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In collaboration with:



Marquette County Health Assessment and Community Health Improvement Plan

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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

Jayme Schenk
Marquette County

Kathy Munsey
Green Lake County

Jed Wohlt
Waupaca County

Barb Theis
Juneau County

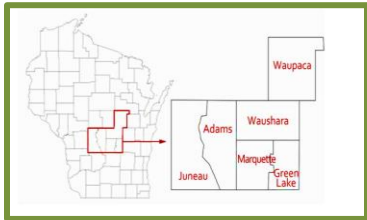
Patti Wohlfeil
Waushara County



Acknowledgements

The Central Wisconsin Health Partnership

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



Qualified Health Center and other interested healthcare advocates and providers in the region.

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

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

Steering Committee

- Kathy Munsey, Green Lake County Health Officer
- Julia McCarroll, Green Lake County Health Educator
- Maikio Thomas Omori, Green Lake County Intern
- Patti Wohlfeil, Waushara County Health Officer
- Brenna Root, Waushara County Health Educator
- Trevor Cooper, Waushara County AmeriCorps Member
- Sarah Grossuesch, Adams County Health Officer
- Jayme Schenk, Marquette County Health Officer
- Lauren Calnin, Marquette County Health Educator
- Jed Wohlt, Waupaca County Health Officer
- Terry Harrington, Waupaca County
- Barb Theis, Juneau County Health Officer
- Alyson Horkan, Juneau County Public Health Nurse



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



Marquette County Board of Health	Montello School District	Westfield School District
Marquette County Department of Human Services	Marquette County ADRC	Marquette County Department of Aging
University of Wisconsin Extension	Wisconsin Health Services- Green Bay Regional Office	Marquette County EMS
Marquette County Board of Supervisors	CWHP	Marquette County Sheriff's Office



Executive Summary

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

This plan addresses the three priority areas that were identified as a result of the 2016 Regional Community Health Assessment: Mental Health, Alcohol and Other Drug Abuse, and Healthy Growth and Development. The complete Community Health Assessment and Improvement plan can always be found here: <http://www.co.marquette.wi.us/departments/health>

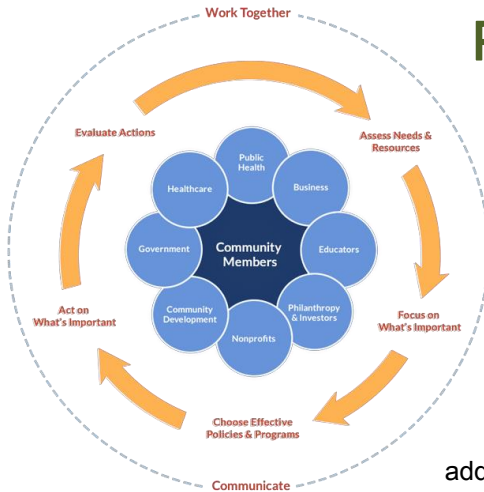
The 2016 Community Health Assessment and 2017-2022 Improvement Plan is unique in the fact that it was written in collaboration with the Central Wisconsin Health Partnership (CWHP) to identify regional goals and objectives. Mental health and alcohol and other drug abuse (AODA) are top health concerns for many of the neighboring rural counties, which drives the need for change beyond the community and county levels. As a result, the goals and objectives under the Mental Health and AODA priority areas will be addressed regionally through the work of the CWHP as well as locally by community partners and coalitions. The county specific priority area, Healthy Growth and Development, will be addressed primarily at the county level through the Health Department and community partners and organizations.

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



Community Health Assessment and Improvement

Plan Process



Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions affecting their residents. This process

has been referred to as the "Community Health Improvement Process. The community health improvement process has two major phases: the community health assessment and the community health improvement plan. These two processes work together to assess the unique needs of the community and allows communities to work collaboratively to address the identified health needs.

The Take Action Cycle

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

Assess Needs and Resources

The Community Health Assessment is a collaborative process of systematically collecting and analyzing health data to

examine the health status of the community as well as identify priority health concerns for the population. The 2016

CHA Timeline



Community Health Assessment was completed in collaboration with the Central Wisconsin Health Partnership as a regional assessment with county specific data. The data for the health assessment was drawn from multiple primary data sources such as communicable disease reports, death records, local provider numbers, hospital admissions, and youth risk behavior surveys. Secondary data from sources such as County Health Rankings, Wisconsin Department of Health and Human Services, and the U.S. Census Bureau were analyzed as well. This data, along with community input gathered from focus groups, surveys, and key informant interviews, was used to determine the health needs of the county.

Focus on What's Important

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

1. The magnitude of the problem
2. The severity of the problem
3. If there was a high need among a vulnerable population (health equity)
4. The Community's capacity and/or willingness to act on the problem

The steering committee ultimately decided on two health priorities: mental health, and alcohol and other drug abuse, with a Marquette County focus group deciding on healthy growth and development for the third health priority. More about these focus areas can be found on page 12.

Choose Effective Policies and Programs

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



CHIP Timeline

December 2016-
First CHIP steering
committee meeting held

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

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

-May 2017
State Health
Improvement Plan
Released

June/July 2017-
CHIP goals, objectives, and
strategies developed.

**-August/ September
2017**
Draft of CHIP finalized

November 2017-
CHIP presented to Board
of Health

Act on What's Important

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

Evaluate Action

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

Work Together

Everyone has a key role to play when it comes to improving the health of a community. As part of the community health improvement process, a variety of community members and key stakeholder agencies were engaged throughout the community health assessment and improvement planning process. Community member input was gathered in the form of community surveys and key informant interviews during the "Assessing Needs and Resources Phase" of the Take Action



Cycle and again in the “Choose Effective Policies and Programs” phase. Community input was the primary driver for determining the health priorities and strategies detailed in this document. Key policy makers, including business owners, county agency representatives, and Marquette County Board of Health members and other local elected officials, who were engaged and updated throughout the health assessment and improvement planning process. Community Health Assessment findings were shared with these key policy makers and they were asked to support health improvement efforts at the local and state levels. Finally, it is the hope of the Central Wisconsin Health Partnership group that by working together on a developing a regional health improvement plan, coordinated efforts can be established to improve health across county lines in Central Wisconsin.

Communicate

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

- Board of Health will be updated bi-annually on CHIP progress and strategies and as needed for strategy approval
- Local committees and coalitions will be updated regularly at meetings on the specific programs or projects that align with their focus.
- The final CHIP and work plans will be shared with community members via the County and Coalition websites, through social media, at community events and as part of conversations with interested community members.



Community Health Assessment

2016

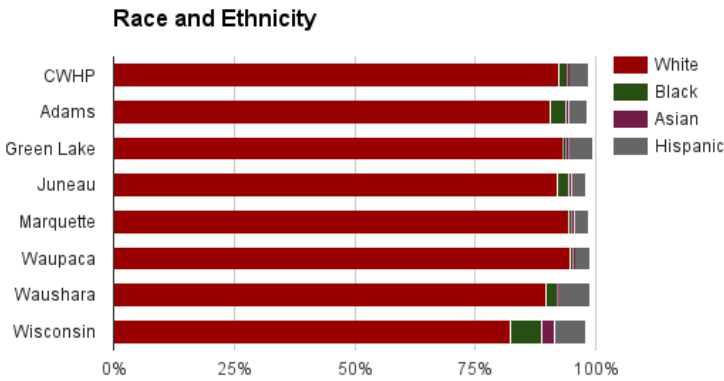
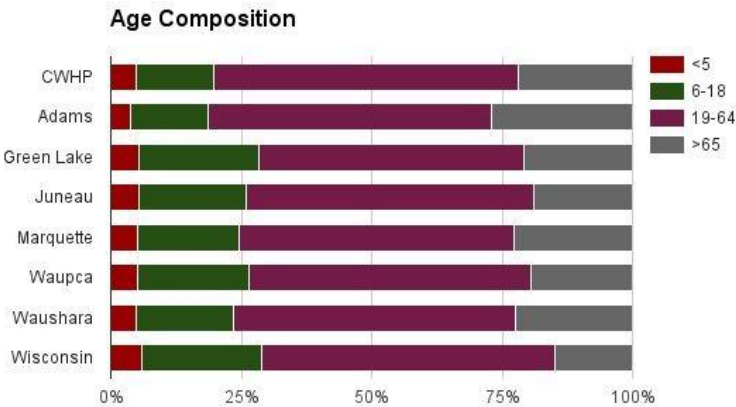


Demographics

	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%

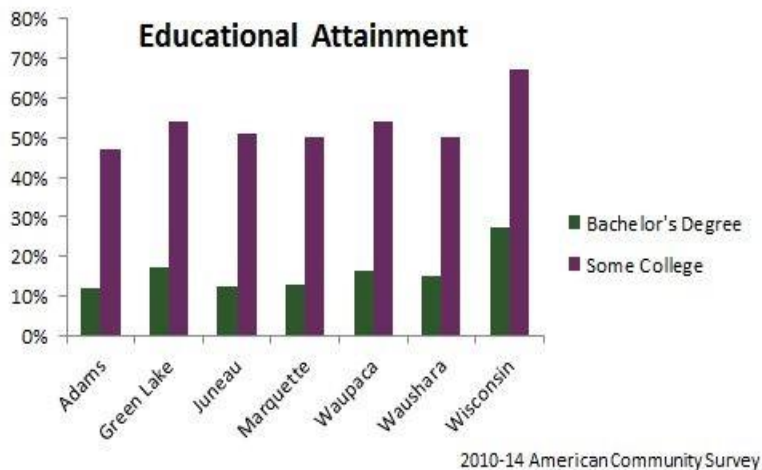
Source: U.S. Census Bureau

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.



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.



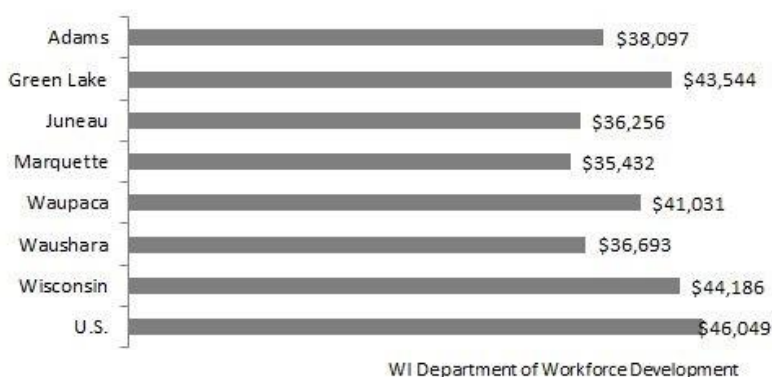


The relationship between higher education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, and reduced psychosocial stress (Egerter, Braveman, Sadegh-Nobari T, Grossman-Kahn, and Dekker 2011). CWHP has a lower 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



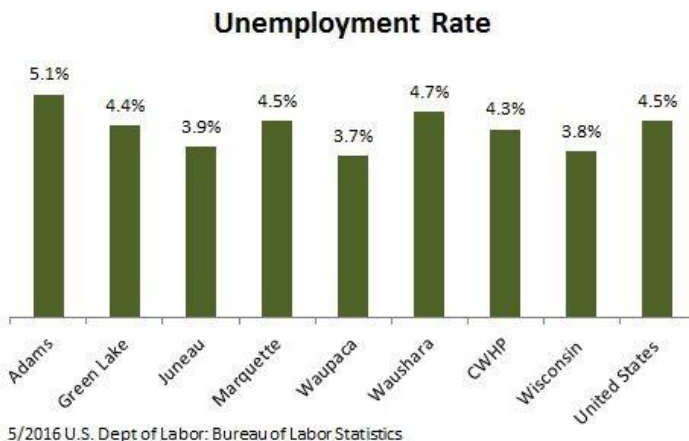
2015 Average Wage



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.

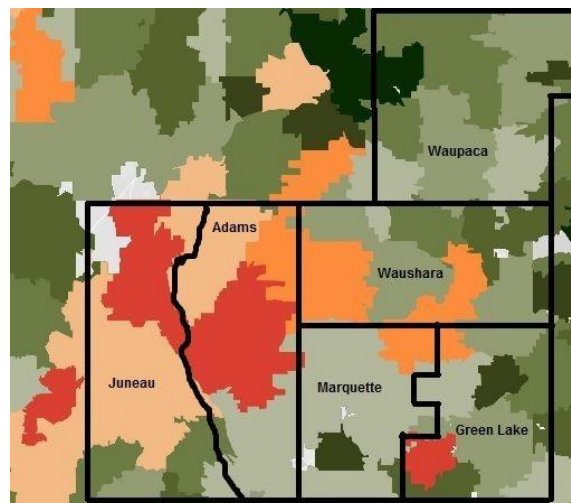
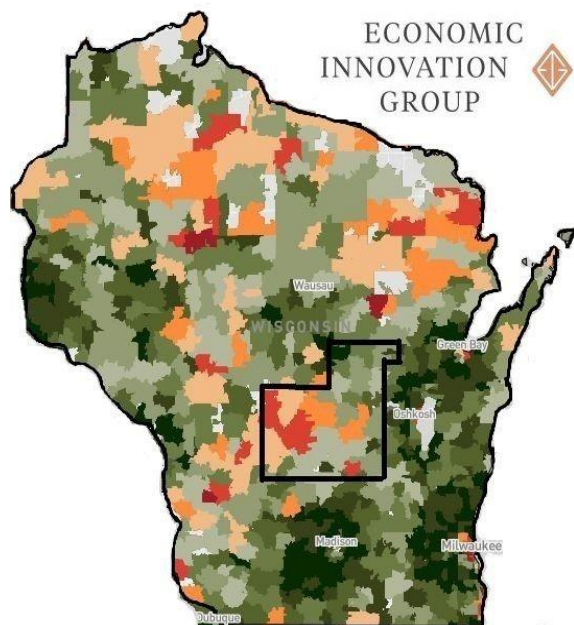


With the exception of Waupaca, all of the CWHP counties had higher unemployment rates than the state in May 2016. Acknowledging the relationship between one's health and economical status, CWHP hosted the Central Wisconsin Health & Economic Summit in August 2015. This event helped develop strategies 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.

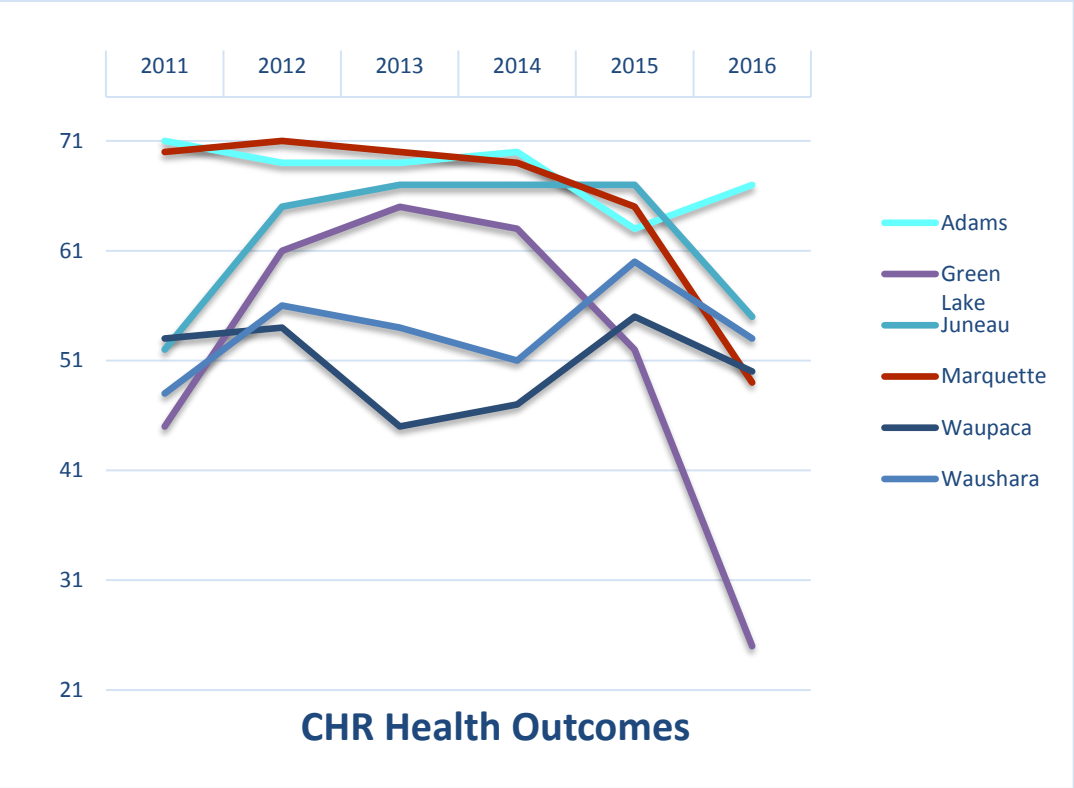


Index numbers are based upon the following measures.

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



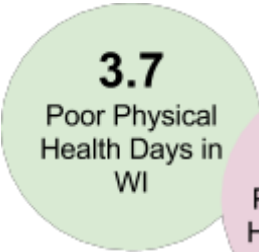
2016 Wisconsin County Health Rankings



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

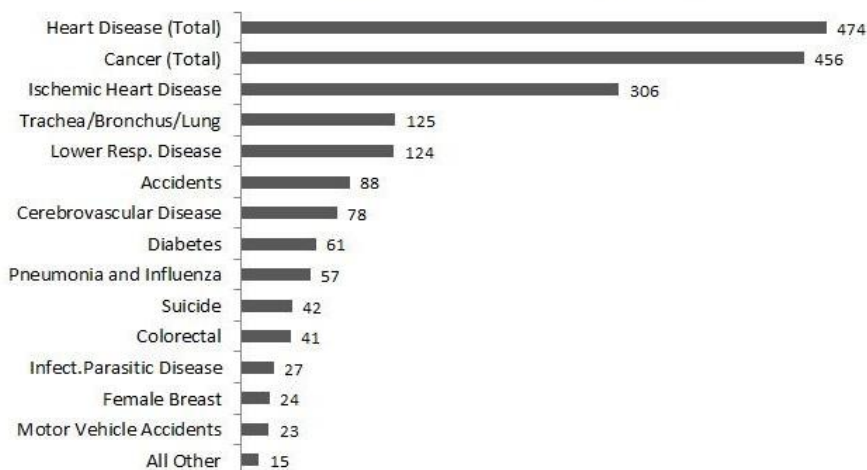
Quality of Life	
Marquette	29 th
Waushara	45 th
Green Lake	46 th
Juneau	47 th
Waupaca	60 th
Adams	64 th



Overall Health

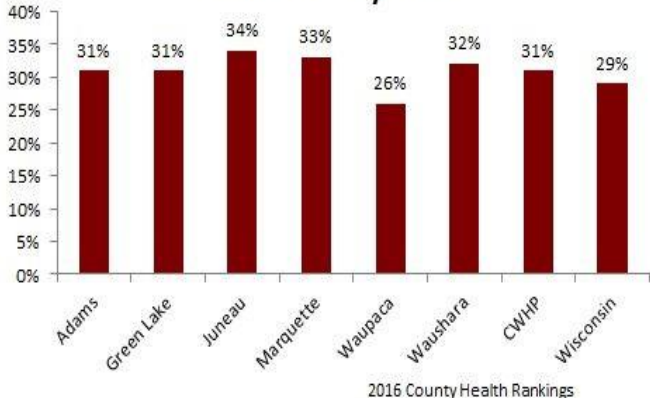
In 2013 there were a total of **1,941** deaths in CWHP. The vast majority of deaths in the six counties can be attributed to chronic disease and unhealthy behaviors. It is also important to note the high number of suicides in CWHP. Attributing factors will be discussed in the Second Health Priority.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

CWHP Underlying Cause of Deaths (2013)



2015 Wisconsin Public Health Profiles

Adult Obesity Rate



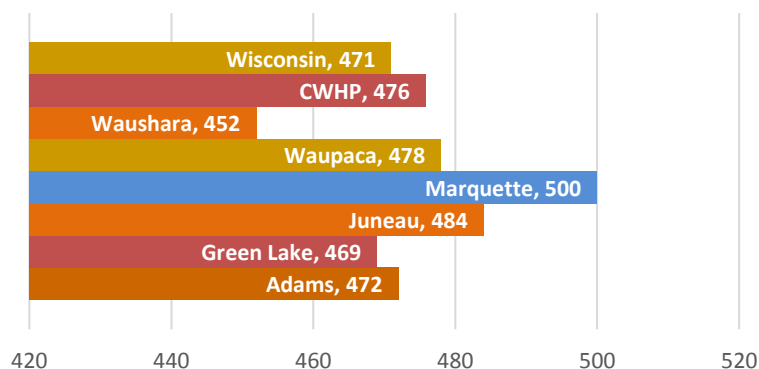
Obesity in CWHP

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.

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.

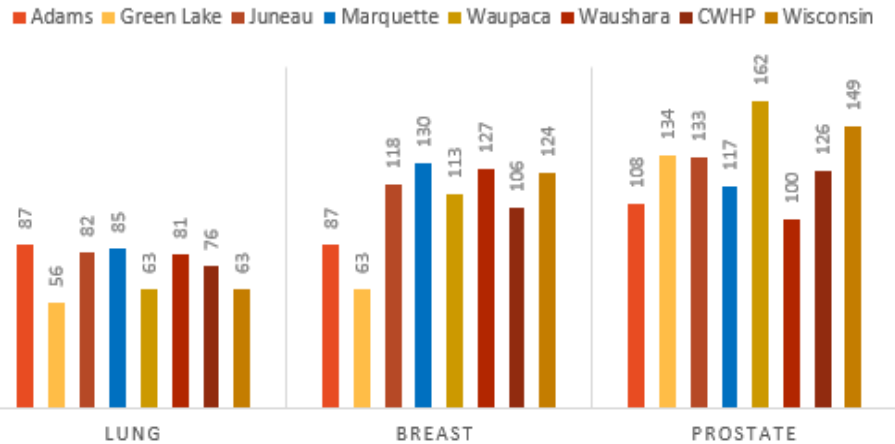
Rate of Cancer Diagnosis
All Cancer



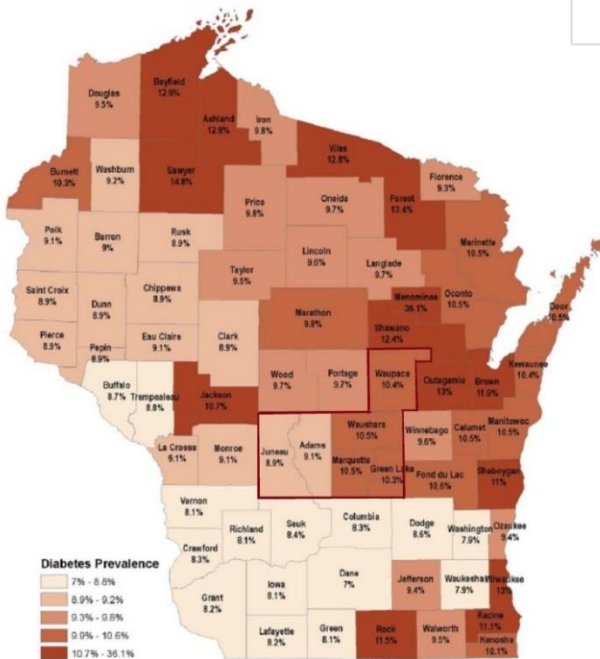
Cancer

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 25 and 29.

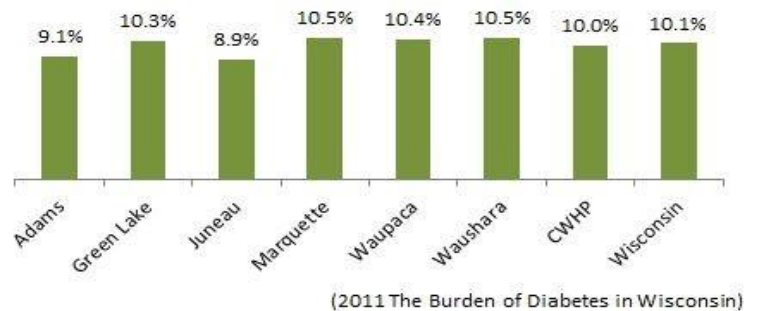
RATE OF CANCER DIAGNOSIS LUNG, BREAST, PROSTATE



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



Estimated Diabetes Prevalence in Adults



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

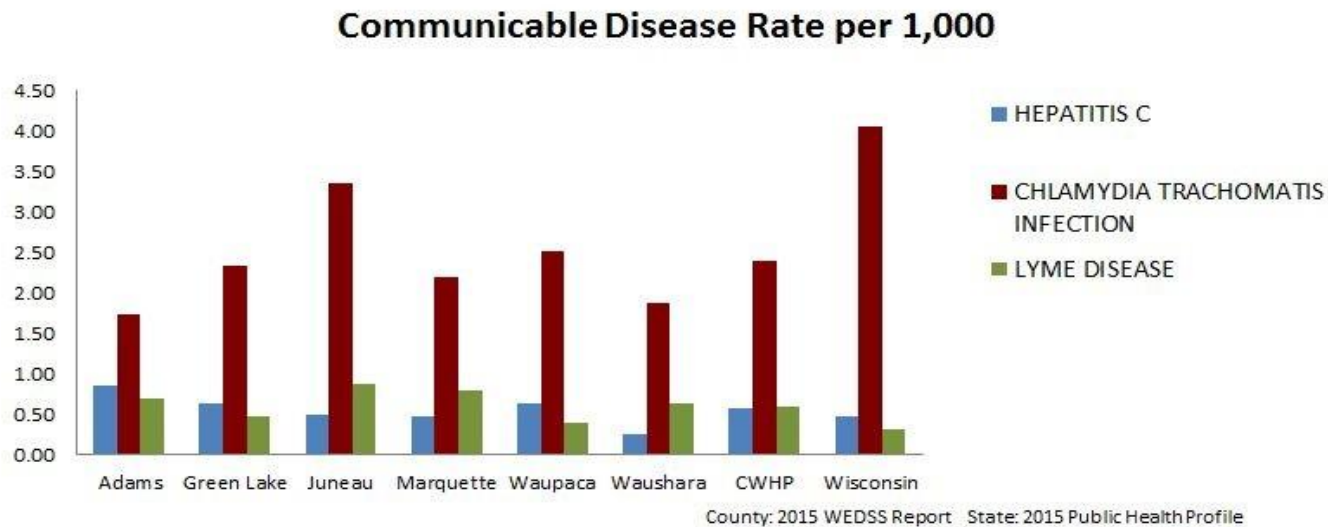
Heart disease was the leading cause of death for CWHP in 2013. Another way to measure the burden heart disease has on our counties is by looking at how often residents visit the emergency room for heart issues. Every hospital in CWHP has some form of heart related issue in their top ten types of ER visits.

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.



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.

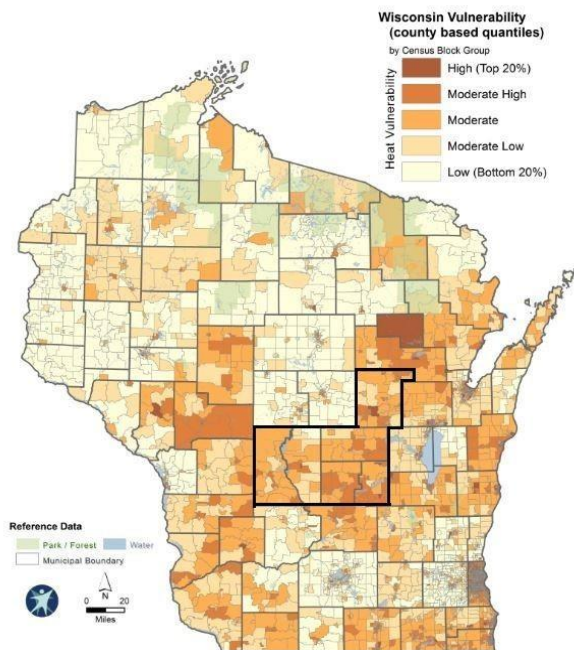


	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara	Wisconsin
Nitrate mg/L	1.8	4.9	2.6	3.2	2.5	2.6	1.5

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

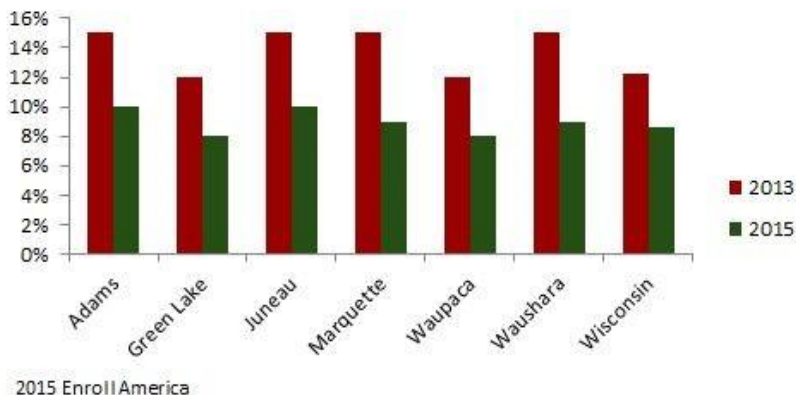
Source: Environmental Health Profiles

Access to Healthcare

Medical

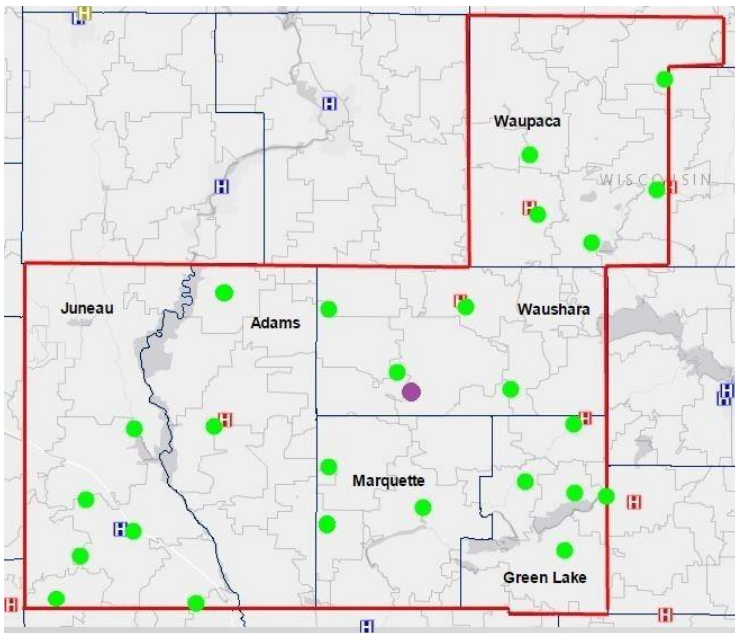
Access to healthcare encompasses many factors including health insurance, local care options, affordability, and social or cultural barriers. Not having health insurance is a significant barrier to utilizing the healthcare system. Since the Affordable Care Act's first open enrollment period all CWHP 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

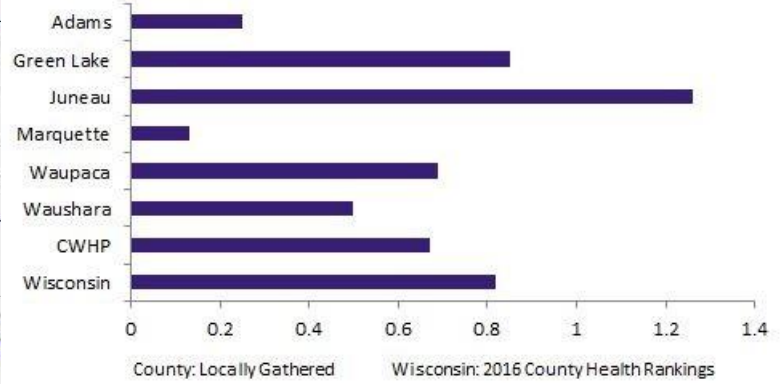


2015 Enroll America





Primary Care Physicians per 1,000 People



Hospitals

- Acute Care Hospitals
- Critical Access Hospitals
- Other Hospitals

Primary Care Clinic

Federally Qualified Health Center

UDS Mapper

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.

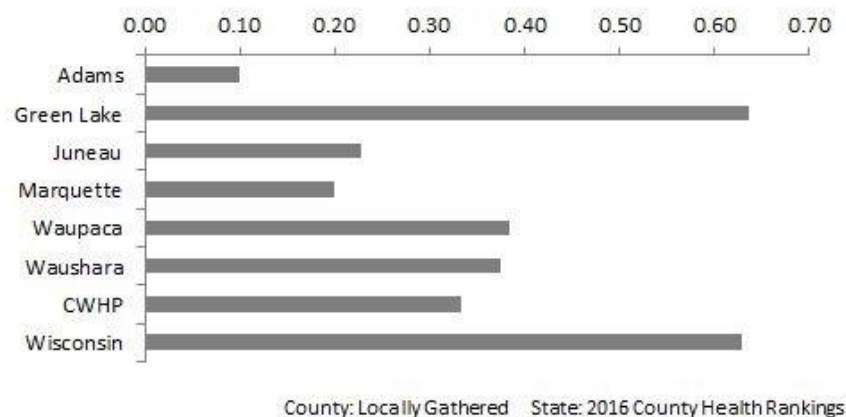
Dental

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 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

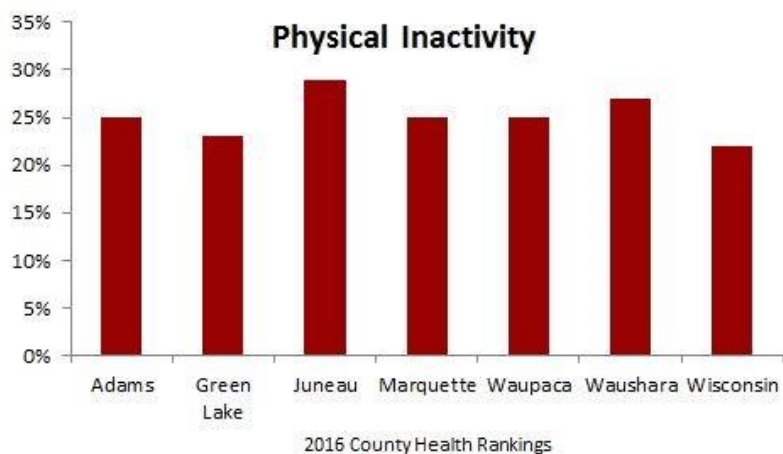
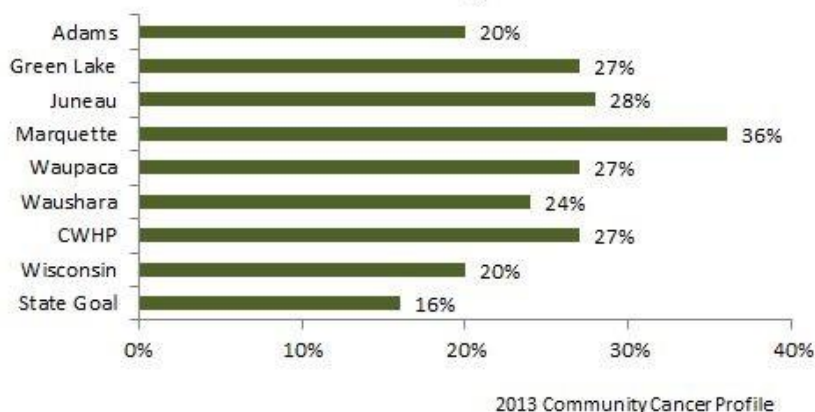


Health Behaviors

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).

Adult Smoking Rate

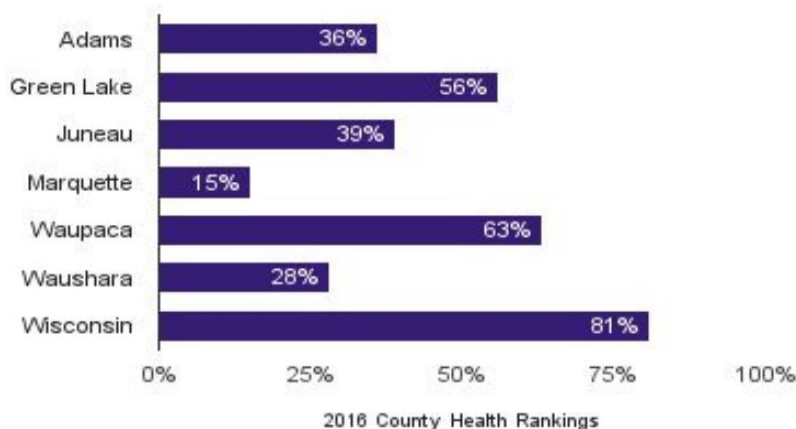


Physical Inactivity

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.

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.

Access to Exercise Opportunities



It is important to note the percentages above 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 A



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?

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



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

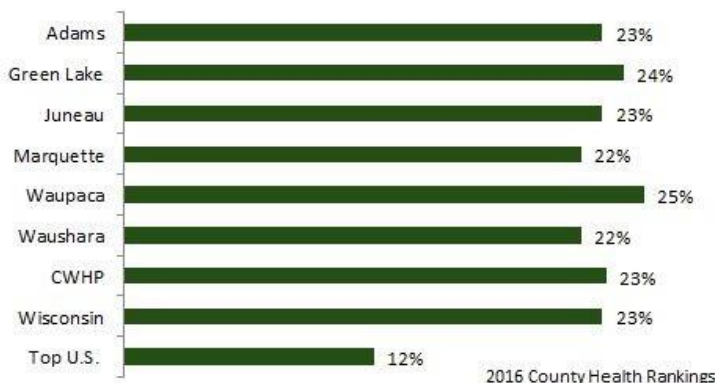
Relevant Challenges:

- 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

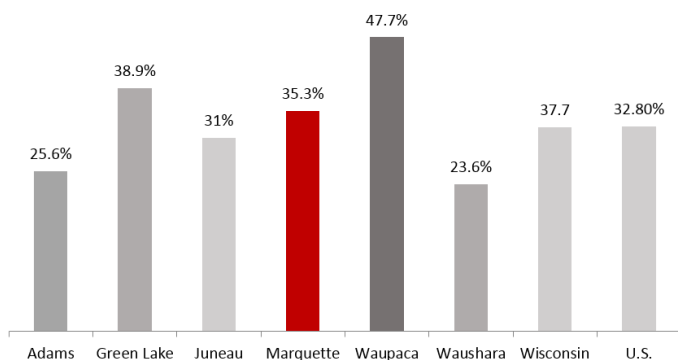
Excessive drinking is defined as both binge and heavy drinking. Binge drinking is 5 or more drinks in about 2 hours, which brings blood alcohol concentration levels to 0.08 g/dL. Heavy drinking is when someone consumes 5 or more drinks at one time for 5 or more days in the past 30 days (National Institute 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



One Alcoholic Drink in the Last 30 Days

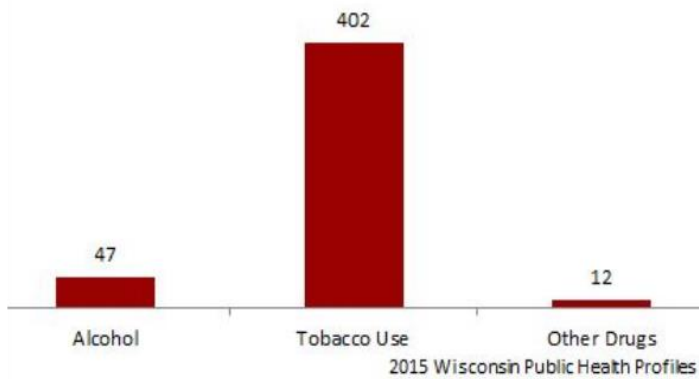
Grades 9-12



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.



CWHP Alcohol and Drug Abuse Related Deaths (2013)



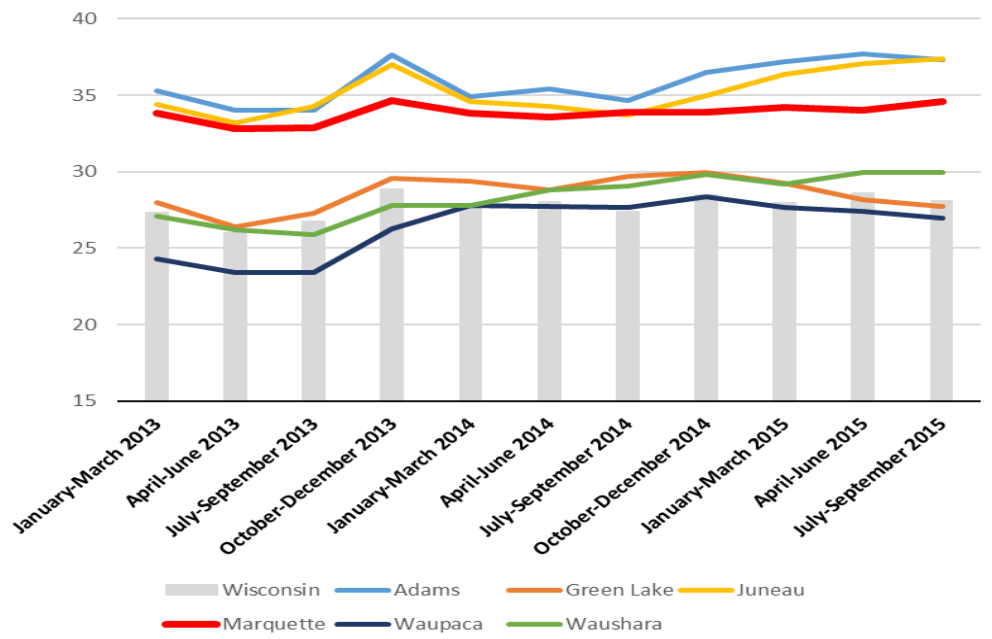
Tobacco

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).

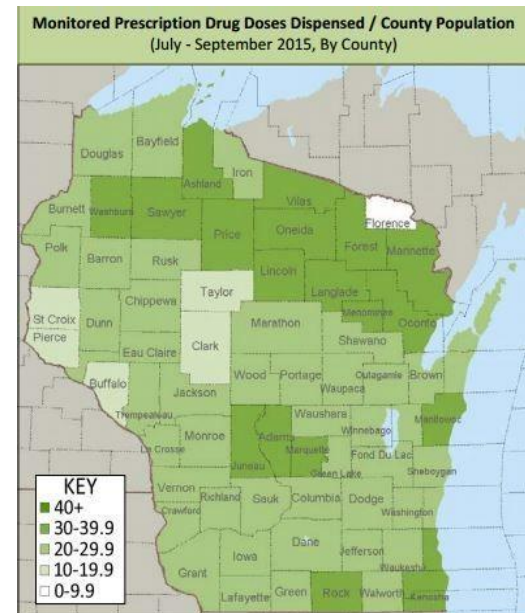
Wisconsin Prescription Drug Monitoring Program

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



Source: Wisconsin Prescription Drug Monitoring Program (PDMP)



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.



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.

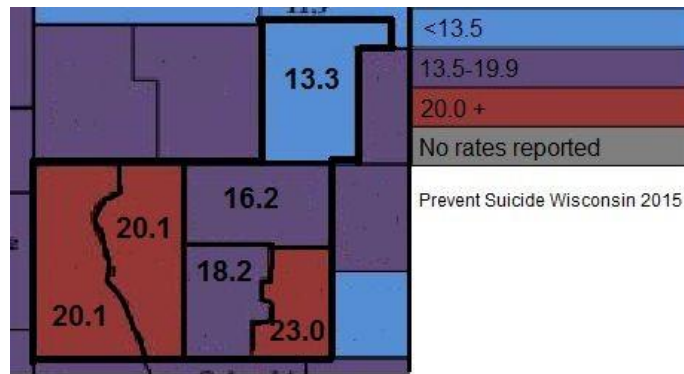
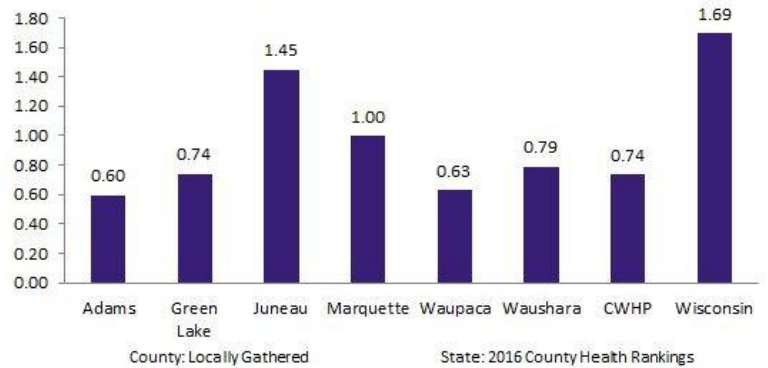
Relevant strengths:

- Community support systems
- Crisis Units
- Comprehensive Community Services

Relevant challenges:

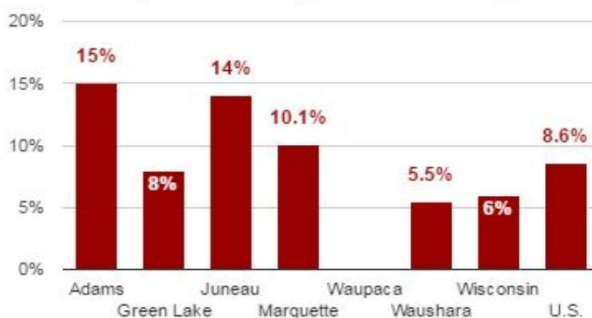
- Mental health stigma
- Mental health provider shortage
- High number of ACEs
- Social isolation & Physical isolation
- Limited social associations
- Limited natural supports

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. Source: Healthiest WI 2020

Relevant strengths:

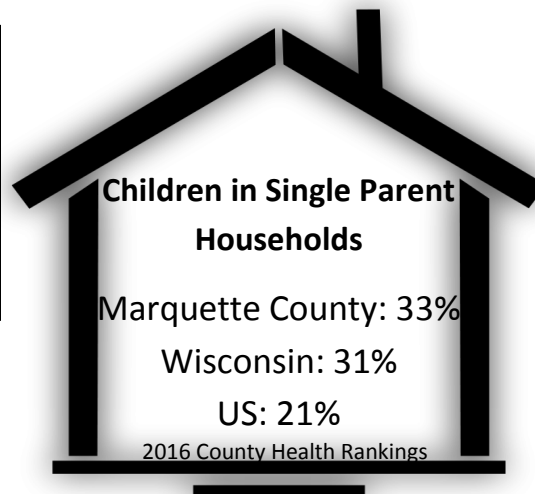
- Prenatal Care Coordination (PNCC)
- Women, Infants and Children (WIC)
- Maternal and Child Health Hotline
- Maternal and Child Health Breastfeeding Objective
- Fresh fruits and veggies from local farm stands, families, or friends
- SNAP-Ed education interventions in schools and with vulnerable or at-risk 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



2016 Community Health Assessment Key Findings

The following section provides a review of the key findings from the 2016 Community Health Assessment. The full Marquette County report can be found on the Marquette County Health Department website.

Demographics and Determinants of Health

Marquette County is located in Central Wisconsin as serves as a home to approximately 15, 204 residents, according to the 2016 Census Bureau Estimates. The County spans 464 square miles, 100% of which is considered rural. The varying demographic and socioeconomic status of Marquette County residents contributes to health vulnerabilities and disparities in certain populations, including the following:



Age Composition

The population in Marquette County and the other CWHP counties is aging. Currently, 24% of Marquette County residents are over age 65. That number is expected to increase to 30% by the year 2030. With an aging population comes a unique set of challenges, such as social isolation and shifting health needs of the community



Average Annual Wage

\$10,205



The average wage for those in CWHP counties is \$35,000 annually. This is over \$10,000 dollars less than the Wisconsin average. Having a lower income is linked to poorer health outcomes.

Educational Attainment



CWHP counties have a lower number of adults with any form of formal education past high school. This measure is important to consider as the relationship between higher education and improved health outcomes is well know.



Access to Care

Access to healthcare services is critical to good health outcomes. Access to care includes measures such as uninsured rates and local care options. The majority of CWHP counties all have fewer health, dental, and mental health care providers per 1,000 people when compared to the state average.



2016 Community Health Assessment Key Findings

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

CWHP Health Snapshot

ADULT SMOKING RATE

27%

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



HEART DISEASE

#1

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



EXCESSIVE DRINKING

23%

Similar to the state average, CWHP counties have an adult excessive drinking rate that nearly doubles that of top U.S. performers.



OBESITY RATES

31%

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

Marquette County Key Informant Interview Results

Community Strengths

- Tight-knit communities
- Local support groups
- Local food pantries available
- Meals on Wheels
- Neshkoro Area Community Center
- Healthy Communities Healthy Youth (HCHY)
- Local clinical services and telehealth
- Treatment Court
- Marquette County Health Department
- Aging and Disability Resource Center (ADRC)

Community Challenges

- Limited mental health providers
- Limited options for AODA treatment
- No hospital
- Limited services at rural health clinics
- Tobacco use
- Lacking partnerships with medical clinics
- Lack of public transportation
- High free and reduced lunch usage
- Significant increase in FoodShare use
- Financial struggles for many residents
- Location
- Stigma of health conditions



2014-2018 CHIP Priority Areas and Accomplishments

The community health improvement planning process is always changing based on the health needs of the community. The previous Community Health Assessment that was completed in 2012 identified four different health priority areas that have been the focus of health improvement planning efforts for the last five years. Those priority areas were; access to care, alcohol, tobacco, and other drug use, mental health, physical activity and nutrition. Although health priorities change over the years, the health department and local community partners strive to sustain all health improvement efforts year after year.

The following page highlights just some of the accomplishments that have been made because of the 2012- 2017 Marquette County Community Health Improvement Plan.



Access to Care	ATODA	Behavioral Health	Physical Activity & Nutrition
<ul style="list-style-type: none"> Collaborated with Marshfield Clinic Mobile Unit for Mammography services in 2017. The Health Department worked with WIC to provide dental cleanings and education to children 0-4 years of age. 	<ul style="list-style-type: none"> Marquette County Clean Air Ordinance was amended to include prohibition of E-cigarettes on county owned property. Drug Drop Boxes were placed in 3 communities within the county, so residents can have easier access to disposal. Marquette County voted to spend Tax Levy funds to allow for the continuation of Alcohol Compliance Checks for licensed establishments in collaboration with the Marquette County Sheriff's Department. Health Department has a trained employee to provide smoking cessation classes in Marquette County. Substance Abuse Policy Committee was created to address ATODA concerns in Marquette County. 	<ul style="list-style-type: none"> A QPR training, Question, Persuade, and Refer, was offered to all employees of the county. Regional Comprehensive Community Support Program services were started in CWHF Counties. In 2015, Marquette County Human Services began Clinical Services which offers counseling and mental health services. Several trainings have been held at the county to teach employees how to deescalate tense situation that may arise at work. 	<ul style="list-style-type: none"> A new walking trail was created behind the county buildings, for county employees to use but also for public use. Both school districts, for the 2015-2016 school year had a contract with the Tri-County Produce Auction to purchase local fruits and vegetables that the food service departments would use throughout the year in the cafeterias. The Healthy Eating, Active Lifestyle (HEAL) Team has been reinstated with 6 consistent members, working on a local foods guide and a "Get Active" guide for Marquette County. The Health Department applied for, and was awarded an AmeriCorps Farm to School member to provide nutrition education and community outreach to encourage healthy, local eating habits.

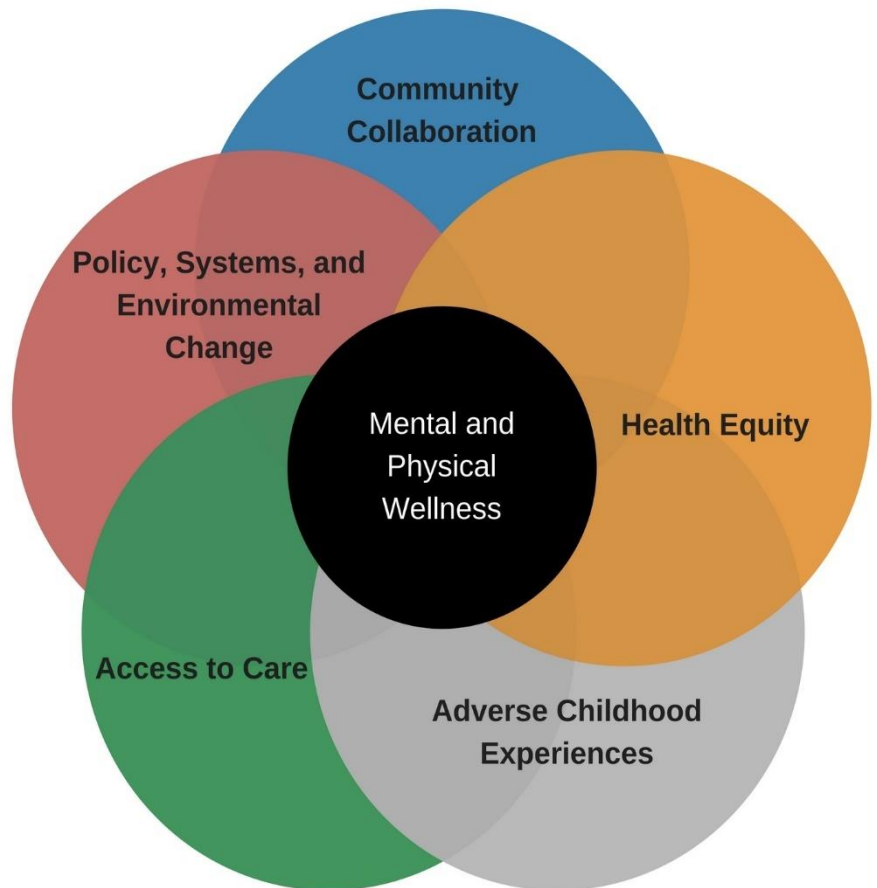


Community Health Improvement Plan 2017



2017-2022 Overarching Priority Areas

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



Access to Care

Having adequate access to health care services is an important part of promoting and maintaining health, prevention of disease, and reducing unnecessary disability and death.

Access to health care has a direct impact on an individual's overall physical, social, and mental health status and quality of life.

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



Adverse Childhood Experiences

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

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

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

Healthy Equity

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

Community Collaboration

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



Policy, Systems and Environmental Change

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



2017-2022 Health Priority Areas

Three health priority areas have been identified for the 2017-2022 Community Health Improvement Plan: mental health, alcohol and other drug abuse, and healthy growth and development. The Community Health Assessment steering committee, with input from a Marquette County focus group for the third priority, identified health priorities by first analyzing secondary data and by gathering community and stakeholder input via survey and key informant interviews. The priorities were then narrowed down to the top three by using four different criteria to assess community capacity and readiness to impact the identified priority. In addition to the three health priority areas, several different intersecting themes were identified as having an impact across nearly all health related issues. Access to care, adverse childhood experiences, health equity, and community collaboration, and policy and environmental change have been chosen as overarching priorities to work on in conjunction with the three identified health priorities.

Defining Goals, Objectives, and Strategies

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

Goals

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



Objectives






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

Strategies

For each objective listed under the three priority areas, there is a list of potential evidence-based strategies that can be implemented to help meet those objectives. A variety of strategies are listed for each objective to allow community coalitions and stakeholders the flexibility to adopt and implement the strategies that will work best for them.



The strategies that also address an overarching priority area have been identified with the corresponding symbol found below.

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

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

- **Guide to Community Preventive Services**
<http://www.thecommunityguide.org/>
- **Healthy People 2020 Evidence-Based Resource Tool**
<http://healthypeople.gov/2020/implement/EBR.aspx>
- **Winnable Battles**
<http://www.cdc.gov/winnablebattles/>
- **Health.gov**
<http://www.health.gov/>
- **What Works for Health (County Health Rankings)**
<http://www.countyhealthrankings.org/roadmaps/what-works-for-health>
- **National Registry of Evidence-based Programs and Practices (SAMHSA)**
<http://nrepp.samhsa.gov/>



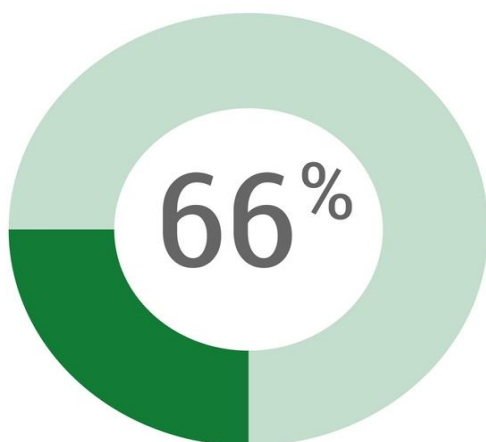
Note: Individuals and organizations that are looking for ways to incorporate small changes that can have a big impact on health, please refer to documents in Appendix C.



Priority Area: Mental Health

Mental health can be defined as a state of well-being in which an individual realizes their full potential and is able to contribute to his or her community by working productively, and cope with the stresses of everyday life. Mental health is influenced by many different determinants such as poverty, stressful work conditions, discrimination, poor physical health, and an unhealthy lifestyle (WHO-4). Children are an especially vulnerable population that is at risk for potentially being negatively impacted by parents or family members suffering from mental illness. When children experience adverse events in childhood (ACEs), they are more likely to have poor mental health later in life and 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 Marquette County



The percent of survey respondent who believe that mental health is the top health priority in our communities
Source: Community Needs Assessment Survey

1.00

per 1,000 people

Marquette County only has about **1.00 mental health provider for every 1,000 residents**

Source: CHA 2016



Marquette County is almost **double the state rate** of high school students that have attempted suicide.

Source: Youth Risk Behavior Survey 2013



Nearly **2 in 10** Marquette County Residents has experienced 4 or more Adverse Childhood Experiences

Source: Wisconsin ACE Brief 2011-2012



Goal:

Improve mental health and decrease suicide rates in CWHP counties

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

CWHP Objective:

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

Short-Term Indicators

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

Long Term Indicators

- Decrease Suicide Rates
- Decreased hospitalizations related to suicide attempts

Possible Strategies

Community Mentorship Programs



Mental Health First Aid



Coping Skills Training



Telemental Health Services



Trauma Informed Communities



Bullying Prevention Programs



Means Restriction Education



Priority Area: Alcohol and Other Drug Abuse

Abuse of alcohol and other drugs is defined as using these substances, legal or illicit, in a way that results in recurrent failure to fulfill important obligations, recurrent use of substances in a way that is physically harmful, recurrent legal problems, or continued use of alcohol or other drugs despite having social or personal problems as a direct result of using that substance. Alcohol and other drug abuse can create a significant burden on both the state and local counties. In 2013, the economic burden of excessive alcohol use in all six counties totaled \$180.9 million. This large financial burden is largely due to a host of negative outcomes associated with substance abuse such as lost productivity, failure at school, domestic violence, child abuse, and crime. Substance abuse can also lead to a variety of different health problems such as sexually transmitting infections, Hepatitis C, HIV/AIDS, pregnancy complications, and cardiovascular conditions.

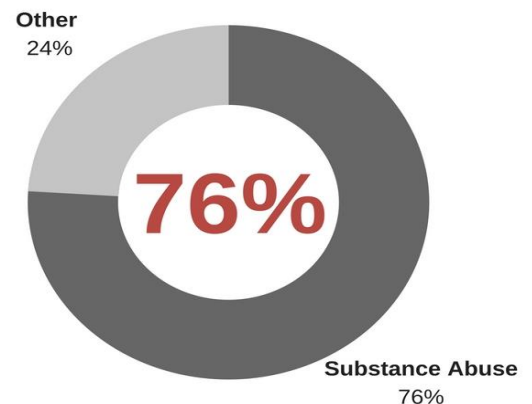
SNAPSHOT OF MARQUETTE COUNTY

\$17.7 million

The annual economic cost of excessive alcohol use in Marquette County in 2012.
Source: The Burden of Excessive Alcohol Use in WI, UW PHI, March 2013



About 1 in 5 Marquette County adults reported binge drinking or heavy drinking.
2016 County Health Rankings



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

Source: Community Health Needs Assessment Survey



In 2014, **about 1 out of 5** of total deaths that occurred in Marquette County had alcohol, tobacco, or other drugs listed as an underlying cause of death.

Source: Wisconsin Public Health Profile, 2016



Goal:

Decrease alcohol and drug misuse and abuse in CWHP Counties

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

CWHP Objective:

By 2022, at least one new or existing strategy will be implemented, strengthened, or expanded to help increase use of outreach, intervention, treatment, and support services.

SHORT-TERM INDICATORS

- Decrease in drug and alcohol related hospitalizations
- Increase in number of drug court participants
- Decrease in opioid prescribing rates

LONG-TERM INDICATORS

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

Possible Strategies

Drug Court



Prescription Drug Monitoring Program



Naloxone Education and Distribution



Drug Drop Boxes



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



Responsible Beverage Server Training



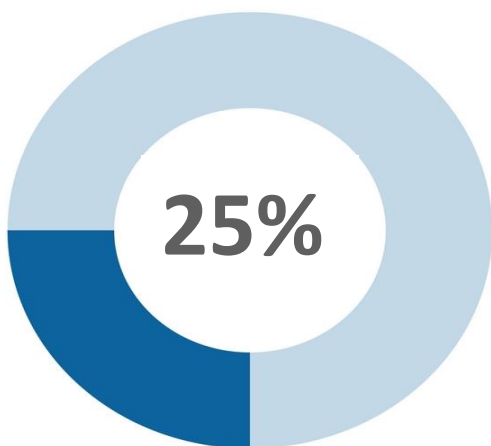
Alcohol Access Restrictions in Public Places



Priority Area: Healthy Growth and Development

Early growth and development have a profound effect on health across the life span. There is a demonstrated link between early life events and adult chronic diseases such as, heart disease, diabetes, and high blood pressure. Health pathways are built and are an ongoing interactive process of exposures, experiences, and interactions which are changeable based upon our genes, environment, and health behaviors. Lack of physical activity, tobacco use, unhealthy diet, poverty, lack of education, and lack of access to care are just some of the risk factors that can make it difficult for someone to reach their full potential. Increasing protective factors can help to improve health development. Healthy eating and increasing physical activity are two positive mechanisms for overcoming some of these life challenges.

Snapshot of Marquette County



One quarter of County residents do not participate in leisure time physical activity

Source: County Health Rankings, 2016



Almost 1 in 5 children, ages 2-5, in the WIC program, are considered overweight or obese

Source: Wisconsin WIC Program, 2015

2

Number of medical clinics within Marquette County

Source: Local Data

0

Number of hospitals located within Marquette County

Source: Local Data



One-third (33%) of County residents are obese

Source: County Health Rankings, 2016



Mothers in the WIC program that report breastfeeding

Source: Wisconsin WIC Program, 2016



Goal:

Increase and Promote Factors that Support Healthy Growth and Development

In alignment with the State of Wisconsin's vision of having residents that can grow in the healthiest, best way possible from the time in the womb to old age, this goal is aimed at implementing evidence based strategies that help promote healthy growth and development. Strategies will focus on factors that provide a strong foundation for a lifetime of health.

Objective:

By 2022, one new or existing strategy will be implemented, strengthened or expanded upon to promote healthy growth and development

Short-Term Indicators

- Increase number of prenatal care coordination clients
- Increase number of day cares with nutrition and physical activity policies

Long-Term Indicators

- Increase rates of physical activity
- Decrease in obesity rates
- Increase in breastfeeding rates

Possible Strategies

Healthy Child Development Policies



Community Gardens



Breastfeeding Promotion Programs



Developmental Screenings of Infants and Children



K-12 and Childcare Center Nutrition and Physical Activity Policies



FoodWise Program



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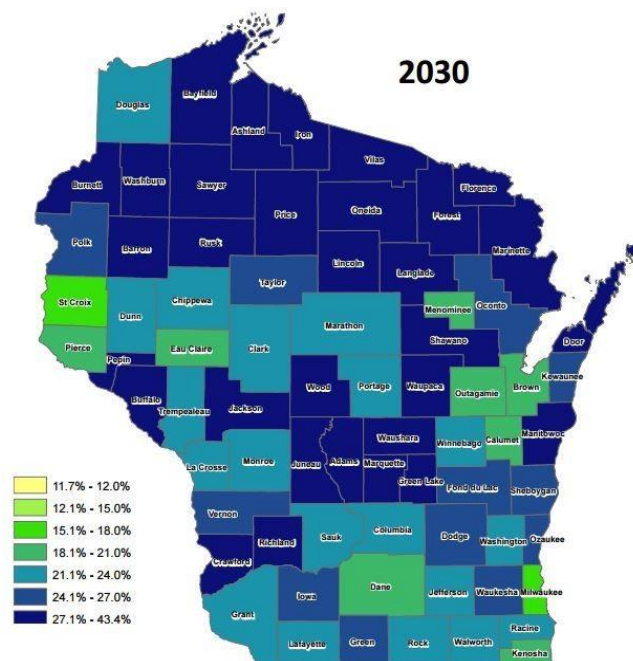
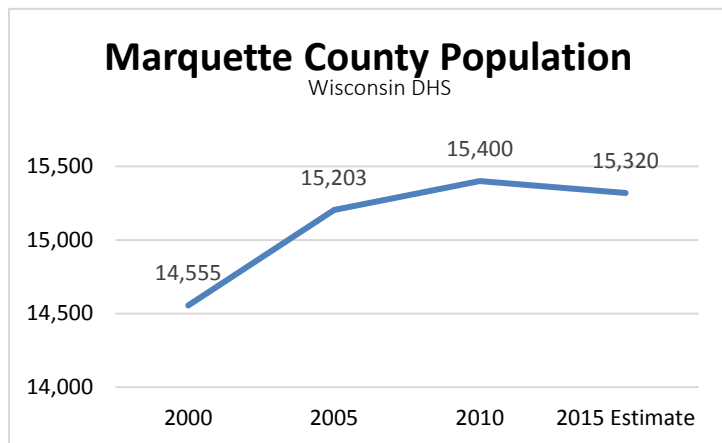
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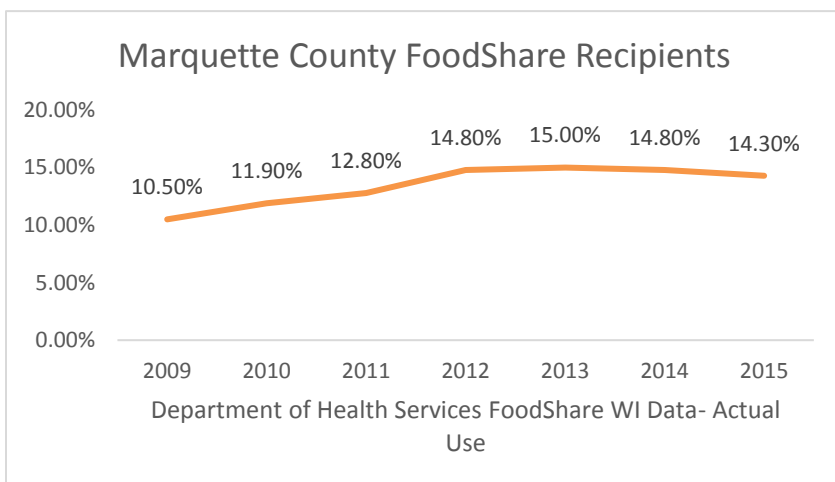


Appendix A: Additional Marquette County Health Assessment Data

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.

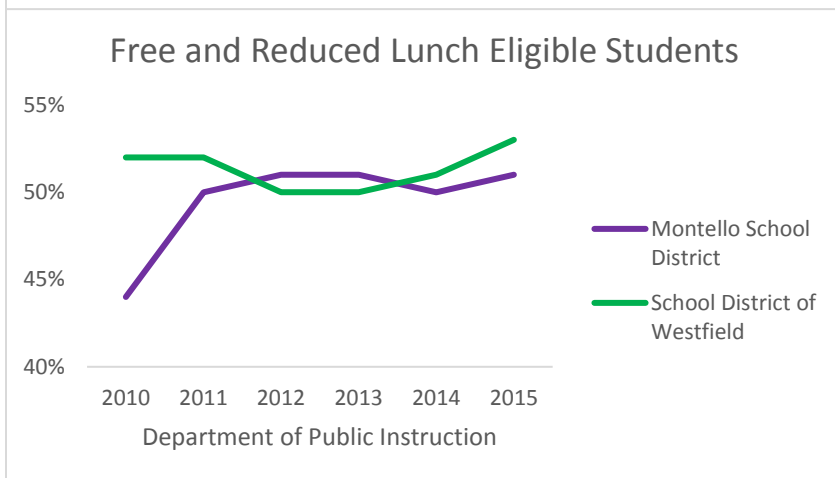


Source: Wisconsin DOA, Prepared by Eric Grosso



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.

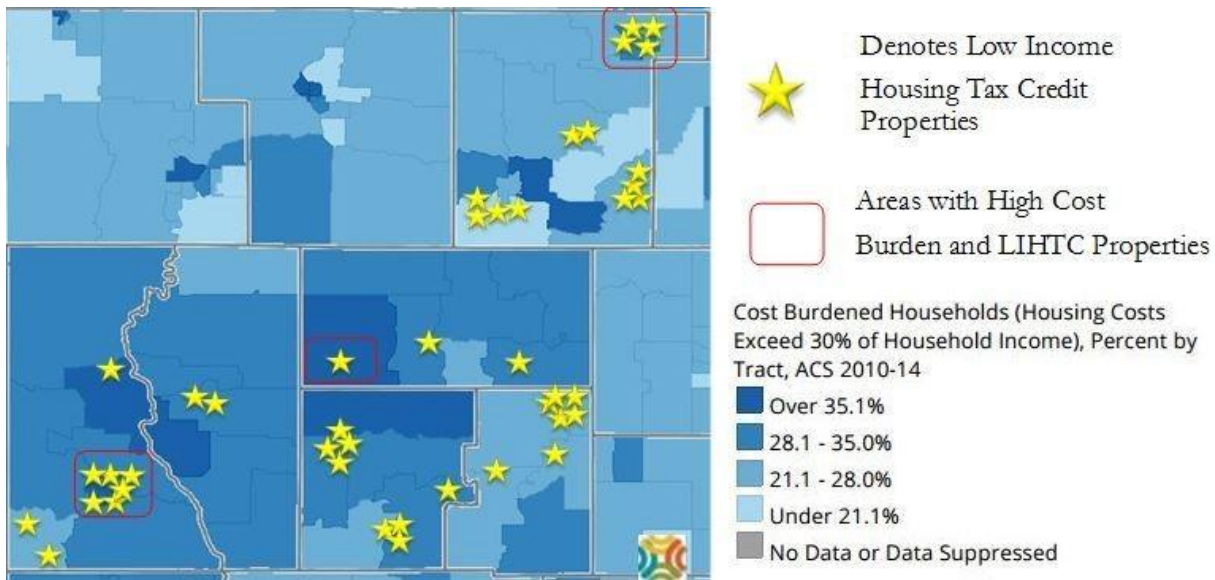


Free and Reduced Lunch Eligible Students

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

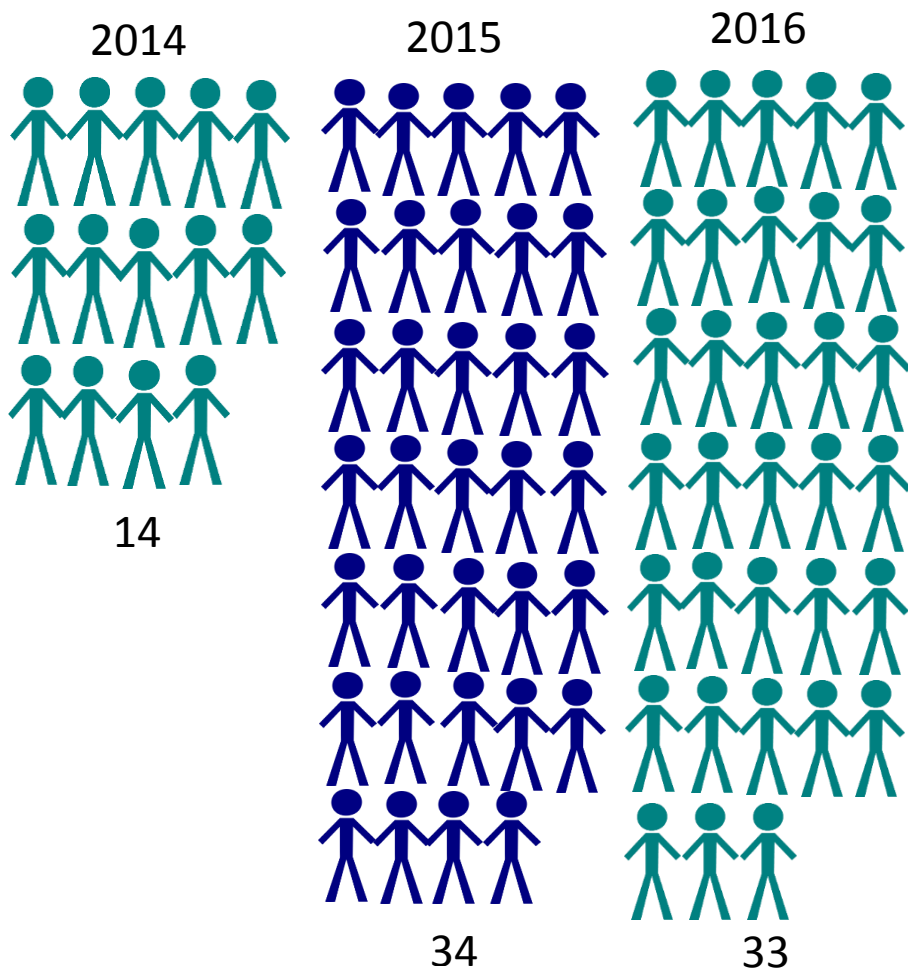


Source: U.S. Census Bureau, American Community Survey, Prepared by Community Commons

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.

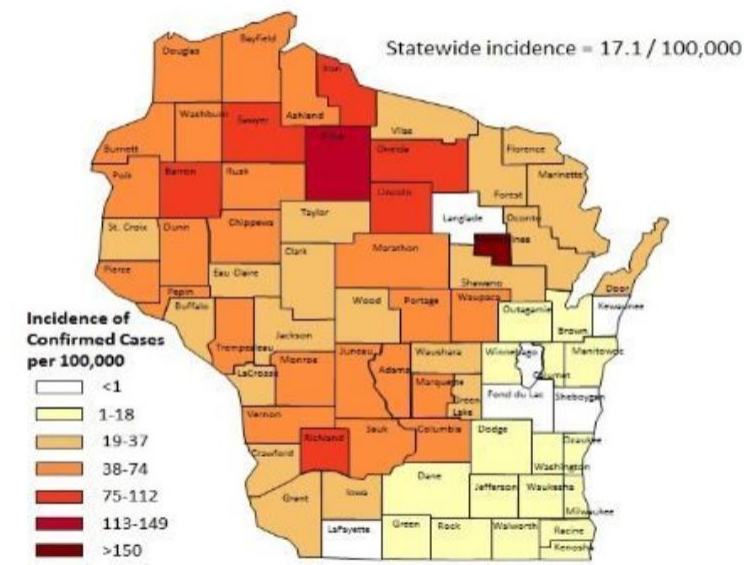
In order to prevent the spread of STD/STIs we must have equal access to reproductive care and proper sexual health education. Avoiding alcohol and recreational drug use can also reduce the risk of contracting an STD/STI.

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



Revised 04/20/2015

This map is based on the county of residence of confirmed cases. Some infections may have been acquired during travel to other areas.

Lyme Disease

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 B: Sample Work Plan

Date Created:

Date Reviewed/Updated:

PRIORITY AREA: Alcohol and Other Drug Abuse
GOAL:

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



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

BACKGROUND ON STRATEGY-

Source:

Evidence Base:

Policy Change (Y/N):

ACTION PLAN

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



Appendix C: Organizational and Individual Practices to Improve Health

Alcohol and Other Drug Abuse

What can state and local governments do to improve AODA?

- Maintain and enforce the legal drinking age, limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Promote the use of drug drop boxes to remove expired or unwanted controlled medications from homes.
- Implement harm reduction strategies to prevent transmission of HIV, hepatitis, and other infectious diseases.
- Implement and sustain tobacco prevention and control programs.

What can employers and businesses do improve AODA?

- Provide evidence-based incentives to increase tobacco cessation.
- Make work sites tobacco free.
- Implement training programs for owners, managers, and staff that build knowledge on responsible beverage service.

What can healthcare providers and insurers do to improve AODA?

- Create linkages with and connect patients to community resources such as tobacco quit lines or support groups.
- Identify and screen patient for excessive drinking using Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Identify, track, and prevent inappropriate patterns of prescribing and misuse of prescription drugs.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance.

What can early learning centers and schools do to improve AODA?

- Promote tobacco free environments.
- Encourage children to participate in extracurricular and out of school activities.
- Teach children about the health risks of tobacco and other drugs.

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

- Support community programs that promote healthy youth development.
- Consider hosting support groups such as Alcoholics or Narcotics Anonymous.
- Increase awareness of the proper storage and disposal of prescription medications.

What can individuals and families do to improve AODA?

- Actively participate in community and prevention efforts.
- Quit using tobacco products and ask a health care provider or call 1-800-QUIT-NOW for support.
- Make homes smoke free and protect children from secondhand smoke.
- Safely store and dispose of medications and never share prescriptions with others.
- Avoid binge drinking and using illicit drugs, seek help from your healthcare provider when needed.

Are you or your organization already doing great things in the community?

Contact the Health Department if you or your organization are already taking action to improve health or to find out how your organization can partner with public health. We want to hear from you!



Mental Health

What can state and local governments do to improve mental health?

- Conduct comprehensive community health assessments and develop community health improvement plans.
- Ensure that those in need, especially vulnerable populations, are identified and referred to mental health services.

What can employers and businesses do to improve mental health?

- Implement organizational changes to reduce employee stress such as developing clearly defined roles and responsibilities.
- Provide reasonable accommodations such as flexible work schedules and adaptive work stations.
- Ensure that mental health services are included as a benefit on health plan and encourage employees to use those services when needed.

What can healthcare providers and insurers do to improve mental health?

- Educate parents on normal child development and conduct early interventions to enhance mental and emotional well-being.
- Screen for mental health needs among children and adults.
- Develop integrated care programs to address mental health needs in the primary care setting.

What can early learning centers and schools do to improve mental health?

- Ensure students have access to comprehensive health services, including mental health or counseling services.
- Implement programs and policies to prevent abuse, bullying, and violence.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth.

What can community organizations, non-profits, and churches do to improve mental health?

- Provide informational tools to both men and women to promote respectful, nonviolent relationships.
- Provide space and organized activities that encourage inclusion for all people.
- Support child and youth development programs.

What can individuals and families do to improve mental health?

- Build strong, positive relationships with family and friends.
- Become more involved in the community.
- Encourage children to participate in extracurricular activities.
- Work to make sure children are comfortable talking about problems such as bullying.

Are you or your organization already doing great things in the community?

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Healthy Growth and Development; Healthy Eating and Physical Activity

What can state and local governments do to improve healthy growth and development?

- Include health criteria as a component of decision making (e.g. health in all policies)
- Design safe neighborhoods that encourage physical activity (e.g., include sidewalks, bike lanes, adequate lighting, multi-use trails, walkways, and parks).
- Work with hospitals, daycares, and worksites to implement breastfeeding policies and programs.
- Facilitate collaboration of community partners to create healthier communities.

What can employers and businesses do to improve healthy growth and development?

- Adopt lactation policies that provide space and break time for breastfeeding employees.
- Provide nutrition information to customers, make healthy options and appropriate portion sizes the default.
- Adopt policies and programs that promote walking, bicycling, and other ways of being physically active.
- Implement worksite health initiatives.

What can healthcare providers and insurers do to improve healthy growth and development?

- Screen for obesity by measuring body mass index and deliver appropriate care according to clinic guidelines for obesity.
- Assess dietary patterns and provide nutritional education and counseling.
- Conduct physical activity assessments, provide counseling, refer patient to fitness professional or consider exercise prescription.

What can early learning centers and schools do to improve healthy growth and development?

- Incorporate health education into coursework.
- Eliminate high-calorie, low-nutrition drinks from food vending machine, cafeterias, and schools stores.
- Provide daily physical education and recesses that maximize time spent being physical active.
- Support walk- and bike-to-school programs.
- Make physical activity facilities available to the local community.

What can community organizations, non-profits, and churches do to improve healthy growth and development?

- Develop and institute policies and joint use agreements that encourage shared use of facilities.
- Start a community garden.
- Create a healthy community cook book.
- Offer healthy options such as fruit or salad at community pot luck dinners.
- Offer low or no-cost physical activity programs (e.g., intramural sports, physical activity clubs).

What can individuals and families do to improve healthy growth and development?

- Visit your healthcare provider to receive clinical preventive services.
- Breastfeed babies exclusively for the first 6 months after birth.
- Avoid oversized portions, fill half your plate with fruits and vegetables, make at least half of your grains whole grains, and drink water instead of sugary drinks.
- Adults should engage in at least 150 minutes of moderate-intensity physical activity each week or at least 60 minutes per day for children.
- Consider following the American Academy of Pediatrics (AAP) recommendations for limiting TV time among children.

Are you or your organization already doing great things in the community?

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