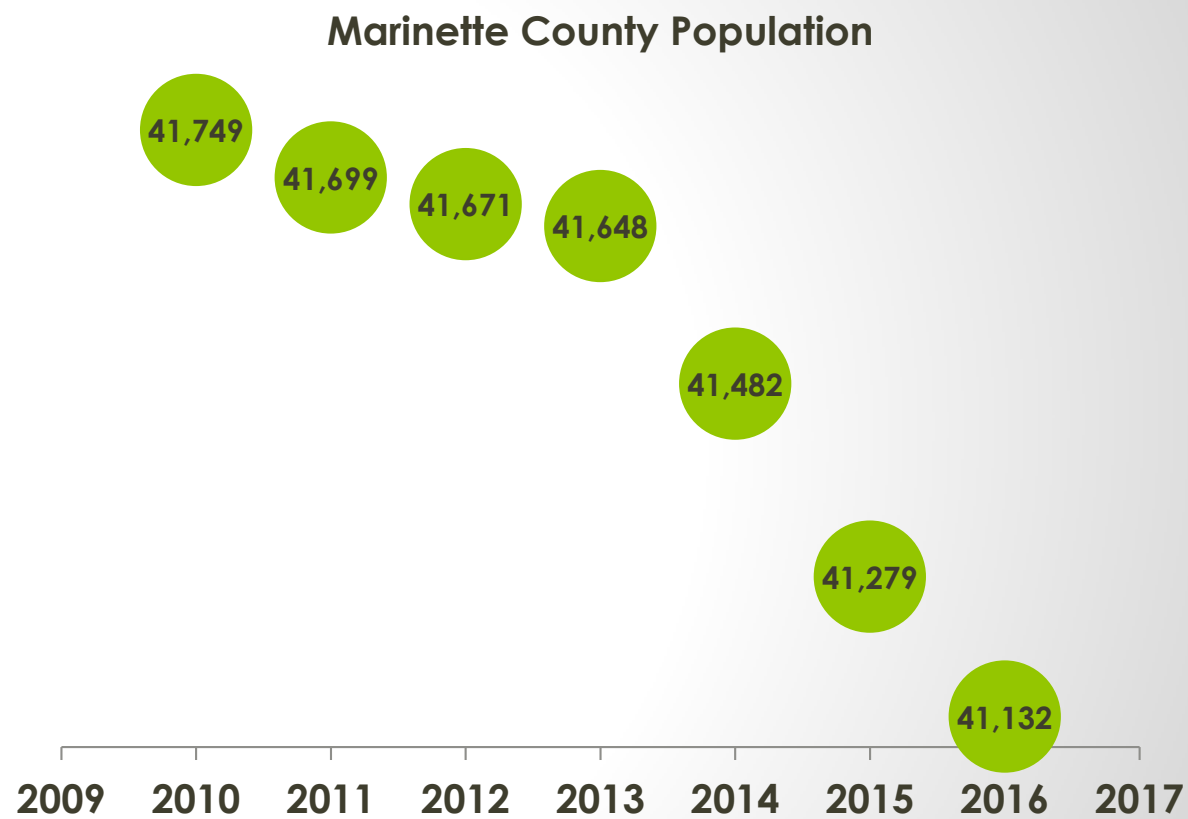
DATA OUTLINE

- 1) Access to Healthcare
 - 2) Reproductive and Sexual Health
 - 3) Chronic Diseases
 - 4) Communicable Diseases
 - 5) Injury and Violence
 - 6) Oral Health
 - 7) Environmental Health
 - 8) Physical Activity and Nutrition
 - 9) Mental Health
 - 10) Alcohol and Other Drugs of Abuse (AODA)
-

DEMOGRAPHICS

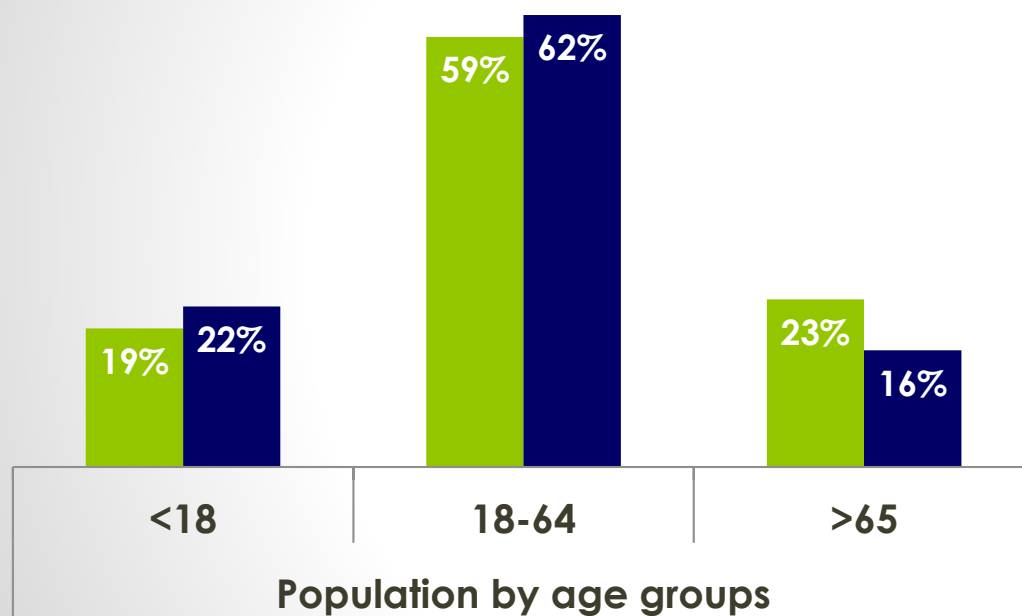
Molly Bonjean - Marinette County Public Health

DEMOGRAPHICS

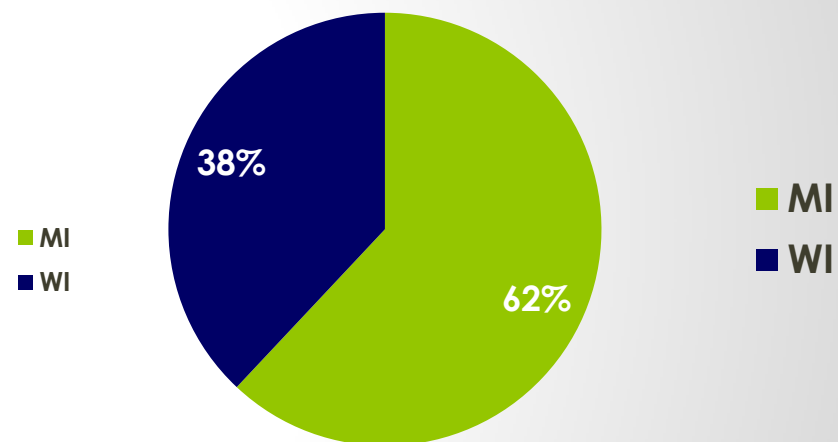


Source: Wisconsin Interactive Statistics on Health (WISH)

DEMOGRAPHICS



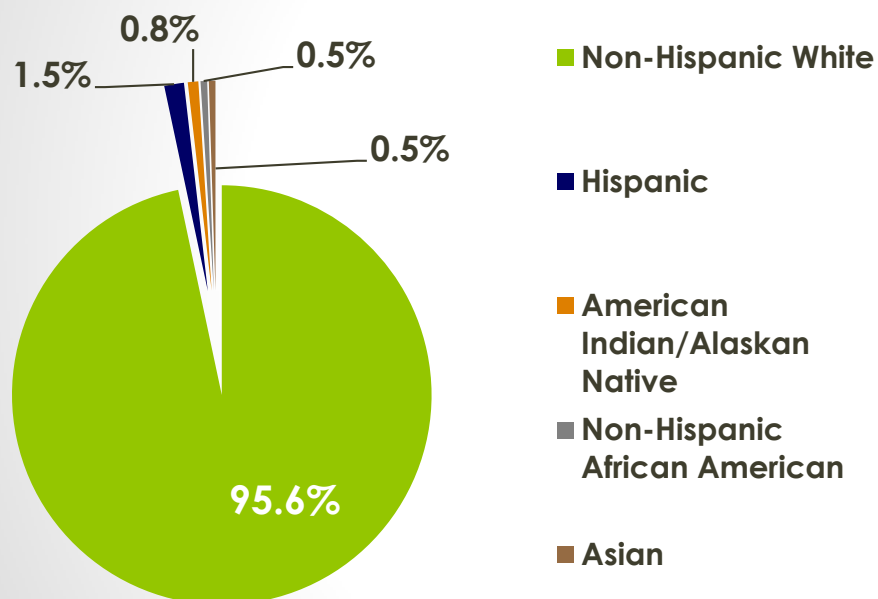
Population living within rural area



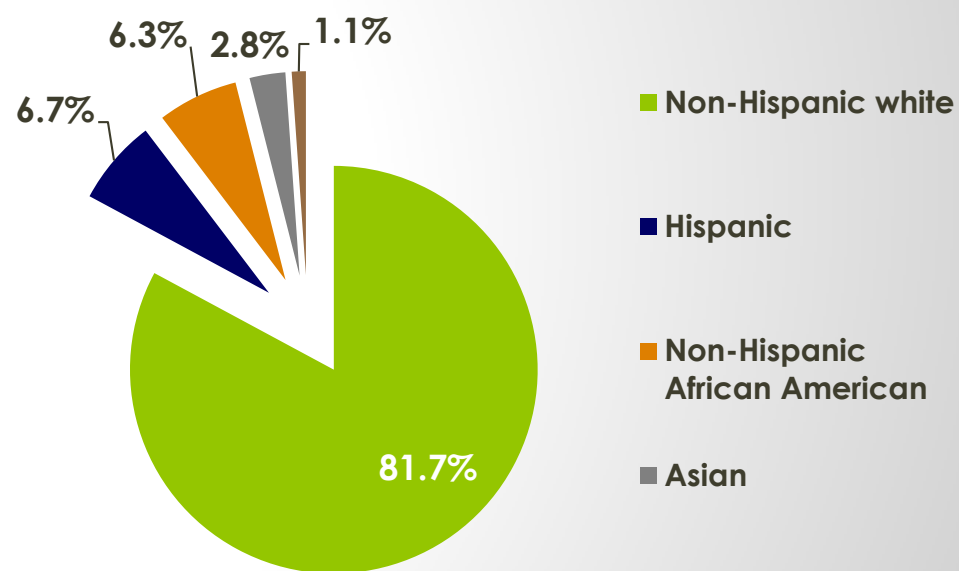
Source: County Health Rankings, 2018

POPULATION DISTRIBUTION BY RACE

Marinette County



Wisconsin



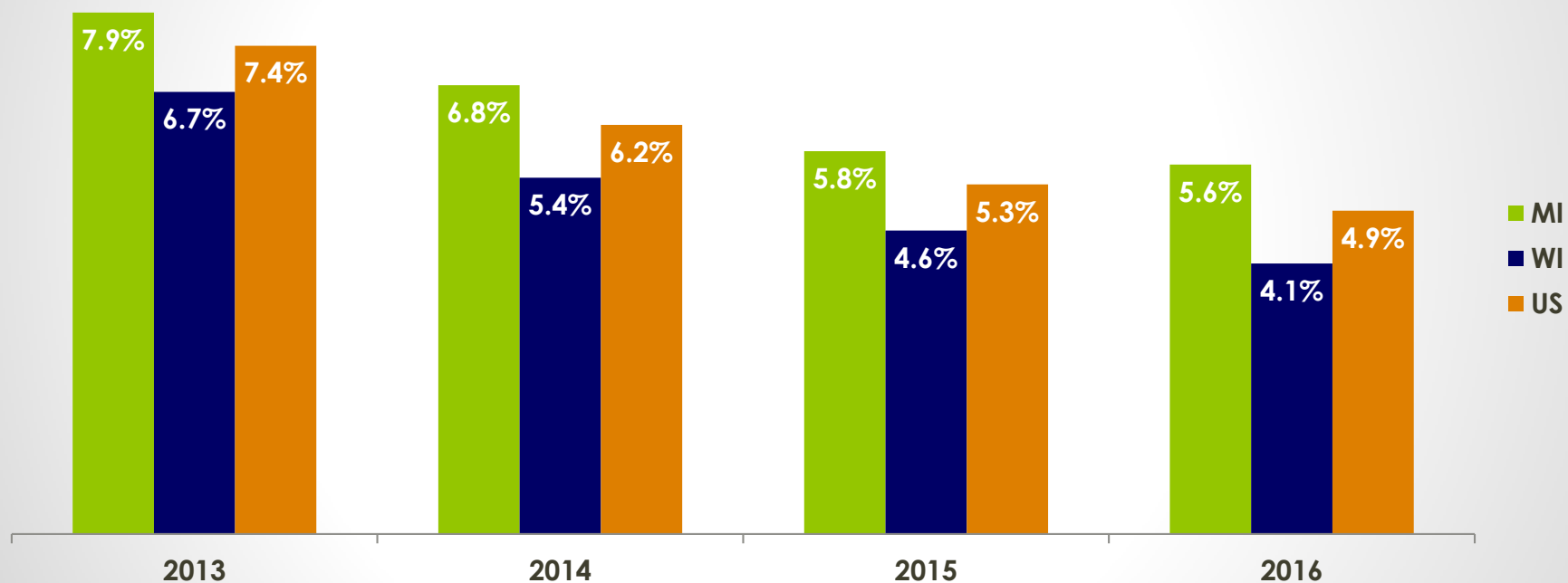
Source: County Health Rankings, 2018

SOCIAL & ECONOMIC FACTORS

Katey Ambrose – Wausaukee School District

INCOME

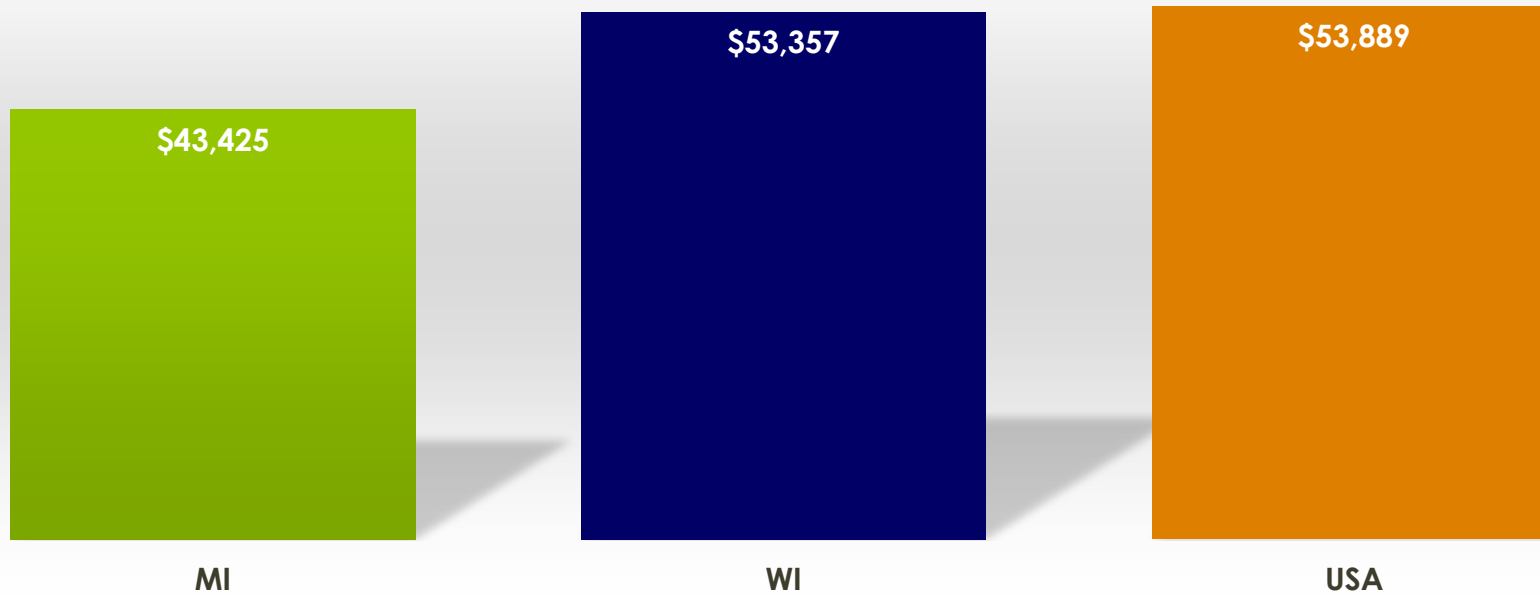
Average annual unemployment rates 16+ years old



Source: US Department of Labor - Bureau of Labor Statistics

INCOME

Median household income

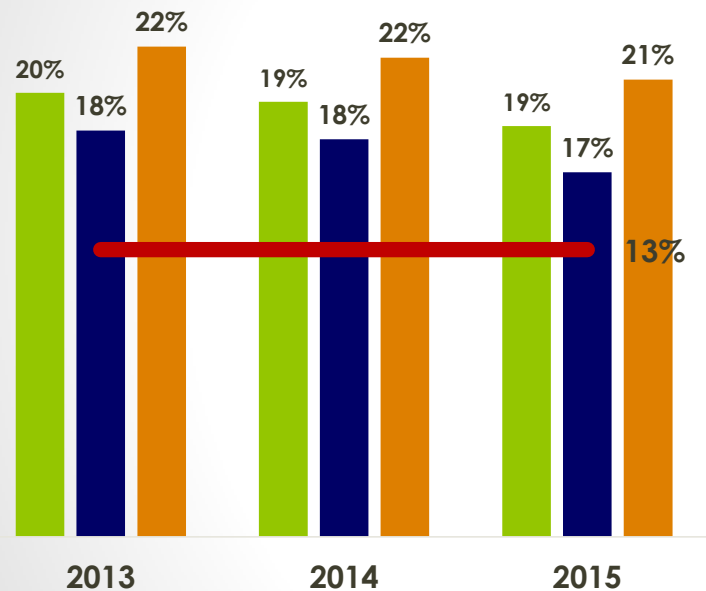


Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

POVERTY

Lower number is better

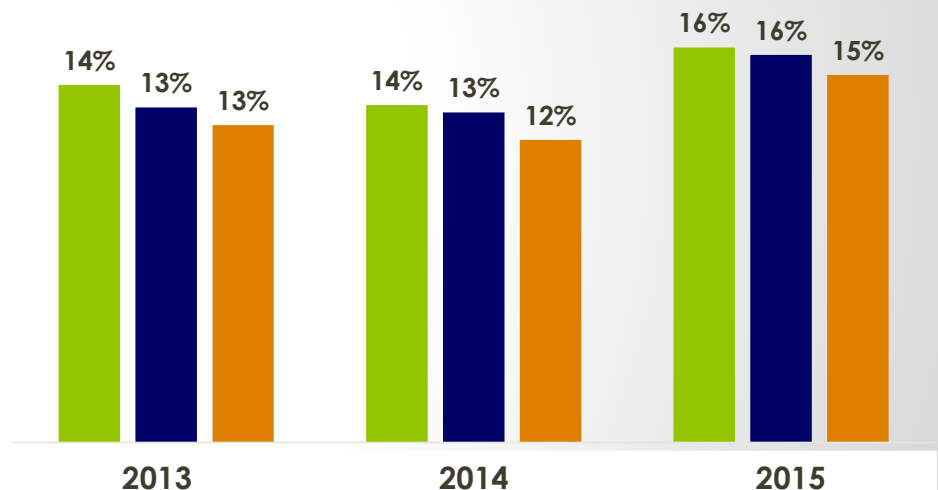
% of children under age 18 in poverty



— National Benchmark

MI WI US

% of total population in poverty

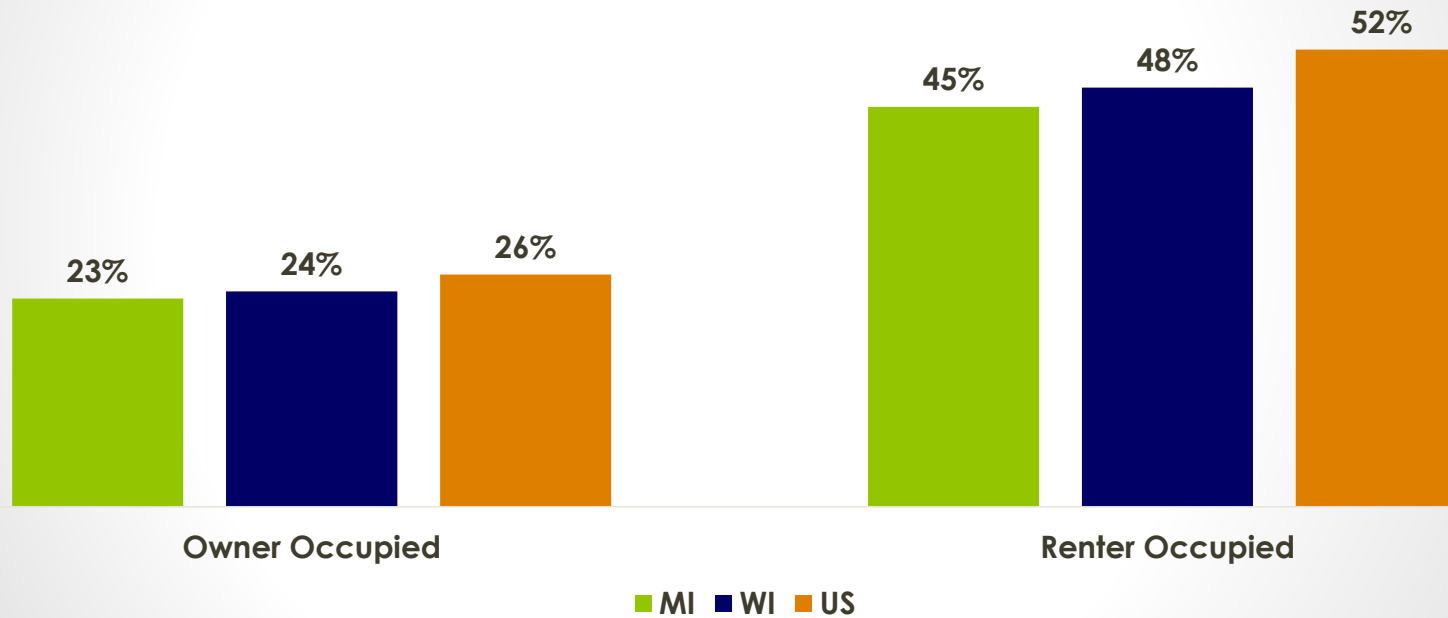


Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

POVERTY

Lower number is better

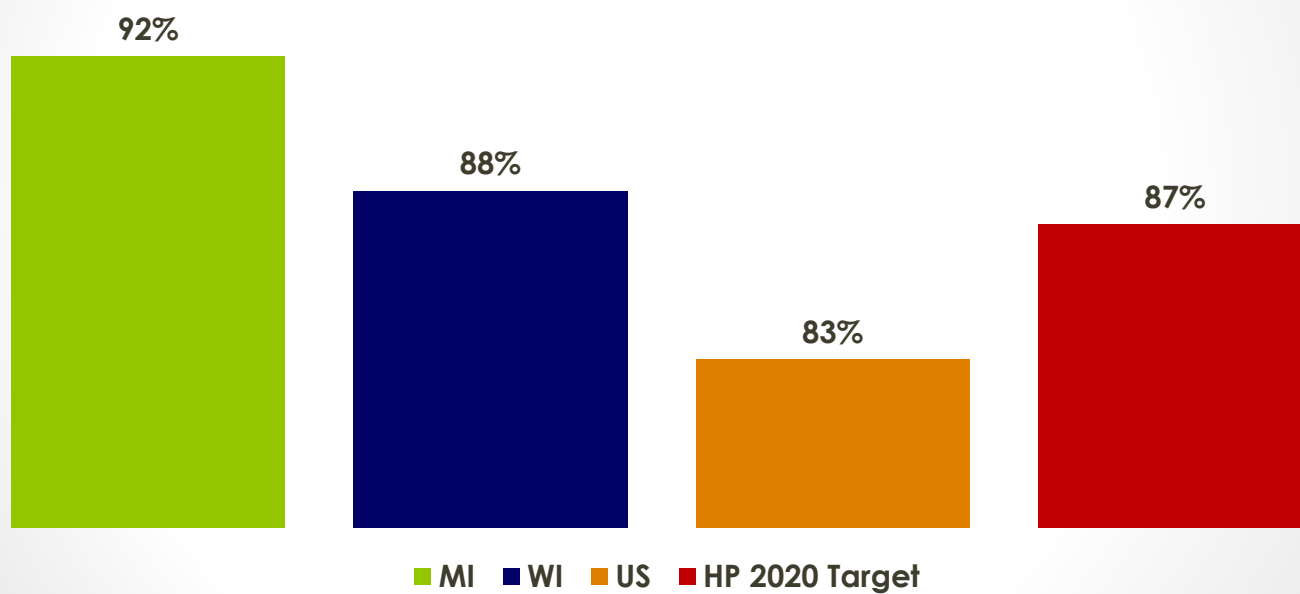
% of households paying more than 30% of monthly income on housing



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

EDUCATION

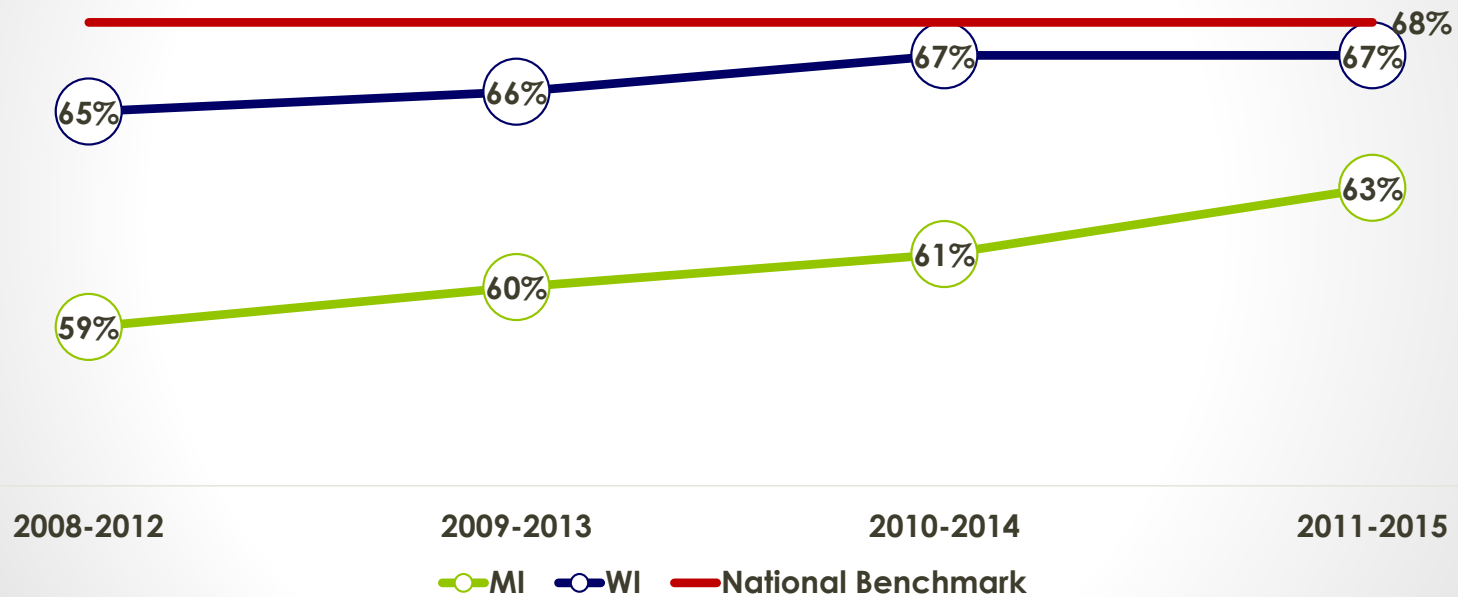
% of 9th grade cohort that graduate in 4 years



Source: County Health Rankings, 2017

EDUCATION

% of adults aged 25-44 with some post-secondary education

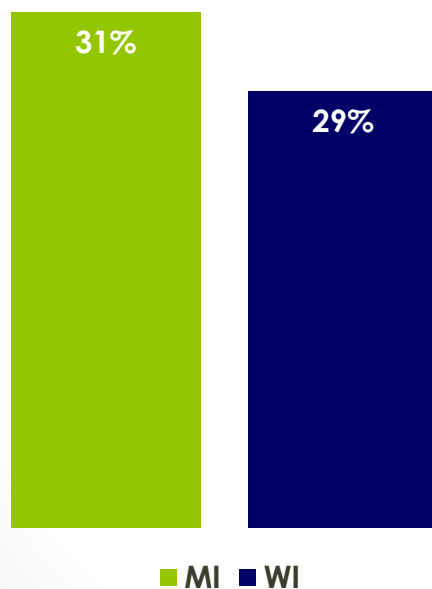


Source: County Health Rankings, 2017

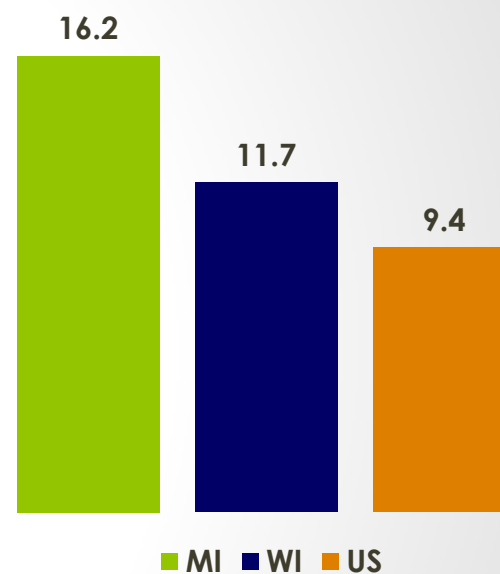
SOCIAL SUPPORT

% 65 years and older who live alone

Lower number
is better



Social associations
number of membership
associations per 10,000



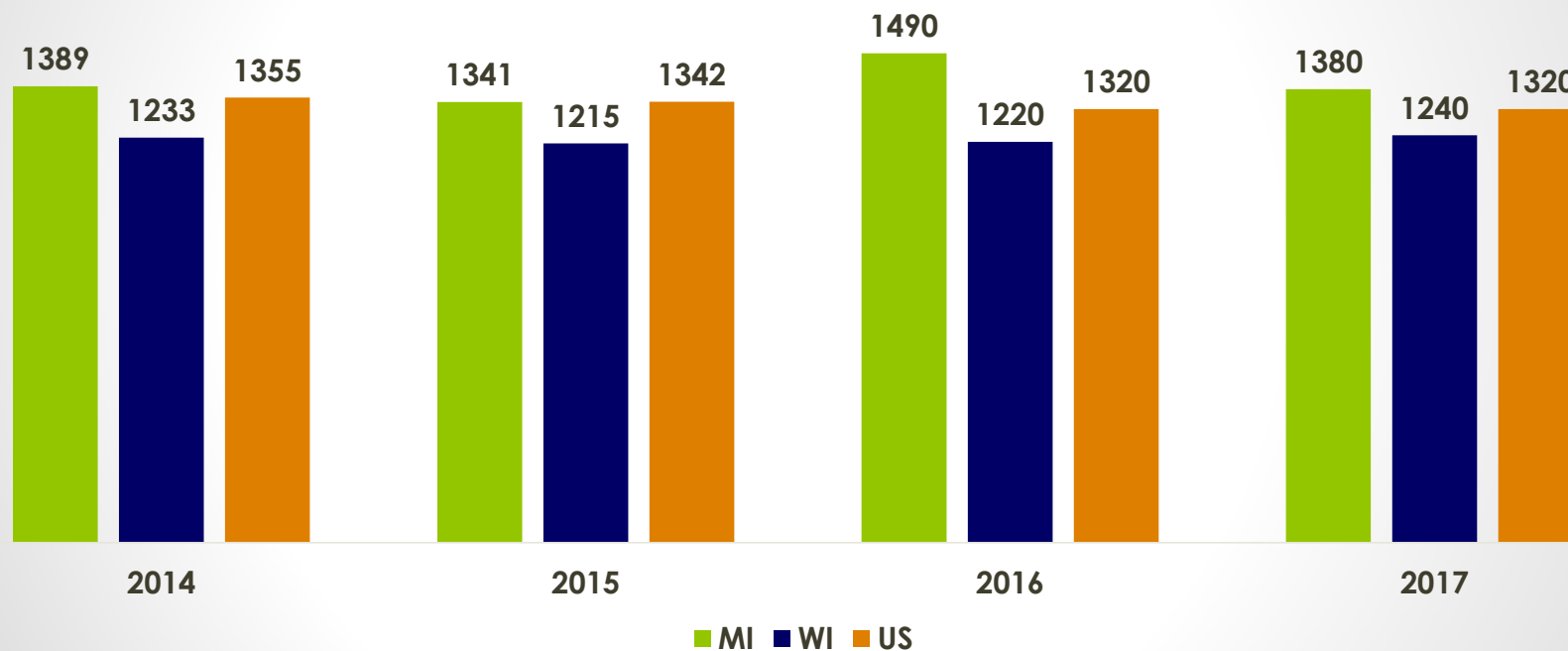
ACCESS TO HEALTHCARE

Laura Cormier – Bellin Health

PRIMARY CARE PHYSICIANS AVAILABLE FOR POPULATION

Lower number is better

Ratio of population to primary care physicians

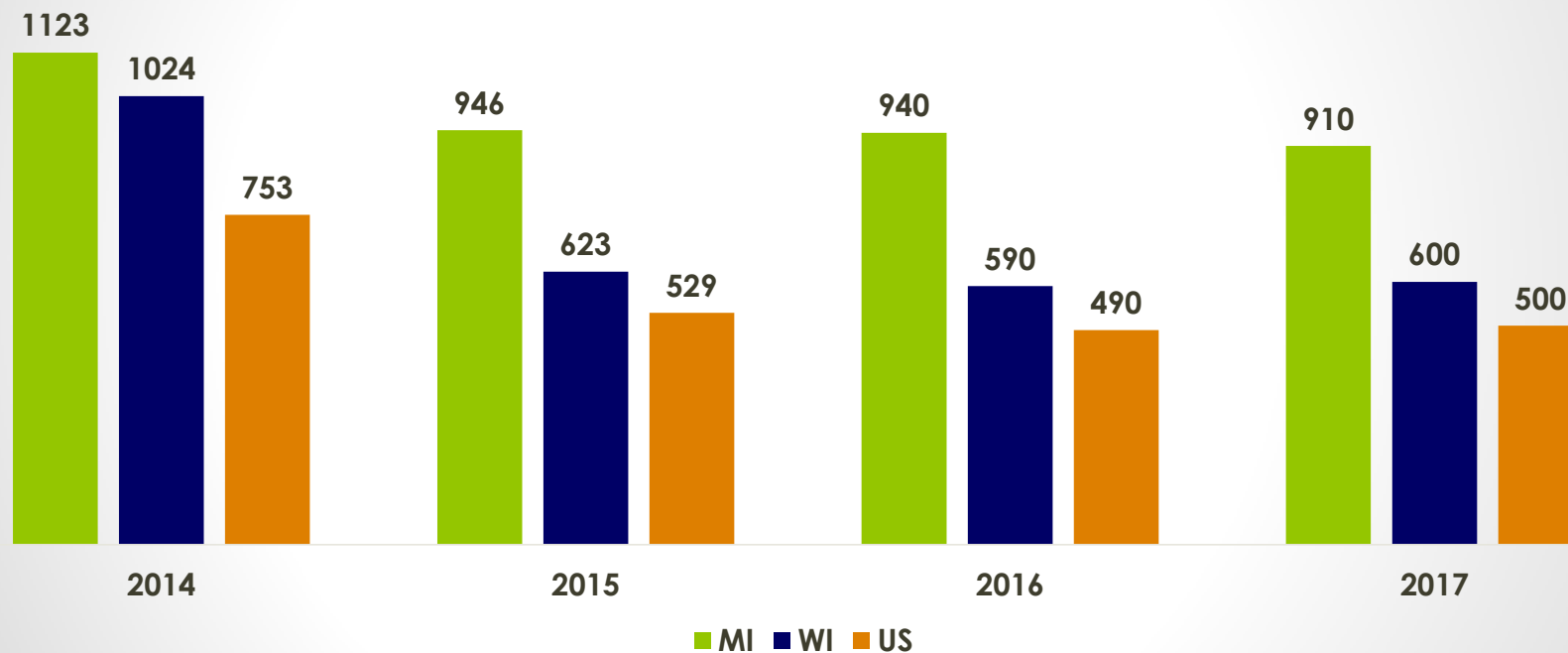


Source: County Health Rankings, 2018

MENTAL HEALTH PROVIDERS AVAILABLE FOR POPULATION

Lower number is better

Ratio of population to mental health providers

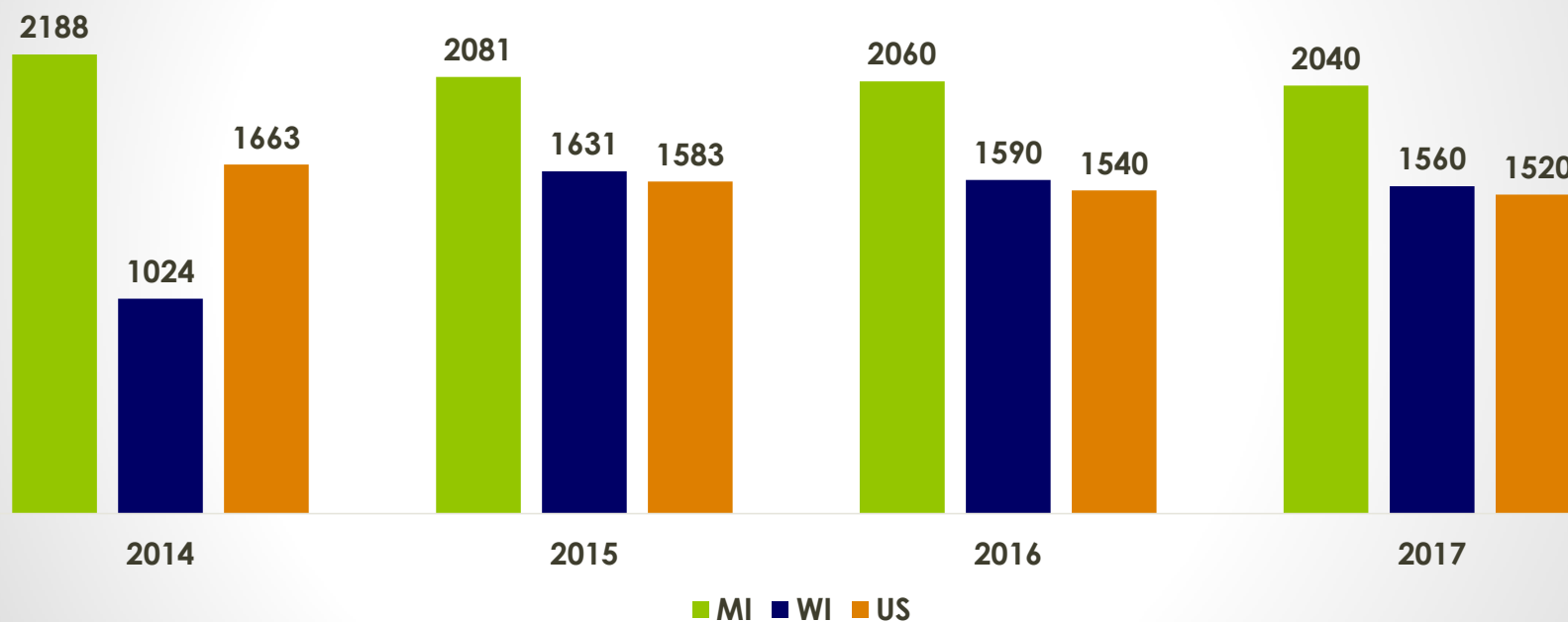


Source: County Health Rankings, 2018

DENTISTS AVAILABLE FOR POPULATION

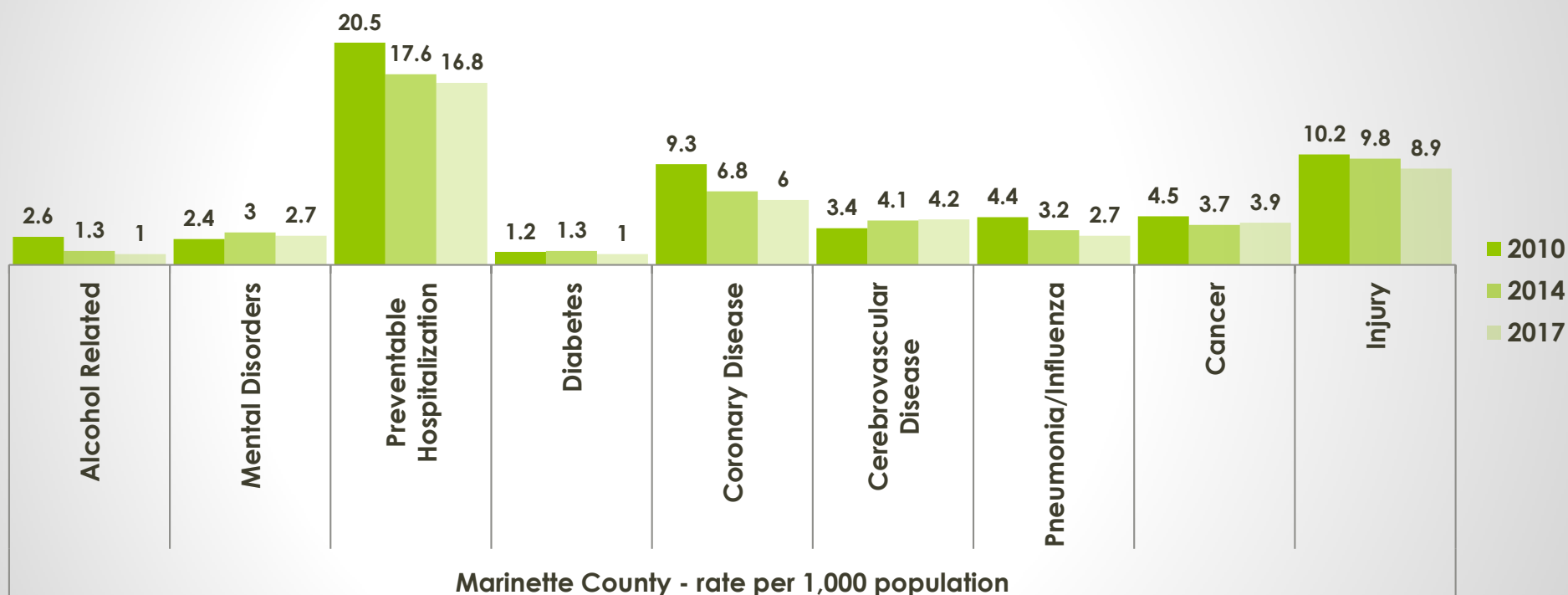
Lower number is better

Ratio of population to dentists



Source: County Health Rankings, 2018

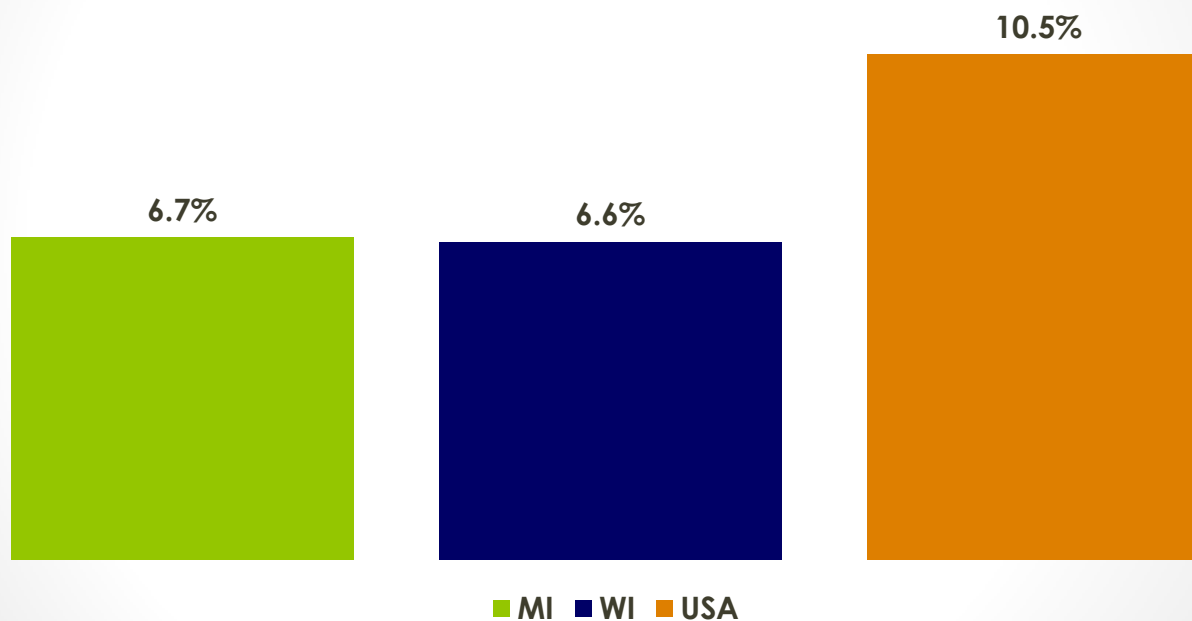
LEADING CAUSES OF HOSPITALIZATIONS



Source: Wisconsin Department of Health Services/Public Health Profiles

HEALTH INSURANCE COVERAGE

% of persons without health insurance under the age of 65

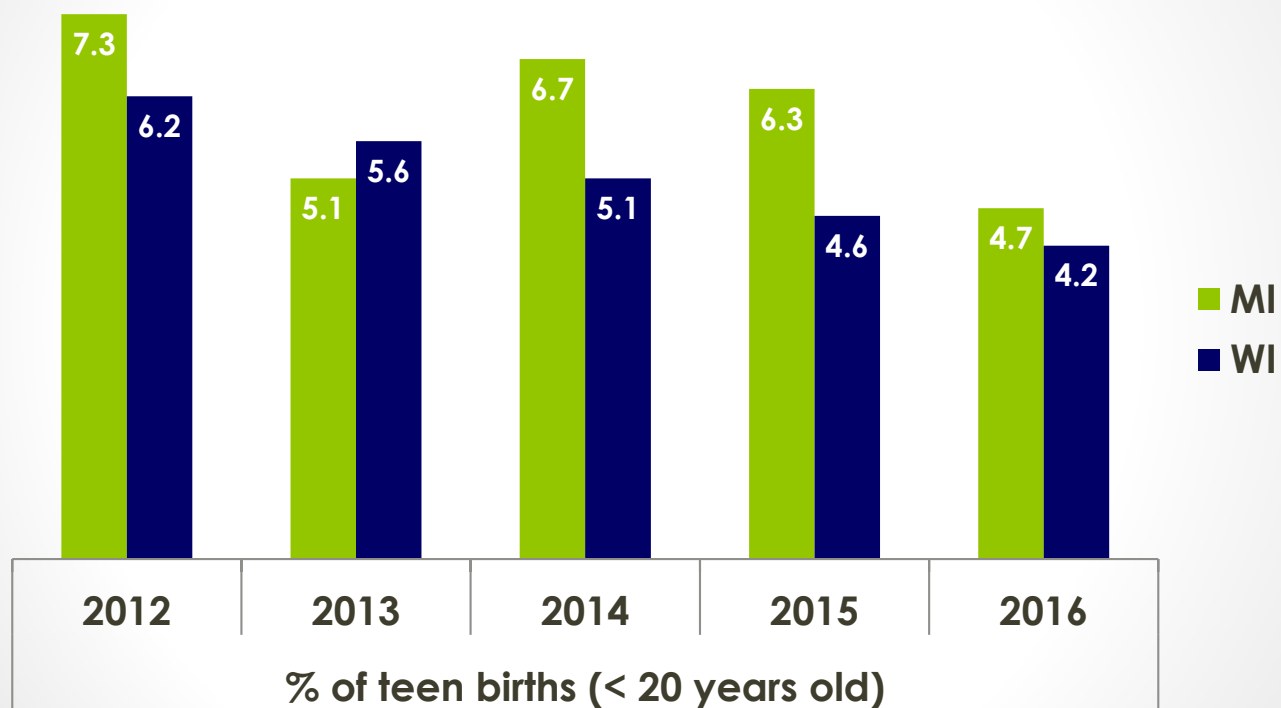


Source: United States Census Bureau, 2016

REPRODUCTIVE AND SEXUAL HEALTH

Dr. Amr El Haraki – Aurora Bay Area Medical Group

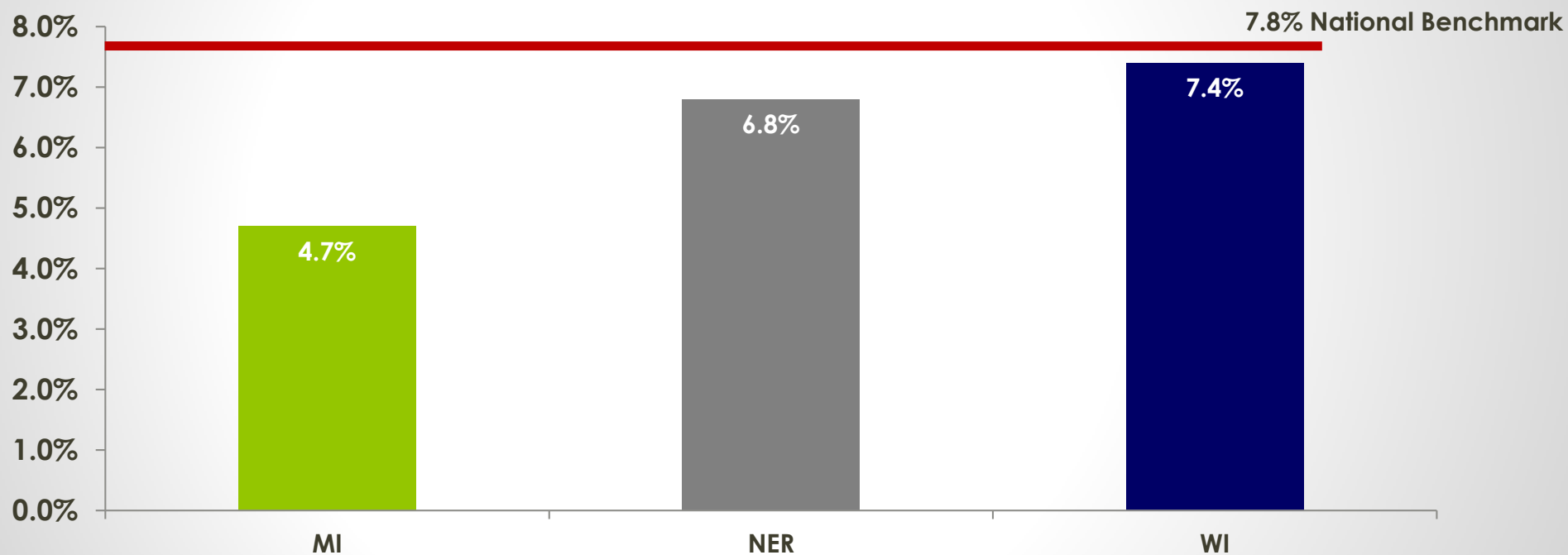
TEEN BIRTHS



Source: Wisconsin Interactive Statistics on Health (WISH)

LOW BIRTH WEIGHTS

Low birth weights: < 5.5 pounds



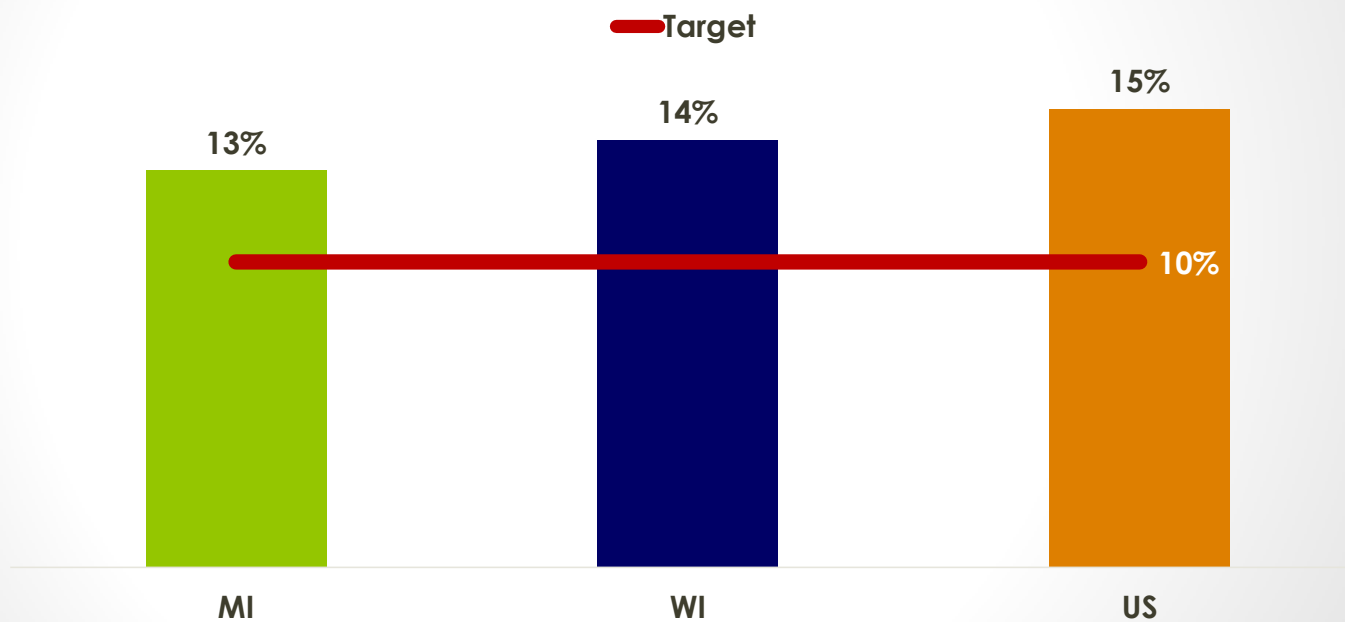
Source: Wisconsin Interactive Statistics on Health (WISH)

CHRONIC DISEASES

Dr. Amr El Haraki – Aurora Bay Area Medical Group

MORBIDITY

% of adults self-reporting poor or fair health
(age-adjusted)



Source: County Health Rankings, 2017

MORTALITY

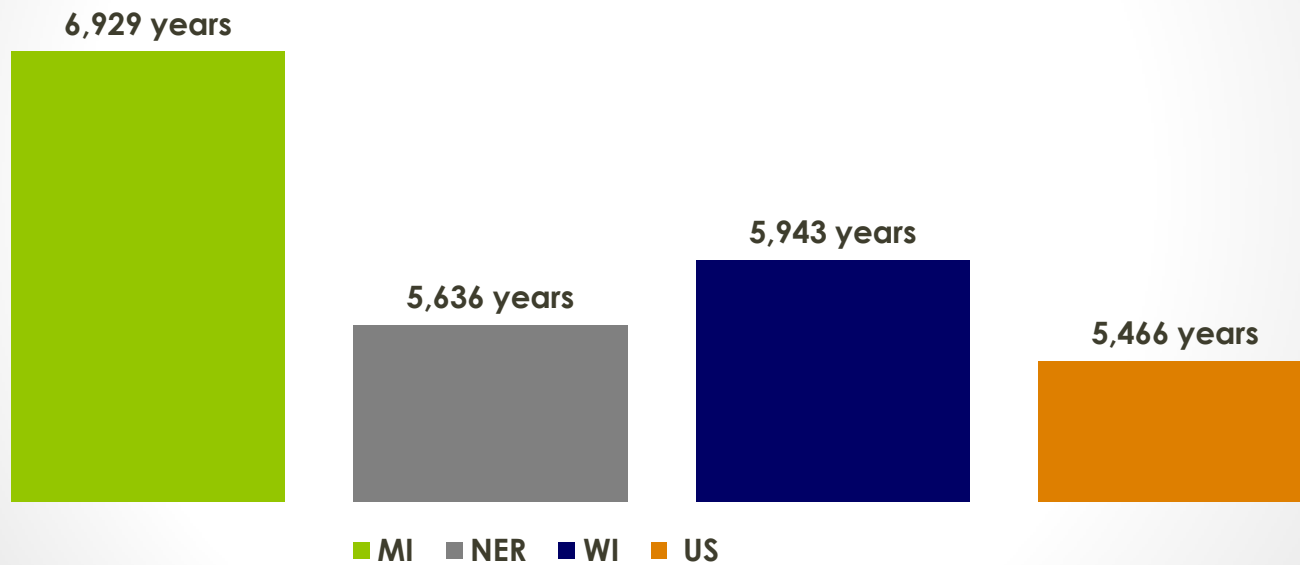
Top causes of death of Marinette County residents - 2016	Deaths per 100,000 population
All Other Diseases (Residual)	68
All Other Forms of Chronic Ischemic Heart	46
Malignant Neoplasms of Trachea, Bronchus and Lung	37
Other Chronic Lower Respiratory Disease	32
Acute Myocardial Infarction	23
All Other Forms of Heart Disease	19
Cerebrovascular Disease	17
Malignant Neoplasm of Prostate	13
All Other and Unspecific Malignant Neoplasms	12
Leukemia	11
Hypertensive Heart Disease	11
Heart Failure	10

Top causes of death of Wisconsin residents - 2016	Deaths per 100,000 population
All Other Diseases (Residual)	7,112
All Other Forms of Chronic Ischemic Heart	3,438
Malignant Neoplasms of Trachea, Bronchus and Lung	2,789
All Other Forms of Heart Disease	2,594
Other Chronic Lower Respiratory Disease	2,532
Cerebrovascular diseases	2,469
Alzheimer's disease	2,256
Acute Myocardial Infarction	2,202
Heart Failure	1,504
Falls	1,483
All Other and Unspecific Malignant Neoplasms	1,459
Diabetes Mellitus	1,440

Source: Wisconsin Interactive Statistics on Health (WISH)

PREMATURE DEATH

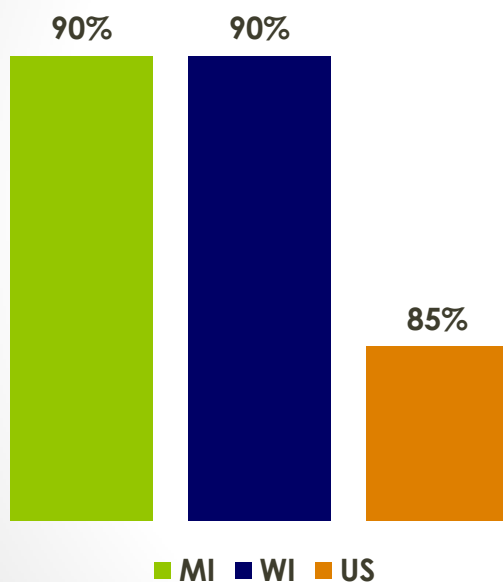
Years of potential life lost before age 75 per 100,000 population
(age adjusted)



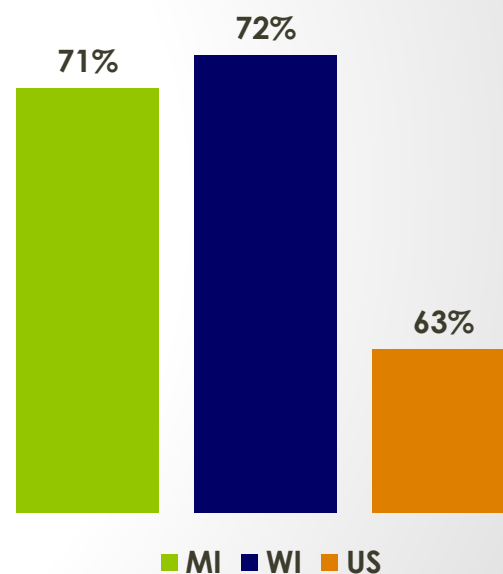
Source: County Health Rankings, 2017

CHRONIC DISEASE MANAGEMENT

% of diabetic Medicare recipients
who received HbA1c monitoring in
last year



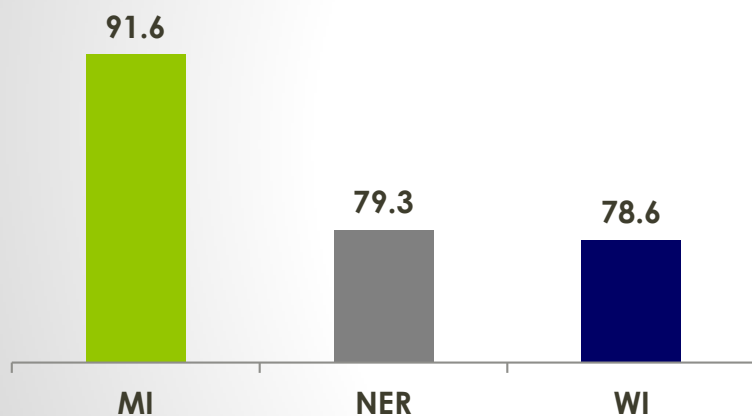
% of female Medicare recipients
age 67-69 who had mammogram
at least once in last 2 years



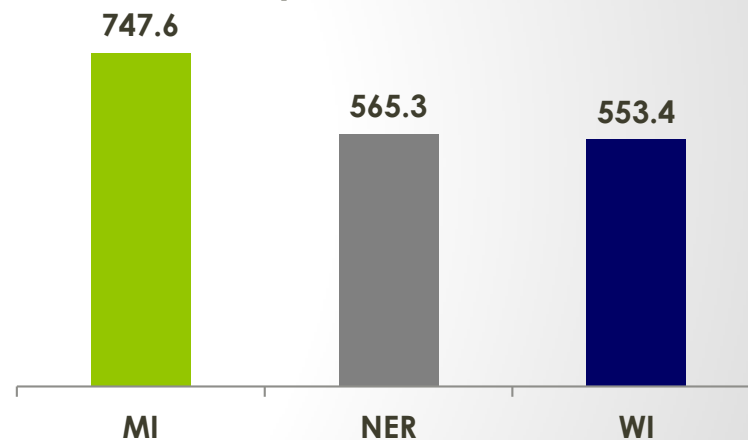
Source: County Health Rankings, 2017

CHRONIC DISEASE MANAGEMENT

Female breast cancer
incidence rate per 100,000



All cancer sites incidence rate
per 100,000

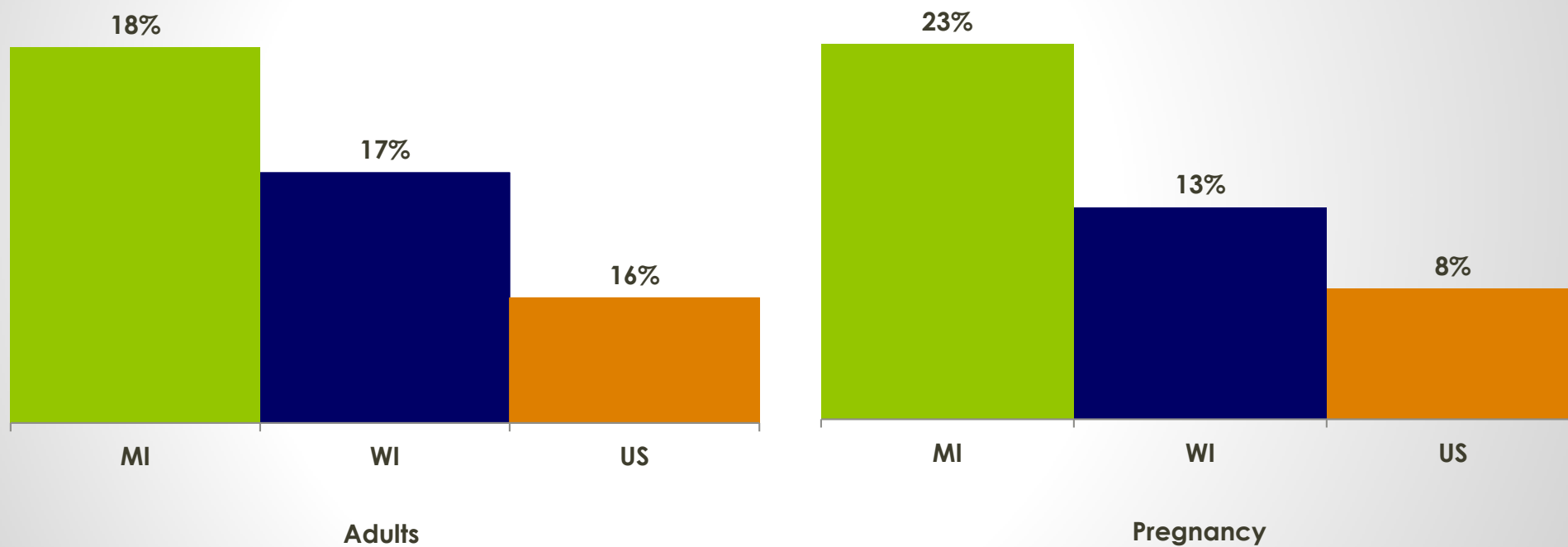


2011-2015

Source: Wisconsin Interactive Statistics on Health (WISH)

TOBACCO USE

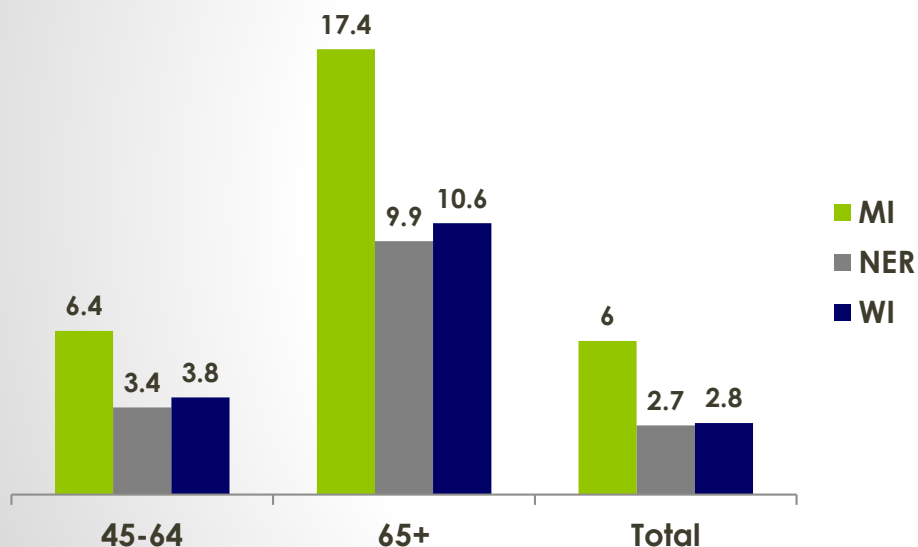
Prevalence of cigarette smoking in 2016



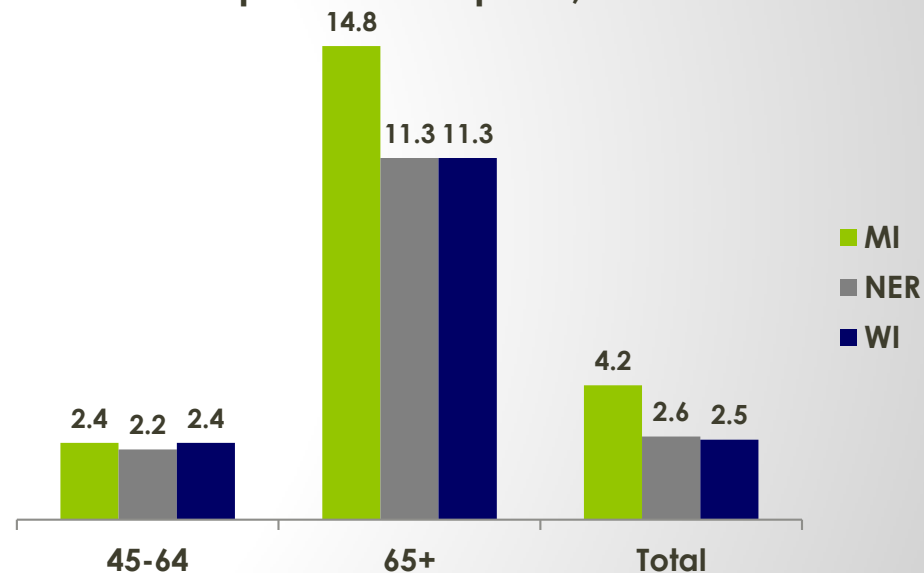
Source: County Health Rankings, 2018

CHRONIC DISEASE MANAGEMENT

Coronary Heart Disease
Hospitalizations per 1,000



Cerebrovascular Disease
Hospitalizations per 1,000



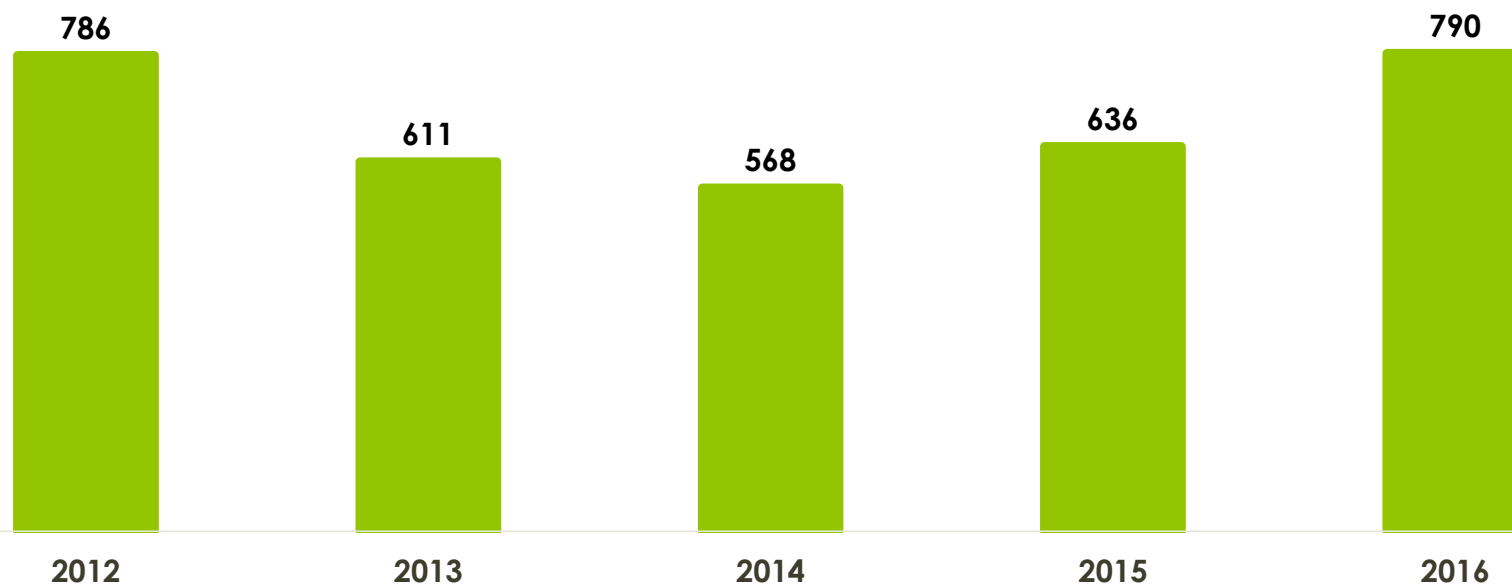
Source: Wisconsin Public Health Profile, 2017

COMMUNICABLE DISEASES

Autumn Bickel – Marinette County Public Health

COMMUNICABLE DISEASES

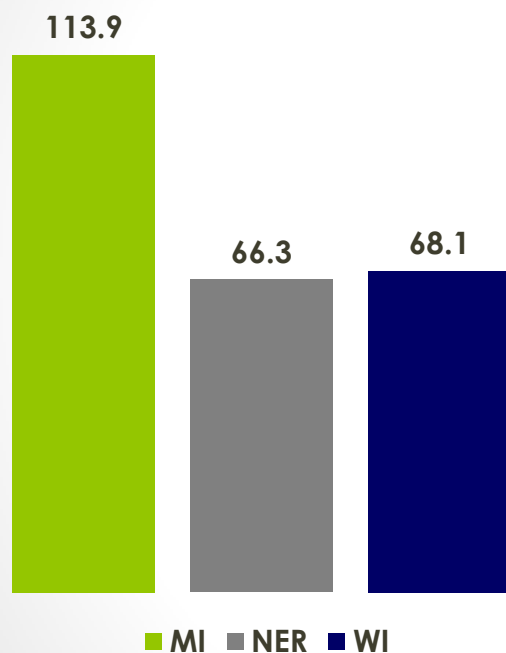
Communicable diseases in Marinette County
Total incidence rate per 100,000



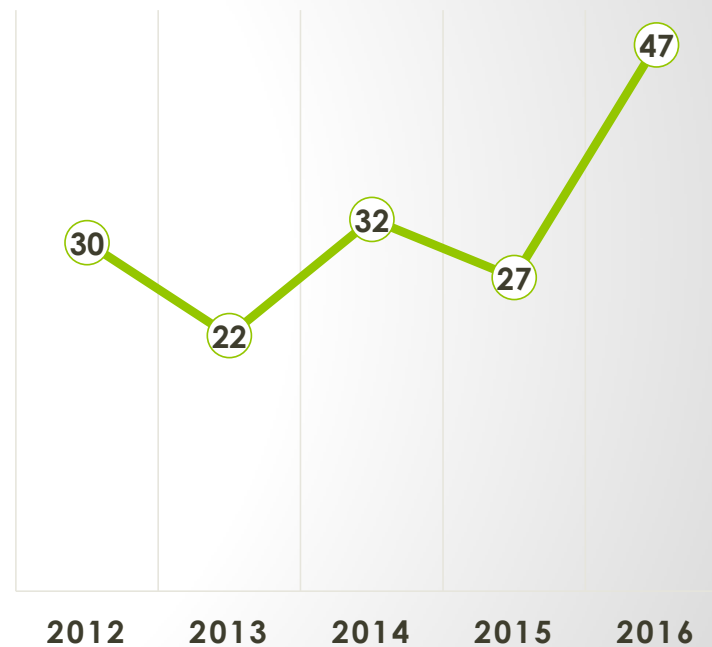
Source: County Health Rankings, 2018

COMMUNICABLE DISEASES

Newly reported hepatitis C
Rate per 100,000 - 2016



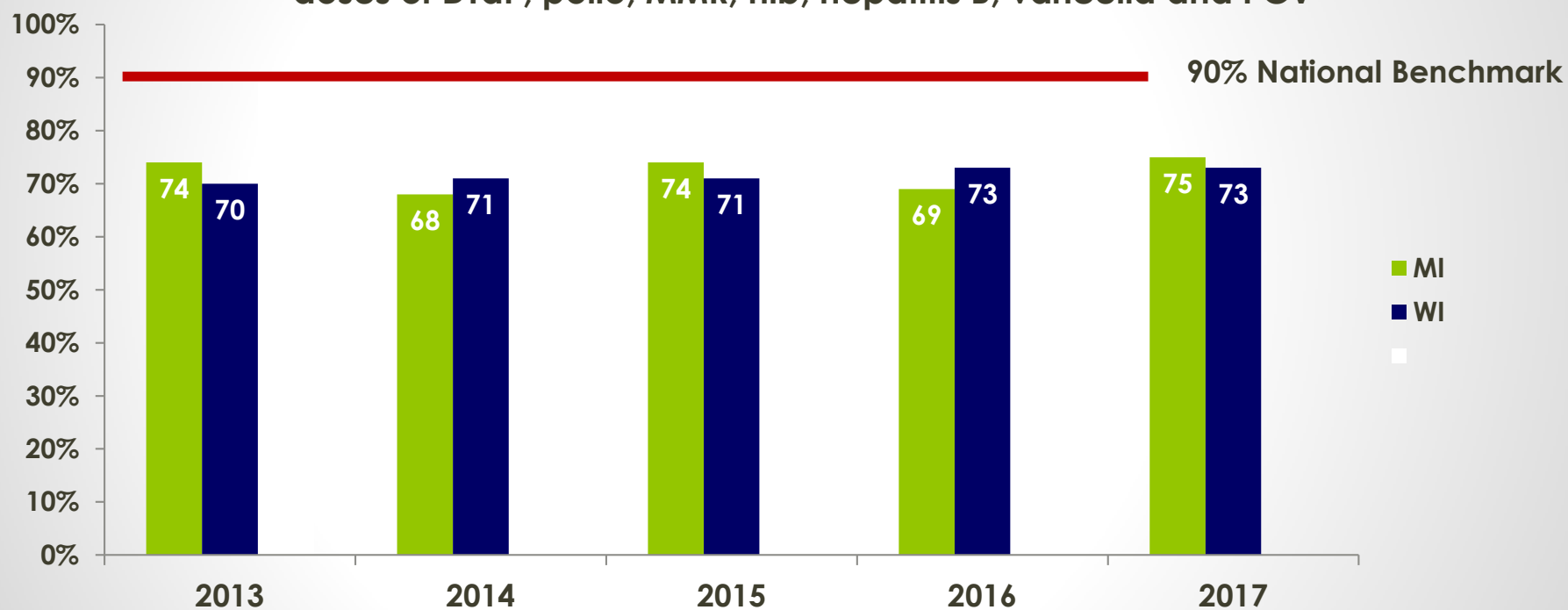
Newly reported hepatitis C
Marinette County



Source: Wisconsin DHS, Hepatitis C Surveillance Report, 2016

VACCINATION RATES

% of children aged 19-35 months who received the recommended doses of DTaP, polio, MMR, hib, hepatitis B, varicella and PCV



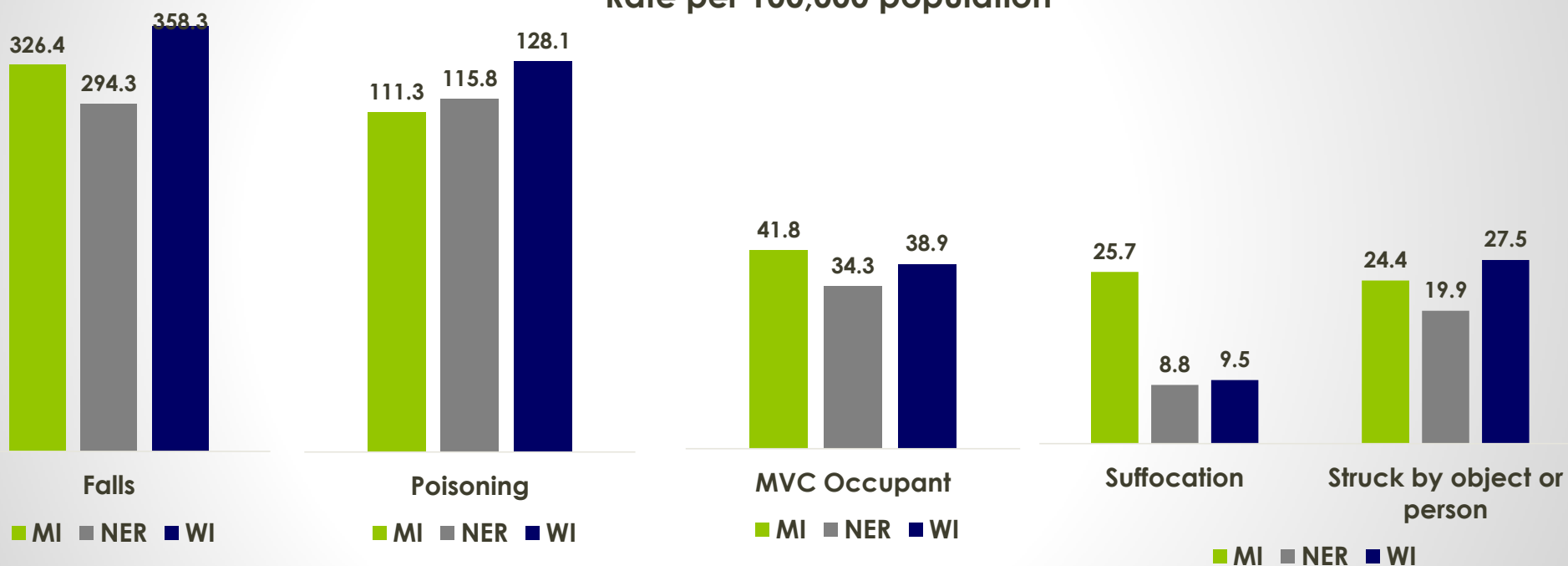
Source: Wisconsin DHS; Wisconsin Immunization Program

INJURY AND VIOLENCE

Autumn Bickel – Marinette County Public Health

INJURY AND VIOLENCE

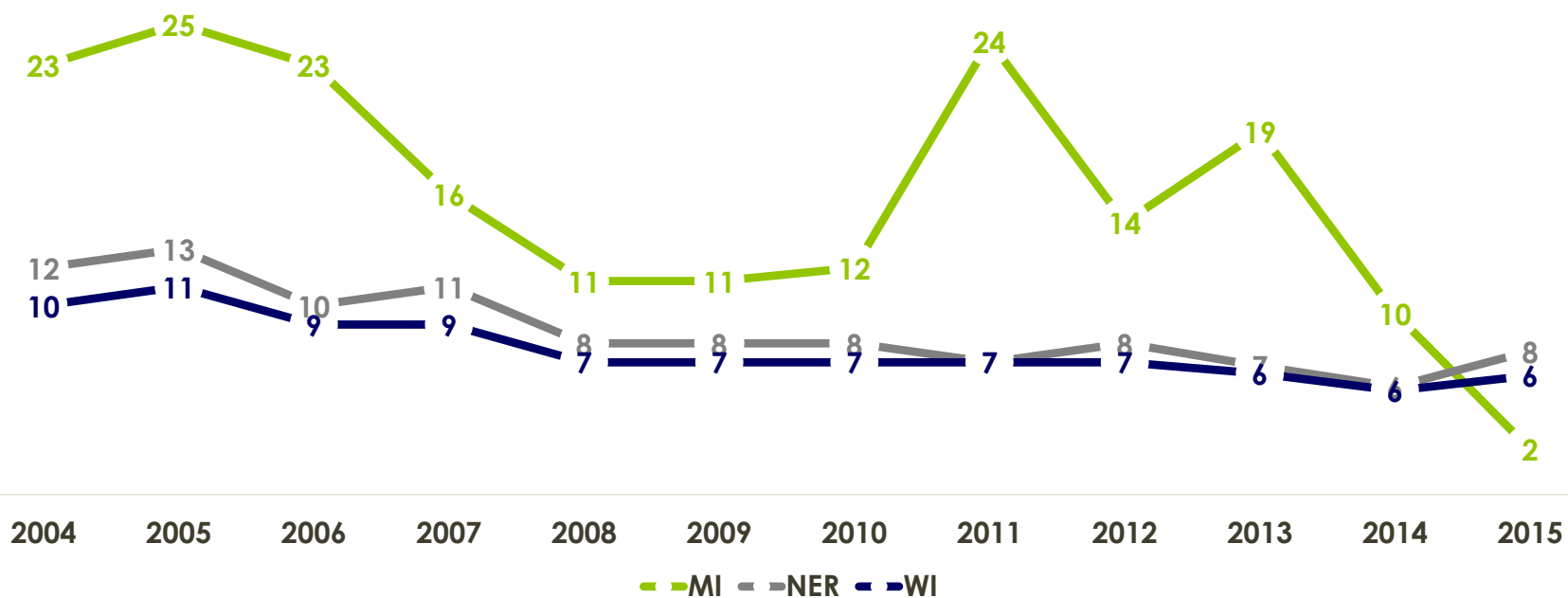
Top causes of injury hospitalization
Rate per 100,000 population



Source: Wisconsin Interactive Statistics on Health (WISH)

INJURY AND VIOLENCE

Motor vehicle crash (MVC) deaths per 100,000 by year



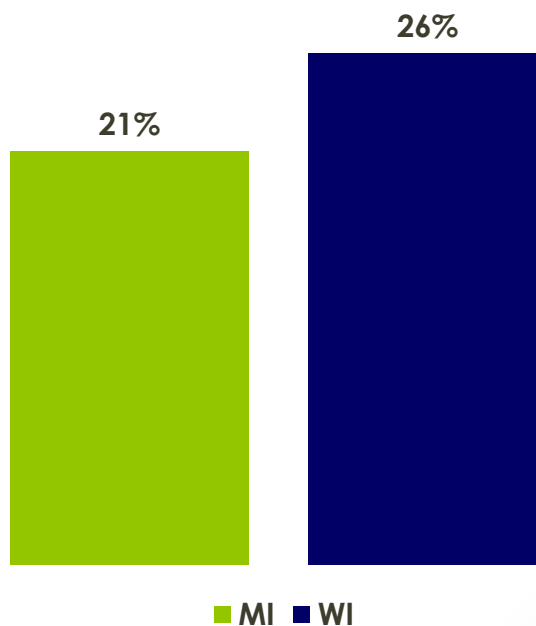
Source: Wisconsin Interactive Statistics on Health (WISH)

ORAL HEALTH

Autumn Bickel – Marinette County Public Health

ORAL HEALTH

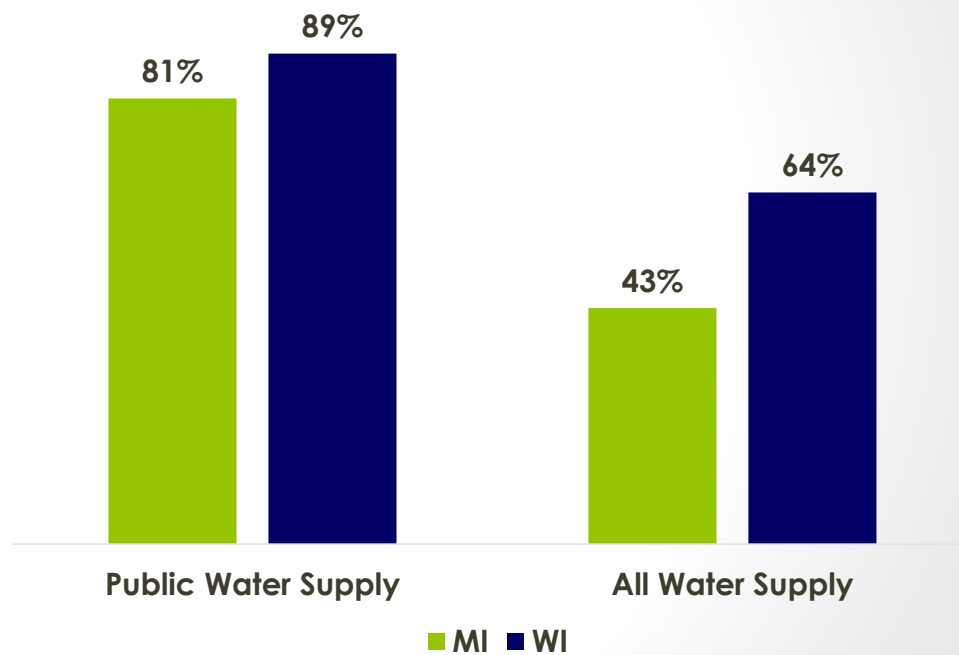
% of the population ages 2+ without a dental visit in the last year



Source: Wisconsin Family Health Survey

ORAL HEALTH

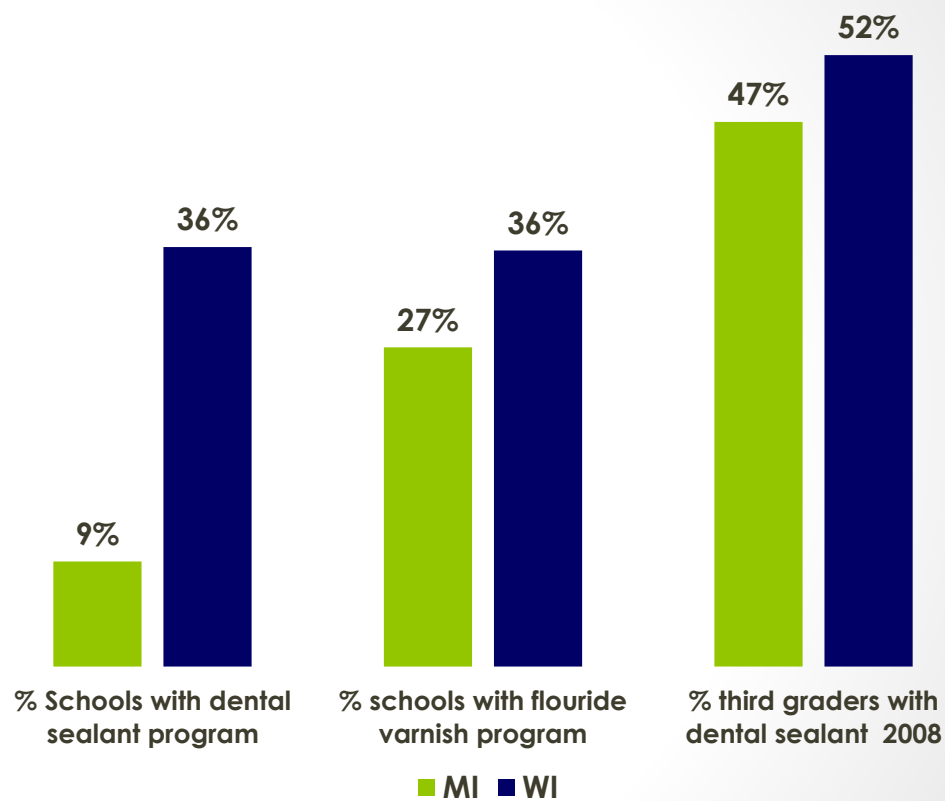
% of population with access to optimally
fluoridated water, 2015



Source: Wisconsin Environmental Public Health Tracker

ORAL HEALTH

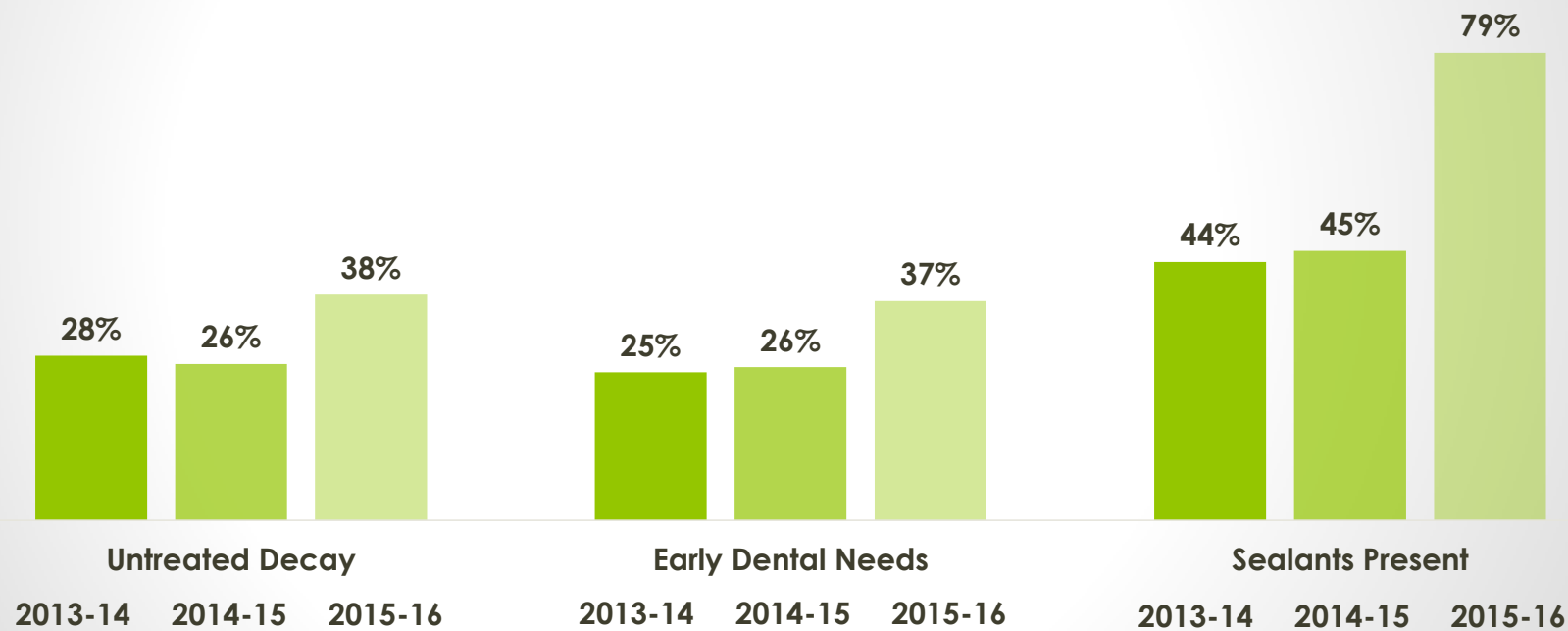
% of schools with preventative dental programs, 2010-2011



Source: 2012 County Oral Health Wisconsin Surveillance System (COWSS)

ORAL HEALTH

Seal-A-Smile program data Marinette County children



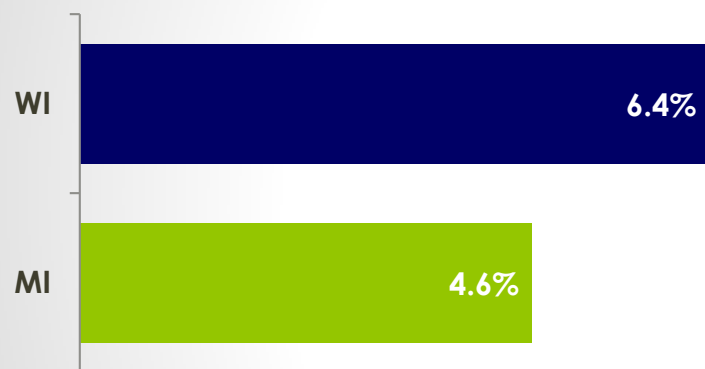
Source: Northern Health Center/Marinette County Public Health Seal-A-Smile Program

ENVIRONMENTAL HEALTH

Sarah Ferdon – UW-Extension

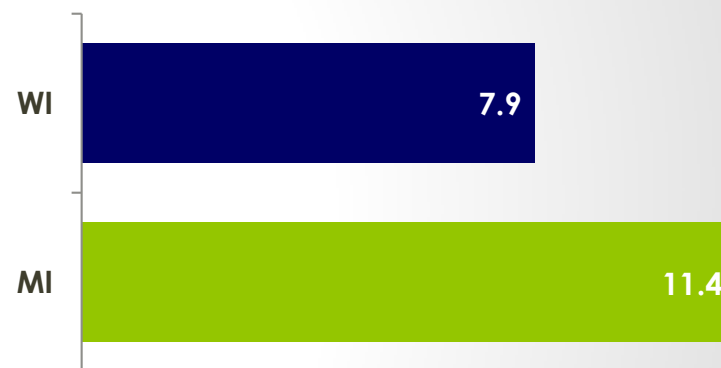
HOME HAZARDS

Childhood Lead Poisoning



% with blood lead ≥ 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$)

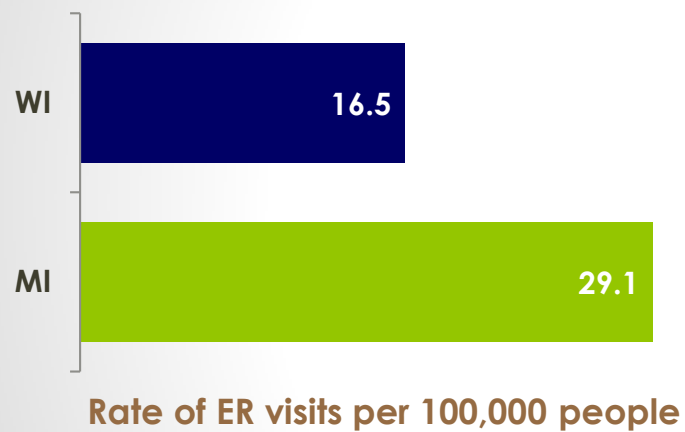
Carbon Monoxide Poisoning



Rate of ER visits per 100,000 people

CLIMATE

Heat Stress

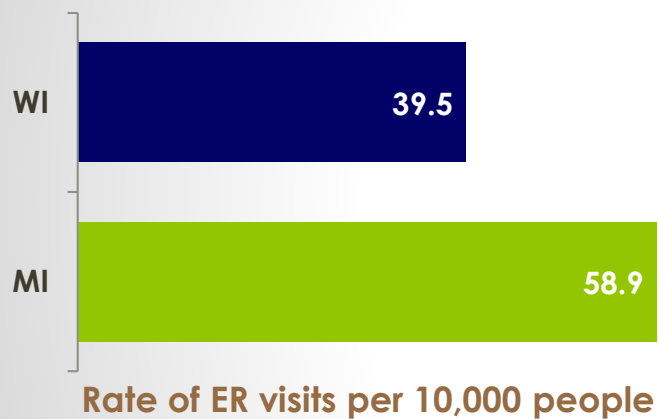


Lyme Disease

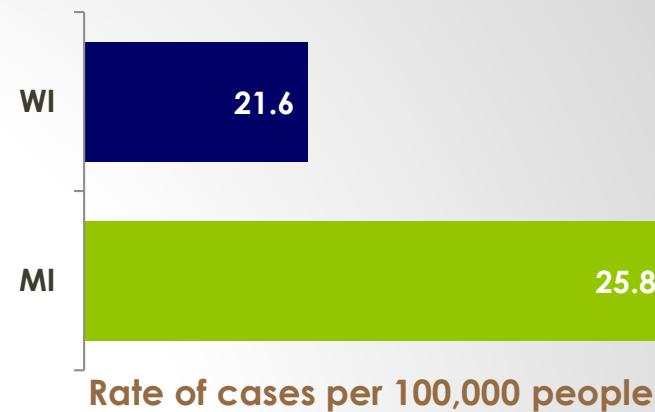


HEALTH OUTCOMES

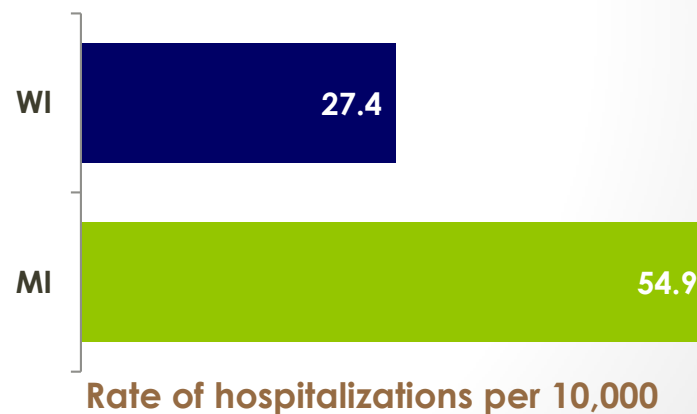
Asthma



Melanoma



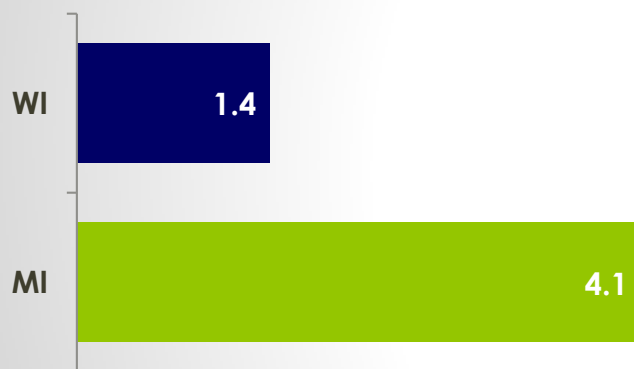
Heart Attack



Source: 2017 WI Environmental Public Health Tracking Program

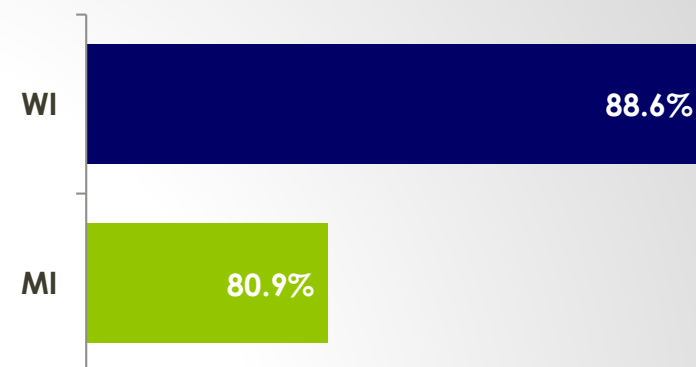
WATER QUALITY

Arsenic



Average concentration in micrograms per liter (µg/L)

Fluoride



% of population with fluoridated public water

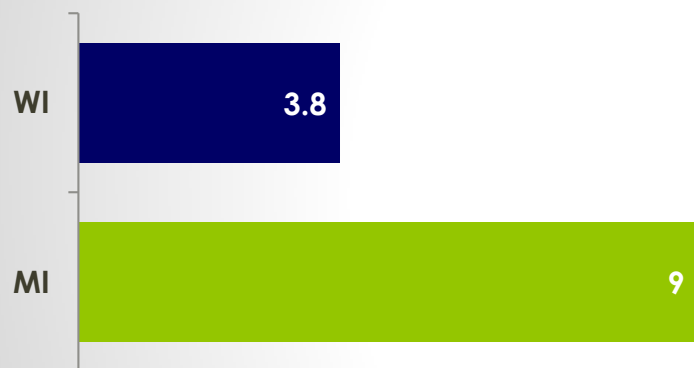
Nitrate



Average concentration in milligrams per liter (mg/L)

AIR QUALITY

Ozone



Annual days above standard

Particulate Matter



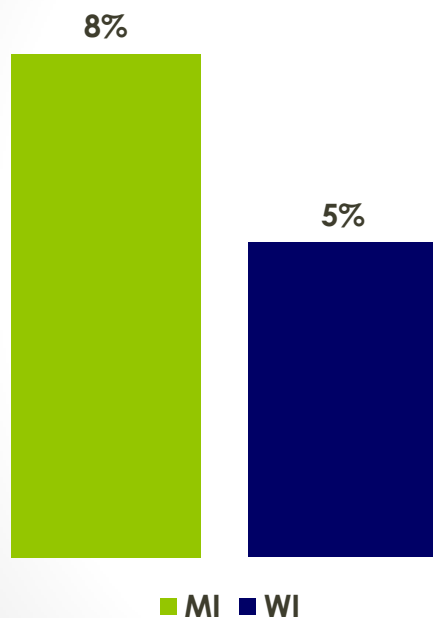
Annual days above standard

NUTRITION AND PHYSICAL ACTIVITY

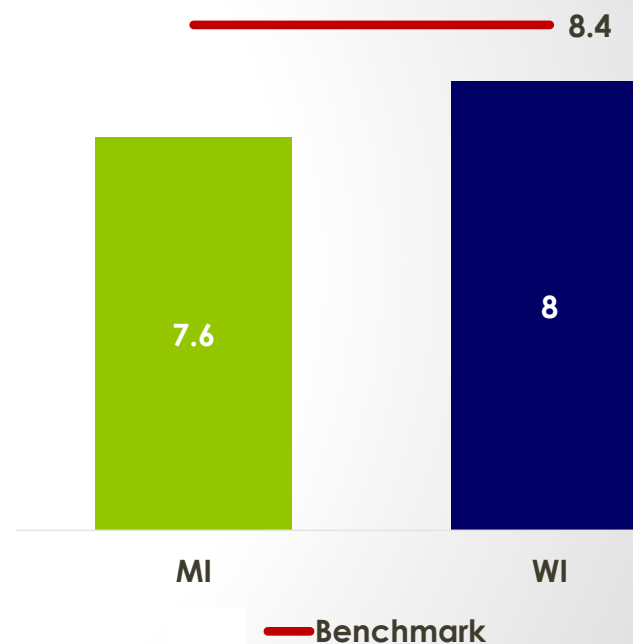
Sarah Ferdon – UW-Extension

NUTRITION AND PHYSICAL ACTIVITY

% who are low income and do not live close to a grocery store



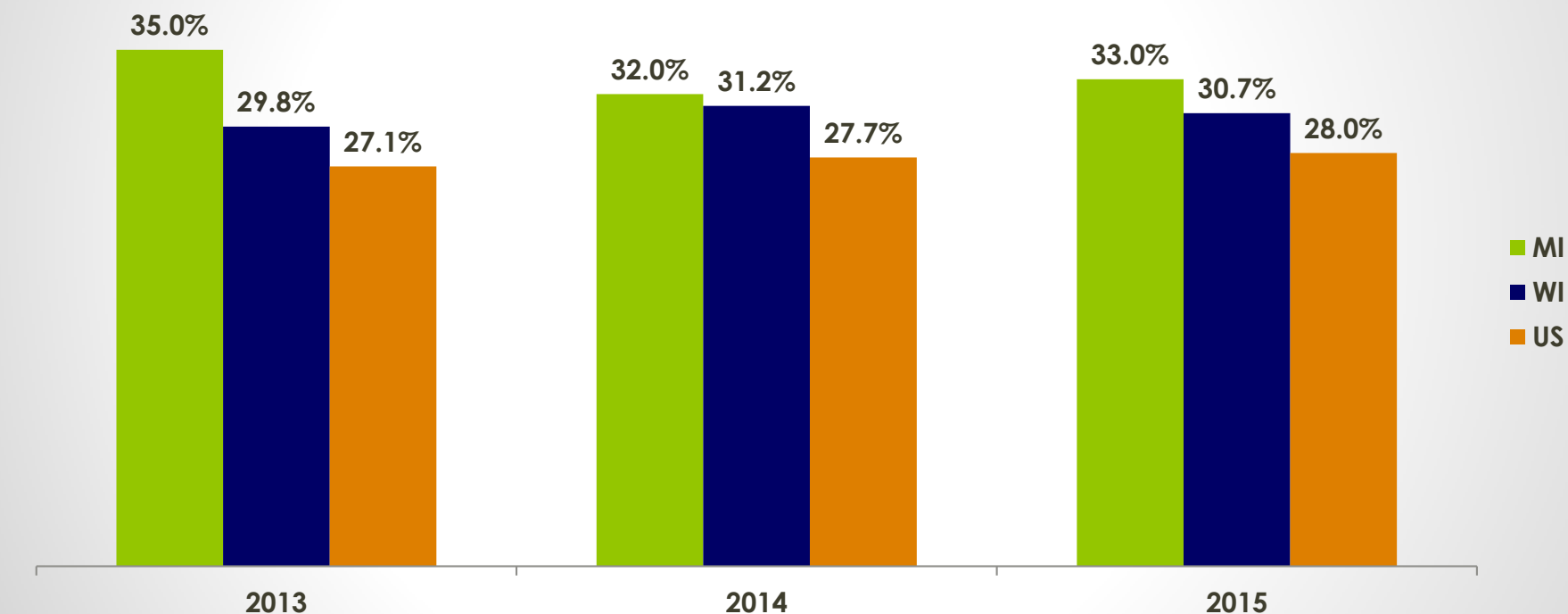
Food Environmental Index



Source: County Health Rankings, 2017

NUTRITION AND PHYSICAL ACTIVITY

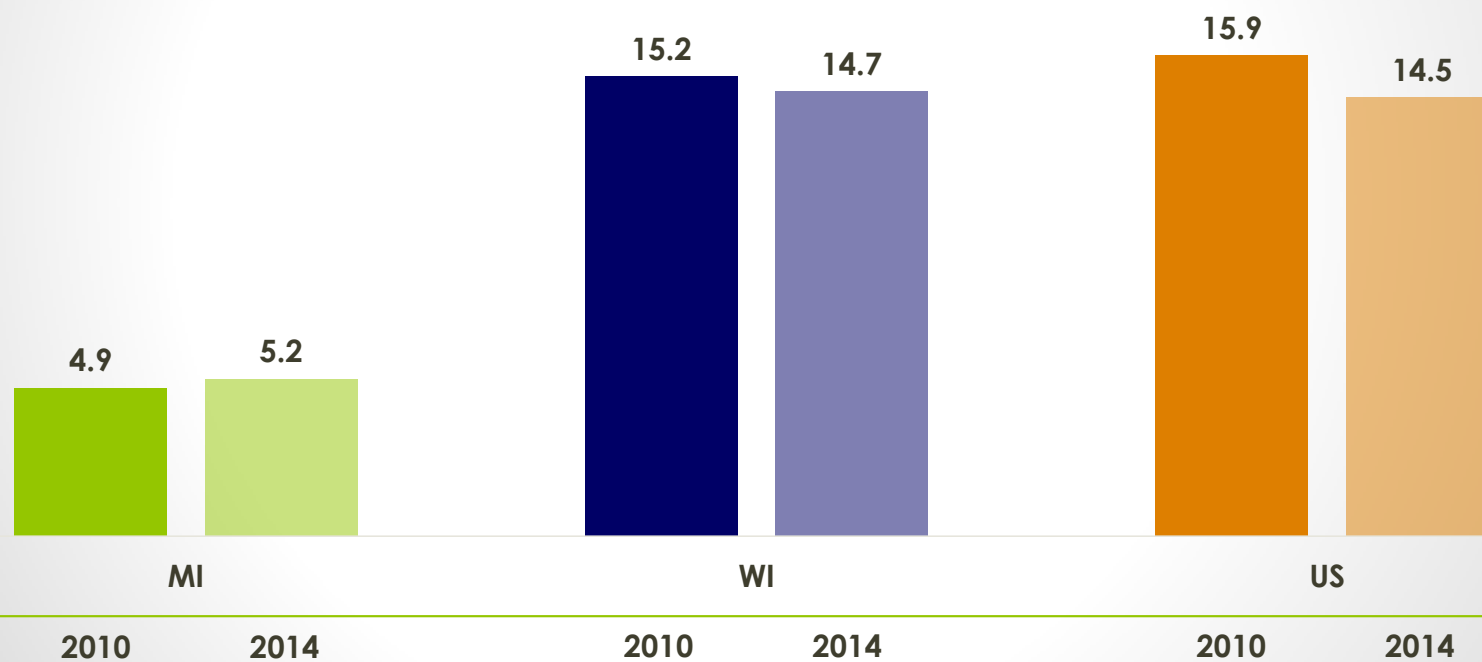
% of adults with a Body Mass Index (BMI) > 30 (obese)



Source: County Health Rankings, 2017 & Gallup Healthways Well-being Index

NUTRITION AND PHYSICAL ACTIVITY

% of obese Women, Infants and Children (WIC) participants
Children 2-4 years

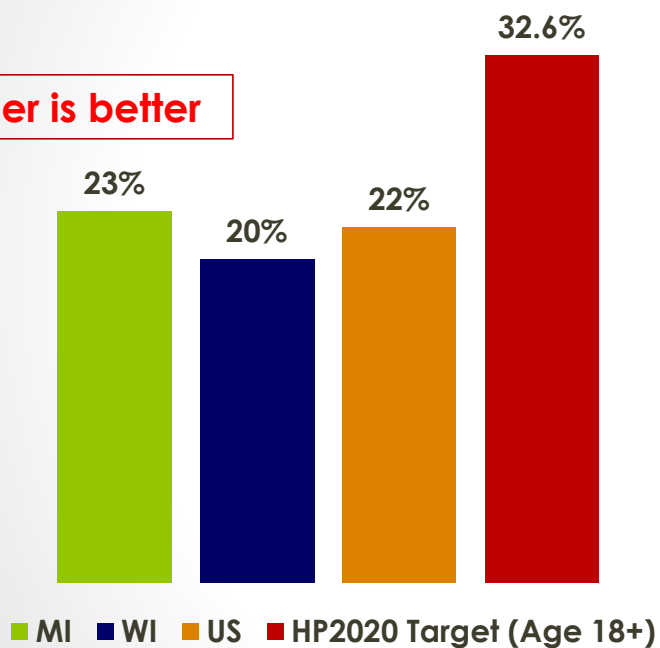


Source: The State of Obesity; CDC MMWR NOV, 2016; Kids Count Data Center

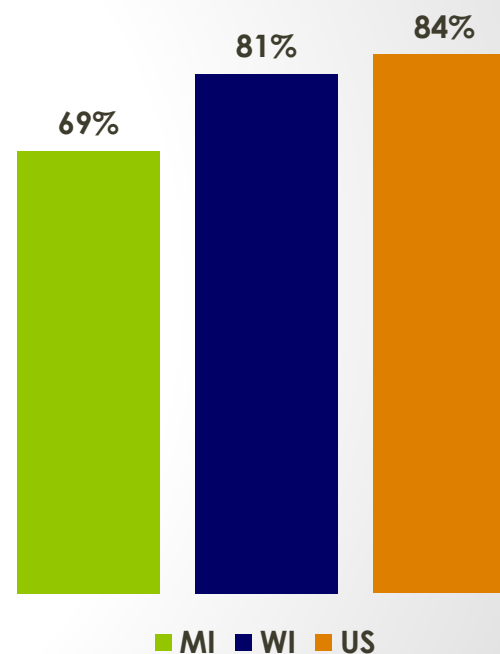
NUTRITION AND PHYSICAL ACTIVITY

% of adults 20+ reporting no leisure time physical activity

Lower number is better



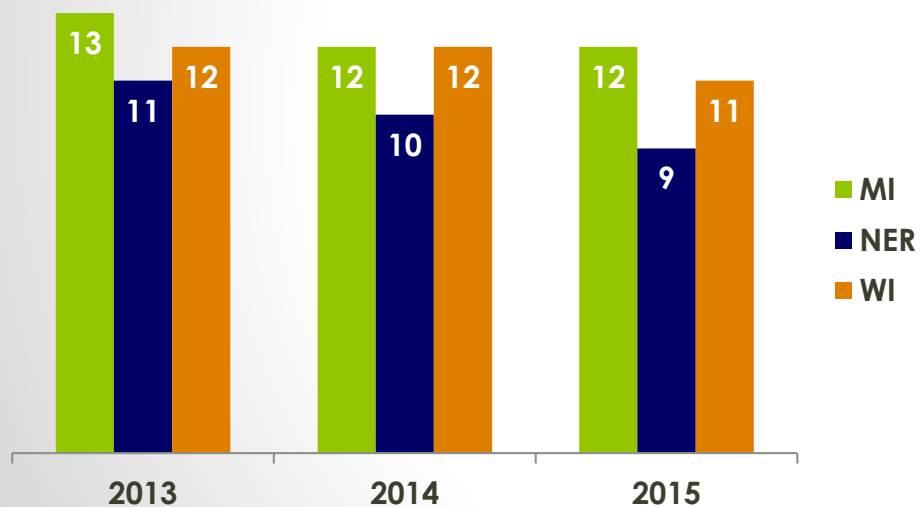
% of population with adequate access to exercise opportunities



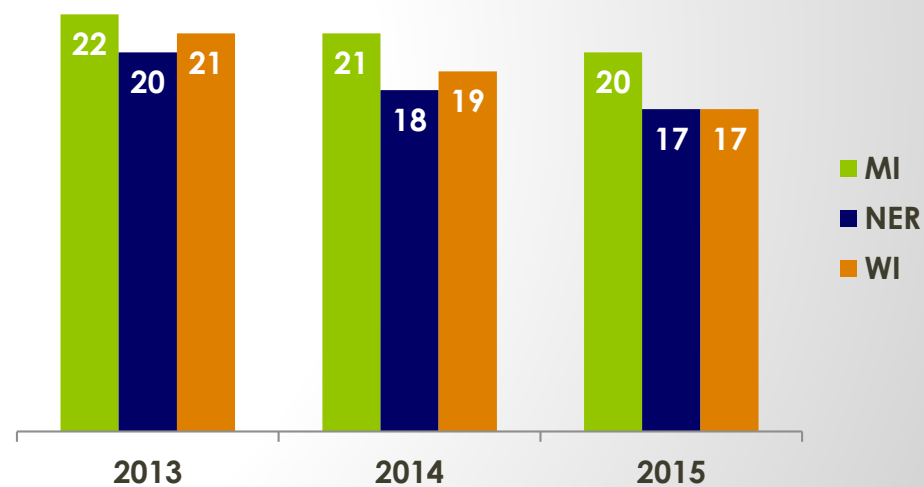
Source: County Health Rankings, 2017

NUTRITION AND PHYSICAL ACTIVITY

% of population experiencing food insecurity in the past year



% of children experiencing food insecurity in the past year



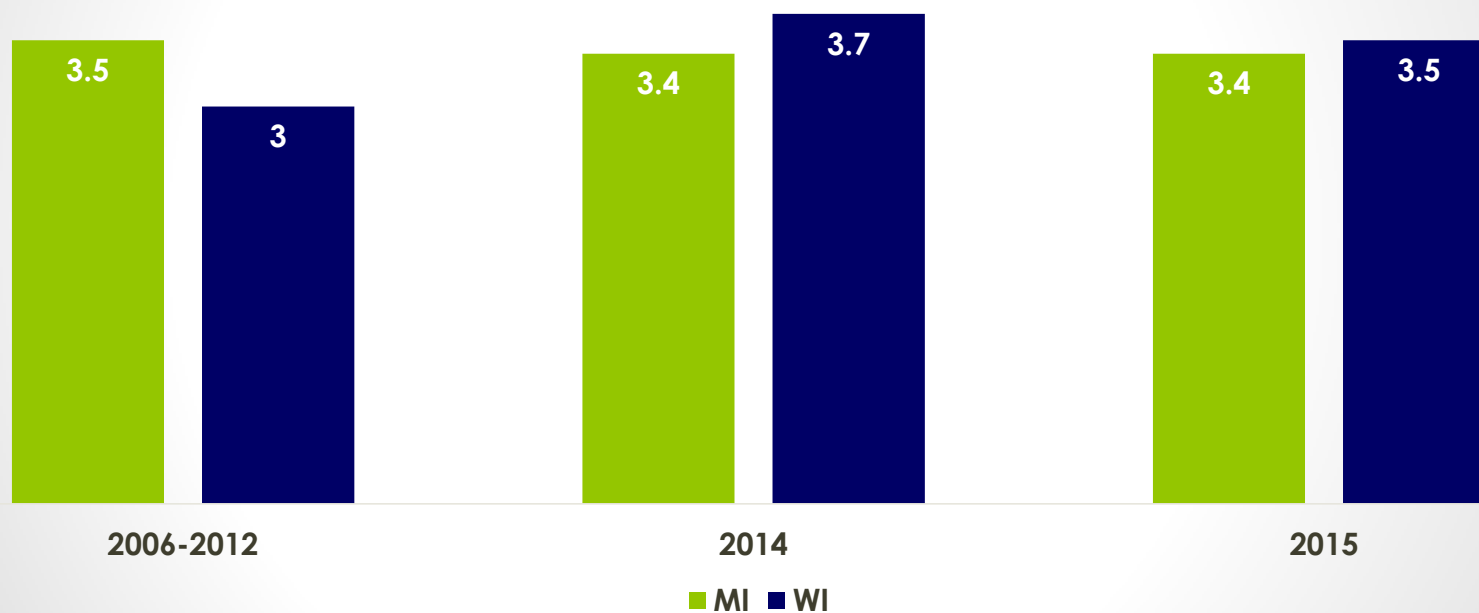
Source: Feeding America

MENTAL HEALTH

Marilou Counard – Bellin Health

MENTAL HEALTH

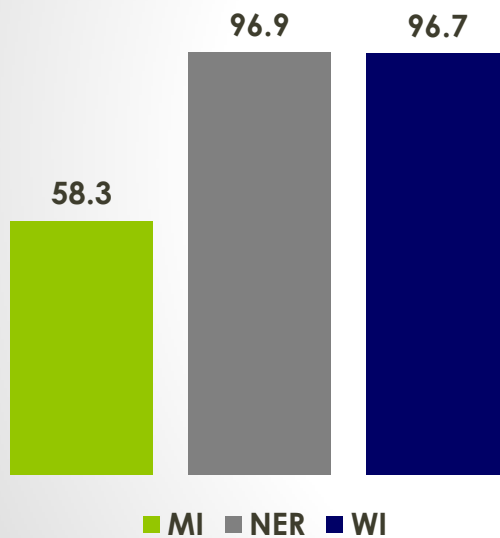
Average number of mentally unhealthy days in the past 30 days



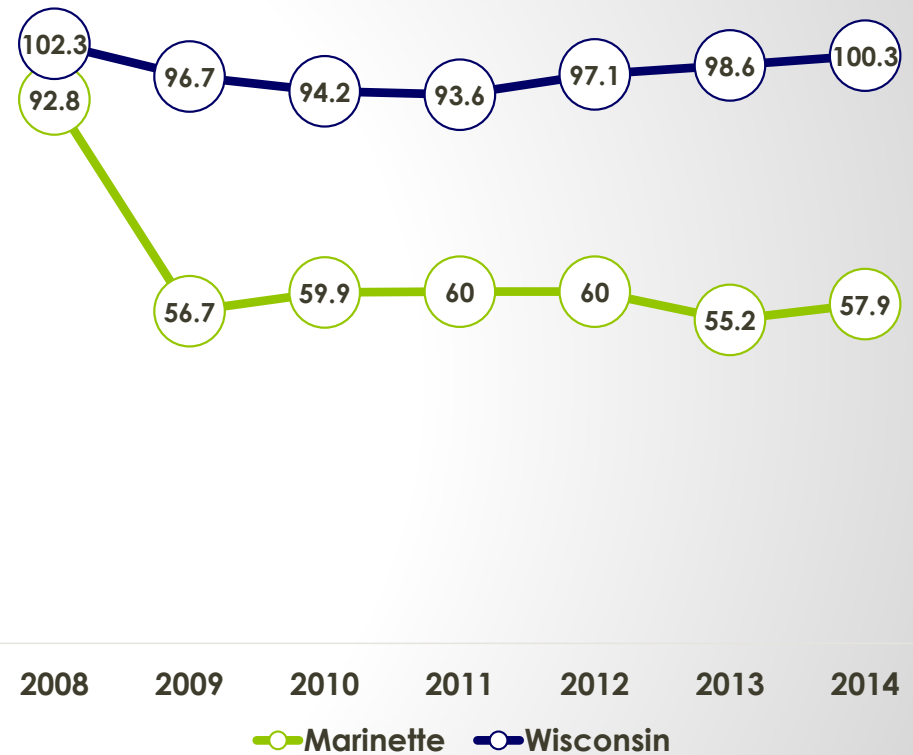
Source: County Health Rankings, 2016

MENTAL HEALTH

Self-inflicted injury hospitalization
Rate per 100,000 population
(2009-2014)



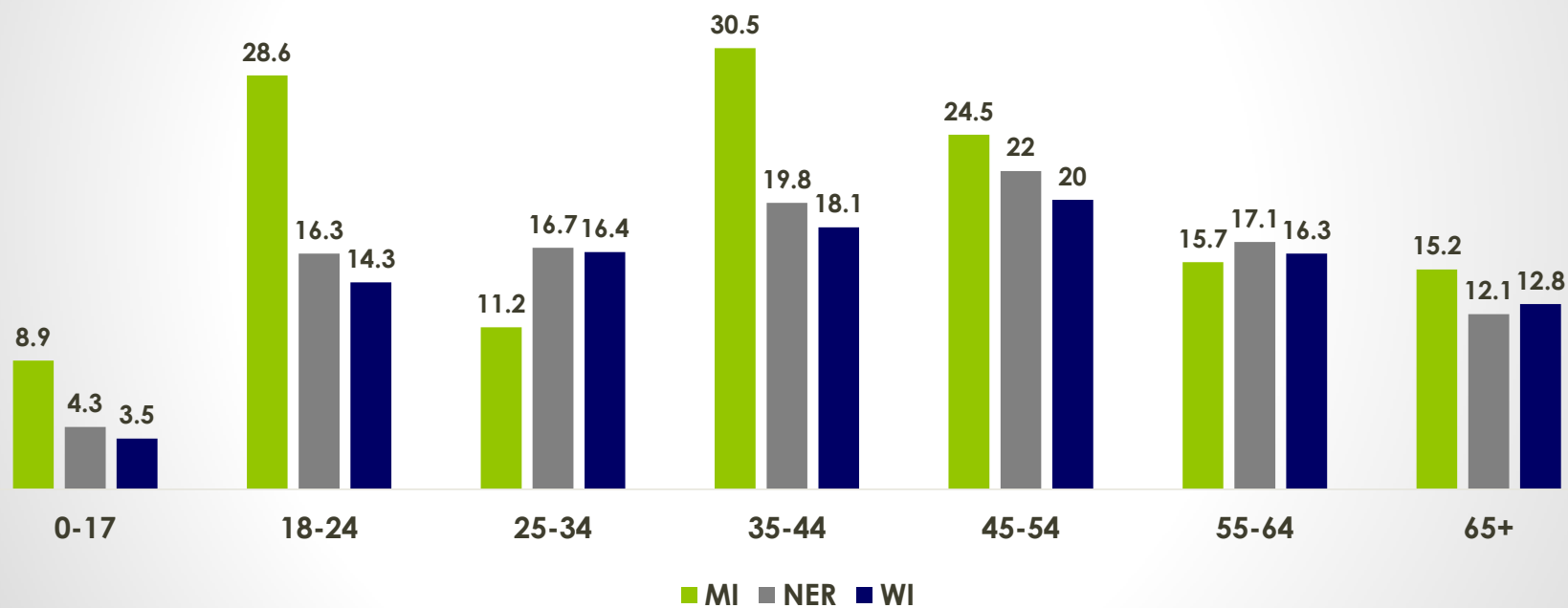
Self-inflicted injury related hospitalization
Rate per 100,000 population



Source: Wisconsin Interactive Statistics on Health (WISH)

MENTAL HEALTH

Suicide rate per 100,000 population by age groups (2004-2015)



Source: Wisconsin Interactive Statistics on Health (WISH)

ALCOHOL AND OTHER DRUGS OF ABUSE

Marilou Counard – Bellin Health

EXCESSIVE DRINKING

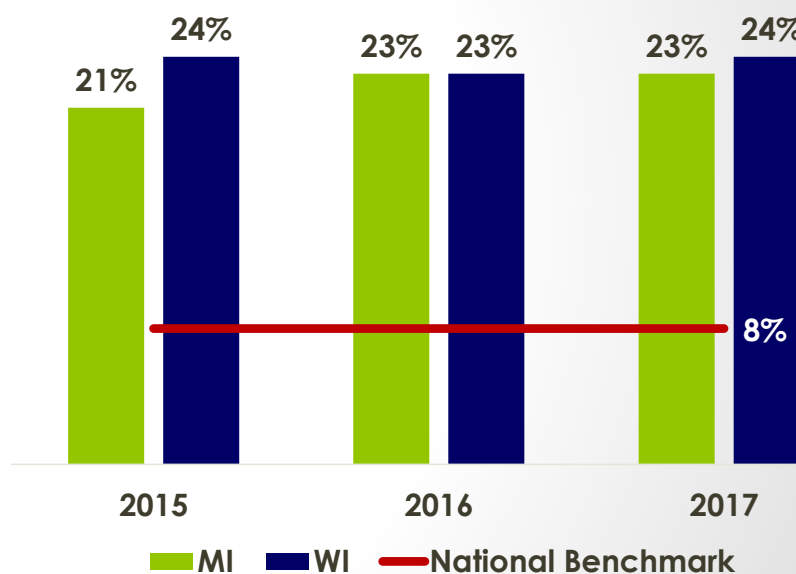
Binge drinking=

- Women drinking >4 drinks
- Men drinking >5 drinks
- Single occasion in past 30 days

Heavy drinking=

- Women drinking >1 drink per day
- Men drinking >2 drinks per day
- On average

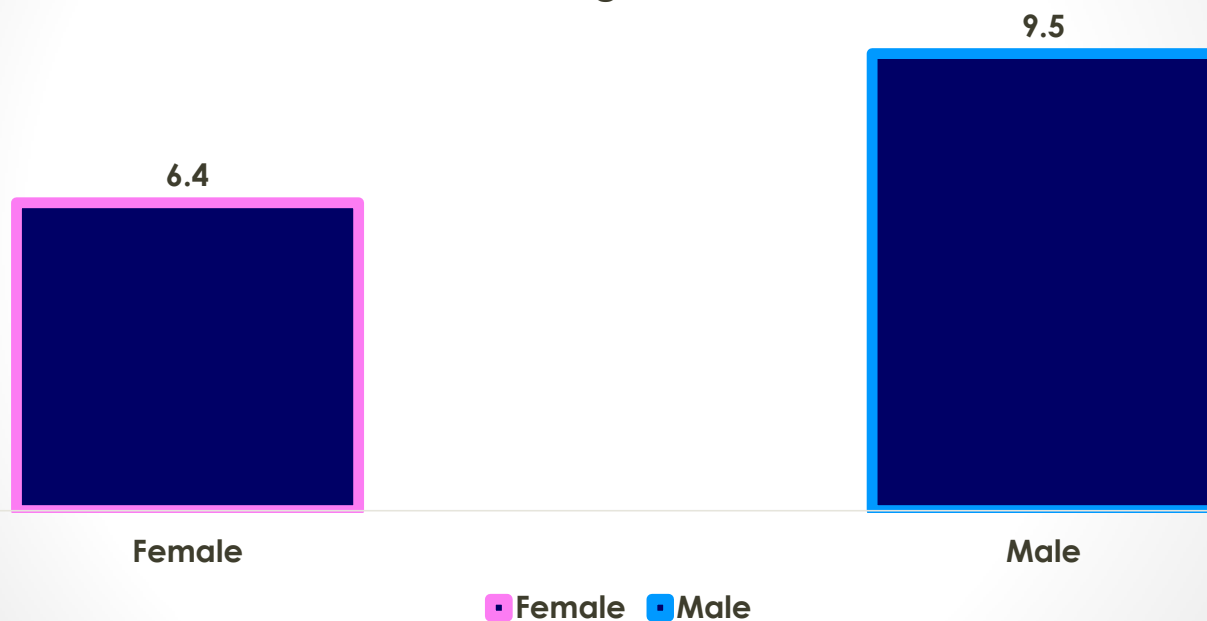
% of adults reporting binge or heavy drinking



Source: County Health Rankings, 2017

BINGE DRINKING

Maximum number of alcoholic drinks on 1 occasion among Wisconsin adult binge drinkers

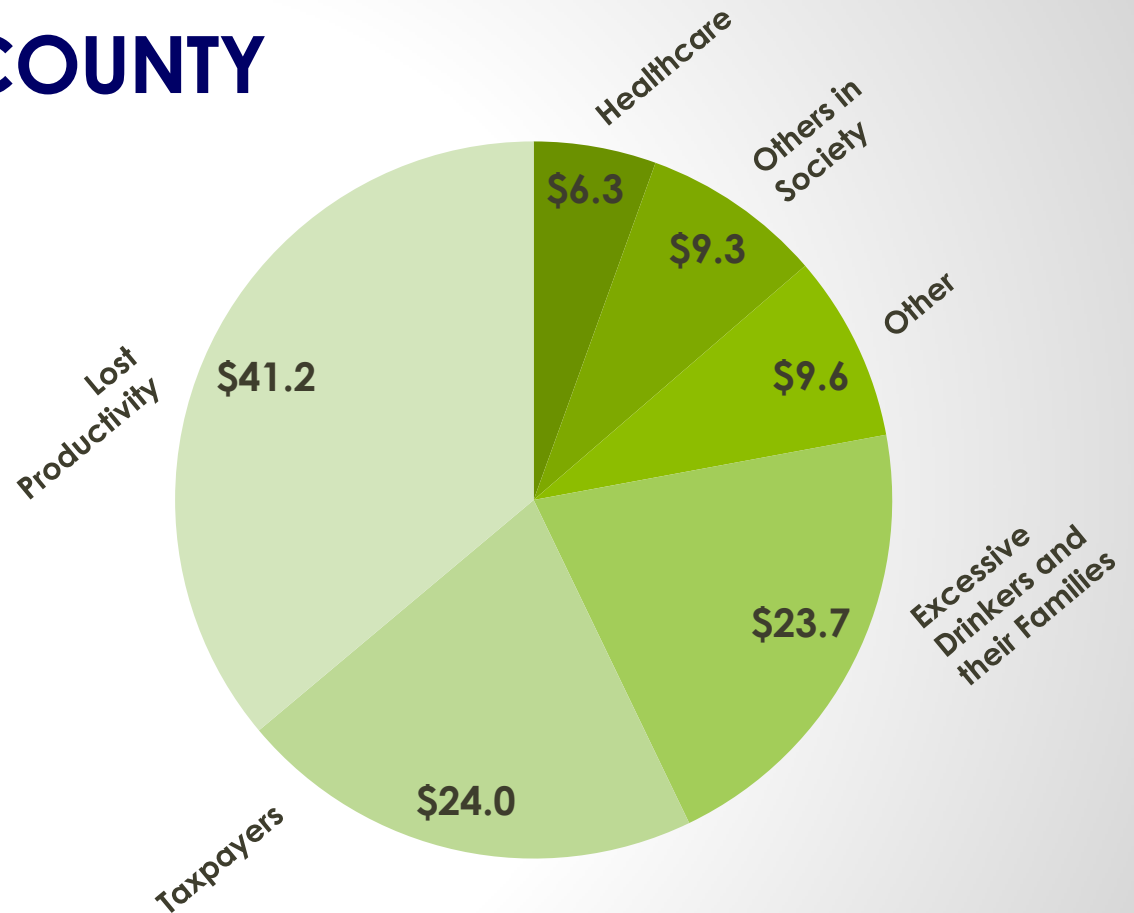


Source: WI DHS, Division of Mental and Substance Abuse Services, 2015

THE COST OF EXCESSIVE ALCOHOL USE IN MARINETTE COUNTY

Annual economic cost of excessive alcohol use in Marinette County costs

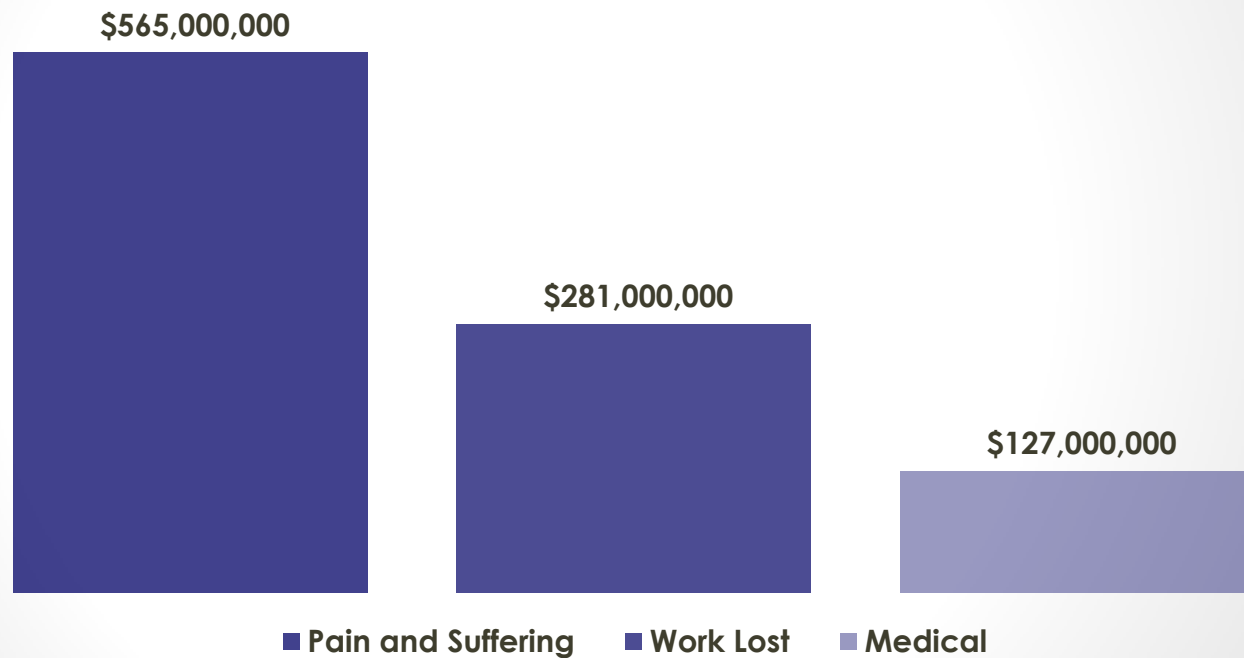
\$57.1 million



Source: The Burden of Excessive Alcohol in WI, March 2013

UNDERAGE DRINKING

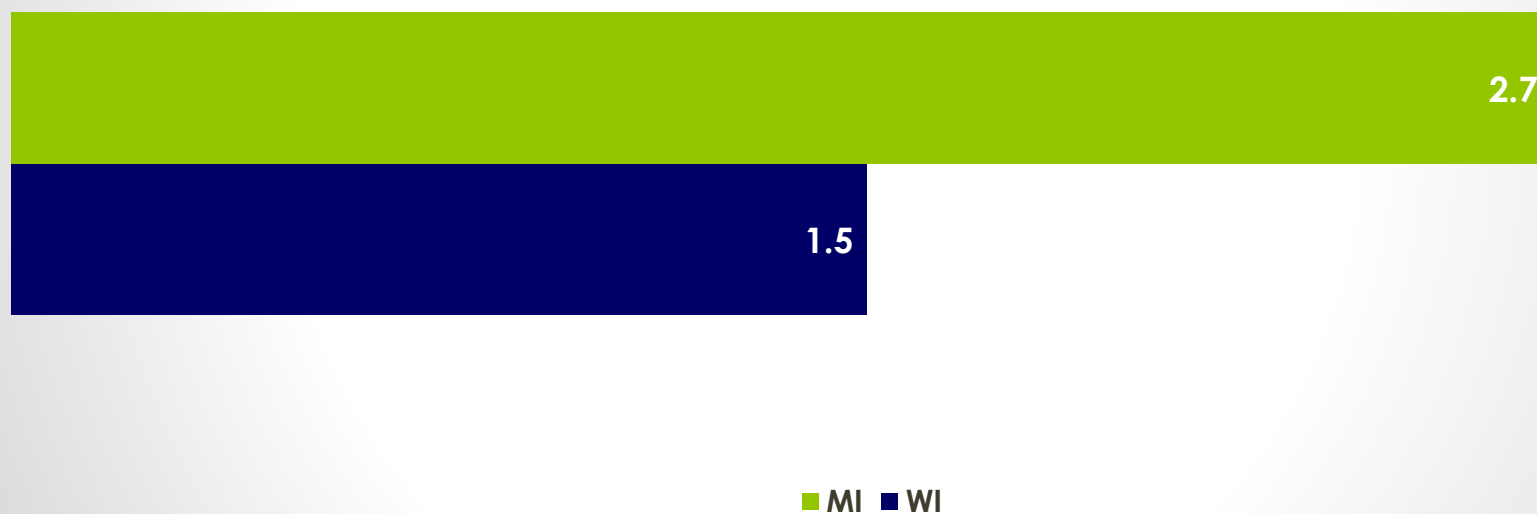
Cost of underage drinking in Wisconsin (2010)



Source: WI DHS, Division of Mental and Substance Abuse Services, 2015

ALCOHOL DENSITY

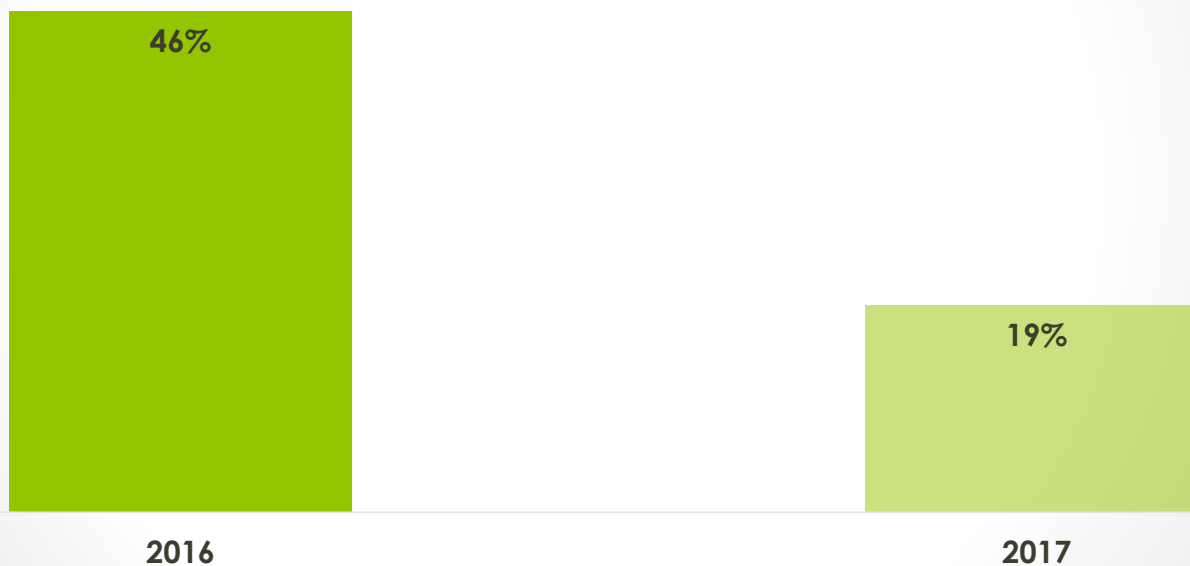
Alcohol licenses per 500 population (2014-2015)



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2016

UNDERAGE DRINKING

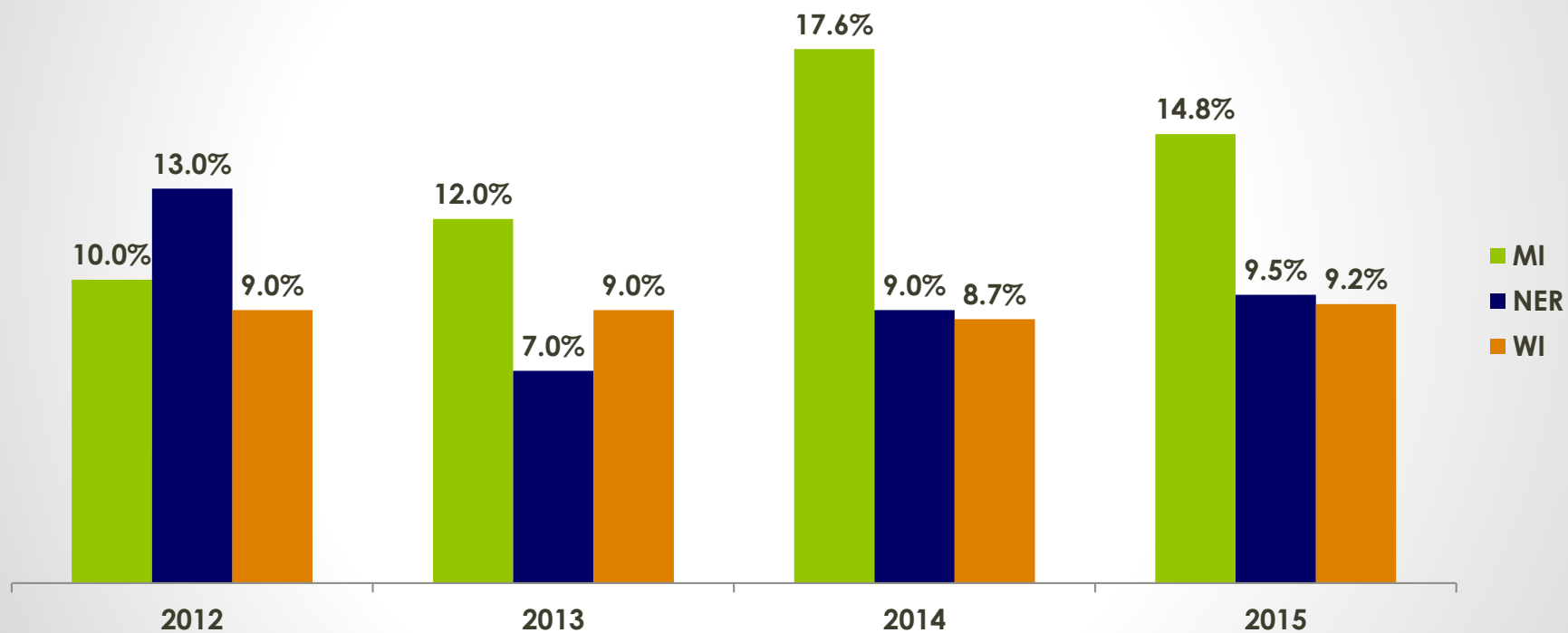
% of retailers in Marinette County that sold alcohol to minors during compliance checks



Source: Marinette County Sheriff's Department

EFFECTS OF ALCOHOL

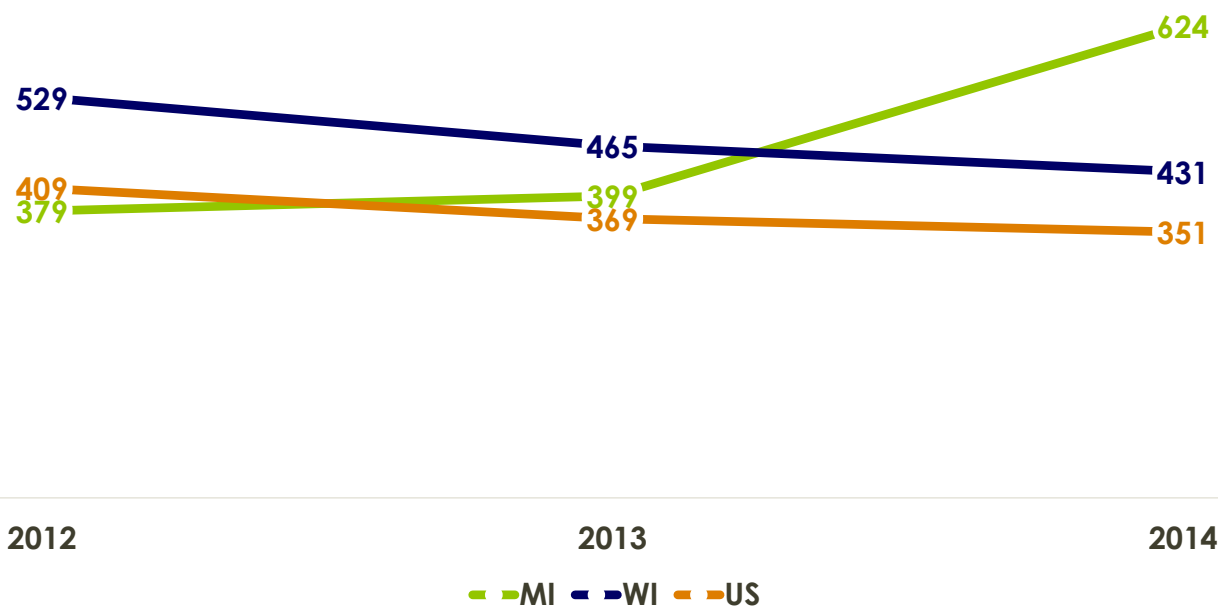
% of all arrests due to adults OWI



Source: Wisconsin Uniform Crime Reporting/Dashboard & Wisconsin Department of Justice

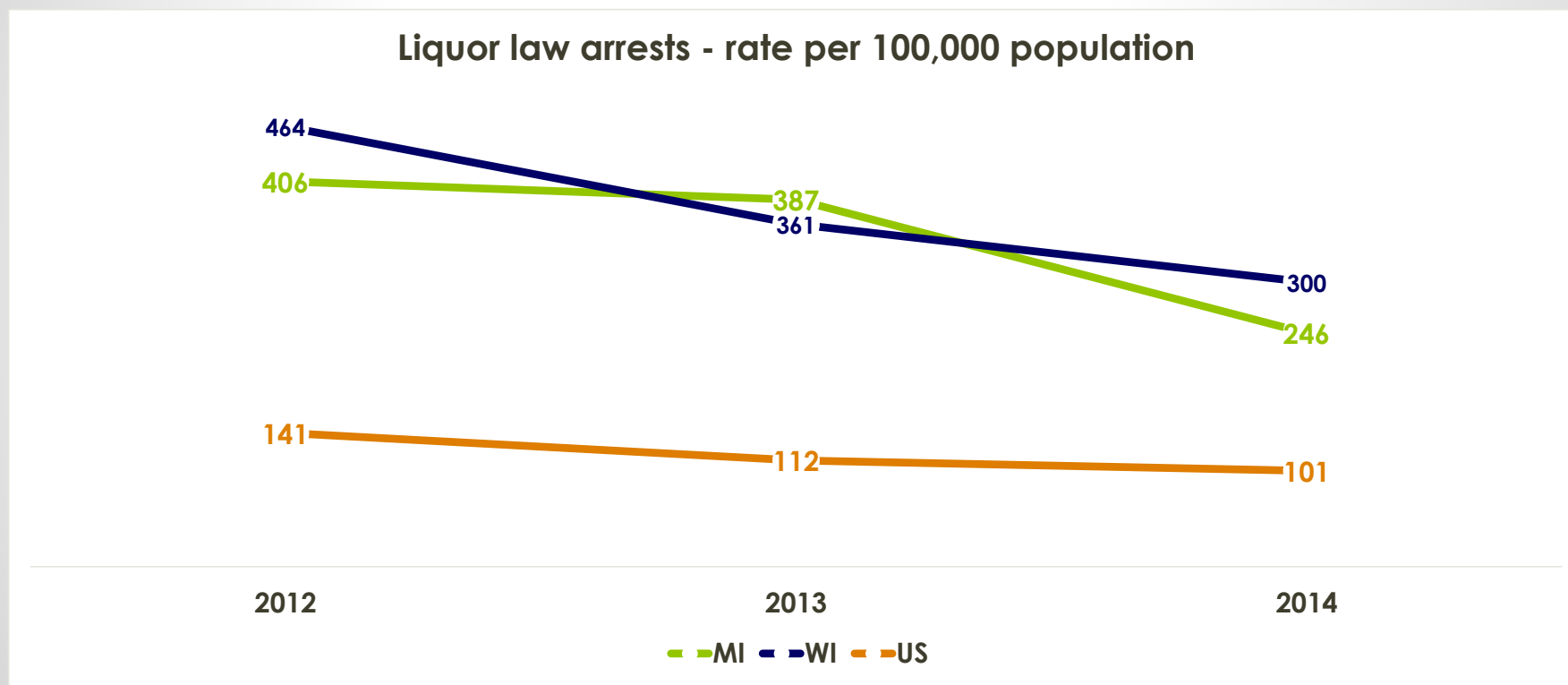
EFFECTS OF ALCOHOL

Rate of operating while intoxicated (OWI) arrests per 100,000 population



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2016

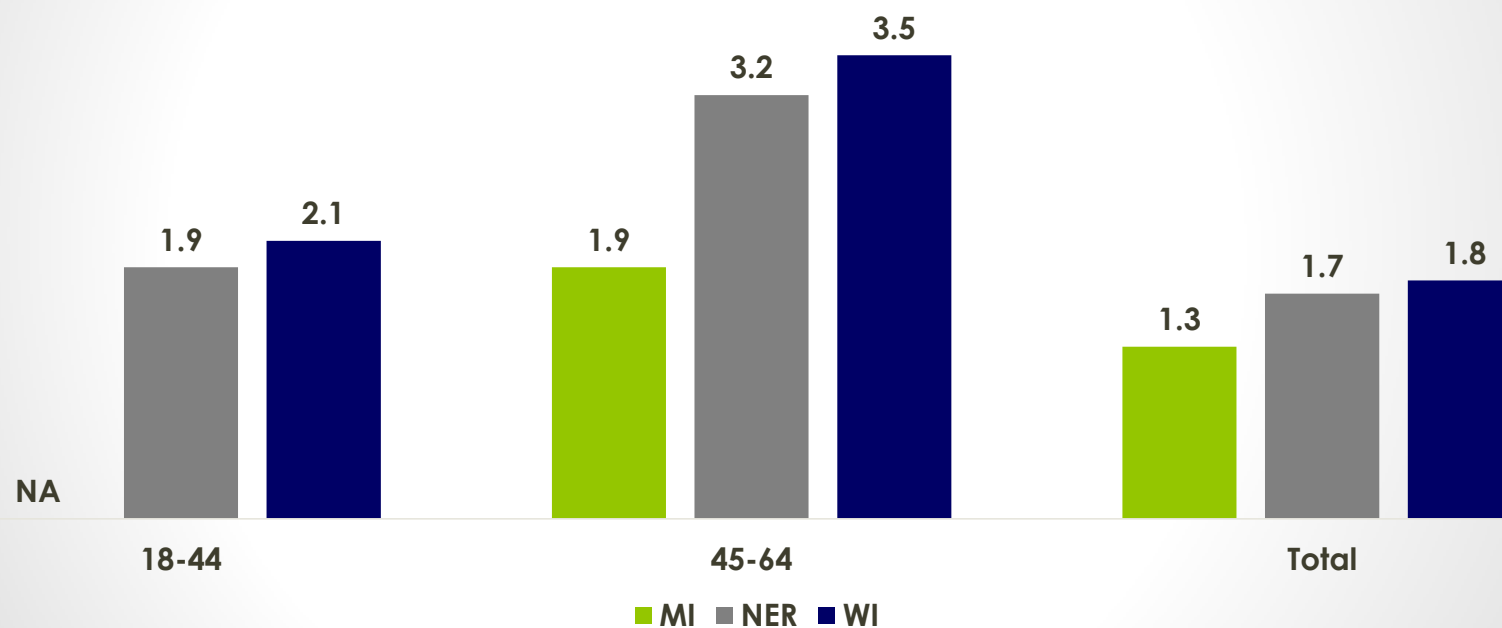
EFFECTS OF ALCOHOL



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2016

EFFECTS OF ALCOHOL

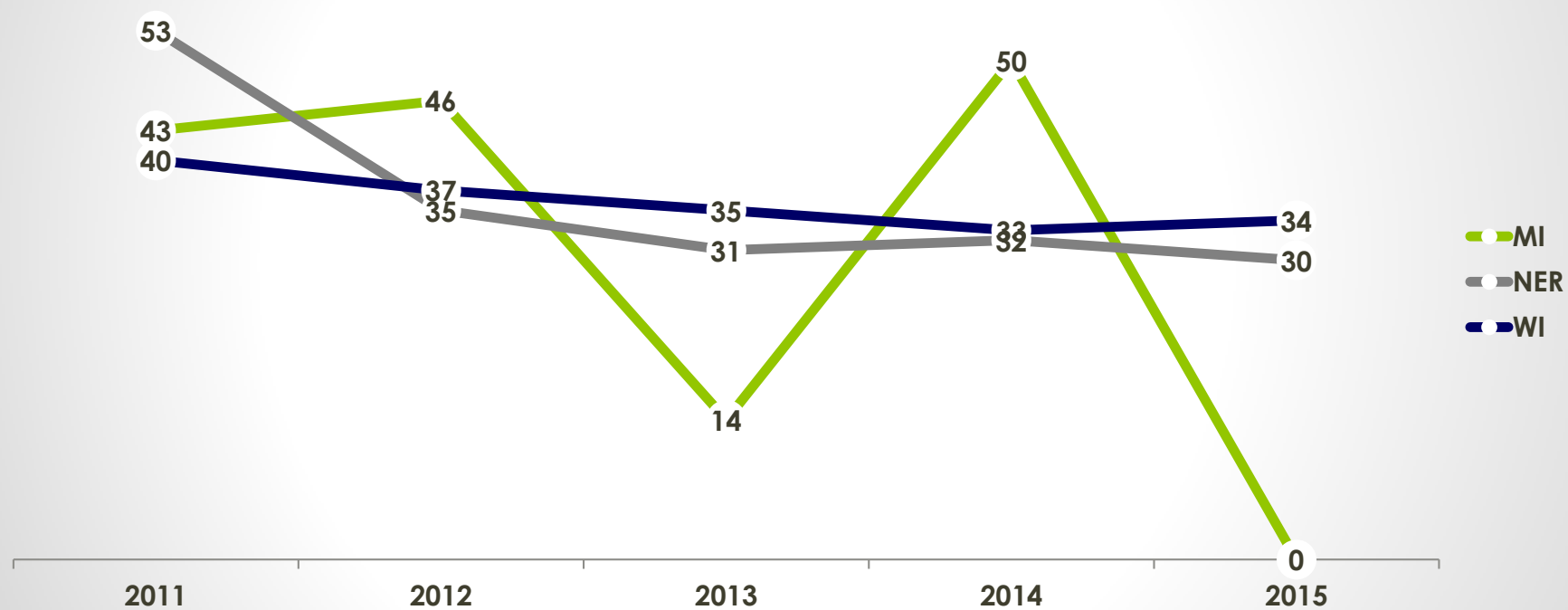
Alcohol related hospitalizations per 1,000 population



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2016

EFFECTS OF ALCOHOL

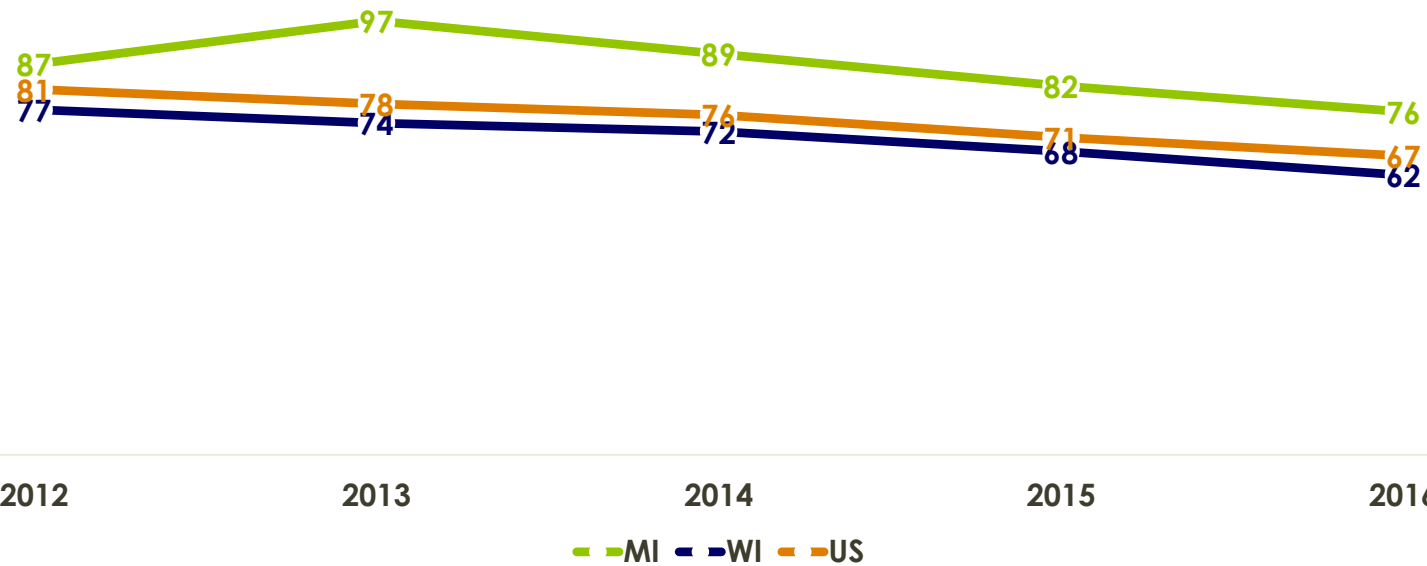
% of all motor vehicle crash deaths that were alcohol related



Source: Wisconsin Public Health Profiles, 2017

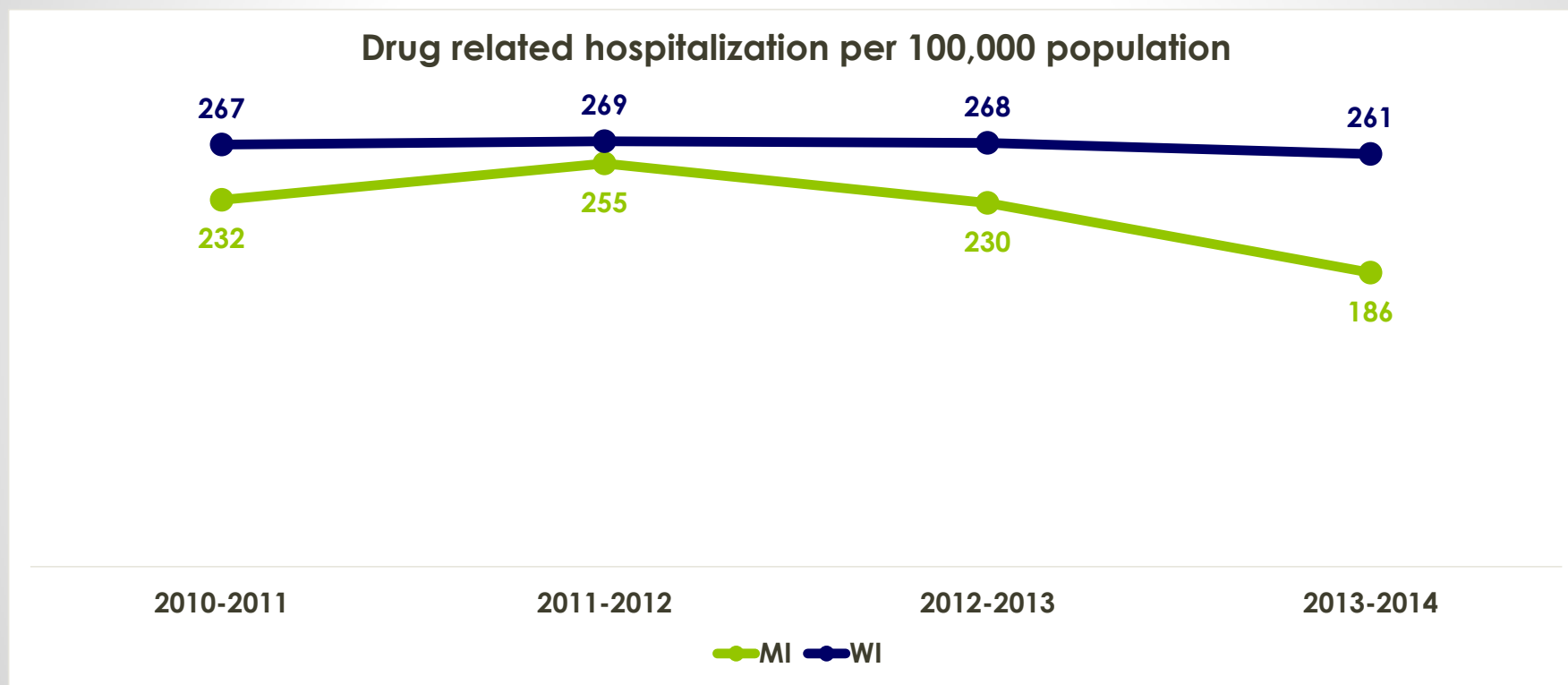
DRUGS

Opioid prescribing - rate per 100 persons



Source: Center for Disease Control and Prevention – US Prescribing Rate Maps

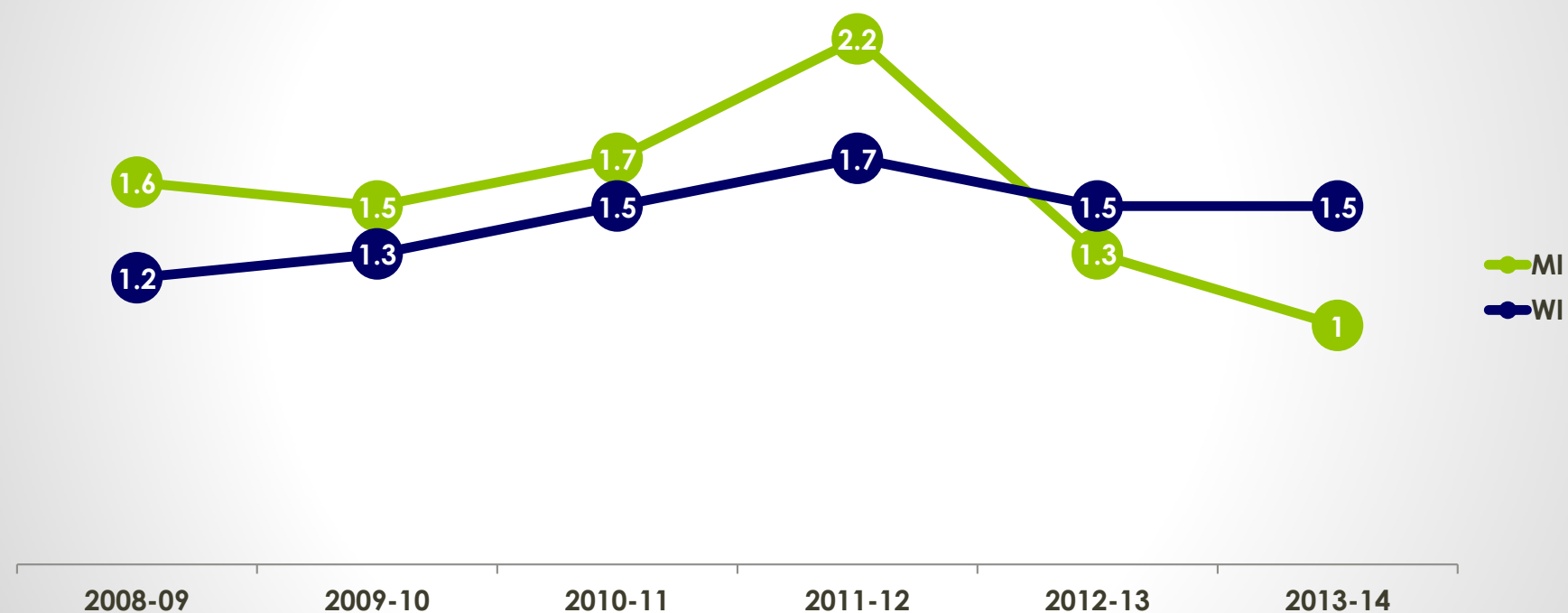
EFFECTS OF DRUG USE



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2014 & 2016

EFFECTS OF DRUG USE

Opioid related hospitalizations per 1,000 population



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2014 & 2016

EFFECTS OF DRUG USE

Wisconsin opioid overdose hospital visits - by county of residence (2012-2014)

Rate per 100,000

pop

0

6.7 - 23.7

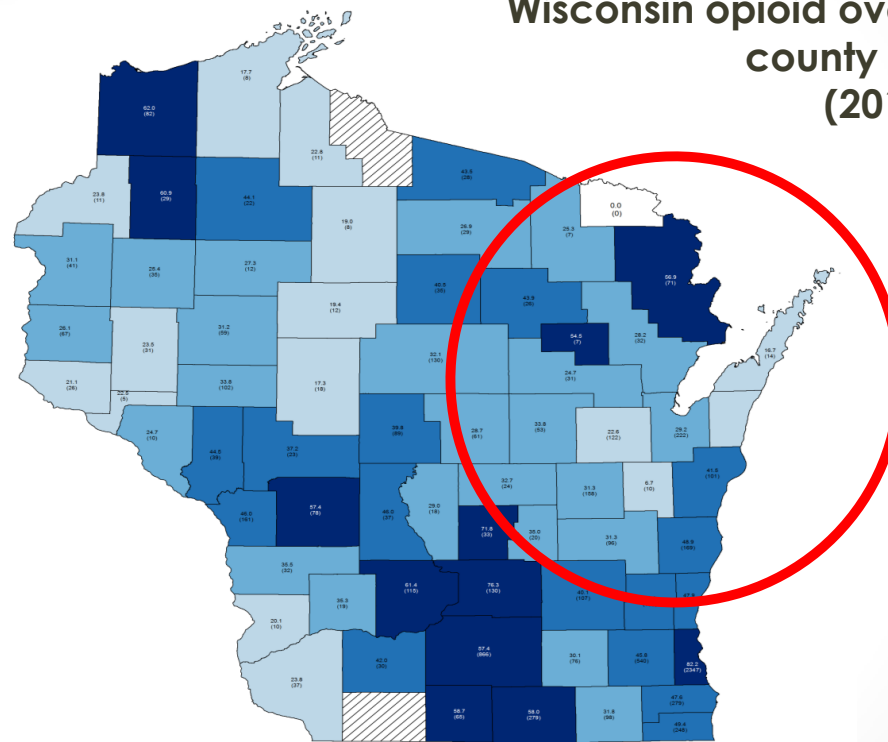
23.8 - 35.4

35.5 - 49.3

49.4 - 82.2

Insufficient data

Wisconsin rate: 47.0
(8,087)

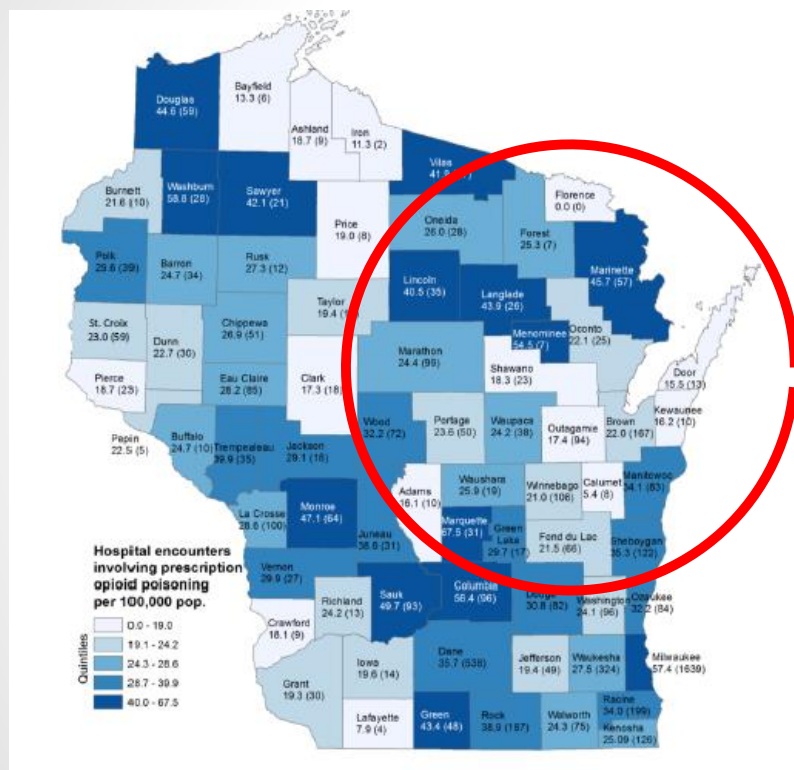


Source: Wisconsin resident death records; Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Deaths were identified by ICD-10 codes T40.0-T40.4 (poisoning by opium, heroin, other opioids, methadone or other synthetic narcotics) listed as a contributing cause of death. Rates are per 100,000 county population. Rates based on counts <5 are not shown. Rates based on counts 5-11 are considered statistically unreliable.

Source: Wisconsin DHS Publication on Opioids, 2016

EFFECTS OF DRUG USE

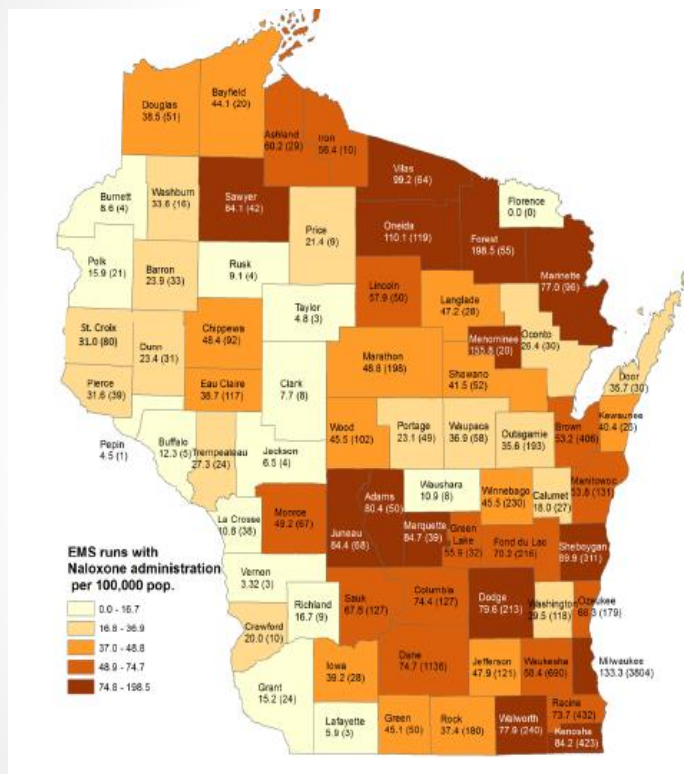
Crude rate of hospital encounters involving prescription opioids - by county of residence (2012-2014)



Source: Wisconsin DHS Publication on Opioids, 2016

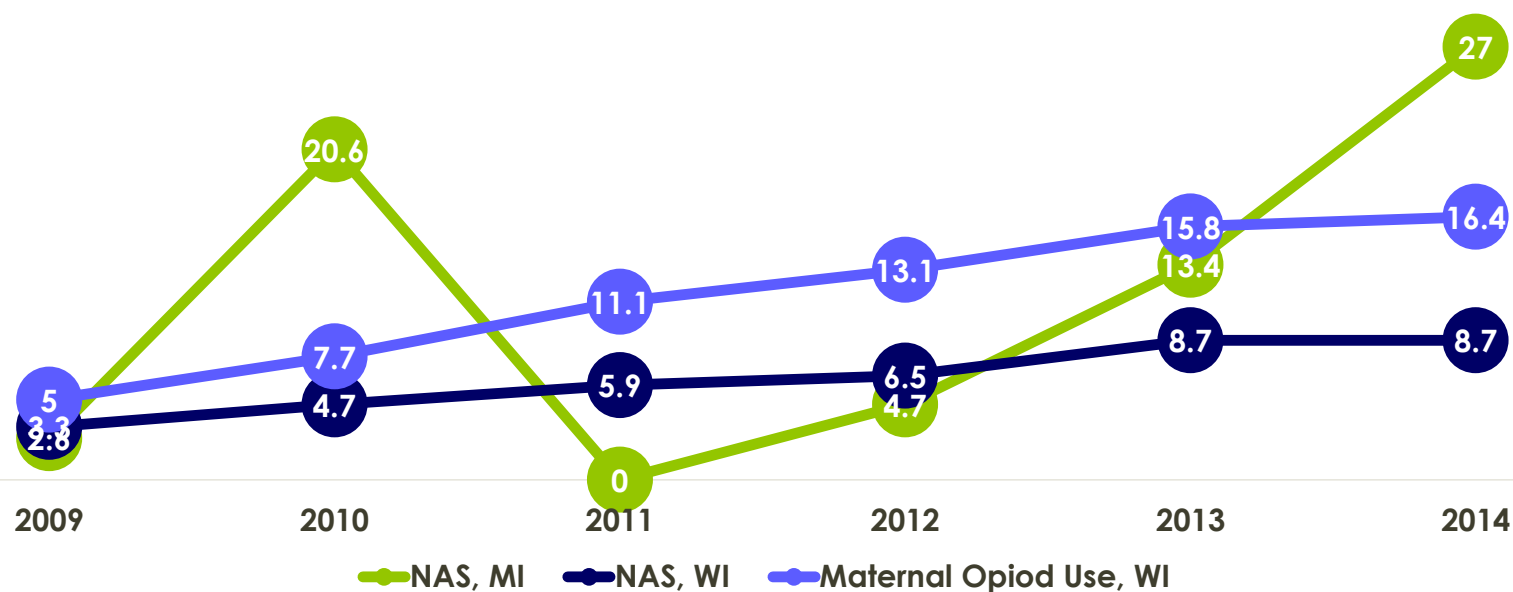
EFFECTS OF DRUG USE

Crude rate of ambulance runs with naloxone administration - by county of residence (2013-2015)



EFFECTS OF DRUG USE

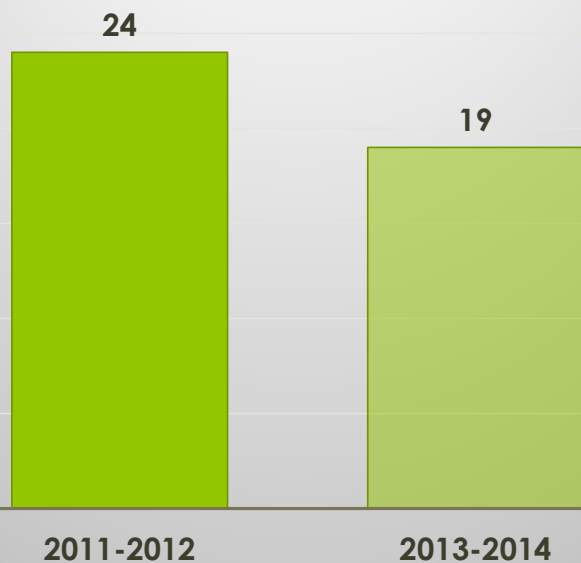
Rate of maternal opioid use and neonatal abstinence syndrome (NAS) per 1,000 live births



Source: Wisconsin DHS Publication on Opioids, 2016

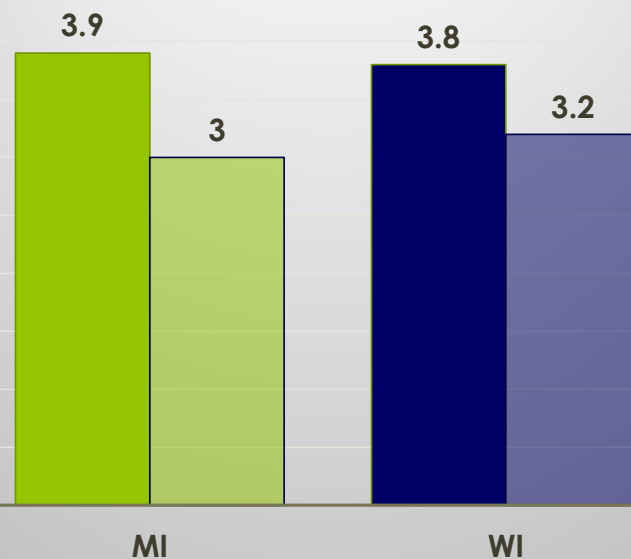
EFFECTS OF DRUG USE

Count of suspensions and expulsions from public schools



MI

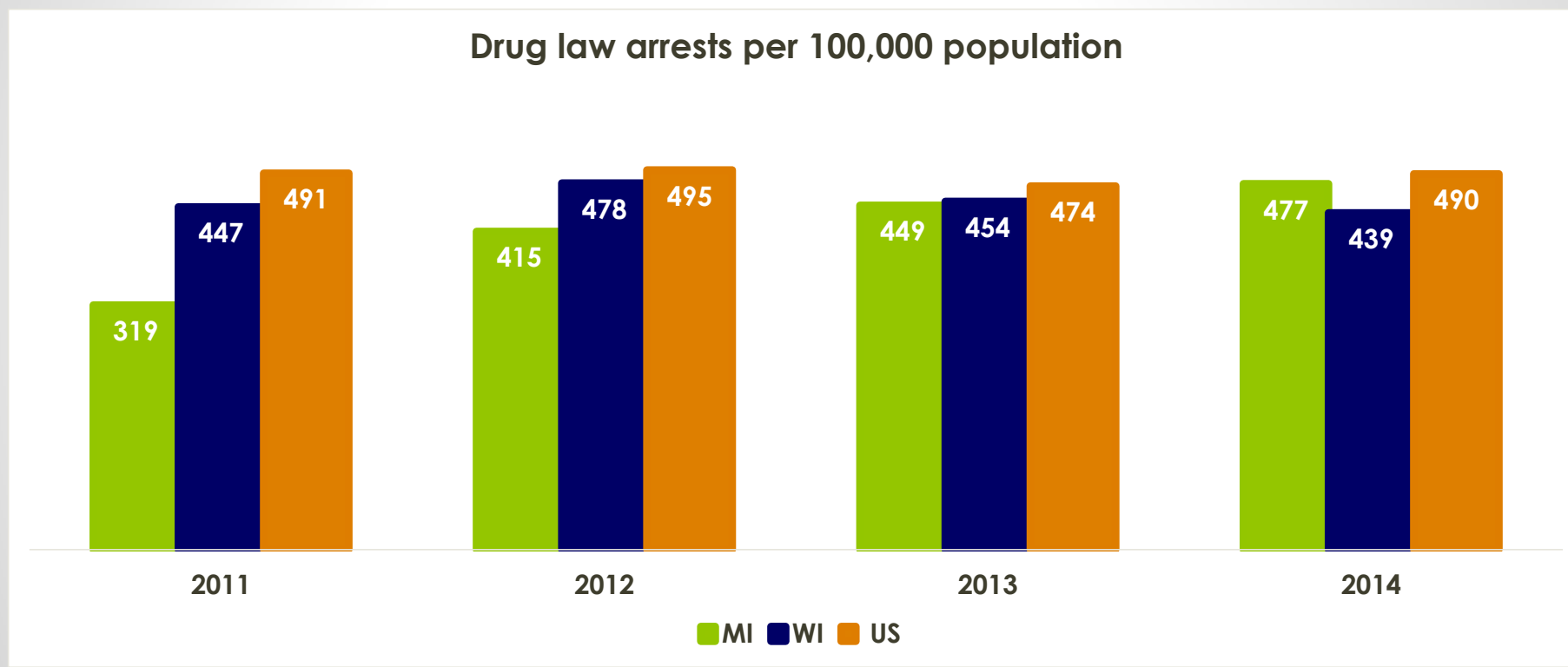
Rate of drug related suspensions and expulsions per 1,000 students



2011-12 2013-14 2011-12 2013-14

Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2014 & 2016

EFFECTS OF DRUG USE



Source: WI Epidemiological Profile on Alcohol and Other Drugs, 2014 & 2016

2013 COMMUNITY HEALTH IMPROVEMENT PLAN

Mary Inglese – Marinette County Public Health

2013 HEALTH PRIORITIES

- 1) Alcohol and Other Drug Abuse
 - 2) Mental Health
 - 3) Physical Activity
-

**“Alone we can do so
little; together we can
do so much”**

~ Hellen Keller

2018 COMMUNITY HEALTH IMPROVEMENT PLAN

Mary Inglese – Marinette County Public Health

2018 **PROPOSED** HEALTH PRIORITIES

- 1) Alcohol and Other Drug Abuse
 - 2) Mental Health
 - 3) Nutrition and Physical Activity
-

INTERACTIVE GROUP ACTIVITY

Mary Inglese – Marinette County Public Health

INTERACTIVE GROUP ACTIVITY

- **Objective**

- Gather feedback on potential strategies for each of the proposed health priorities

- **Activity**

- Break out into groups determined by your folder color
 - Each group has an assigned facilitator
 - As a group, determine if you agree with the proposed health priorities and then identify strategies to consider for each health priority
 - 45 minutes
 - Group report out
 - 15 minutes
-

QUESTIONS

- 1) **Do you agree with the proposed health priorities? Yes or No**
(Nutrition and physical activity, mental health, AODA)
If not, what do you think the health priorities should be? What are the potential strategies we could implement to address them?
 - 2) **Potential strategies to address nutrition and physical activity:**
 - 3) **Potential strategies to address mental health:**
 - 4) **Potential strategies to address AODA:**
-

GROUP REPORT OUT

Mary Inglese – Marinette County Public Health

NEXT STEPS

Molly Bonjean – Marinette County Public Health

FORM WORKGROUPS

- **Workgroups will be formed to address each of the health priorities**
 - **Will meet quarterly and report out to Steering Committee**
 - **Everyone is encouraged to be part of a workgroup**
 - Please sign-up today
 - **Spread the word to others that may be interested**
-

DEVELOP COMMUNITY HEALTH IMPROVEMENT PLAN

- **Steering Committee** will work to develop a plan to address the health priorities based on:
 - Data
 - Feedback from today
 - Community feedback
 - Workgroups
 - Voting
 - **Community Health Improvement Plan – Document**
 - Will be shared widely
-

VOTING

- 3 stickers in your folder
 - Please place 1 sticker under each of the 3 health priorities you think we should address
-

EVALUATION

- **Feedback from event**
 - Please fill out green evaluation form in your folder and place in basket on registration table on your way out
 - **Please sign up for a Workgroup**
-

QUESTIONS?

THANK YOU!

- Attendees
- Steering Committee
- WI Department of Health Services/Division of Public Health
- Public Health
- Sponsors

belinhealth | Oconto Hospital
& Clinics

 **Northeast**
Wisconsin Technical College

**Bay Area
Medical Center**
An Aurora Health Care Affiliate