WAUPACA COUNTY

Community Health Improvement Plan

2017-2022

In collaboration with:

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

Waupaca County WISCONSIN
Public Health
Prevent. Promote. Protect.

2017 Waupaca County
Community Health Improvement Plan

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Letter of Invitation

The places that we live, learn, work, and play contribute to our health and well-being. Our Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) look to identify issues, and offer strategies on ways to improve the health in Waupaca County. The health and vitality of a community are more greatly impacted when partners and stakeholders collaborate to identify and address the health needs of a community. Our goal is to create a path that engages all in the movement towards improved health.

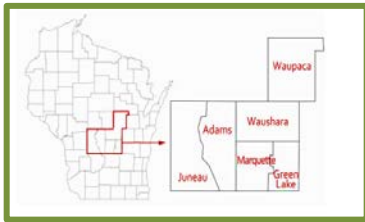I hope you will take time to review the report and support a movement forward to become the healthiest county.

Yours in Good Health,

[signature]

Acknowledgements

The Central Wisconsin Health Partnership

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

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

Our Community Partners

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

Steering Committee

- Kathy Munsey, Green Lake County Health Officer
- Julia McCarroll, Green Lake County Health Educator
- Patti Wohlfeil, Waushara County Health Officer
- Brenna Root, Waushara County Health Educator
- Sarah Grossuesch, Adams County Health Officer
- Jamie Schenk, Marquette County Health Officer
- Lauren Calnin, Marquette County Health Educator
- Jed Wohlt, Waupaca County Health Officer
- Terry Harrington, Waupaca County Preparedness Program Specialist
- Barb Theis, Juneau County Health Officer
- Alyson Horkan, Juneau County Public Health Nurse

Other Community Partners

- ThedaCare
- Family Health La Clinica

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 Waupaca County. It also helps to create a shared vision between the Health Department and community partners so that together we can create positive, measureable change in our communities.

This plan addresses the three priority areas that were identified as a result of the 2017 Regional Community Health Assessment: Alcohol and Other Drug Abuse, Mental Health and Chronic Disease Prevention and Management. The key findings of the Community Health Assessment will be outlined in this document and the full assessment can be found at:

http://www.co.waupaca.wi.us/2017CHA%20Waupaca%20County.pdf

The 2017-2022 Community Health Improvement Plan is unique in the fact that it was written in collaboration with the Central Wisconsin Health Partnership (CWHP) to identify regional goals and objectives. Mental health and alcohol and other drug abuse (AODA) are top health concerns for many of the neighboring rural counties, which drives the need for change beyond the community and county levels. As a result, the goals and objectives under the Mental Health and AODA priority areas will be addressed regionally through the work of the CWHP as well as locally by community partners and coalitions. The county specific priority area, Chronic Disease Prevention and Management, 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 Improvement Process
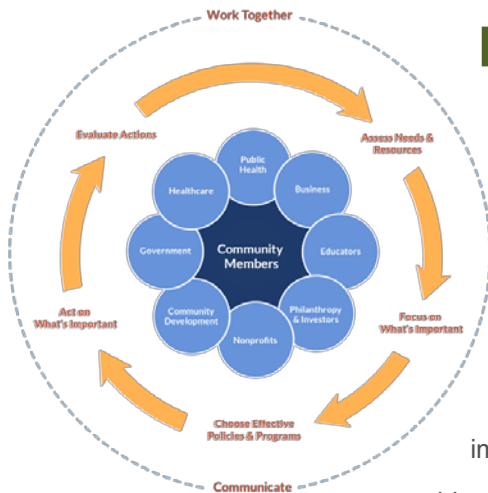
Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions affecting their residents. This process has been referred to as the "Community Health Improvement Process. The community health improvement process 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

August 2015- Central Wisconsin Health and Economic Summit

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

April 2016- Secondary data gathering, further community outreach

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

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

-August 2016 Finalizing the document

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

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 studies. 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 three health priorities: mental health, alcohol and other drug abuse, and chronic disease prevention. 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. More information about the chosen strategies can be found under the Goal Page for each priority area.

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 Relseased

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

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

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

Act on What's Important

Each of the six CWHP counties will be responsible for determining what program and policy implementation looks like in their own county. Although there are regional goals and objectives that the group will work on collaboratively, each county has unique strengths and challenges that must be considered when implementing health improvement strategies. Each county, along with their coalitions and community members, will define what they want to achieve under each priority area and how they will achieve it. A work plan template will be used for each county to track program implementation and progress towards goals and objectives. 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 indictors 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 members of the Waupaca County Board of Health, Representative Joan Ballweg, and Senator Luther Olsen were also engaged and updated throughout the health assessment and improvement planning process. Community Health Assessment findings were shared with these key policy makers and they were asked to support health improvement efforts at the local and state levels. Finally, it is the hope of the Central Wisconsin Health Partnership group that by working together on developing a regional health improvement plan, coordinated efforts can be established to improve health across county lines in Central Wisconsin.

Communicate

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

- Partners are updated at bi-monthly Coalition meetings. Partners who are unable to attend meetings in person receive meeting minutes via email. Additionally, work plans will be updated and shared with coalition members to track progress towards goals and objectives.
- The final CHIP and work plans will be shared with community members via the County and Coalition websites, through social media, and at community events.

2017 Community Health Assessment Key Findings

The following sections provide a review of the key findings from the 2017 Community Health Assessment. The full Waupaca County report can be found on the Waupaca County Public Health website.

Demographics and Determinants of Health

Waupaca County is located in Central Wisconsin and serves as a home to 51,533 residents, according to the 2016 Census Bureau Estimates. The County spans 748 square miles, 65% of which is considered rural. The varying demographic and socioeconomic status of Waupaca County residents contributes to health vulnerabilities and disparities in certain populations, including the following:

Age Composition

The population in Waupaca and the other CWHP counties is aging. Currently, 20% of Waupaca County residents are over age 65. That number is expected to increase to 27% 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 in $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 known.

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.

2017 Community Health Assessment Key Findings

The following sections provides a review of the key findings from the 2017 Community Health Assessment. The full Waupaca County report can be found on the Waupaca 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 is the leading cause of death in all CWHP counties.

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%.

Waupaca County Key Informant Interview Results

Community Strengths

- Tight-knit communities
- Local support groups
- Strong law enforcement presence
- Mobile crisis units
- Jail wellness and recidivism reduction programs
- Strong ADRC and Health and Human Services programs
- Safe Routes to School programs
- Local food pantries available
- Financial assistance program with Thedacare.

Community Challenges

- Limited mental health providers
- Limited options for AODA treatment
- Limited services at rural health clinics
- Marketplace offers only Dean Care insurance
- Increasing issues with elementary school kids acting out
- Tobacco use
- Lacking partnerships between law enforcement, schools, and the hospital system
- Lack of basic life skills
- Limited public transportation
- High free and reduced lunch usage
- Significant increase in FoodShare use
- Financial struggles for many residents

2013 – 2016 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 2013 identified five different health priority areas that have been the focus of health improvement planning efforts for the last four years. Those priority areas were; mental health, alcohol/drugs, overweight/obesity, finances/food security, and access to care. 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 2013 – 2016 Waupaca County Community Health Improvement Plan.

Mental Health	Alcohol/Drugs	Overweight/Obesity	Finances/Food Security	Access to Care
* Adverse Childhood Experiences (ACES) training at schools * Child psychologist collaboration and intervention including home services * DHHS programs provided ACES, depression, and resiliency screenings with families * Community-based presentation of Paper Tigers * Suicide Prevention Coalition guest speaker presentations at Waupaca High School for law enforcement and community members * Community Health Action Team (CHAT) formed to address ACES and develop TIC (Trauma Informed Care) communities	* Community created heroin and other drug task force * Initiate development of drug court * Community Health Action Team (CHAT) formed to address AODA issues * Volunteer recovery coaches available to communities * Medication disposal sites available in most municipalities * School hosted community training on recognizing teen addiction using model bedroom * Needle disposal sites available in some communities	* UW-Extension presentations at Healthy Beginnings (Public Health home visitation program) group events * "Yuck to Yummy" classes * Growth of community gardens * Farmer's Market expansions * Nutrition and Activity Coalition developed "Living the Waupaca Way" * Community "Farm to Table" dinner event *Collaboration and planning of county bike routes and walking trails	* Expansion of local food pantries * DHHS Caring Closet which offers free donated clothing and household goods * Private donations of diapers * Mission of Hope community events offering health and food services * Growth of community gardens * "Farm to School" program expansions	* School-based influenza immunization clinics * Family-based group educational events through Healthy Beginnings (Public Health home visitation program) *Public Health and Veterans Services hosted free Hepatitis C screening clinics * Community outreach and education of CDC recommended adult immunizations * Expanded Seal-a-Smile to include all Waupaca County school districts

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 due to the significant role they play in achieving both mental and physical wellness. For this reason, CWHP counties decided to select five overarching priority areas to focus on while choosing goals, objectives, and strategies to guide our work. These overarching priority areas include: Access to Care, Adverse Childhood Experiences (ACEs), Health Equity, Community Collaboration, and Policy, Systems and Environmental Change. These themes have been chosen as overarching priorities to work on in conjunction with the three identified health priorities in each CWHP county.

Access to Care

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

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

Adverse Childhood Experiences

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

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

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

Healthy Equity

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

Community Collaboration

Collaboration is the focus of our work in public health. The community issues that we work to solve and emerging problems that our communities face can't easily be solved by one group alone. We rely on working together with community members, agencies, organizations, and individuals to solve community issues together. As we work together, we increase

the capacity of our communities to make changes that improve outcomes while learning to communicate effectively as a team. We are all in this together.

Policy, Systems and Environmental Change

Policy, systems and environmental (PSE) change is a new way of thinking about how to improve health in our communities. For a long time, many health programs have focused on individual behaviors with the assumption that if you teach people what will make them healthy, they will find a way to make those changes. Now we understand that health is not just about individual choices. It'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 chronic disease prevention and management. The Community Health Assessment steering committee identified health priorities by first analyzing secondary data and by gathering community and stakeholder input via survey and key informant interviews. The priorities were then narrowed down to the top three by using four different criteria to assess community capacity and readiness to impact the identified priority. In addition to the three health priority areas, several different intersecting themes were identified as having an impact across nearly all health related issues. Access to care, adverse childhood experiences, 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 CWHP counties in an effort to help create regional change in Central Wisconsin. Goals will be monitored using the long-term indicators that are listed under each priority area.

OBJECTIVES

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

STRATEGIES

For each objective listed under the three priority areas, there is a list of potential evidence-based strategies that can be implemented to help meet those objectives. A variety of strategies is 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." For more information on TIC visit: https://www.dhs.wisconsin.gov/tic/index.htm

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 B.

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.
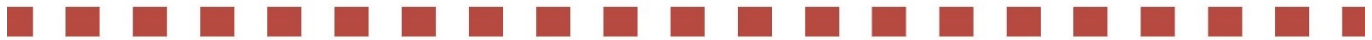
SNAPSHOT OF WAUPACA COUNTY

In 2014, nearly **1 out of 4** (23%) Waupaca County residents reported binge drinking.

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

2x

In 2014, the OWI arrest rate in Waupaca County was **nearly twice as much as** the national average at 644 per 100,000 people.

Source: Wisconsin Epidemiological Profile on Alcohol and other Drugs, 2016

In 2014, 170 of the 704 deaths that occurred in Waupaca County had alcohol, tobacco, or other drugs listed as an underlying cause of death.

Source: Wisconsin Public Health Profiles, 2016

Goal 1:

Decrease alcohol and drug misuse and abuse in CWHP Counties

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

CWHP Objective:

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

SHORT-TERM INDICATORS

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

LONG-TERM INDICATORS

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

Possible Strategies

Drug Court

Prescription Drug Monitoring Program

Naloxone Education and Distribution

Drug Drop Boxes

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

Responsible Beverage Server Training

Alcohol Access Restrictions in Public Places

Priority Area: 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 Waupaca County

0.63
per 1,000 people

Waupaca County only has about **0.63 mental health providers for every 1,000 residents**
Source: 2016 County Health Rankings

Nearly **1 in 10 Waupaca County** residents has experienced 4 or more Adverse Childhood Experiences

Source: Wisconsin ACE Brief 2011-12, Wisconsin ACE Map

Waupaca County has a slightly lower than average suicide rate at **13.3 per 100,00 people** compared to the state rate of 13.5
Source: Prevent Suicide Wisconsin 2015

Goal 1:

Improve mental health and decrease suicide rates in CWHP counties

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

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

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: Chronic Disease

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

Snapshot of Waupaca County

More than **1 in 4** Waupaca County women reported smoking during pregnancy

Source: Public Health Profiles, Wisconsin 2016

23%
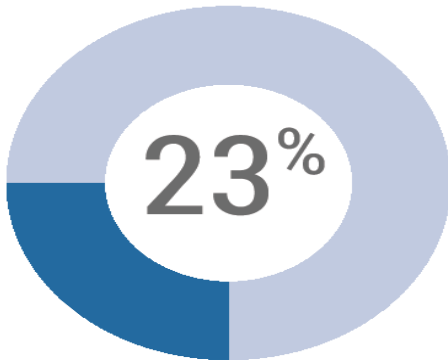
Nearly **one quarter** of Waupaca County residents do not participate in leisure time physical activity

Source: 2016 County Health Rankings

#1

Heart disease has been the leading cause of death in Waupaca county for over **ten years**

Source: Public Health Profiles, Wisconsin 2016

Nearly **one-third (31%)** of Waupaca County residents are obese

Source: 2016 County Health Rankings

Goal 1:

Promote chronic disease prevention and management

In alignment with the State of Wisconsin's vision of having communities that eat healthier and move more, this goal is aimed at implementing evidence based strategies that help prevent chronic diseases. Strategies will focus on modifiable risk factors such as physical activity, nutrition, breastfeeding, and eliminating tobacco use.

Objective:

By 2022, one new or existing strategy will be implemented, strengthened, or expanded upon to help promote chronic disease prevention and management.

Short-Term Indicators

- Increase in Trauma Informed Care communities
- Increase in breastfeeding rates
- Increased use of the tobacco Quitline
- Increased number of participants in chronic disease prevention and management programs

Long-Term Indicators

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

Possible Strategies

Trauma Informed Care communities

Breastfeeding Promotion Programs

Community walking or running groups

Tobacco Cessation Programs

Point of Decisions Prompts

Expansion of AODA Services

References

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Appendix A: Action 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

OBJECTIVE #2:

BACKGROUND ON STRATEGY-

Source:

Evidence Base:

Policy Change (Y/N):

ACTION PLAN

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

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

Date Created: **Date Reviewed/Updated:**

PRIORITY AREA: Mental Health
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

OBJECTIVE #2:

BACKGROUND ON STRATEGY-

Source:

Evidence Base:

Policy Change (Y/N):

ACTION PLAN

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

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			34
Obj #	State	Healthy People 2020	National Prevention Strategy
1			
2			

PRIORITY AREA: Chronic Disease
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

OBJECTIVE #2:

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

ACTION PLAN

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

Obj #	State	Healthy People 2020	National Prevention Strategy
1			
2			

The table above has the header:

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Appendix B: Organizational and Individuals Practices to Improve Health

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.

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 changed to reduce employee stress such as developing clearly defined roles and responsibilities.
- Provide reasonable accomodations 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.

Waupaca County WISCONSIN
Public Health Prevent. Promote. Protect.

2017-2022 Community Health Improvement Plan   40

What can state and local governments do to improve chronic disease?

- Include health criteria as a compenent of decision making(e.g. health in all policies).
- Create healthy environments that support people's ability to make healthy choices.
- 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 chonric disease?

- 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.
- Sponsor a new or existing park, playgroud, or trail.
- Implement worksite health initiatives.

What can healthcare providers and insurers do to improve chronic disaese?

- 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 chronic disease?

- Incorporate health education into coursework.
- Elimintate high-calorie, low-nutrition drinks from food vending machine, cafeterias, and school stores.
- Provide daily physical education and recesses that maximize time spend being physical active.
- Support walk- and bike-to-school programs.

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

- Develop and institute policies and joint use agreements that encourage shared used of facilities.
- Start a community garden.
- Create a healthy community cookbook.
- Offer healthy options such as fruit or salad at community pot luck dinners.

What can individuals and families do to improve chronic disease?

- 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 place 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 acticity each week or at least 60 minutes per day for children.

2017 COMMUNITY HEALTH ASSESSMENT

| WAUPACA | Central Wisconsin Health Partnership (CWHP) |

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

2017 CWHP Community Health Assessment

CENTRAL WISCONSIN HEALTH PARTNERSHIP

TABLE OF CONTENTS

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 Alcohol and Other Drug Abuse (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	Kathy Munsey	Barb Theis
Adams County	*Green Lake County*	*Juneau County*
Jayme Schenk	Jed Wohlt	Patti Wohlfeil
Marquette County	*Waupaca County*	*Waushara County*

CWHP COMMUNITY HEALTH ASSESSMENT PARTNERS

We would like to express our appreciation to the health care partners in our communities who participated in the 2017 CWHP Community Health Assessment. They shared their concerns, ideas, and other invaluable information to help improve the health of our communities. Representatives from the organizations listed below helped develop this report by attending meetings, providing data and technical assistance, and completing surveys. We thank each one of you for the part you played, and we look forward to future partnerships.

Steering Committee
Sarah Grosshuesch, Adams County Health Officer
Kathy Munsey, Green Lake County Health Officer
Makiko Thomas Omori, Green Lake County Intern
Barbara Theis, Juneau County Health Officer
Jayme Schenk, Marquette County Health Officer
Lauren Calnin, Marquette County Health Educator
Jed Wohlt, Waupaca County Health Officer
Patti Wohlfeil, Waushara County Health Officer
Trevor Cooper, Waushara County AmeriCorps Member
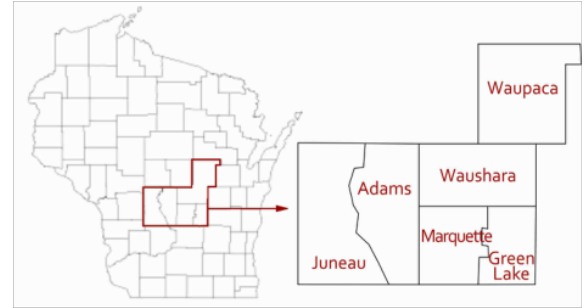
CWHP MISSION AND VISION

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

Vision:
To be the healthiest counties in Wisconsin

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

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

The assessment includes primary data from communicable disease reports, death records, local provider numbers, hospital admissions, and youth risk behavior surveys. The secondary data includes, but is not limited to, County Health Rankings, Wisconsin Department of Health and Human Services, and the U.S. Census Bureau.
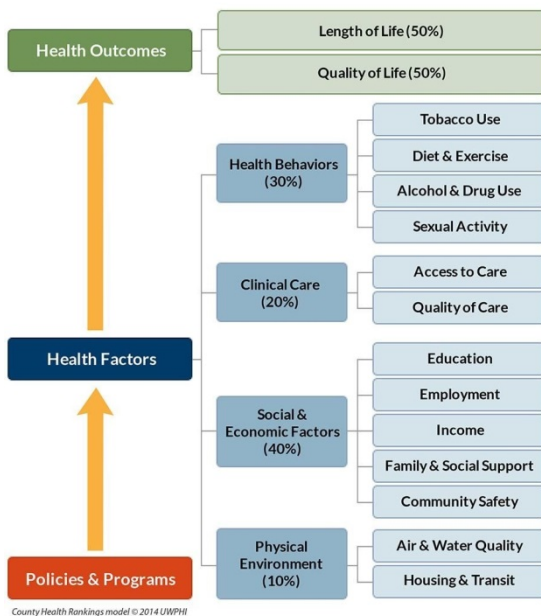
This data, along with key informant interviews, surveys, focus groups, and community forums were used by the steering committee to determine the health focus areas.

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

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

Health Factors

Policies & Programs

County Health Rankings model © 2014 UWPHI

COMMUNITY HEALTH ASSESSMENT

DEMOGRAPHICS

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

Source: U.S. Census Bureau

Age Composition

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

Source: U.S. Census Bureau
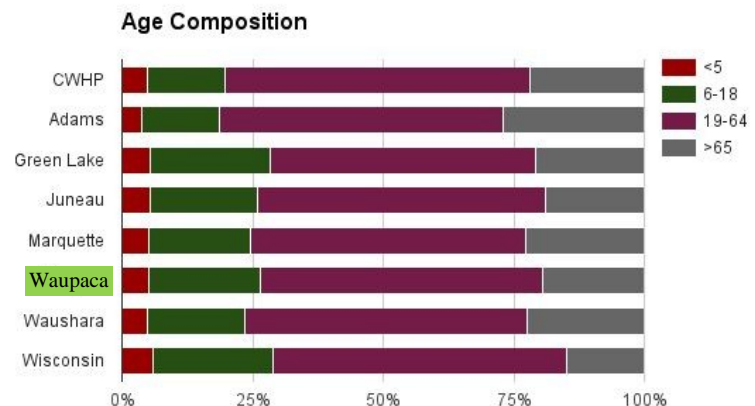
Source: U.S. Census Bureau

Race and Ethnicity

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.

Educational Attainment
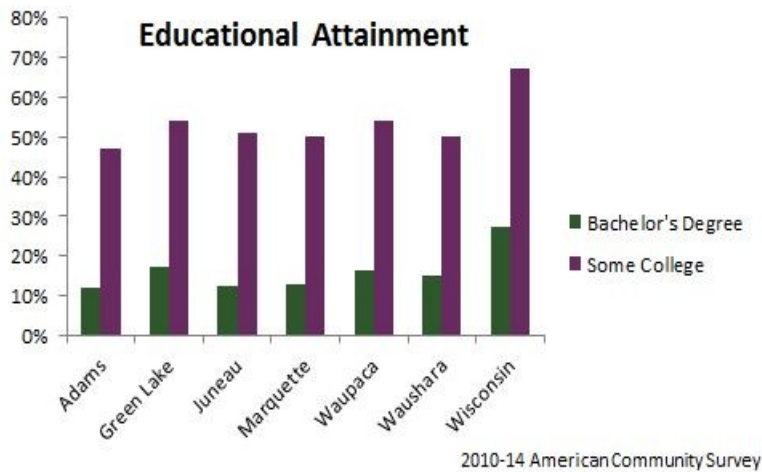
Educational Attainment

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

Personal Income

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.
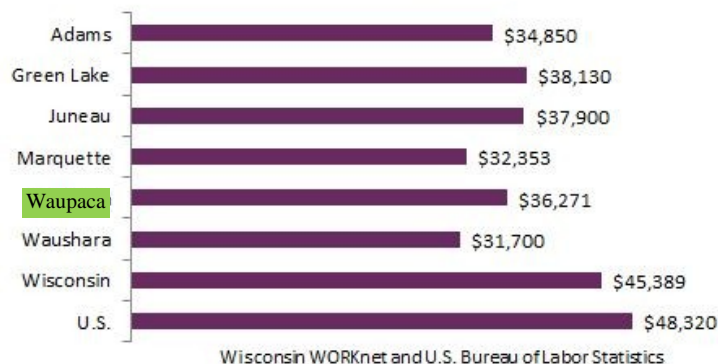
2015 Average Pay

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.

UNEMPLOYMENT RATE

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.

Unemployment Rate

Adams 5.1%, Green Lake 4.4%, Juneau 3.9%, Marquette 4.5%, Waupaca 3.7%, Waushara 4.7%, CWHP 4.3%, Wisconsin 3.8%, United States 4.5%

5/2016 U.S. Dept of Labor: Bureau of Labor Statistics
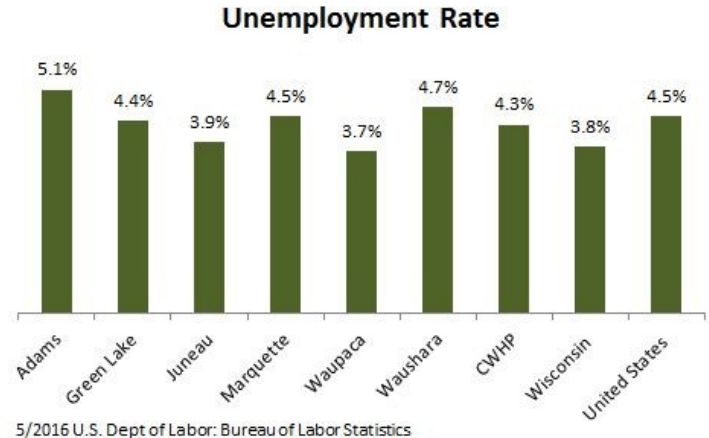
Distressed Communities Index

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.

ECONOMIC INNOVATION GROUP
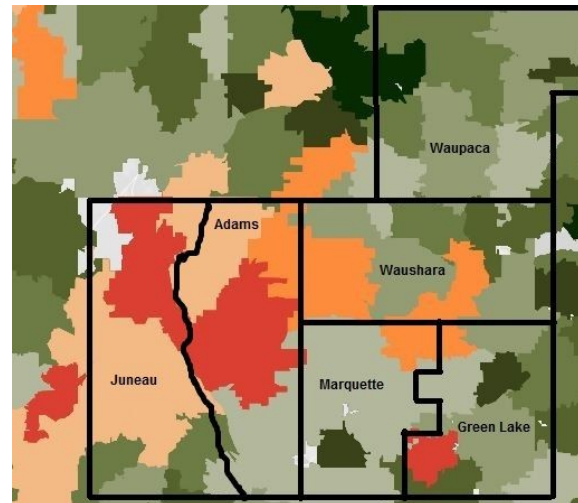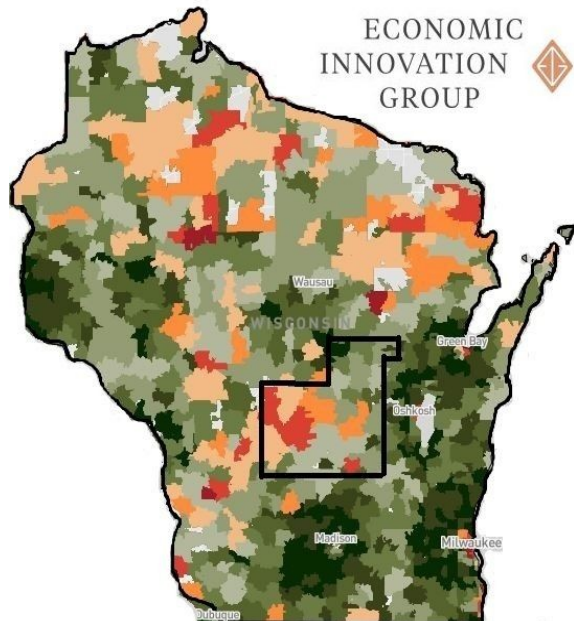
Index numbers are based upon the following measures.
- No High School Degree
- Housing Vacancy
- Adults Not Working
- Poverty Rate
- Median Income
- Change in Employment
- Change in Business Establishments

Least Distressed: 0-9, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, 90-100 Most Distressed

2016 WISCONSIN COUNTY HEALTH RANKINGS (CHR)

CHR Health Outcomes

Legend:
- Adams
- Green Lake
- Juneau
- Marquette
- Waupaca
- Waushara
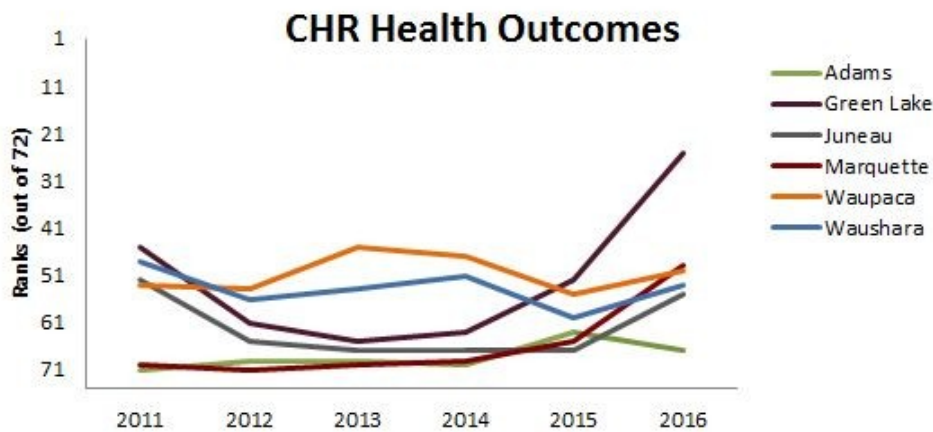
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

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 five 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	17th
Waupaca	**47th**
Marquette	55th
Waushara	58th
Juneau	59th
Adams	70th

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

3.7 Poor Physical Health Days in WI

3.6 Poor Physical Health Days in CWHP

3.7 Poor Mental Health Days in WI

3.3 Poor Mental Health Days in CWHP
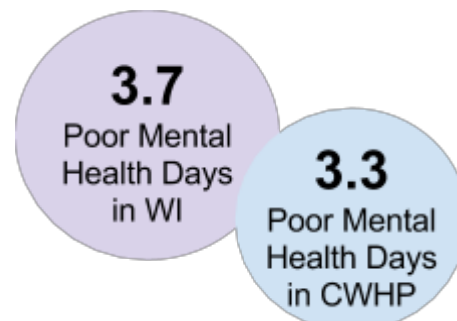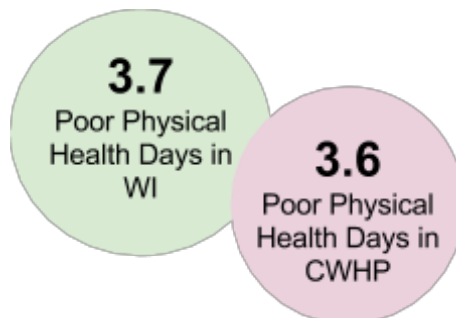
OVERALL HEALTH

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.

CWHP Underlying Cause of Deaths (2013)

Cause	Deaths
Heart Disease (Total)	474
Cancer (Total)	456
Ischemic Heart Disease	306
Trachea/Bronchus/Lung	125
Lower Resp. Disease	124
Accidents	88
Cerebrovascular Disease	78
Diabetes	61
Pneumonia and Influenza	57
Suicide	42
Colorectal	41
Infect.Parasitic Disease	27
Female Breast	24
Motor Vehicle Accidents	23
All Other	15
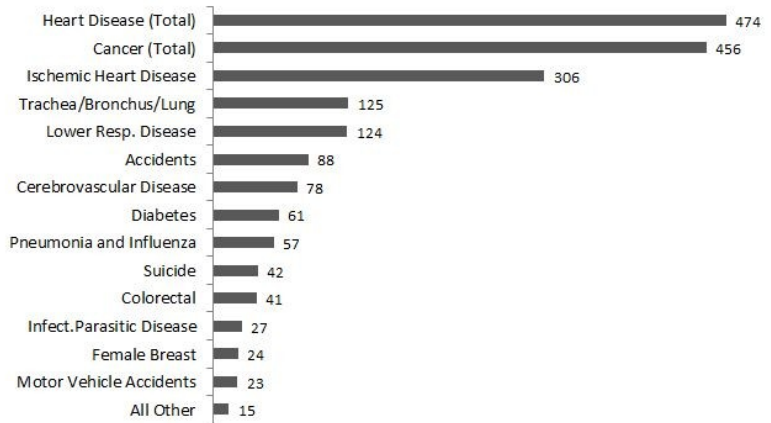
2015 Wisconsin Public Health Profiles

Obesity in CWHP

Adult Obesity Rate

County	Rate
Adams	31%
Green Lake	31%
Juneau	34%
Marquette	33%
Waupaca	26%
Waushara	32%
CWHP	31%
Wisconsin	29%

2016 County Health Rankings
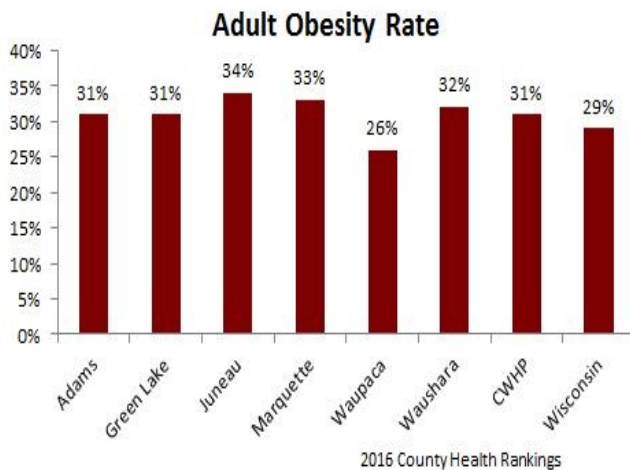
With the exception of Waupaca County, all counties in CWHP have rates of obesity higher than the state average. High rates can be attributed to lower individual and environmental socioeconomic status and the built environment, which may then be related to health attitudes and behaviors contributing to 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 ■ Lung ■ Breast ■ Prostate

Cancer

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

	All Cancer	Lung	Breast	Prostate
Adams	472	87*	87*	108*
Green Lake	469	56	63	134
Juneau	484	82	118	133
Marquette	500	85*	130	117
Waupaca	478	63	113	162
Waushara	452	81*	127	100*
CWHP	476	76	106	126
Wisconsin	471	63	124	149

* Statistically Different from State Rate
2013 Community Cancer Profile
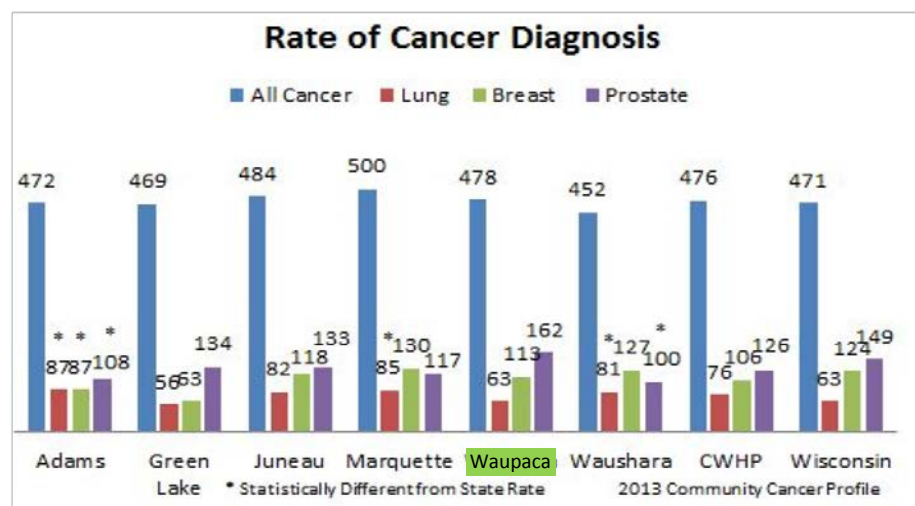
Diabetes

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.

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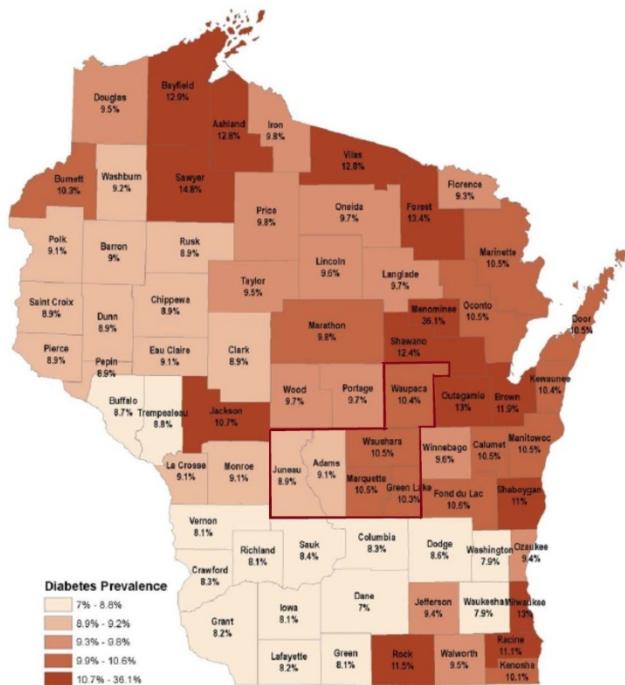
Estimated Diabetes Prevalence in Adults

Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara	CWHP	Wisconsin
9.1%	10.3%	8.9%	10.5%	10.4%	10.5%	10.0%	10.1%

(2011 The Burden of Diabetes in Wisconsin)
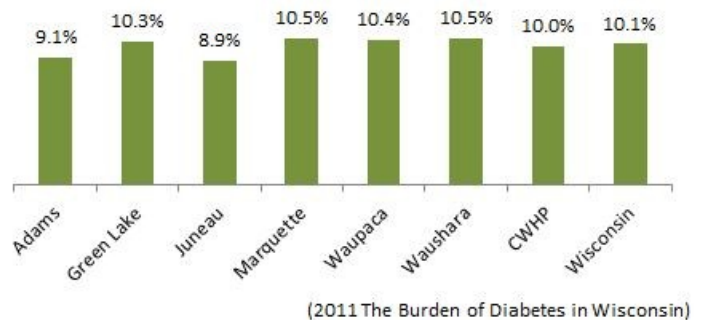
Heart Disease

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	#6
Reason for Visit	Chest Pain	Chest Pain	Heart Attack	Cardiac Related	Chest Pain	Chest Pain	Cardiac Related	Chest Pain

COMMUNICABLE DISEASE

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

Communicable Disease Rate per 1,000

County: 2015 WEDSS Report   State: 2015 Public Health Profile
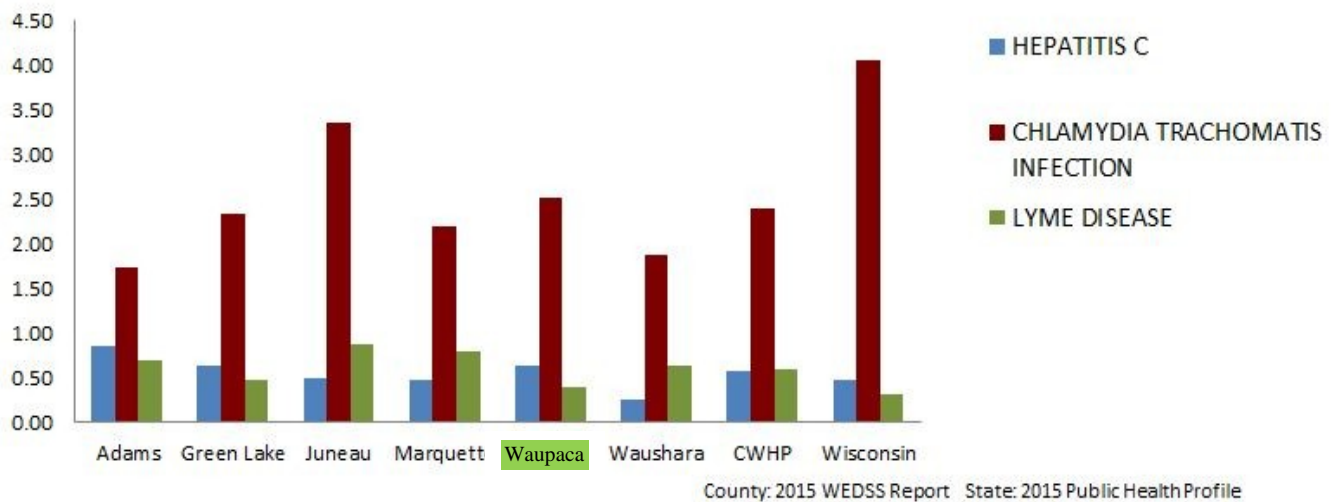
A state map of Lyme disease incidences, along with an individual trend line for Waupaca County's rate of Chlamydia, can be seen in Appendix B.

ENVIRONMENT

Drinking Water

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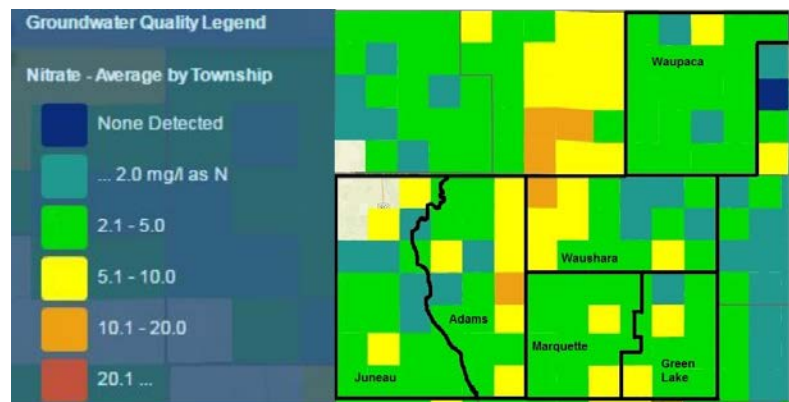
Source: U.W. Stevens Point

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

Source: Environmental Health Profiles

Wisconsin Heat Vulnerability Index (HVI)

Wisconsin Vulnerability (county based quantiles) by Census Block Group

Heat Vulnerability
- High (Top 20%)
- Moderate High
- Moderate
- Moderate Low
- Low (Bottom 20%)

Reference Data
- Park / Forest
- Water
- Municipal Boundary

0 20 Miles

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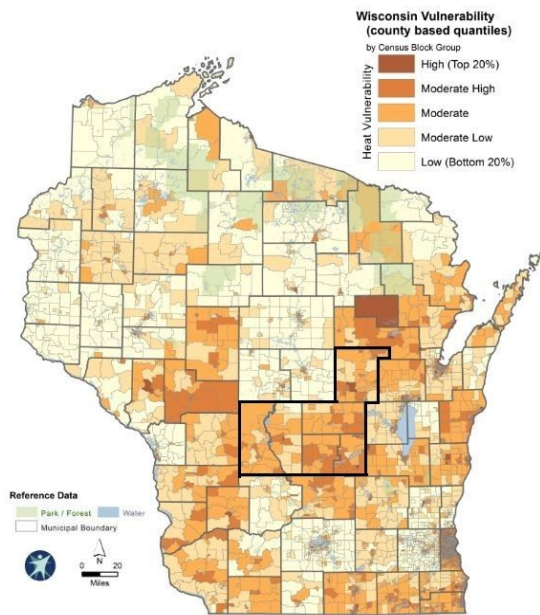
Heat Stress ER visits per 100,000 people	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara	Wisconsin
	46.8	19.2	48.6	28.8	21.6	23.6	16.5

Source: Environmental Health Profiles

ACCESS TO HEALTHCARE

Uninsured Rates

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
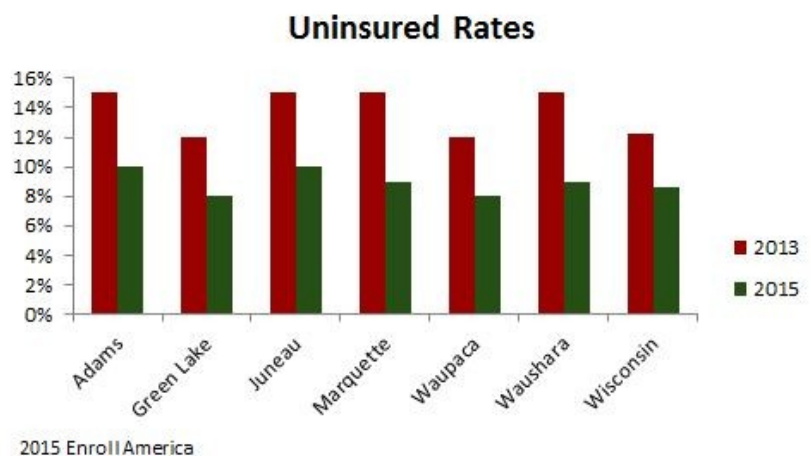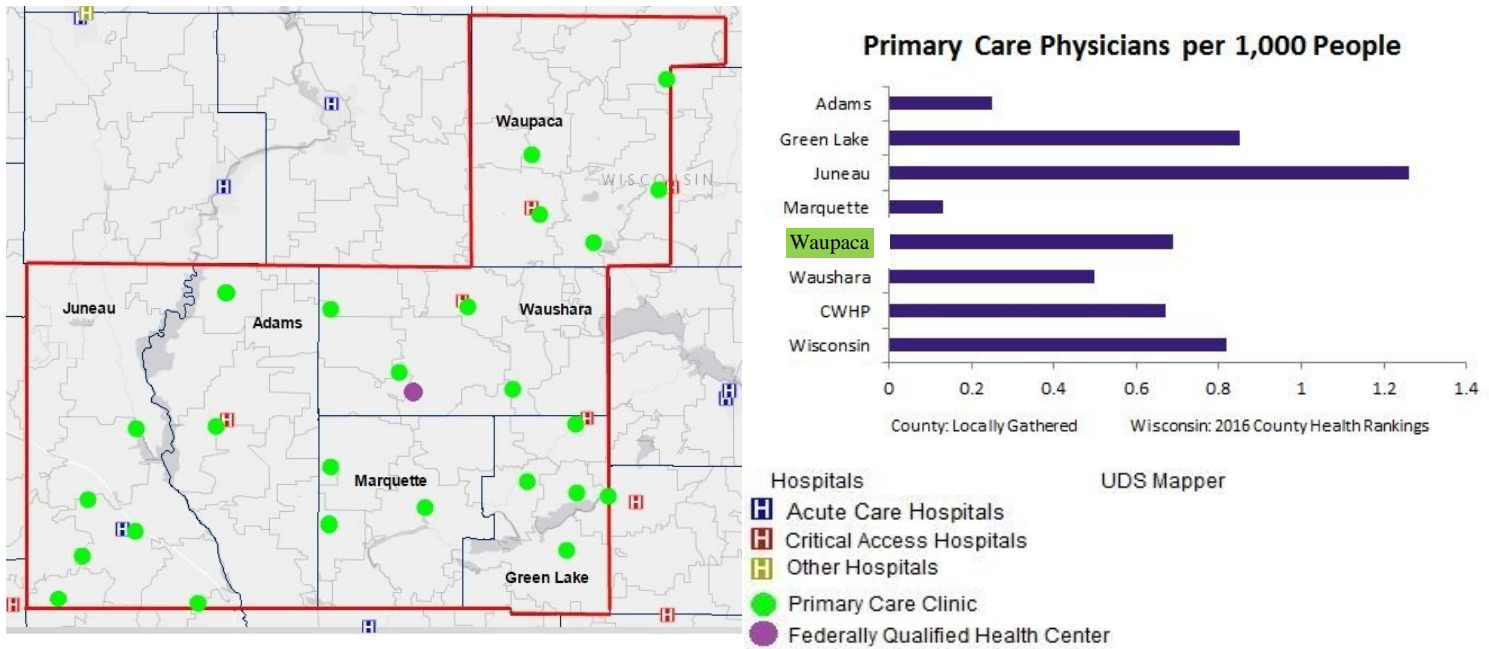
Primary Care Physicians

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 access through facilities operated by Family Health/ La Clinica.
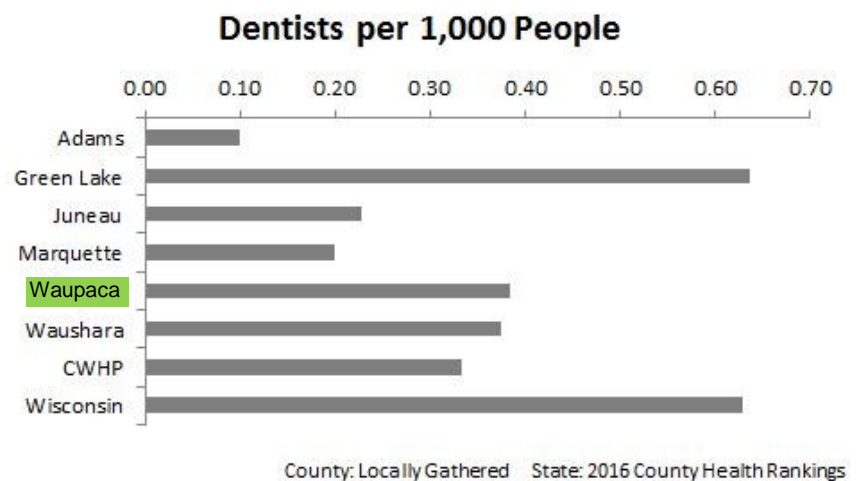
HEALTH BEHAVIORS

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 Waupaca County 22% of pregnant mothers smoked during their pregnancy (County Health Rankings and Roadmaps).

Adult Smoking Rate

County	Rate
Adams	20%
Green Lake	27%
Juneau	28%
Marquette	36%
Waupaca	27%
Waushara	24%
CWHP	27%
Wisconsin	20%
State Goal	16%

2013 Community Cancer Profile

Physical Inactivity

County	Rate
Adams	25%
Green Lake	23%
Juneau	29%
Marquette	25%
Waupaca	25%
Waushara	27%
Wisconsin	22%

2016 County Health Rankings
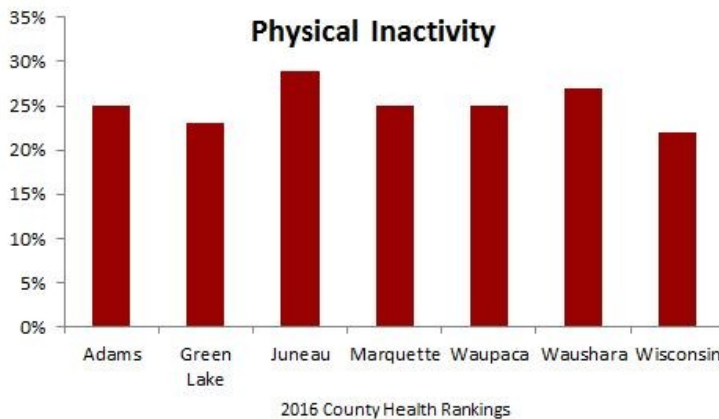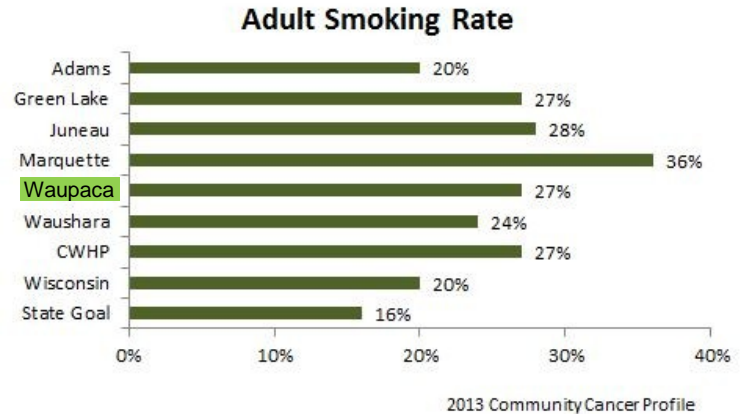
Physical Inactivity

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

Access to Exercise Opportunities

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

It is important to note the percentages to the right do not include access to schools, which most CWHP residents can use during the winter to walk in. They also have ample access to nature. This allows the possibility for higher levels of outdoor physical activity and nature- based play and recreation.

Access to Exercise Opportunities

County	Rate
Adams	36%
Green Lake	56%
Juneau	39%
Marquette	15%
Waupaca	63%
Waushara	28%
Wisconsin	81%

2016 County Health Rankings
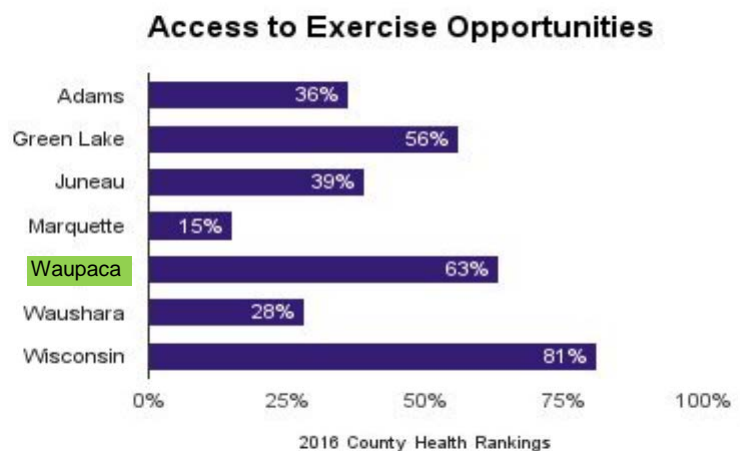
Waupaca County's additional measures for the community health assessment can be found in Appendix B

CHOOSING HEALTH PRIORITIES

Criteria Used to Identify Priorities

Criterion 1. The magnitude of the problem
- ➢ What is the percentage of the population impacted?
- ➢ Is it associated with the leading cause of death in 4 of the 6 counties?

Criterion 2. The severity of the problem
- ➢ Is it worse than the Wisconsin average?
- ➢ Is the trend worsening in 4 of the 6 counties?

Criterion 3. A high need among vulnerable populations (health equity)
- ➢ Is the problem equally distributed across the population?
- ➢ If no, what groups are more likely to be at risk or currently impacted?

Criterion 4. The community's capacity and/or willingness to act on the issue
- ➢ Was it identified by community stakeholders in 4 of the 6 counties?
- ➢ Was it identified by primary community input in 4 of the 6 counties?
- ➢ Was it identified by Wisconsin Health Improvement Planning Process?

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

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

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

Adverse Childhood Experiences (ACEs)

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

Prevalence of 4 or more ACEs in Wisconsin Counties

	< 10%
	10%-15%
	15%-20%
	> 20%

Priority 1. Alcohol and Other Drug Abuse (AODA)

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

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

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

Excessive Drinking

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.
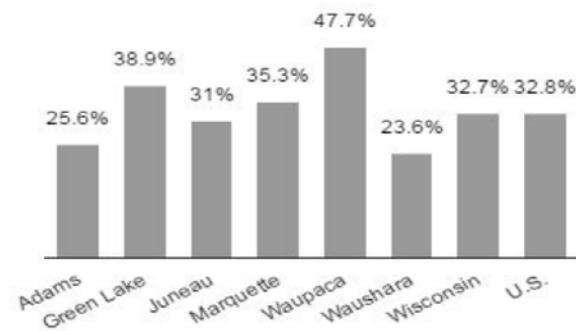
Excessive Drinking Rate

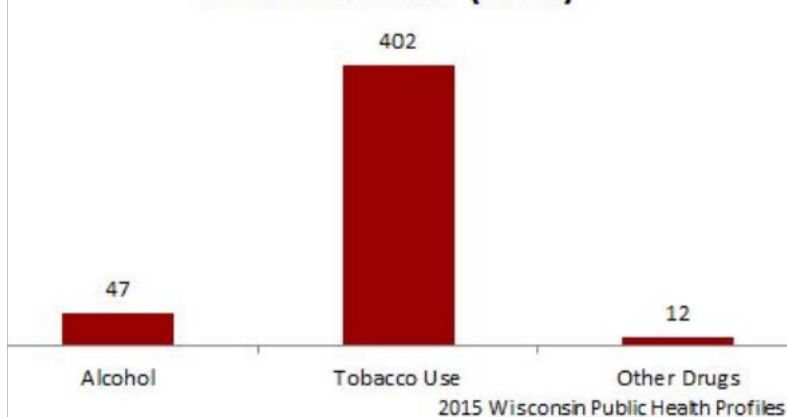|	
Adams	23%
Green Lake	24%
Juneau	23%
Marquette	22%
Waupaca	25%
Waushara	22%
CWHP	23%
Wisconsin	23%
Top U.S.	12%

2016 County Health Rankings
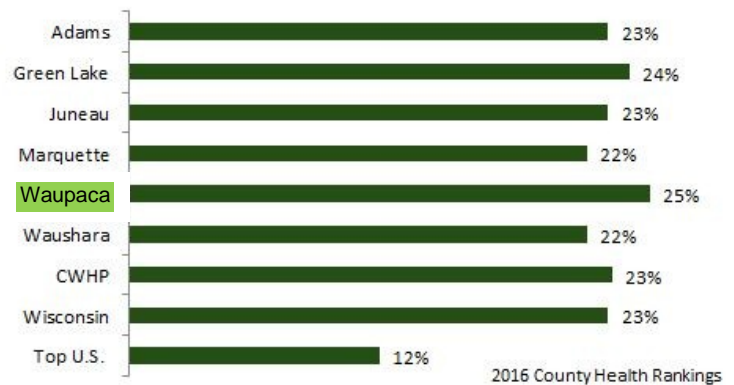
One Alcoholic Drink

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

One Alcoholic Drink (Last 30 days)

Adams	25.6%
Green Lake	38.9%
Juneau	31%
Marquette	35.3%
Waupaca	47.7%
Waushara	23.6%
Wisconsin	32.7%
U.S.	32.8%

CWHP Alcohol and Drug Abuse Related Deaths (2013)

|	
Alcohol	47
Tobacco Use	402
Other Drugs	12

2015 Wisconsin Public Health Profiles

## Tobacco Use

Tobacco use remains the single most preventable cause of death and disease in the United States. In 2013 there were a total of 1,941deaths 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.

The map of Wisconsin offers a snapshot of the most recent rates and illustrates three counties in CWHP higher than the majority of the state.
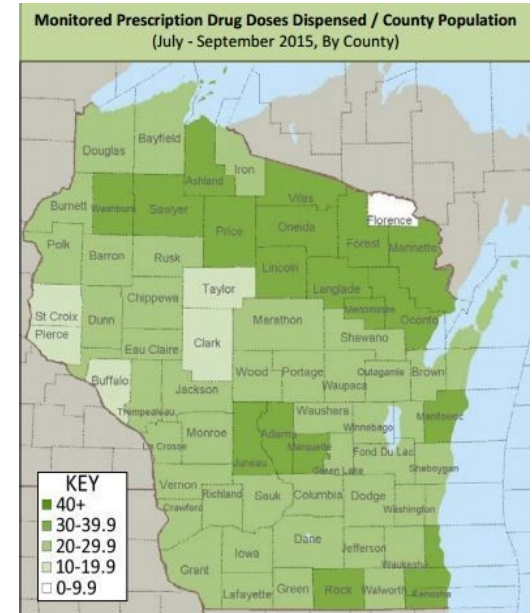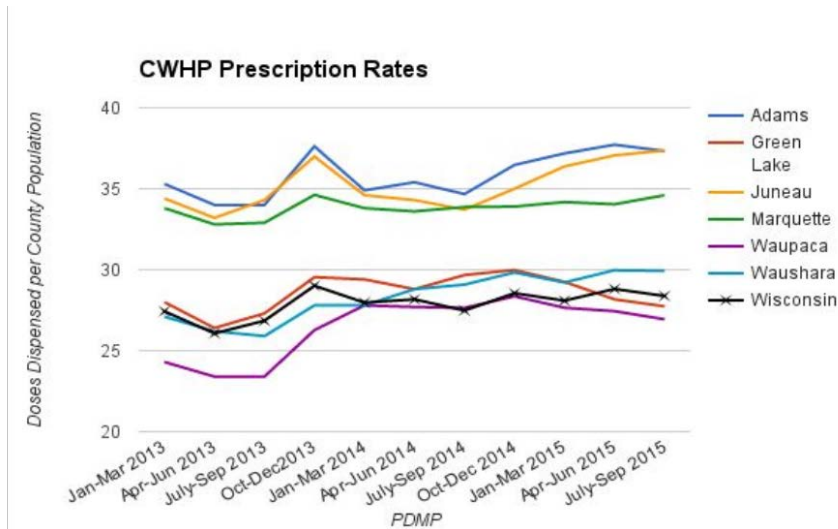
Source: Wisconsin Prescription Drug Monitoring Program (PDMP)

Priority 2. Mental Health

Many factors can contribute to one's mental health. Risk factors can include biology, a family history of mental health problems, or Adverse Childhood Experiences (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.
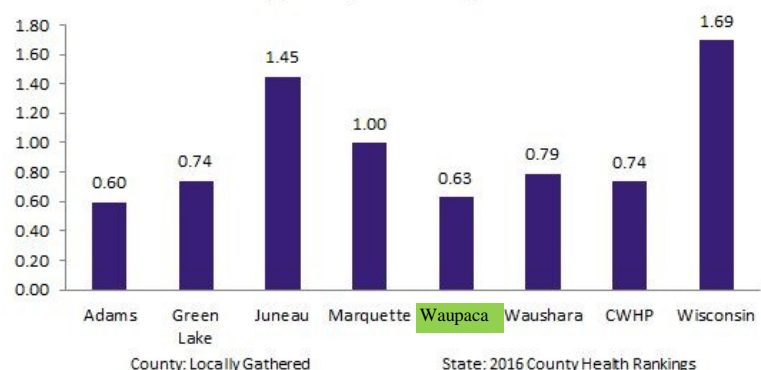
Relevant strengths:
- Community support systems
- Crisis Units
- Comprehensive Community Services

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

Suicide Rates

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.

Prevent Suicide Wisconsin 2015

Attempted Suicide

The chart below 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.

* Data for this measure not available for Waupaca County
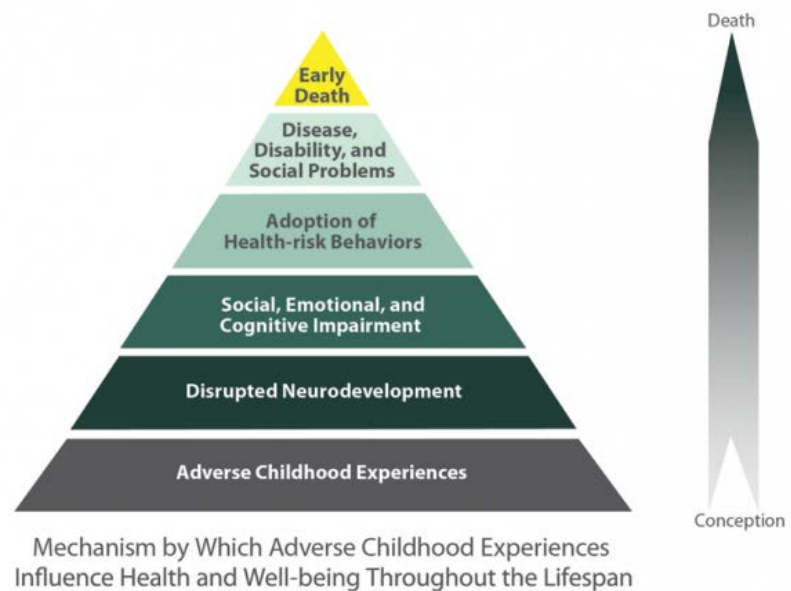
Priority 3. Chronic Disease

Adverse Childhood Experiences (ACE's) have also been linked to poor chronic health conditions, encompassing asthma, COPD, cancer, arthritis, and diabetes among others. Chronic disease prevention programs come in many forms. Examples include making healthy food choices, physical activity programs, child maltreatment prevention, and more broadly, anything with the aim to reduce risky behaviors. These behaviors include smoking, excessive drinking, risky sexual practices, poor nutrition, and a lack of physical activity.

Relevant strengths:
- Trauma Informed Care Practices of Waupaca County DHHS
- Senior Wellness Programs
- Community Coalitions Focused on Nutrition and Physical activities
- Smoking Cessation Programs
- STI/STD Testing and Treatment Clinic
- Outreach Events To Engage Communities To Meet The Needs Of Others
- Waupaca County Drug Court
- Seal-A-Smile Program

Relevant challenges:
- Access To Affordable Exercise Opportunities
- High Smoking Rates
- Excessive Drinking Rates
- High Number Of Aces
- Poverty

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course. Source CDC

3 of the top 10 visits at Family Health/La Clinica in Wautoma can be attributed to chronic disease.

2015 Family Health/La Clinica Top Visits				
Rank	1	2	3	4	5
Type of Visit	Dental Exam	Dental Exam and Cleaning	Medical Exam	Diabetes	Long-term Medications
Rank	6	7	8	9	10
Type of Visit	Hypertension	Infant or Child Check	Exercise Counseling	Long-term Opiate Use	Immunizations

Note: Family Health/La Clinica is a Federally Qualified Healthcare Center that serves all six counties of CWHP.

CENTRAL WISCONSIN HEALTH PARTNERSHIP'S TIMELINE

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

The Start---- Central Wisconsin Health and Economic Development Summit

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

The key themes that emerged from summit conversations across all six counties were:
1. Workforce Development
2. Family and Community Development
3. Transportation and Communication Connectivity
4. Collaboration

For more in depth information on the summit, visit: www.cwhpartnership.org

Planning (October 2015-February 2016)

The purpose of the regional health assessment is to assemble, with partners, to assess the region's resources and needs and then align our counties under two regional priorities.
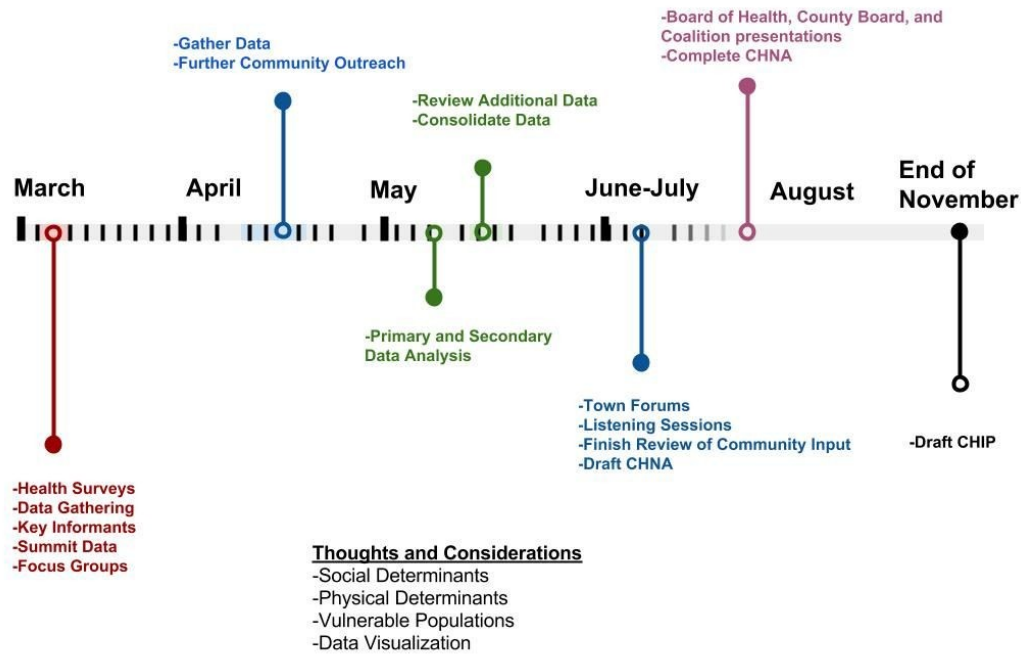
Questions we had were:
- What collaboration can and cannot be done with a needs assessment between the hospitals and public health departments?
- Will a regional health assessment fit in the Public Health Accreditation Board's (PHAB) guidelines?
- How many regional priorities will we focus on and what will they be?
- What will the state's new assessment look like? How will it guide our priorities?

Assessing and Prioritizing (March 2016-July 2016)

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

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

-Board of Health, County Board, and Coalition presentations
-Complete CHNA

-Gather Data
-Further Community Outreach

-Review Additional Data
-Consolidate Data

March | April | May | June-July | August | End of November

-Primary and Secondary Data Analysis

-Town Forums
-Listening Sessions
-Finish Review of Community Input
-Draft CHNA

-Draft CHIP

-Health Surveys
-Data Gathering
-Key Informants
-Summit Data
-Focus Groups

Thoughts and Considerations
-Social Determinants
-Physical Determinants
-Vulnerable Populations
-Data Visualization

Finalizing and Engaging (2017 and Beyond)

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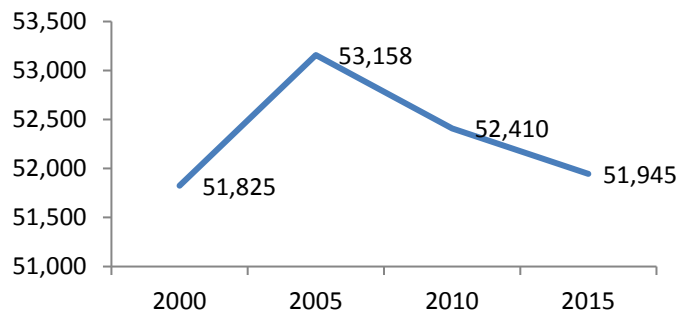
APPENDIX B

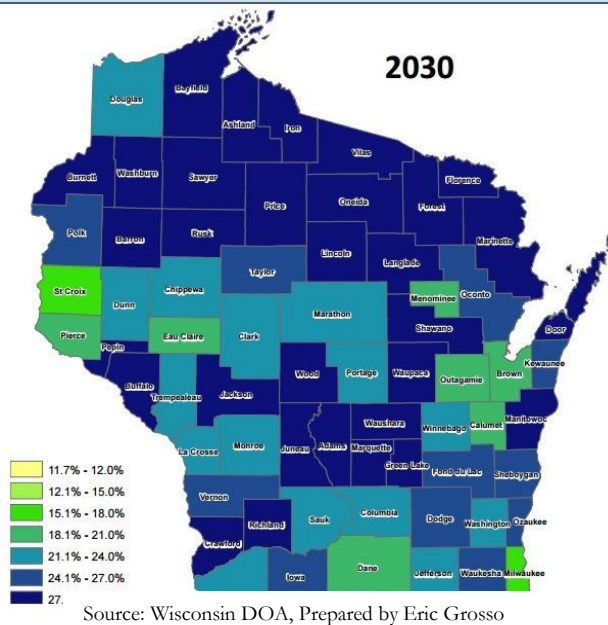## Community Health Assessment Additional Data

Population

The Wisconsin map to the right shows the 65 and older population projections for the year 2030.

2030

11.7% - 12.0%
12.1% - 15.0%
15.1% - 18.0%
18.1% - 21.0%
21.1% - 24.0%
24.1% - 27.0%
27.

Source: Wisconsin DOA, Prepared by Eric Grosso

Waupaca County Population

51,825
53,158
52,410
51,945

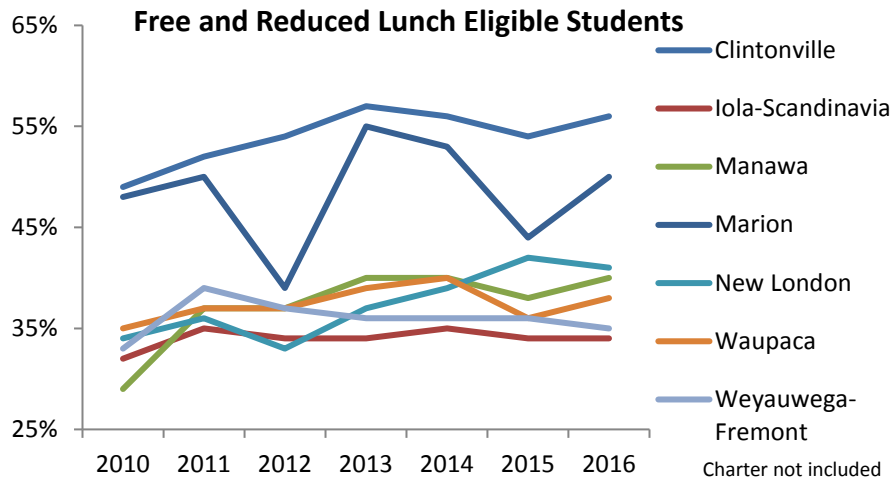Source: US Census Bureau, Wisconsin Division of Public Health

FoodShare

Following the national economic recession that occurred from December 2007 to June 2009, Waupaca County saw an increased need for assistance from its residents. After peaking in 2013, the number of FoodShare recipients is decreasing. Following the trend of this measure allows the health department to see how many of its residents are living in poverty.

Waupaca County Foodshare Recipients

6406
7214
7526
8780
8820
8503
8209
7667
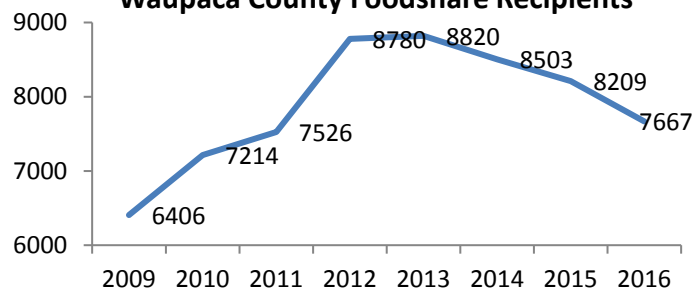
Source: Department of Health Services FoodShare Wisconsin Data

Free and Reduced Lunch Eligible Students

- Clintonville
- Iola-Scandinavia
- Manawa
- Marion
- New London
- Waupaca
- Weyauwega-Fremont

Charter not included

Free and Reduced Lunch

Free and reduced school lunch percentages can provide information about relative poverty. The percentage is the combined average of all the public schools in the district. It is termed relative because of the varying federal poverty thresholds. The actual number of children in poverty in Waupaca County is 14% (County Health Rankings 2016).

Source: Wisconsin Department of Public Instruction

Housing
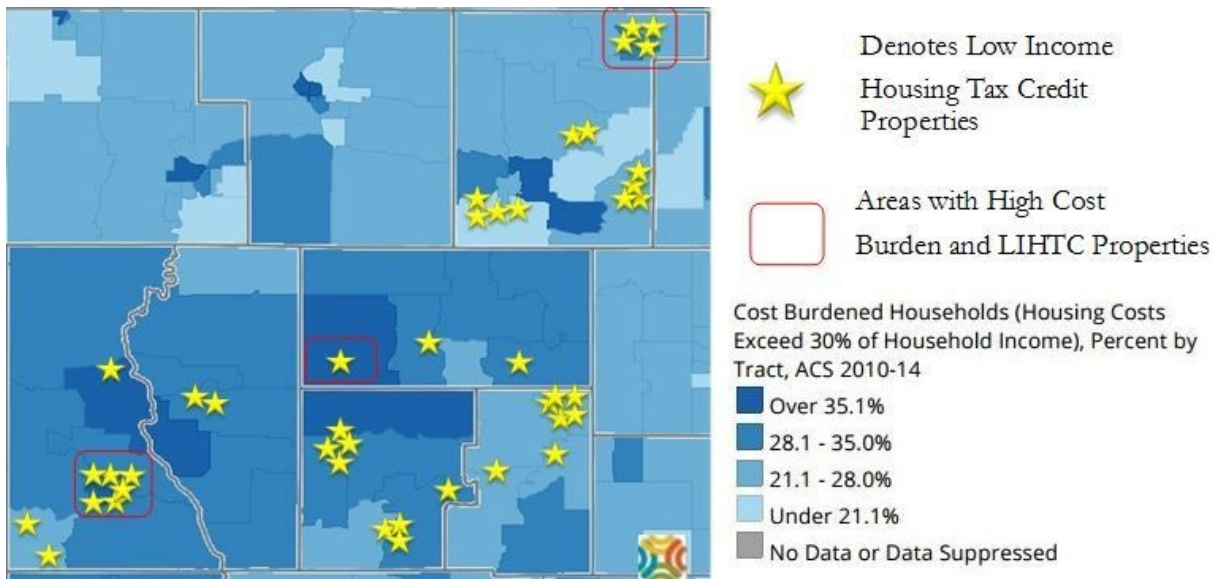
ER Visits

2015 ThedaCare Waupaca Hospital Emergency Room Visits				
Rank	1	2	3	4	5
Type of Visit	Urinary tract infection	Chest pain unspecified	Open wound of finger	Unspecified otitis media	Bronchitis
Rank	6	7	8	9	10
Type of Visit	Other chest pain	Lumbago	Pneumonia, unspecified organism	Pneumonia, specified	Acute pharyngitis

Waupaca County Chlamydia Cases

	2012	2013	2014	2015	2016
Count	130	136	116	128	151
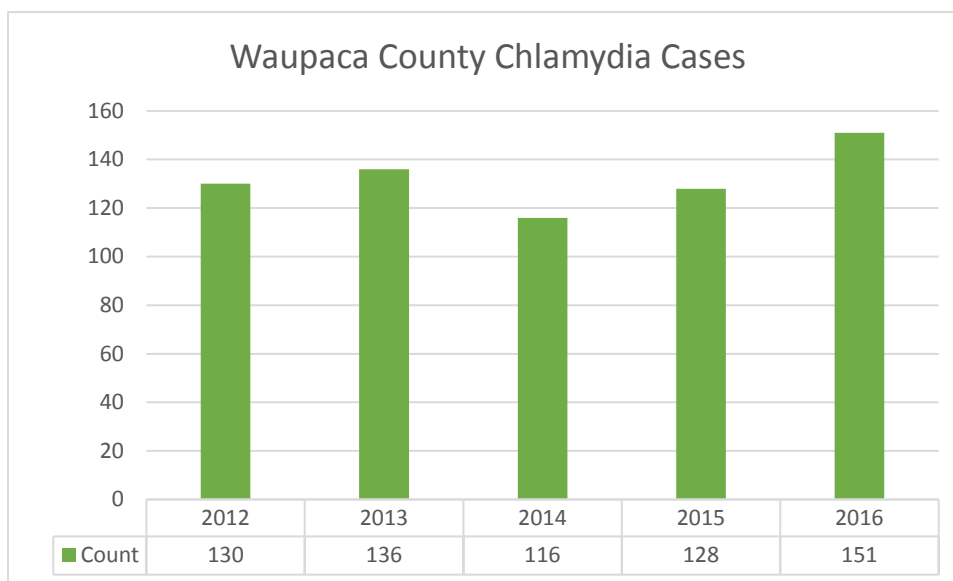
Chlamydia

On average, chlamydia cases have been increasing in Waupaca County. In 2016, cases rose to 151.

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.
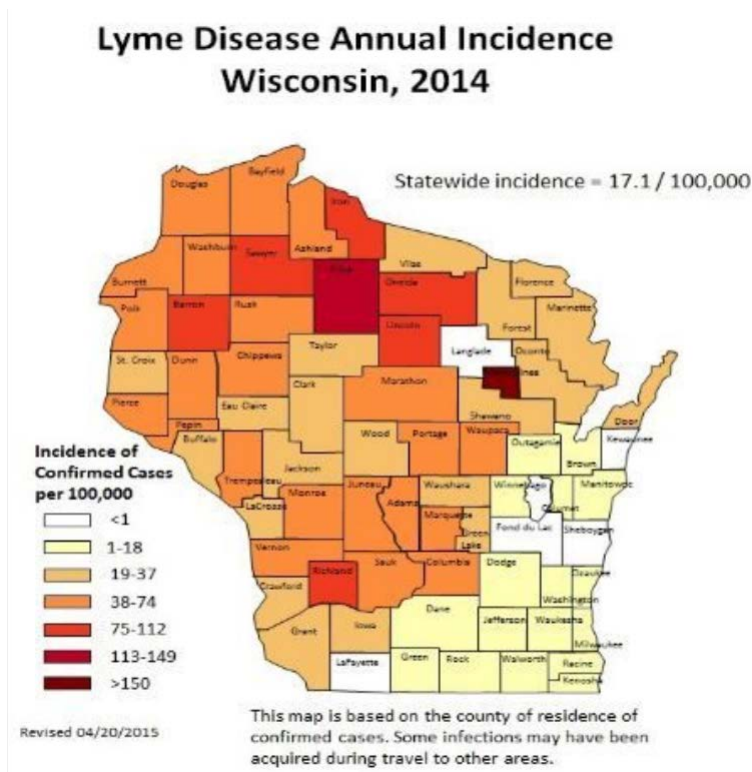
Fluoridation by Public System

Public Supply	Population Served	Fluoride Status
Clintonville	4635	Natural
D & B Manufactured Homes	71	Natural
Embarrass Waterworks	496	Non-Adjusted
Iola Waterworks	1350	Non-Adjusted
Manawa Waterworks	1300	Non-Adjusted
Marion	1293	Non-Adjusted
New London	5571	Adjusted
Oakwood Estates Mobile Home Park	110	Non-Adjusted
Rawhide Youth Homes	105	Non-Adjusted
Waupaca	5750	Adjusted
Weyauwega	1856	Non-Adjusted
Wisconsin Veterans Home	1240	Non-Adjusted

Source: Wisconsin Public Water Supply Fluoridation Census - 2013

Adjusted refers to levels of fluoride at the recommended level. Those non-adjusted are below the recommended level.

Besides a low number of providers, another oral health disparity is a lack of access to water with fluoride in it. According to 2013 data, among residents in Waupaca County who relied on a public water supply, 45.4% had access to optimally fluoridated water. As of 2016, only three municipal systems in Waupaca County fluoridate water. Still to this day there is disbelief with the medical and scientific consensus that fluoride is safe. This natural mineral hardens tooth enamel and prevents tooth decay.

Lyme Disease Annual Incidence Wisconsin, 2014

Statewide incidence = 17.1 / 100,000

Incidence of Confirmed Cases per 100,000
- <1
- 1-18
- 19-37
- 38-74
- 75-112
- 113-149
- >150

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

Substance Use Disorders

In 1999, only 557 people who died from a drug overdose had both heroin and an opioid analgesic in their systems. This figure dropped for the next few years and then climbed significantly in the late 2000s. The most dramatic spike occurred between 2013 and 2014, when there was a 75% increase in deaths involving both heroin and opioid analgesics. This figure is potentially the clearest reminder of the increasingly deadly relationship between illegal opiates like heroin and legal opioids prescribed by doctors. While their origin and official purpose may differ, the potentially deadly outcomes of abuse are identical. Although this is national data, Waupaca County has seen a significant increase in heroin, opioid and methamphetamine use also.
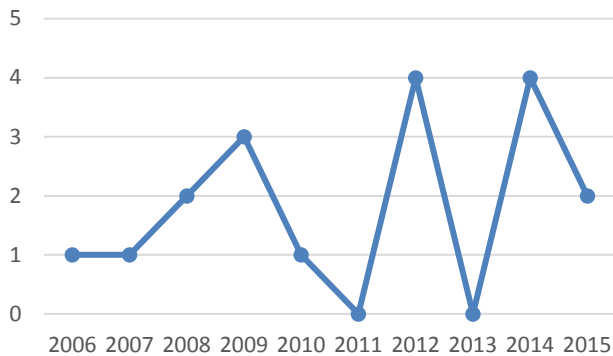
NATIONAL DATA

Drug Overdose Deaths Involving Heroin and a Prescription Opioid, by Year
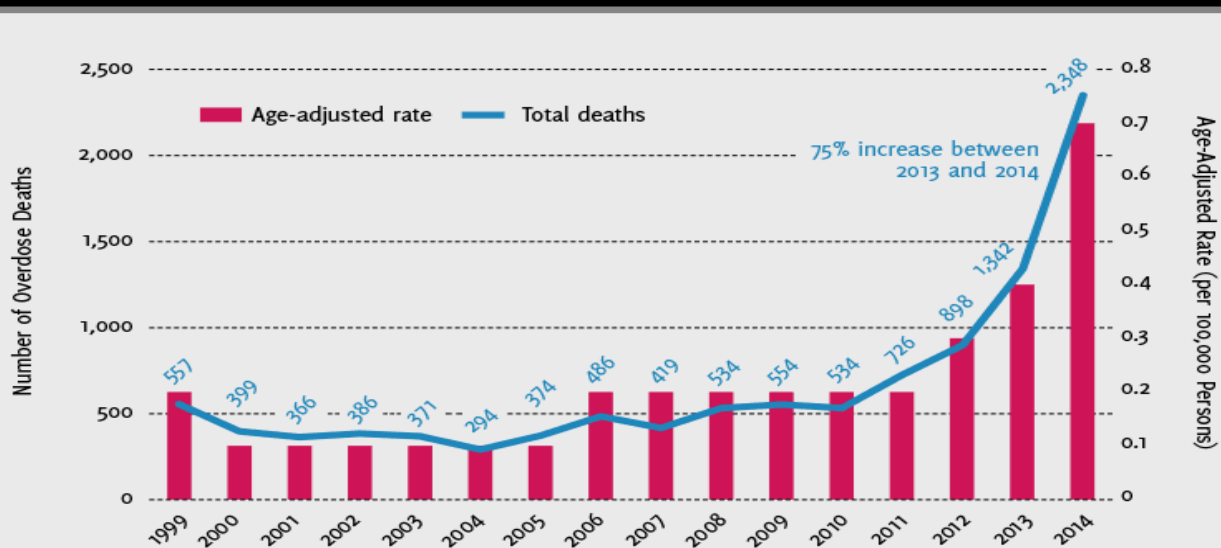
Source: Centers for Disease Control and Prevention, National Center for Health Statistics

Table 1. Crude rate of drug overdose deaths involving opioids by county of decedent residence, Waupaca

Source: Select Opioid-Related Morbidity and Mortality Data for Wisconsin – November 2016

Overview of opioids morbidity and mortality in Wisconsin

Wisconsin is in the midst of a drug overdose epidemic driven by opioids. Over the last decade, the rate of opioid overdose deaths has almost doubled. Opioid overdose deaths represent the "tip of the iceberg" of the total opioid harm in Wisconsin. Prescription opioids have been the main driver of drug overdose deaths and poisonings. In 2015, the majority of opioid-related deaths (63%) in Wisconsin involved prescription drugs. Prescription opioid use is often the gateway to heroin use. Three out of four people who use heroin first use prescription opioids (CDC, 2016). Consequently, in recent years, heroin-related deaths and hospital encounters have increased dramatically due to heroin's low cost, easy access, and high potency.

CAUSE OF DEATH COUNTS BY RACE AND SEX

Waupaca County – Death Pronounced: January 1, 2015 – December 31, 2015

M – Male F - Female	T		American		Bla		Laotian/Hmo		Ot		Wh	
	M	F	M	F	M	F	M	F	M	F	M	F
Total Deaths, All causes	**416**	**334**	**1**	**1**	**2**	**0**	**0**	**0**	**1**	**0**	**412**	**333**
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0
ACCIDENTS	27	10	0	0	0	0	0	0	0	0	27	10
ALL OTHER (ALL OTHER CODES)	85	75	0	1	0	0	0	0	0	0	85	74
ALZHEIMER'S DISEASE	11	12	0	0	0	0	0	0	0	0	11	12
ANEMIAS	0	2	0	0	0	0	0	0	0	0	0	2
AORTIC ANEURYSM AND DISSECTION	2	3	0	0	0	0	0	0	0	0	2	3
ASSAULT (HOMICIDE)	1	0	0	0	0	0	0	0	0	0	1	0
ATHEROSCLEROSIS	5	9	0	0	0	0	0	0	0	0	5	9
BENIGN NEOPLASMS	3	1	0	0	0	0	0	0	0	0	3	1
CEREBROVASCULAR DISEASES	18	31	0	0	0	0	0	0	0	0	18	31
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	1	1	0	0	0	0	0	0	0	0	1	1
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	2	1	0	0	0	0	0	0	0	0	2	1
CHRONIC LIVER DISEASE AND CIRRHOSIS	10	2	0	0	0	0	0	0	0	0	10	2
CHRONIC LOWER RESPIRATORY DISEASES	34	21	0	0	0	0	0	0	0	0	34	21
CONGENITAL MALFORMATIONS	2	0	0	0	0	0	0	0	0	0	2	0
DIABETES MELLITUS	8	4	0	0	0	0	0	0	0	0	8	4
DISEASES OF THE HEART	79	74	1	0	1	0	0	0	0	0	77	74
HYPERPLASIA OF PROSTATE	1	0	0	0	0	0	0	0	0	0	1	0
HYPERTENSION	3	2	0	0	0	0	0	0	0	0	3	2
INFLUENZA AND PNEUMONIA	11	7	0	0	0	0	0	0	0	0	11	7
INTENTIONAL SELF-HARM (SUICIDE)	6	2	0	0	0	0	0	0	0	0	6	2
MALIGNANT NEOPLASMS (CANCER)	85	60	0	0	1	0	0	0	1	0	83	60
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	3	7	0	0	0	0	0	0	0	0	3	7
PARKINSON'S DISEASE	10	3	0	0	0	0	0	0	0	0	10	3
PEPTIC ULCER	1	0	0	0	0	0	0	0	0	0	1	0
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	6	1	0	0	0	0	0	0	0	0	6	1
SEPTICEMIA	2	6	0	0	0	0	0	0	0	0	2	6

Source: Wisconsin Department of Health Services, State Vital Records Office

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*Where one county is listed, it can be assumed the same source was used to gather every county's data