Waushara County

Community Health Improvement Plan

2017-2022

In collaboration with:

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

Waushara County Community Health Improvement Plan

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Letter to the Community
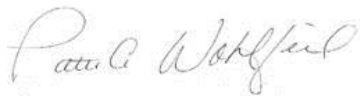
Dear Waushara County Residents and Friends,

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

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

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

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

Sincerely,

Patti Wohlfeil
Health Officer
Waushara County Health Department

Acknowledgements

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

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

Our Community Partners

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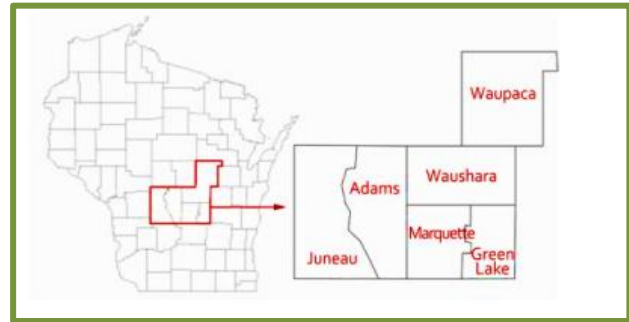
Steering Committee

- Sarah Grosshuesch, Adams County Health Officer

- Kathy Munsey, Green Lake County Health Officer

- Julia McCarroll, Green Lake County Health Educator

- Barb Theis, Juneau County Health Officer

- Alyson Horkan, Juneau County Public Health Nurse

- Jamie Schenk, Marquette County Health Officer

- Lauren Calnin, Marquette County Health Educator

- Jed Wohlt, Waupaca County Health Officer

- Terry Harrington, Waupaca County Preparedness Program Specialist

- Patti Wohlfeil, Waushara County Health Officer

- Brenna Root, Waushara County Health Educator

Other Community Partners

- Waushara County Wellness Coalition

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

Executive Summary

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

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

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

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

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

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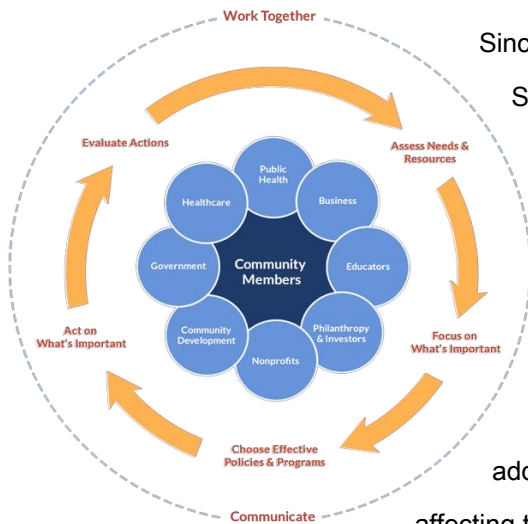
Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions affecting their residents. This process is the "Community Health Improvement Process". The community health improvement process has two major phases: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

The Take Action Cycle

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

CHA Timeline

August 2015-
Central Wisconsin Health and Economic Summit

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

April 2016-
Secondary data gathering, further community outreach

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

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

-August 2016
Finalizing the document

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

CHIP Timeline

December 2016-
First CHIP steering committee meeting held

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

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

-May 2017
State Health Improvement Plan Released

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

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

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

Assess Needs and Resources

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

Focus on What's Important

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

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

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

7

Choose Effective Policies and Programs

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

Act on What's Important

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

Evaluate Action

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

Work Together

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

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

Communicate

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

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

2016 Community Health Assessment Key Findings

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

Demographics and Determinants of Health

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

Age Composition

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

Average Annual Wage

$10,205

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

Educational Attainment

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

Access to Care

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

2016 Community Health Assessment Key Findings

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

CWHP Health Snapshot

ADULT SMOKING RATE

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

HEART DISEASE

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

EXCESSIVE DRINKING

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

OBESITY RATES

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

Waushara County Key Informant Interview Results

Community Strengths

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

Community Challenges

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

Accomplishments from the 2014 - 2018 CHIP

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

2014

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

2015

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

2016

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

2017

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

Overarching Priority Areas

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

Access to Care

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

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

Adverse Childhood Experiences

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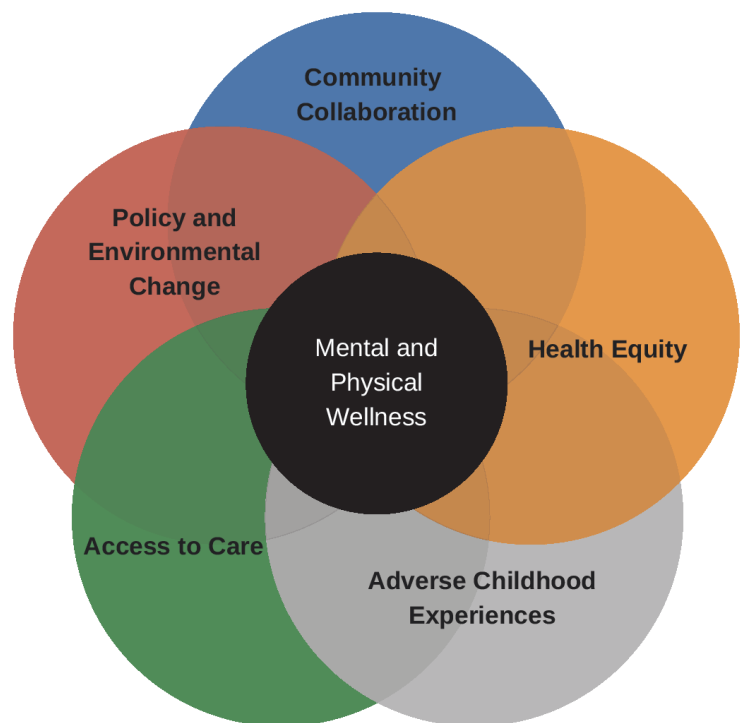
support system and the skills to successfully cope with life's many challenges. This is what we call resilience, and it's something children learn best when they've been given the following positive supports:

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

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

Healthy Equity

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

Community Collaboration

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

Policy, Systems and Environmental Change

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

2017 - 2022 Health Priority Areas

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

Defining Goals, Objectives, and Strategies

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

GOALS

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

OBJECTIVES

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

STRATEGIES

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

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

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

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

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

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

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

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

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

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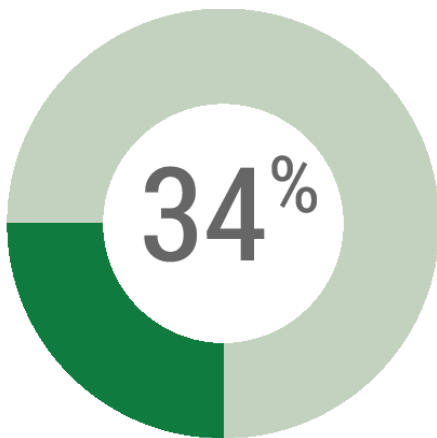 http://nrepp.samhsa.gov/

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

Priority Area: Mental Health

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

Snapshot of Waushara County

0.79
Mental Health Providers per 1,000 people

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

34%

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

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

◄15-20%►

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

Goal 1: Improve mental health and decrease suicide rates in CWHP counties

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

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

Possible Strategies

Community Mentorship Programs

Mental Health First Aid

Coping Skills Training

Telemental Health Services

Trauma Informed Communities

Bullying Prevention Programs

Means Restriction Education

Short-Term Indicators

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

Long -Term Indicators

- decrease Suicide Rates
- decreased hospitalizations related to suicide attempts

Priority Area: Alcohol and Other Drug Abuse

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

SNAPSHOT OF WAUSHARA COUNTY

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

$28.2 million

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

44%

Other 56%
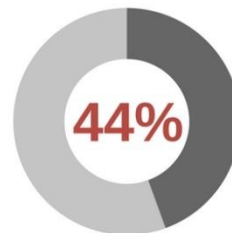
Substance Abuse 44%

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

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

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

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

CWHP Objective:

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

SHORT-TERM INDICATORS

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

LONG-TERM INDICATORS

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

Possible Strategies

Drug Court

Prescription Drug Monitoring Program

Naloxone Education and Distribution

Drug Drop Boxes

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

Responsible Beverage Server Training

Alcohol Access Restrictions in Public Places

Priority Area: Chronic Disease

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

Snapshot of Waushara County

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

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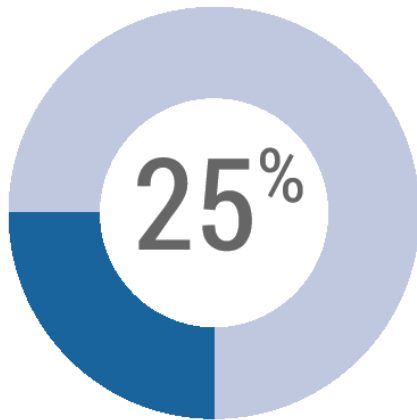
Percentage of adults age 20 and over in Waushara County reporting **no leisure-time physical activity**. (2017 County Health Rankings)

72%

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

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

Goal:

Increase physical activity among Waushara County residents.

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

Objective:

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

Possible Strategies

Built Environment Approaches (Walking/Biking Paths)

Community Walking/Running groups

Prescriptions for Physical Activity

Community Physical Activity Programs

Increasing Access to Places for Physical Activity

Chronic Disease Self Management Classes

Worksite Obesity Prevention Initiatives

Short-Term Indicators

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

Long-Term Indicators

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

Next Steps

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

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

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

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

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

Appendix A: Individual and Organizational Practices to Improve Health

Mental Health

What can government officials and legislators do?

- Encourage awareness of available mental health resources

What can employers and businesses do?

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

What can healthcare providers and insurers do?

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

What can schools and educators do?

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

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

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

What can the general public do?

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

Alcohol and Other Drug Abuse (AODA)

What can government officials and legislators do?

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

What can employers and businesses do?

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

What can healthcare providers and insurers do?

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

What can schools and educators do?

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

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

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

What can the general public do?

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

Chronic Disease Prevention

What can government officials and legislators do?

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

What can employers and businesses do?

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

What can healthcare providers and insurers do?

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

What can schools and educators do?

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

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

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

What can the general public do?

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

Appendix B: Work Plan

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

PRIORITY AREA: AODA
GOAL: Broad goal

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

OBJECTIVE #1: Specific, measurable, attainable, relevant, time bound objective- there will be additional charts for each different objective					
BACKGROUND ON STRATEGY- list of potential strategies Source: Evidence Base: Policy Change (Y/N):					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #2:

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

ACTION PLAN

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

OBJECTIVE #3:

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

ACTION PLAN

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

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

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

PRIORITY AREA: Mental Health
GOAL: Broad goal

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

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

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

ACTION PLAN

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

OBJECTIVE #2:					
BACKGROUND ON STRATEGY **Source:** **Evidence Base:** **Policy Change (Y/N):**					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**	**Progress Notes**

OBJECTIVE #3:					
BACKGROUND ON STRATEGY **Source:** **Evidence Base:** **Policy Change (Y/N):**					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**	**Progress Notes**

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

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

PRIORITY AREA: Chronic Disease Prevention
GOAL: Broad goal

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

OBJECTIVE #1: Specific, measurable, attainable, relevant, time bound objective- there will be additional charts for each different objective					
BACKGROUND ON STRATEGY- list of potential strategies Source: Evidence Base: Policy Change (Y/N):					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

OBJECTIVE #2:					

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

ACTION PLAN

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

OBJECTIVE #3:					

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

ACTION PLAN

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

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

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2016 COMMUNITY HEALTH ASSESSMENT

| Waushara County | Central Wisconsin Health Partnership (CWHP) |

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

Public Health
Prevent. Promote. Protect.

2016 CWHP Community Health Assessment

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LETTER FROM THE HEALTH OFFICERS

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

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

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

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

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

The CWHP Health Officers,

Sarah Grosshuesch	Kathy Munsey	Barb Theis
Adams County	*Green Lake County*	*Juneau County*
Jayme Schenk	Jed Wohlt	Patti Wohlfeil
Marquette County	*Waupaca County*	*Waushara County*

COMMUNITY HEALTH ASSESSMENT PARTNERS

We would like to express our appreciation to the health care partners in our communities who participated in the 2016 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, 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

MISSION & 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
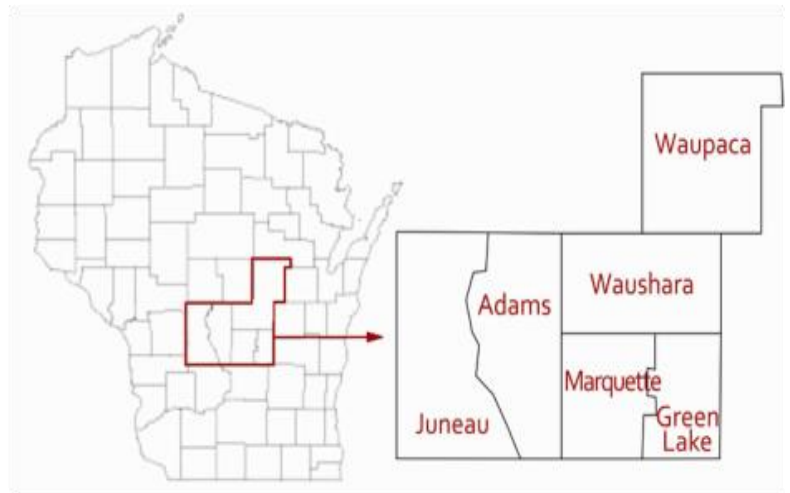
METHOD OVERVIEW

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**.
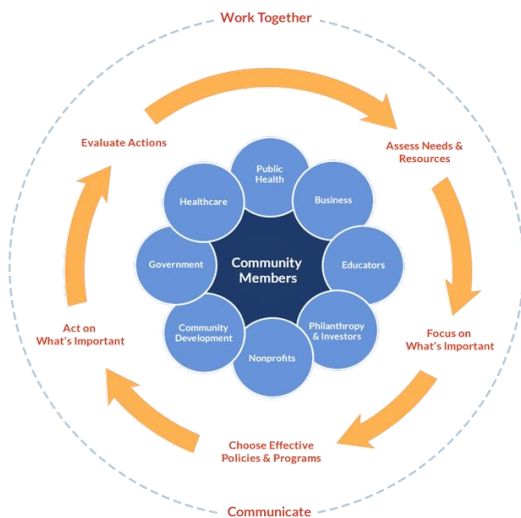
The assessment includes both primary and secondary data. Secondary data sources include communicable disease reports, death records, data from local healthcare providers, hospital admission data, and youth risk behavior surveys. Also included are numbers from the County Health Rankings, Wisconsin Department of Health and Human Services, and U.S. Census Bureau.

The primary data consists of key informant interviews, community surveys, focus groups, and public forums. All information was used by the steering committee to determine the health focus areas.

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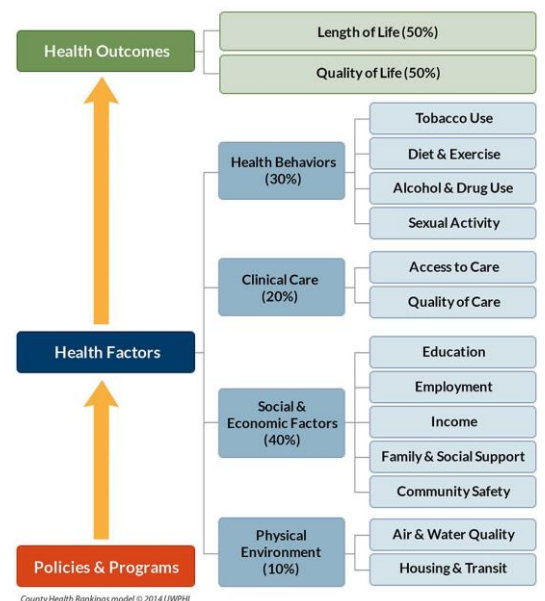
COMMUNITY HEALTH ASSESSMENT

DEMOGRAPHICS

	Total Population	Female	Male	Urban	Rural
CWHP	156,281	48.12%	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%

U.S. Census Bureau

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

Race and Ethnicity
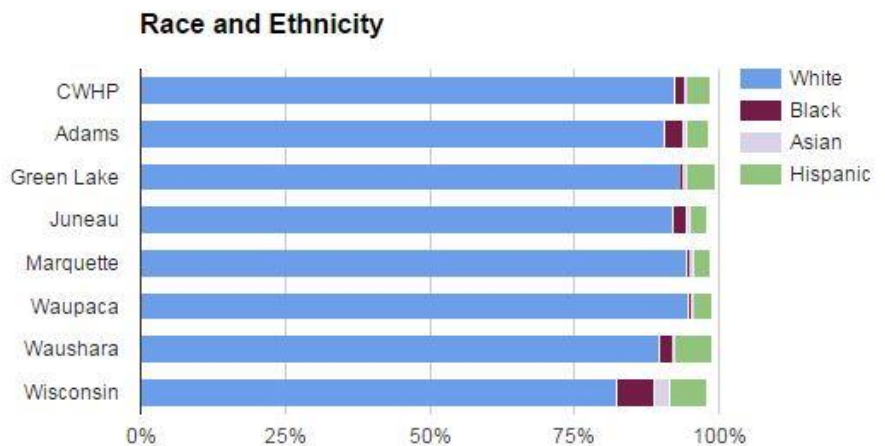
While the graph shows minimal racial and ethnic diversity in CWHP counties, the Amish and Hispanic communities bring unique culture and diversity. Health disparities that exist for these groups and for those with low incomes exist for unique reasons. For the Amish, discrepancies in health equity and utilization of the healthcare system are commonly attributable social causes. Many in the Amish community reject certain aspects or all of modern healthcare for religious reasons. This certainly creates a barrier for those within the Amish community who may wish to utilize available healthcare resources. For the Hispanic population, barriers exist primarily due to language as many speak little or no English. Those with low incomes may have difficulties affording the costs of healthcare or accessing the care that is available.

Steps are being to address these issues. Immunizations are offered to the Amish by the Health Department for those that are willing. For the low income and Hispanic populations, Family Health/La Clinica, a federally qualified health center, offers care for those earning less than 200 percent of the federal poverty level per year with providers speaking both English and Spanish. Increasing access to care is an ongoing issue that the health department is seeking to address.

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Educational Attainment

Bachelor's Degree
Some College

2010-14 American Community Survey
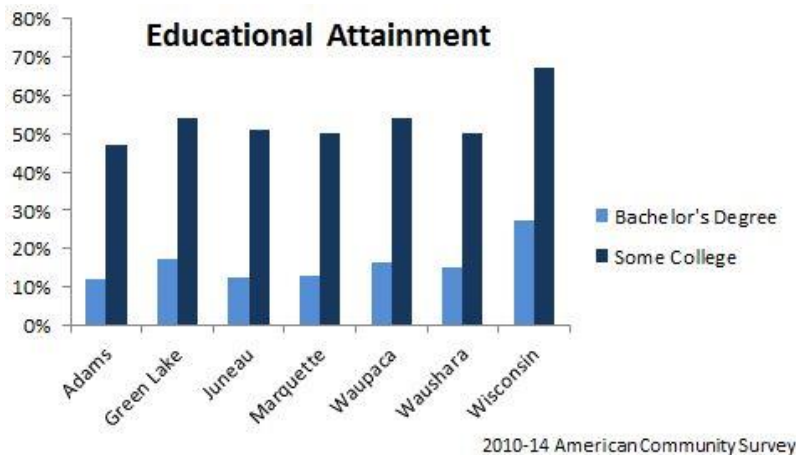
The relationship between higher education and improved health outcomes is well known. Years of formal education correlates strongly with improved work and economic opportunities, and reduced psychosocial stress (*Egerter,Braveman, Sadegh-Noban, Grossman-Kahn, and Dekker, 2011*).
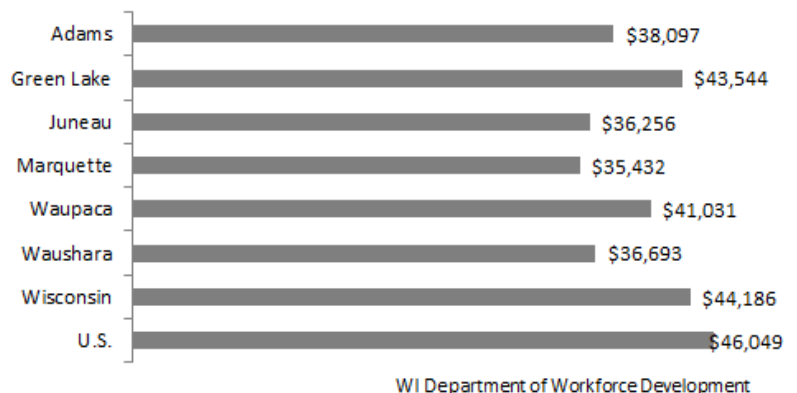
Compared to Wisconsin, CWHP has a lower number of adults with any formal education past high school.

*Those with "Some College" refer to individuals who have not completed their degree, whether it is a vocational/technical, associate's, and/or bachelor's degrees.

Income and Poverty:

Having a higher income is linked to better health (*World Health Organization*). It is not only the level of income that affects the health of our communities, but also the distribution of income. The larger the income disparity, the greater the health inequalities will be. The average per capita personal income of CWHP is $38,509, which is $5,677 lower than the Wisconsin average. When compared to the nationwide average, the gap is over $7,000.
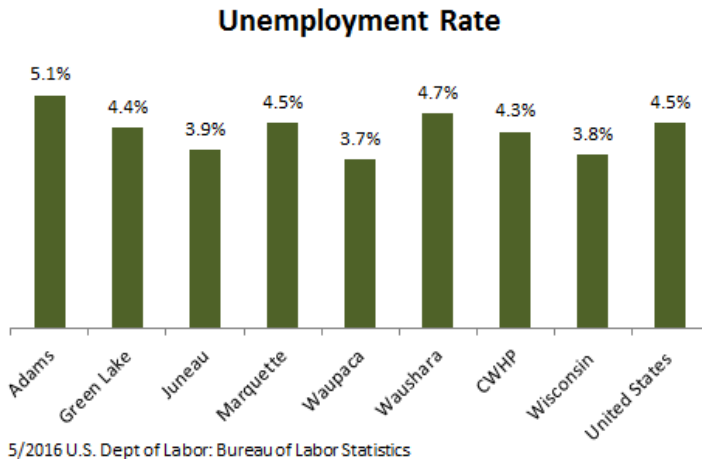
2014 Per Capita Personal Income

Adams	$38,097
Green Lake	$43,544
Juneau	$36,256
Marquette	$35,432
Waupaca	$41,031
Waushara	$36,693
Wisconsin	$44,186
U.S.	$46,049

WI Department of Workforce Development

2015 Average Wage

Adams	$34,850
Green Lake	$38,130
Juneau	$37,900
Marquette	$32,353
Waupaca	$36,271
Waushara	$31,700
Wisconsin	$45,389
U.S.	$48,320

Wisconsin WORKnet and U.S. Bureau of Labor Statistics
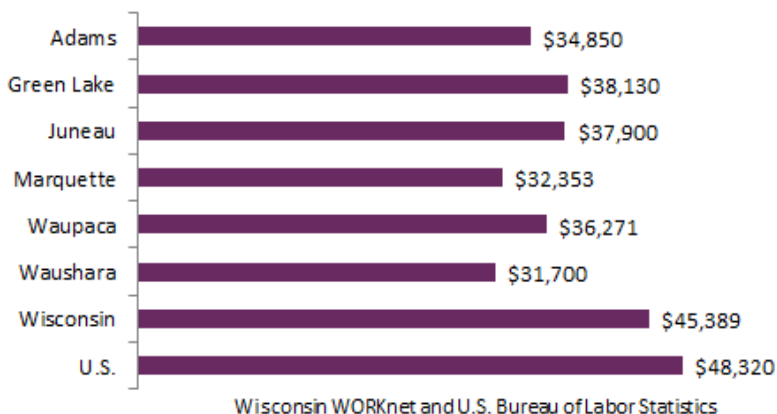
The low average personal income can be partly attributed to two factors: the wage paid by employers in the individual counties as well as the county unemployment rate. The graph at left illustrates the average annual wage paid by employers located in each county. Using these numbers, the average wage for residents of CWHP is $35,201. This is $10,188 lower than Wisconsin's average and $13,119 less than the national average.

Unemployment Rate

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

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

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

Distressed Communities Index:

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

Least Distressed — 0-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 | 90-100 — Most Distressed
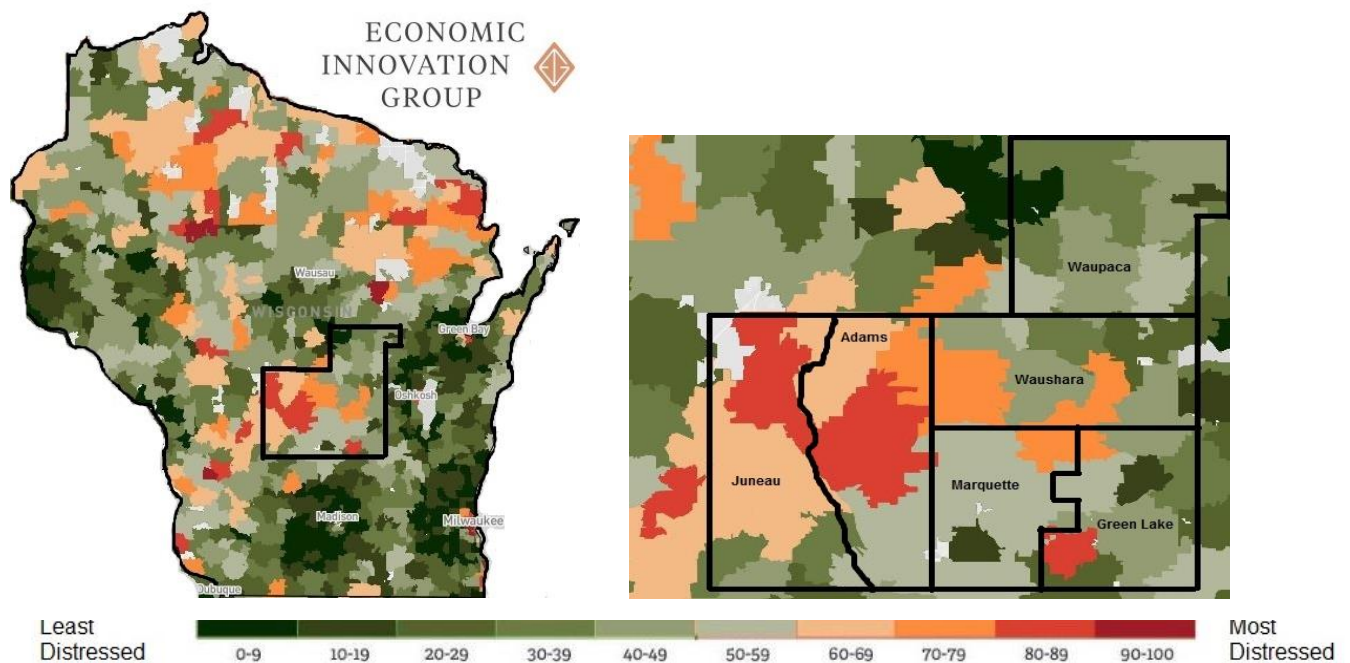
Index numbers are based on the following population measures:
- Percent Without a High School Diploma
- Number of Housing Vacancies
- Adult Unemployment Rate
- Poverty Rate
- Median Income
- Change in Employment Rates
- Change in Number of Business Establishments

2016 COUNTY HEALTH RANKINGS

CHR Health Outcomes

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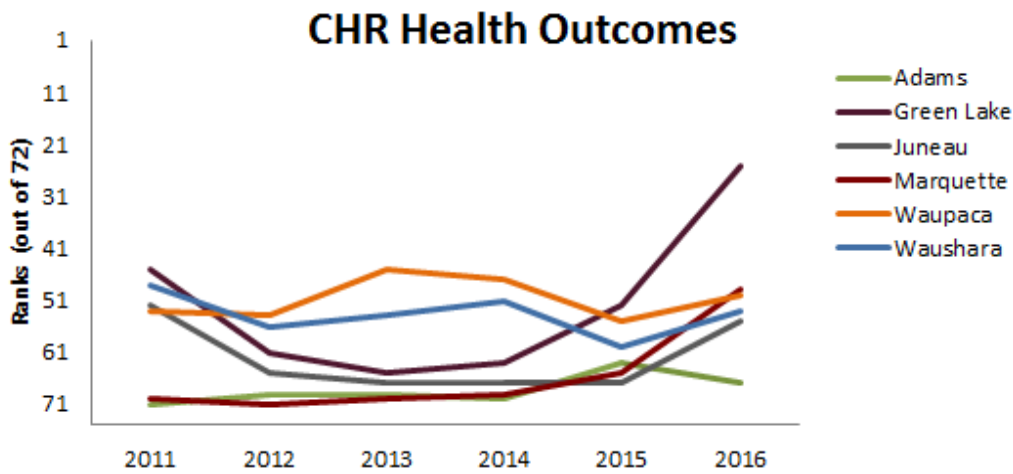
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

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.

County Health Rankings report the overall health of each county in Wisconsin. It ranks all 72 counties based on measures of health outcomes and health factors, with the healthiest county being ranked #1. The counties of CHWP, in general, have been improving ranks in overall health outcomes. While the rankings should not be compared year to year, creating a trend line can offer a picture of the health status for the past 5 years.

Length of Life and Quality of Life are two health outcomes measured for the County Health Rankings. The tables below show how CWHP counties rank compared to the rest of the state.

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

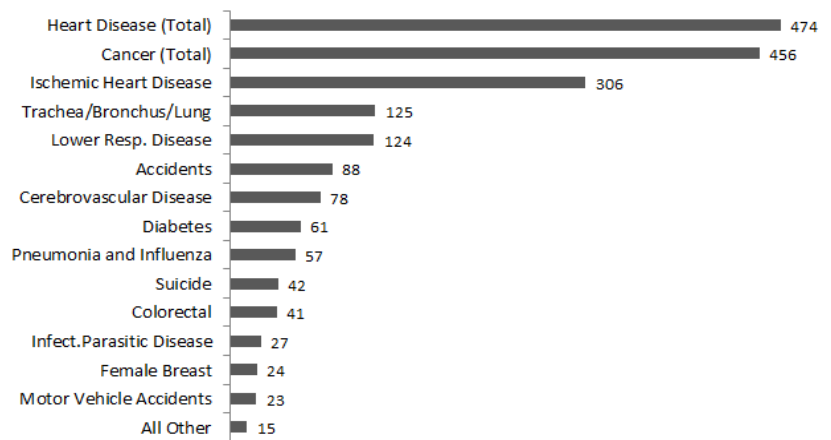| Quality of Life	
Marquette	29th
Waushara	45th
Green Lake	46th
Juneau	47th
Waupaca	60th
Adams	64th

In addition, a number of other health factors are used in the County Health Rankings. These include:

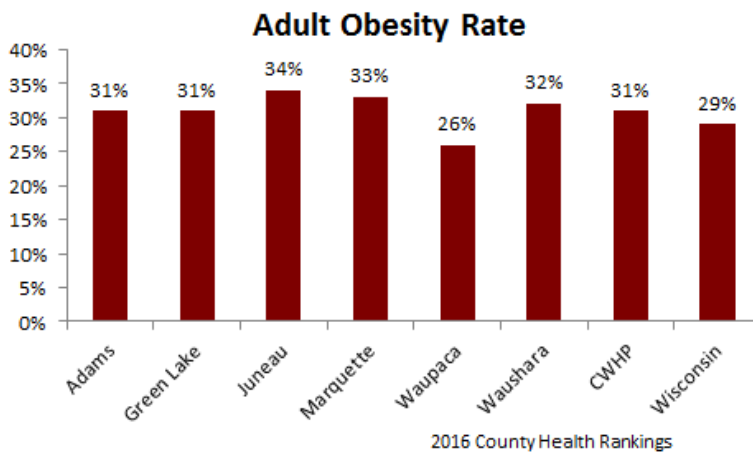| Health Behaviors:	Clinical Care:	Social & Economic Factors:	Physical Environment:
-Adult smoking -Teen births -Adult obesity -Excessive drinking	-Uninsured -Number of primary care and mental health providers -Mammography screening	-Injury deaths -Violent crime -High school graduation -Children in poverty	-Drinking water violations -Driving alone to work -Air pollution -Severe housing problems

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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 health Priority #2. Additionally, an in-depth look at the deaths for Waushara County can be seen in **Appendix B**.

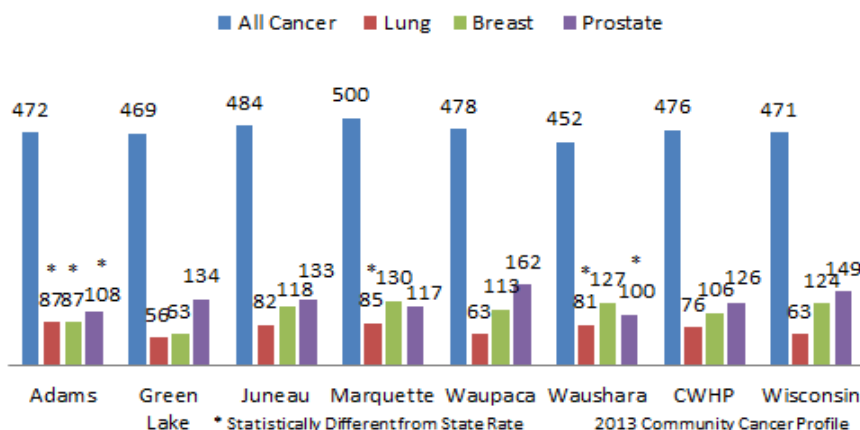**CWHP Underlying Cause of Deaths (2013)**

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

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

Obesity:

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. These factors have the potential to impact 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 in areas of policy and environmental change.

CHRONIC DISEASE

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

Rate of Cancer Diagnosis

Legend: ■ All Cancer ■ Lung ■ Breast ■ Prostate

County	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
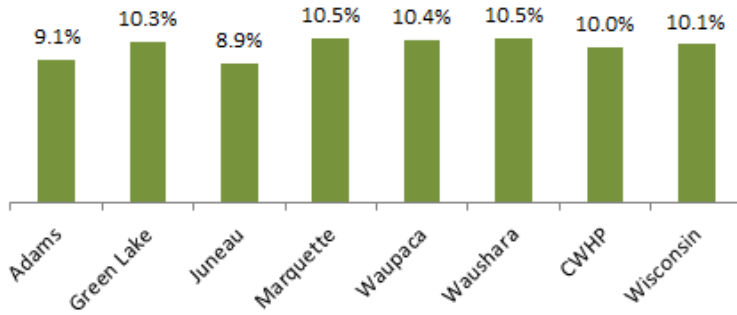2013 Community Cancer Profile

Cancer:

The rates of cancer, per 100,000 people, for CWHP are slightly higher than the state average. The largest difference can be seen in regards to lung cancer. High rates of lung cancer could be attributed to the high smoking rates in CWHP as seen on **page 14**.
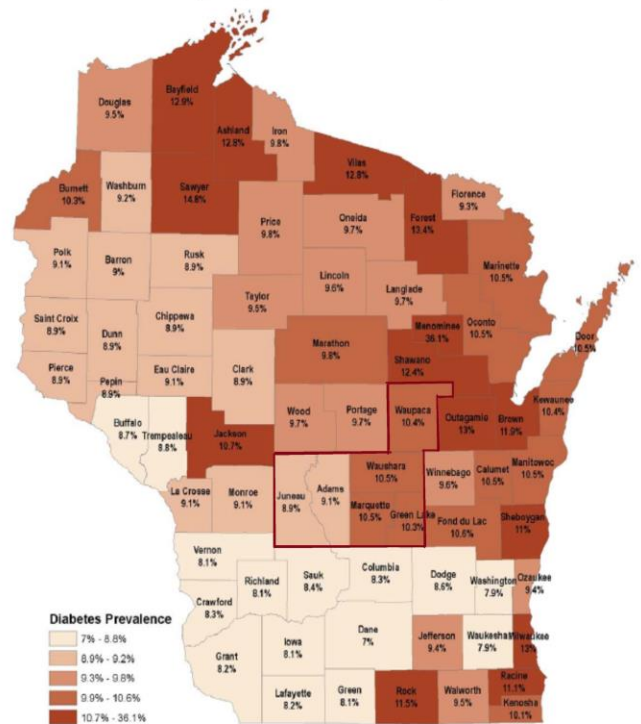
Diabetes:

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

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

Estimated Diabetes Prevalence in Adults

County	Prevalence
Adams	9.1%
Green Lake	10.3%
Juneau	8.9%
Marquette	10.5%
Waupaca	10.4%
Waushara	10.5%
CWHP	10.0%
Wisconsin	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. 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. Chlamydia is the most common communicable disease in Waushara County. As a whole, CWHP has a higher rate of hepatitis C and Lyme disease compared to the state. Lyme disease is of no surprise, as it is more common in the central to northern most counties in Wisconsin. A state map of Lyme disease incidences, along with an individual trend line for Waushara County's rate of Chlamydia, can be seen in **Appendix B**.

Communicable Disease Rate per 1,000
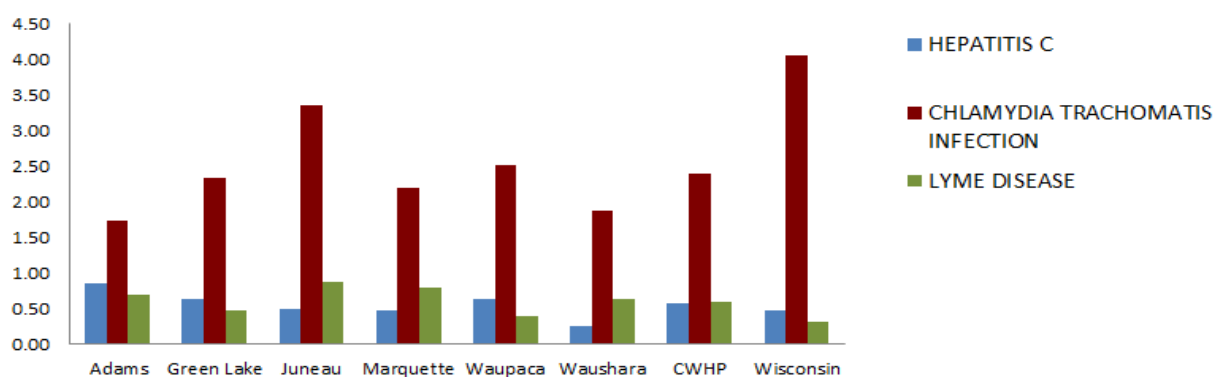
County: 2015 WEDSS Report   State: 2015 Public Health Profile

ENVIRONMENT

Drinking Water:

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

(*Map Source: U.W. Stevens Point   Table Source: Environmental Health Profiles*)
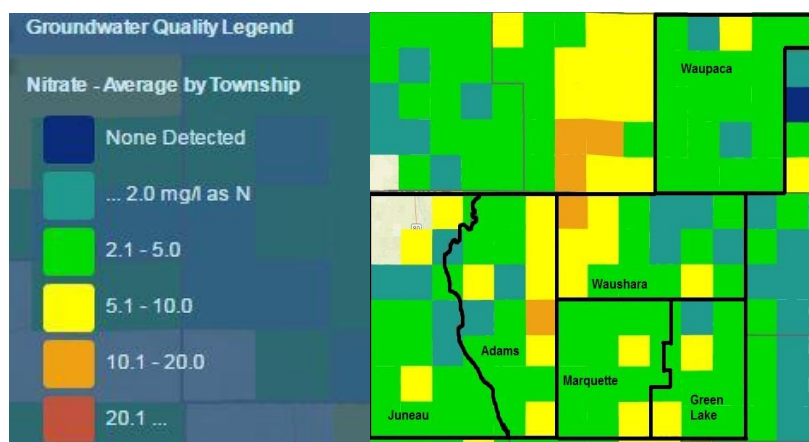
	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara	Wisconsin
Nitrate mg/L	1.8	4.9	2.6	3.2	2.5	2.6	1.5

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 N 20
Miles
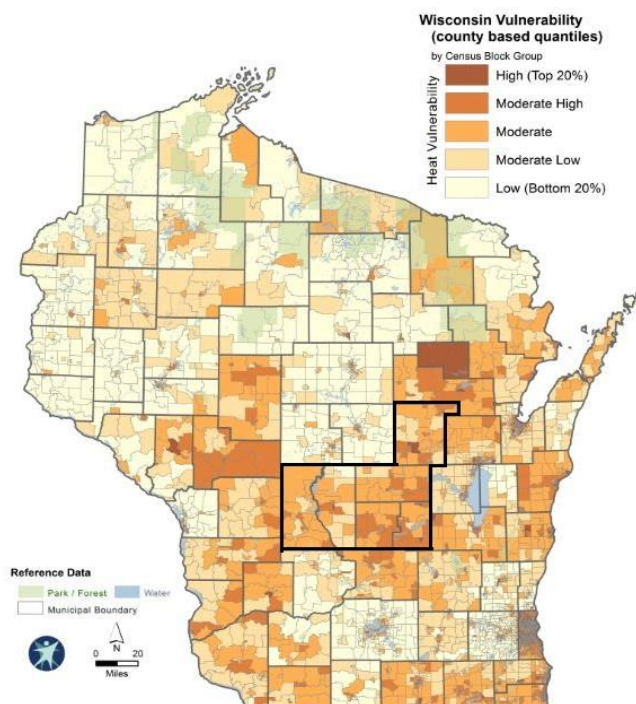
Heat Vulnerability:

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 (*WHITEHOUSE*). From 1950-2006, Wisconsin has seen an increase of average annual temperature by 1.5°F (*WICCI*). The HVI is calculated using a combination of climate and environmental data, population density, measures of community health, and socioeconomic and demographic factors. In the case of extreme heat, CWHP residents have moderate to high vulnerability, especially the elderly, socially isolated and those with pre-existing chronic conditions. This can be seen on the map to the left.

Compared to the state, CWHP also has higher rates of heat-related ER visits.

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

Source: Environmental Health Profiles

ACCESS TO HEALTHCARE

Medical:

Access to healthcare encompasses many factors including health insurance, local care options, affordability, and social or cultural barriers. Not having health insurance is a significant barrier to utilizing the healthcare system. Since the ACA's first open enrollment period, all CWHP counties have seen a modest decrease in their uninsured rates. This is similar to Wisconsin, as a whole.

*Those over 65 years old are not included in the uninsured rate.

Uninsured Rates

■ 2013
■ 2015

2015 Enroll America
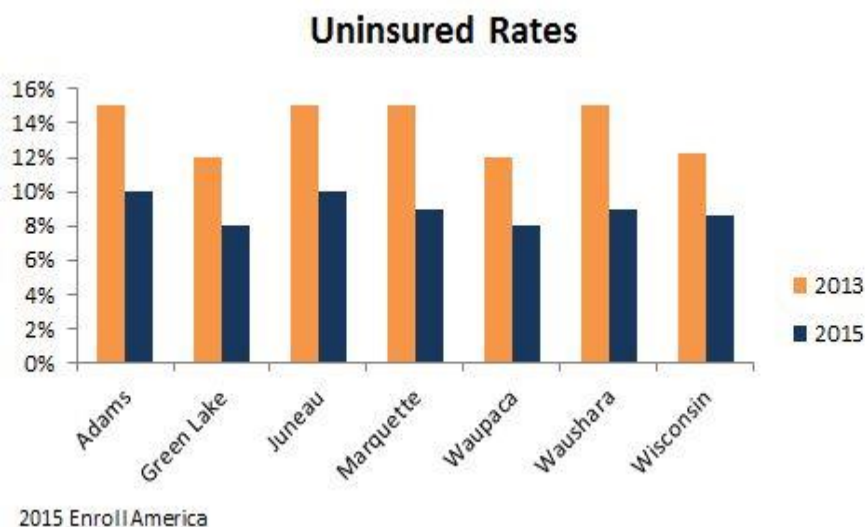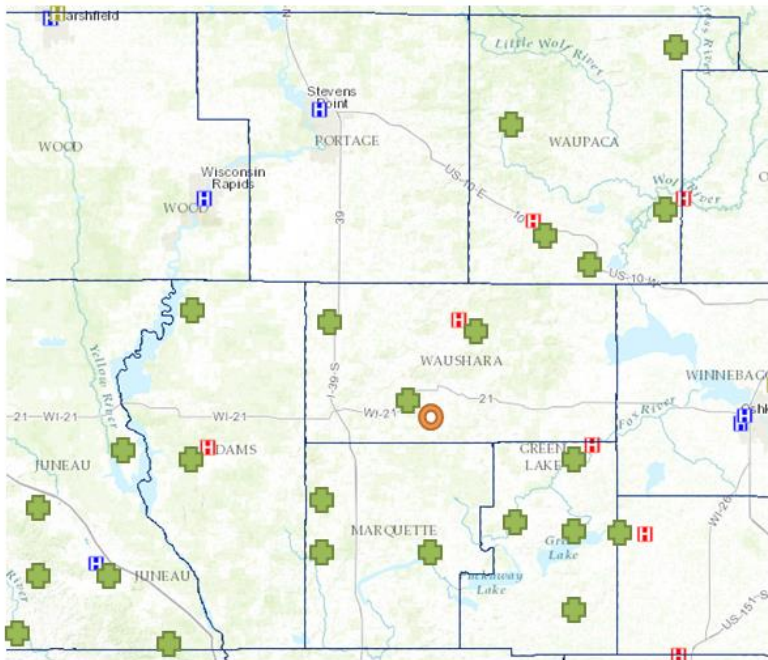
Compared to the state, the majority of CWHP counties have a lower ratio of primary care physicians. Waushara County has a patient to provider ration of 4,030:1. The average for the state of Wisconsin is 1,240:1. The following is a list of local access to health care and the number of providers at each location. ThedaCare Wautoma: 7 (5 Family Medicine and 2 PAs), ThedaCare Wild Rose: 6 (3 Family Medicine, 2 NPs, 1 PA) ThedaCare Plainfield: 1 Family Medicine, Aurora Clinic:3 1 Family Medicine, 1 NP 1 Nurse Midwife), Family Health/La Clinica (FQHC): 6 (3 Family Practice, 1 Pediatrician, 1 Women's Healh). The location of primary care offices, hospitals, and FQHCs can be seen to the left.

Facility Type:

 Critical Access Hospital

 Rural Health Clinic

 Federally Qualified Health Center

 Short Term Hospital

Primary Care Physicians per 1,000 People

County: Locally Gathered   Wisconsin: 2016 County Health Rankings
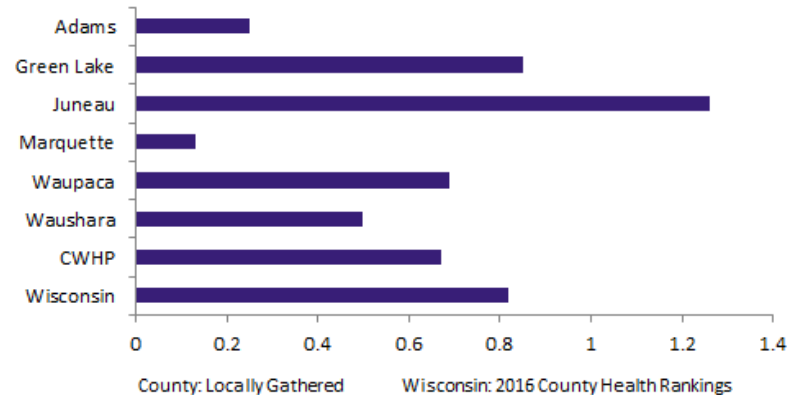
Dental:

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 needs can increase the likelihood of oral disease, which ranges from cavities to oral cancer. Oral disease can lead to pain and disability.
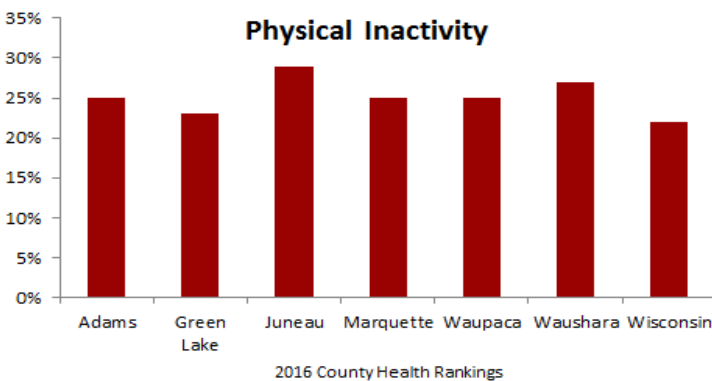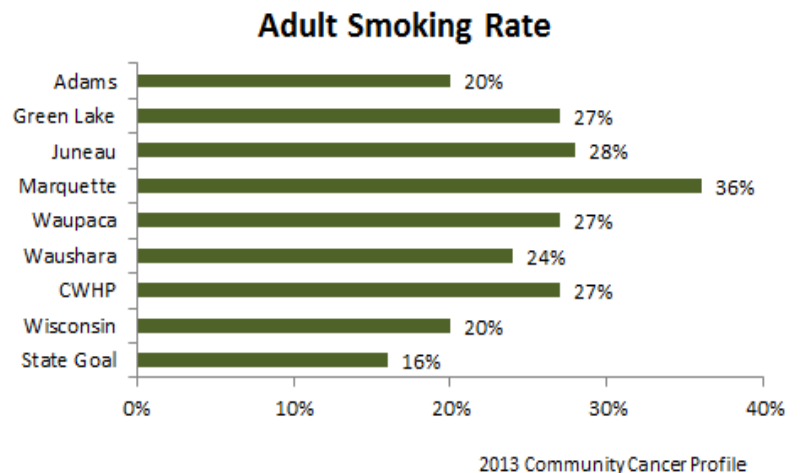
Dentists per 1,000 People

County: Locally Gathered   State: 2016 County Health Rankings

13
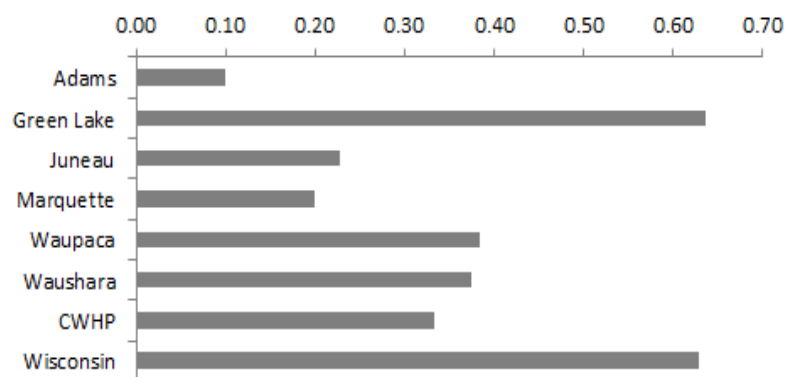
The majority of CWHP has a lower number of dentists per 1,000 people, compared to the state average. All but Green Lake County are federally designated dental care shortage areas with Waushara County currently having eight practicing dentists (*Wisconsin Office of Rural Health*). It is also important to note that a number of dentists in CWHP practice in multiple counties. Additionally, only Juneau and Waushara have free/low cost dental care access through facilities which are operated by Family Health/ La Clinica.
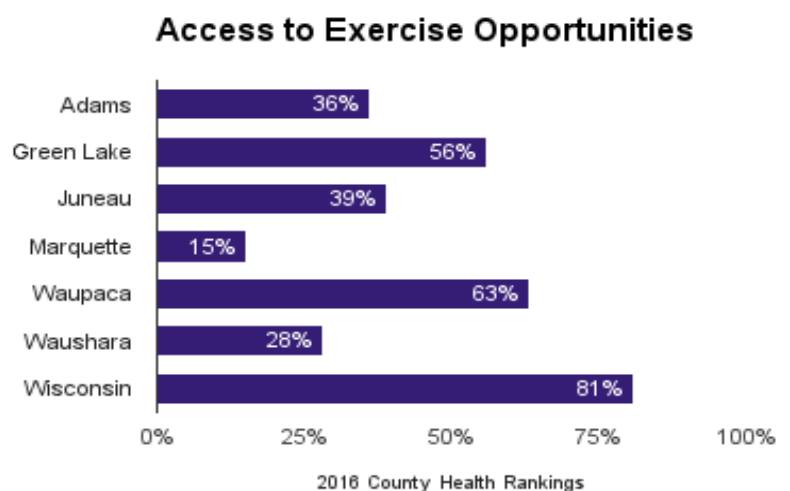
HEALTH BEHAVIORS

Smoking:

It is well known that smoking is detrimental to one's 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 Waushara County **1 in 5** 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.

The ability to be physically active is dependent on access. CWHP has limited access to exercise opportunities, in part, because of how rural location. Residents travel long distances to reach exercise facilities and safe places to walk/bike. Another barrier can be the cost of memberships. It is important to note the percentages to the right do not include access to schools, which most CWHP residents can utilize during the winter. 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

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

HEALTH FOCUS AREAS

CRITERIA USED TO IDENTIFY PRIORITIES

Criterion 1. The magnitude of the problem
- ➢ What percentage of the population is 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 the Wisconsin Health Improvement Planning Process?

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

Order of Priority	Community Feedback					
	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara
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 discussing the priorities chosen, it is important to keep in mind the strong association between poor social, mental, and physical health outcomes in adulthood and Adverse Childhood Experiences (ACEs). An Adverse Childhood Experience is a traumatic experience which occurs prior to the age of 18. Experiences include physical or sexual abuse, having an incarcerated household member, exposure to domestic violence, or parental divorce (*Children's Hospital of Wisconsin*). ACEs can disrupt healthy brain development required for emotional control, learning capacity, and formation of healthy relationships. Research has also demonstrated a strong positive correlation between ACEs and a variety of substance-related behaviors (*SAMHSA*). This means that the more ACEs an individual has, the more likely they are to have substance abuse behaviors.
(Map Source: Children's Hospital of Wisconsin)

Prevalence of 4 or more ACEs in Wisconsin Counties

Legend:
< 10%
10%-15%
15%-20%
> 20%
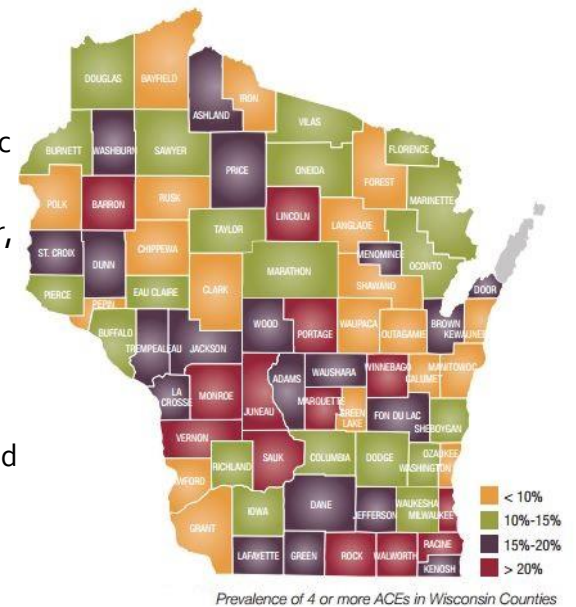
PRIORITY #1 – Alcohol and Other Drug Abuse (AODA)

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 other related problems, is essential to CWHP residents' behavioral and physical health.
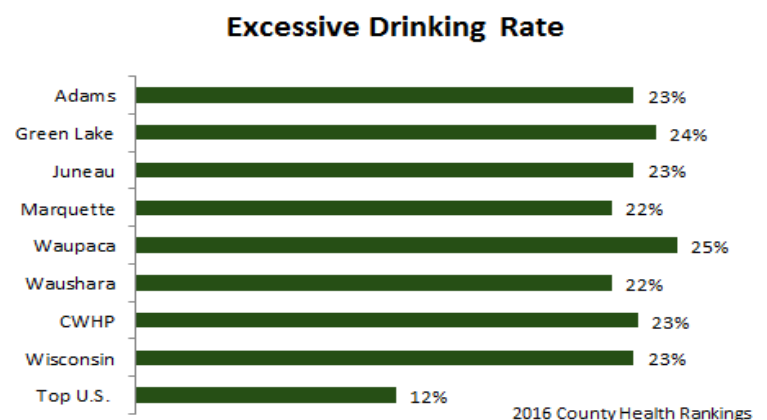
Relevant Strengths:
- Wisconsin State Drug Database
- Statewide "Dose of Reality" campaign
- Regional Comprehensive Community Services
- Treatment and Alternatives Diversion (TAD) Court
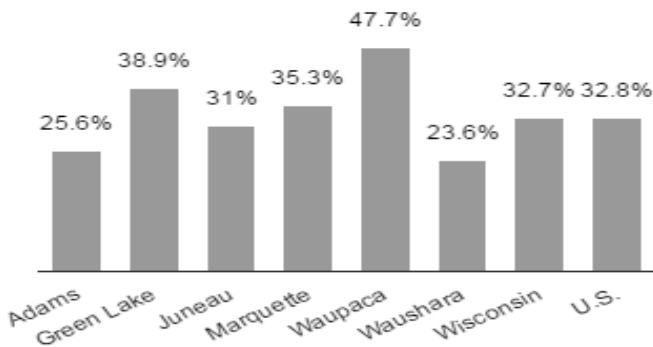- Social Host Ordinance

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 is defined as both binge and heavy drinking. Binge drinking is 5 or more drinks in about 3 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. 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.

Excessive Drinking Rate

County	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 (Last 30 days)

An equal concern among CWHP is the early initiation of drinking among our youth. The Youth Risk Behavior Survey (*YRBS*) is taken by middle and high school students 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, percentages are available of how many high school students reported having one alcoholic drink in the last 30 days.
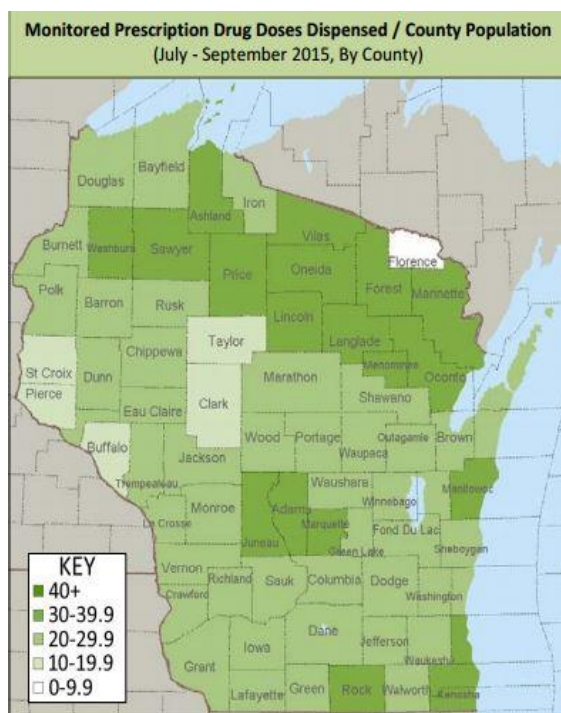
Tobacco use remains the single most preventable cause of death and disease in the United States. In 2013 there were a total of **1,941** deaths in CWHP, **402** of which were attributed to tobacco use. When combining tobacco, alcohol, and other drugs as the underlying or contributing cause of death, these factors were responsible for **23.13%** of the deaths in CWHP which is higher than the state's **20.68%** (*Public Health Profiles*).

CWHP Alcohol and Drug Abuse Related Deaths (2013)

2015 Wisconsin Public Health Profiles
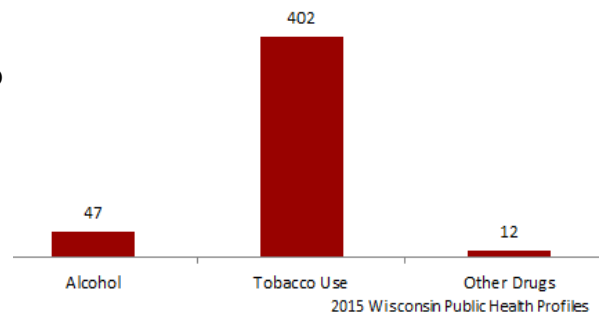
Wisconsin Prescription Drug Monitoring Program:

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. They require a prescription to be legally dispensed. Examples include opioids, stimulants, and antipsychotics.
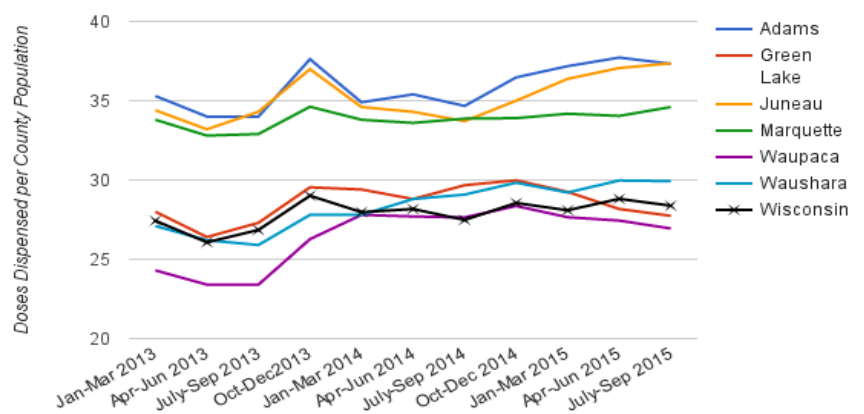
*Source: Wisconsin Prescription Drug Monitoring Program (PDMP)*

This map of Wisconsin offers a snapshot of the most recent prescription rates, and shows three counties in CWHP higher than the majority of the state.

Source: Wisconsin Prescription Drug Monitoring Program (PDMP)

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PRIORITY #2 – Mental Health

Many factors can contribute to one's mental health. Risk factors can include genetics, a family history of mental health problems, or ACEs. In Wisconsin, a higher number of ACEs has been linked to higher rates of depression *(Child Abuse and Neglect)*. With a high prevalence of ACEs in CWHP, there is a 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.

The Number of Mental Health Providers per 1,000 People

County: Locally Gathered   State: 2016 County Health Rankings
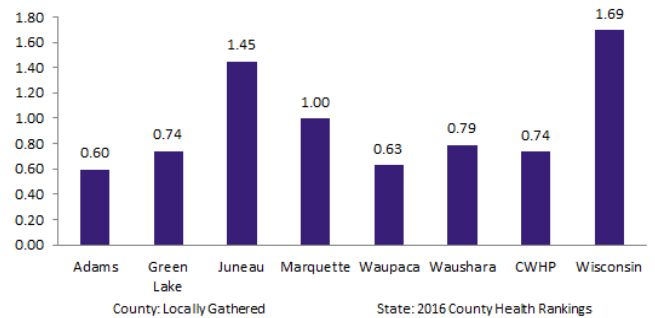
Relevant strengths:
- Community support systems
- Crisis units
- Comprehensive Community Services

Relevant challenges:
- Mental health stigma
- Shortage of mental health providers
- High number of ACEs
- Social & physical isolation
- Limited social associations
- Limited natural supports

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

	<13.5
13.3	13.5-19.9
	20.0 +
	No rates reported
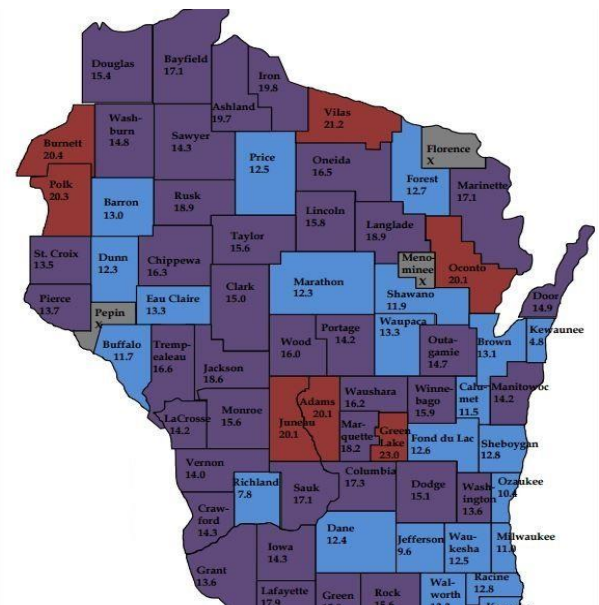
Attempted Suicide (Last 12 Months)
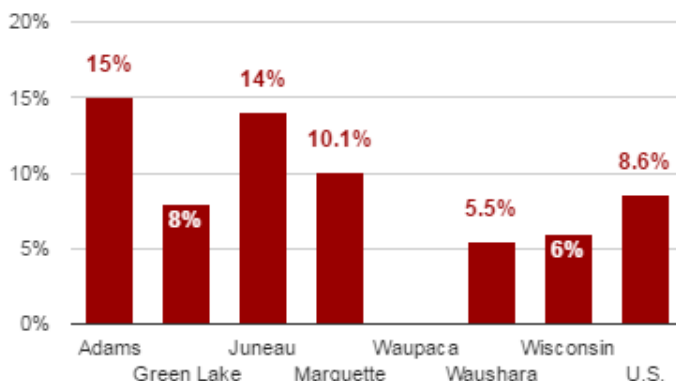
The chart to the left illustrates the percentage of high school students in each county who reported attempting suicide within the last 12 months of taking the YRBS. This measure can be a gauge for the mental health of CWHP youth.

Waupaca County does not have data for this measure.

PRIORITY #3 – Chronic Disease

ACEs have also been linked to poor chronic health conditions including asthma, COPD, cancer, arthritis, diabetes, and others. Chronic disease prevention programs come in many forms. Examples include education on healthy food choices, physical activity programs, child maltreatment prevention, and more broadly, anything with the aim to reduce risky behaviors. These behaviors may include smoking, excessive drinking, risky sexual practices, poor nutrition, and a lack of physical activity.

Relevant strengths:
- "Stepping On" (Aging and Disability Resource Center)
- "Living Well with Chronic Disease" (Aging and Disability Resource Center)
- "Healthy Living with Diabetes" (ADRC & Family Health/ La Clinica)
- "Cancer Clear & Simple" (UW Extension)
- Pulmonary Rehabilitation Program at Wild Rose Hospital
- Blood pressure clinics at senior meal sites (Public Health)
- Fresh fruits and veggies from local farm stands, families, or friends
- SNAP-Ed education interventions in schools and with vulnerable or at-risk populations (UW - Extension)

Relevant challenges:
- Access to affordable exercise opportunities
- High concentration of fast food restaurants in Wautoma
- Potential food desert in Coloma, with its only grocery store now closed
- High smoking rates
- Excessive drinking rates
- High number of ACEs
- Poverty

3 of the top 10 visits at Family Health/La Clinica, in 2015, can be attributed to chronic disease.

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	Immunization

APPENDIX A – Assessment and Planning Process

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

The Start - Central Wisconsin Health and Economic Development Summit

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

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

Planning (October 2015-February 2016)

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

Questions we had:
- 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 statuses, and necessary data 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.
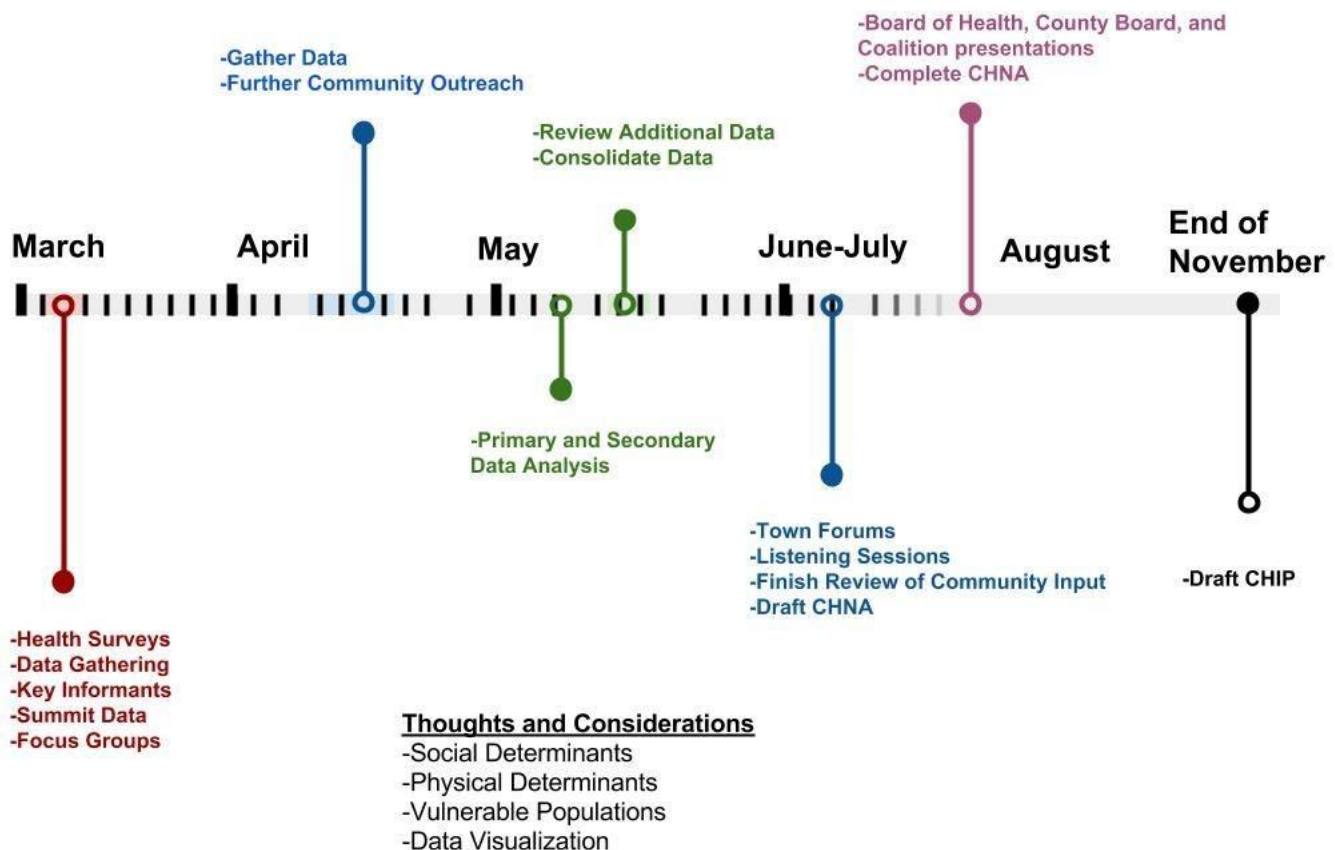
Individual county data was gathered with the help of partner agencies and stakeholders through surveys, town hall forums, focus groups, and key informant interviews. Specifically, Waushara County Health Department shared preliminary findings with community members and stakeholders. Feedback was requested through town hall meetings, an article published in the local newspaper, and during a Wellness Coalition meeting.

Community feedback from each CWHP county was used to narrow the regional priorities to two health topics: Mental Health and AODA.
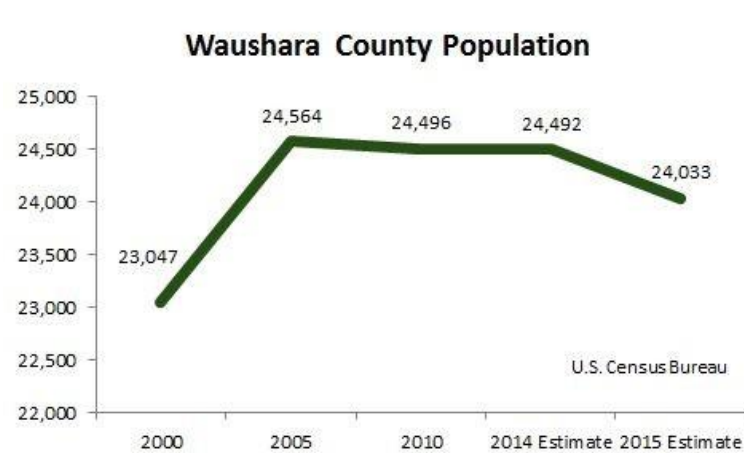
Each county chose a third health priority based on county-specific data and the responses of their residents. The Wellness Coalition in Waushara County reviewed the information and voted for Chronic Disease as the third priority. As a coalition, and a county, it was decided that efforts will be focused on AODA, Mental Health and Chronic Disease.

Finalizing and Engaging (September 2016 and Beyond)

Next, the health departments will ask for help and input 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.


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

April
-Gather Data
-Further Community Outreach

May
-Review Additional Data
-Consolidate Data
-Primary and Secondary Data Analysis

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

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

End of November
-Draft CHIP

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

APPENDIX B – Additional Waushara County Data

Waushara County Population

2030

Population:

In Waushara County, there has been a slight population loss since 2005. The Wisconsin map, to the right, shows the 65 and older population projections for the year 2030. *(Map Source: Wisconsin DOA, Prepared by Eric Grosso)* Waushara County also has a high number of migrant and seasonal crop production farm workers reside here during harvest season. Assessment findings showed that around ¼ of the respondents said they had never had a physical checkup. About 1 in 8 workers reported no history of dental visits. (*Needs of Wisconsin's Migrant and Seasonal Agricultural WorkersWisconsin Farmworker Coalition Report, March 2017*) The Waushara County Health Department has ongoing partner relationships with Family Health/La Clinica, a Federally Qualified Health Center located in Wautoma, and United Migrant Opportunity Services (UMOS) of Waushara County to address the needs of our county's migrant and seasonal farm worker population.

FoodShare:

Waushara FoodShare Recipients
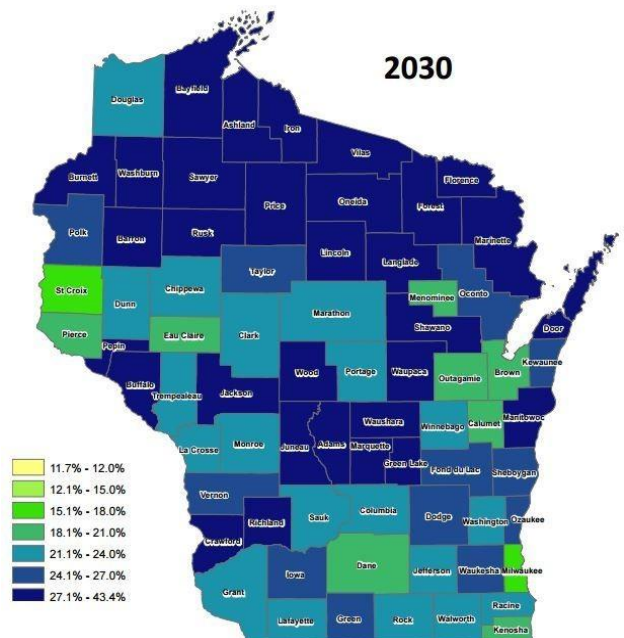
FoodShare helps people with limited money buy the food they need for good health. The graph at left illustrates the percentage of Waushara County residents receiving FoodShare. Following the national economic recession that occurred from December 2007 to June 2009, Waushara County saw an increased need for assistance from its residents. Tracking the trend of this measure allows the health department to see how many of its residents are living in poverty.

Free and reduced school lunch percentages can provide information about relative poverty. It is termed relative because of the varying federal poverty thresholds. The actual number of children in poverty in Waushara is

Free and Reduced Lunch Eligible Students

22
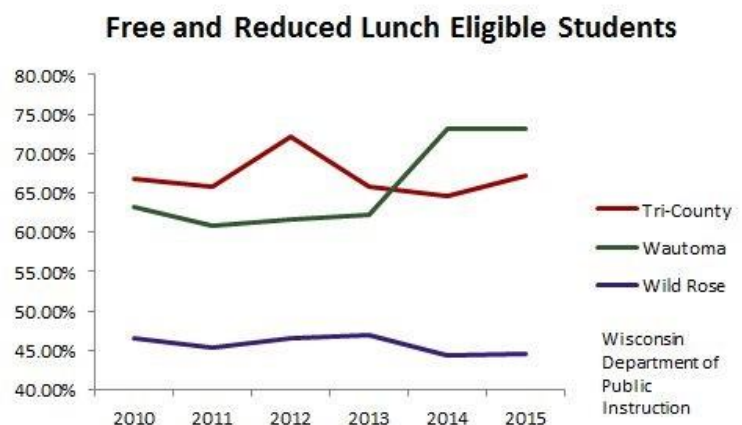
22% (*County Health Rankings 2016*). This number has been increasing since 2002.

Housing:
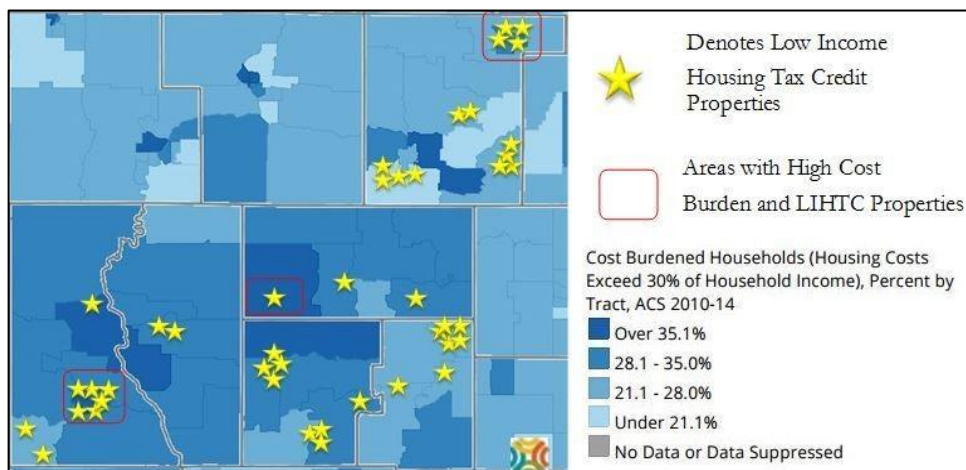
The majority of Waushara County households are considered "cost burdened". This means they are spending more than 30% of their income on housing costs.

As the map illustrates, there are only three Low Income Housing properties in the county to address the existing need for affordable housing.

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

ER Visits:

The table below shows the most common types of Emergency Room visits at Wild Rose Hospital in 2015.

Rank	1	2	3	4	5
Type of Visit	Pain	Dental Issues	UTI's	Burns	Accidents
Rank	6	7	8	9	10
Type of Visit	Lacerations	Medication Seeking	Heart Attack	Detoxification	Headache

Chlamydia:

Over the last 10 years chlamydia rates have been, on average, increasing in Waushara County. In 2014 rates were 133.15 per 100,000 people and 174.76 per 100,000 in 2015.

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. *(Source: County Health Rankings, 2016)*
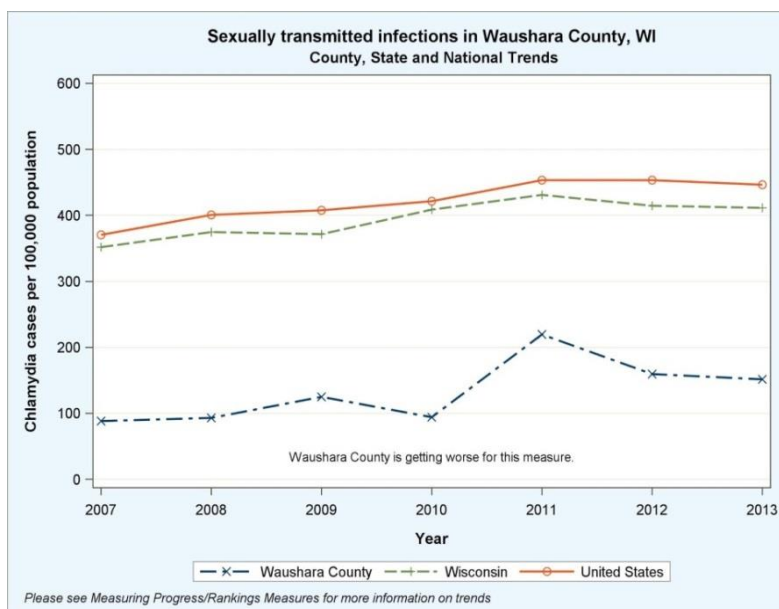
Fluoridation by Public System:

Aside from a low number of providers, another oral health disparity is the lack of access to water with fluoride in it. Among residents in Waushara County who rely on a public water supply, **25.4%** have access to optimally fluoridated water. Still, to this day, there is public disbelief of the medical and scientific consensus that fluoride is safe. This natural mineral hardens tooth enamel and prevents tooth decay.

Public Supply	Population Served	Fluoride Status
Coloma	367	Adjusted
Dakota Capitol Park	102	Non-Adjusted
Hancock Waterworks	462	Non-Adjusted
Pineland Mobile Park	60	Non-Adjusted
Plainfield Waterworks	899	Non-Adjusted
Redgranite Waterworks	2019	Non-Adjusted
Rosemore Village	32	Non-Adjusted
Wautoma Water Department	2110	Adjusted
Wild Rose Manor	50	Non-Adjusted

Source: Wisconsin Public Water Supply Fluoridation Census

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

Lyme Disease:

The Wisconsin map illustrates the locations of confirmed Lyme disease cases in 2014. It is more likely to be seen in the central and northern parts of Wisconsin.
(Map Source: DHS, Bureau of Communicable Disease)

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
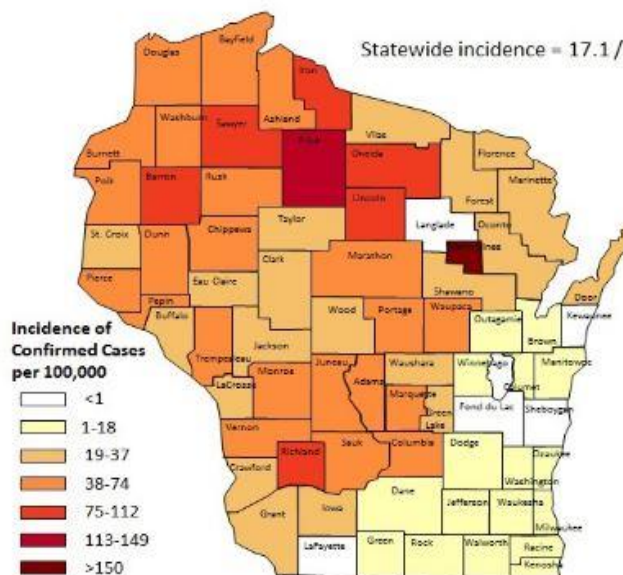
Revised 04/20/2015

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

Key Findings from the 2016 Waushara County Youth Risk Behavior Survey

Survey Item	2016	Change	2014	WI Avg (2013)
Percentage of students who carried a weapon at least one day during the last 30 days	21.7%	▲	14.5%	14.4%
Percentage of students who were bullied on school property during the last 12 months	30.3%	▲	27.3%	22.7%
Percentage of students who felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities during the last 12 months	29.5%	▲	24.4%	24.6%
Percentage of students who have ever tried cigarette smoking, even one or two puffs	28.3%	▼	33.1%	33.2%
Percentage of students who had at least one drink of alcohol in the last 30 days	23.6%	▼	24.7%	32.7%
Percentage of students who used marijuana one or more times during their life	23.2%	▼	26.2%	31.2%
Among students who were currently sexually active, the percentage who reported that either they or their partner had used a condom during last sexual intercourse	24.0%	▼	29.8%	62.5%
Percentage of students who ate fruit one or more times during the last seven days	37.8%		-	92.4%
Percentage of students who played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day	44.1%	▲	32.9%	34.2%

APPENDIX C – Community Feedback

Key Informant Interviews:

Several individuals were interviewed by ThedaCare staff to obtain the community's perspective on the health needs of Waushara County. The key informants serve and interact with large populations in Waushara County communities. Examples of key informants include school district representatives, hospital staff, and Family Health / La Clinica staff. Their discussion findings are incorporated into this document. The informants provided the following thoughts on areas where they felt there were gaps and offered suggestions for improvements.

Top health concerns identified by key informants:

1) Mental Health
2) Poverty
   a. Food insecurity
   b. Lack of employment
3) AODA (including heroin)

5) Access to Care
   a. Cost of healthcare
   b. No insurance
   c. Transportation
   d. Lack of services for elderly
   e. Dental
   f. Continuity of care (especially for migrants)

25

4) Chronic Disease
    a. Inactivity

Barriers and challenges identified:

- Lack of collaboration with the hospital
- Lack of urgent care facility
- Shortage of mental health providers
- Lack of staff to address addictions & mental health
- Stigma regarding mental health
- Lack of education and awareness regarding preventative care and screenings
- Many uninsured residents
- Drug seekers at healthcare facilities
- Lack of service coordination between family service and private care
- Shortage of ADRC staff
- Younger families with limited cooking skills

- Lack of social connection
- Unemployment
- Lack of big industry jobs and skilled workers
- Lack of housing , especially for low income families
- Increased anxiety and anger in school-aged children
- Insufficient transportation
- Language barriers
- Low levels of health literacy in general population
- Poverty cycle
- Blended families
- Families living with grandparents
- Families with absent parents
- Failure of families to report to social services

Existing strategies:

- Prenatal Care Coordination (PNCC)
- Parents as Teachers Program
- Wautoma Food Pantry
- Backpack Nutrition Program
- SANE Nursing
- Wisconsin State Drug Database
- Youth and Family
- Drug Court
- ThedaCare – Berlin and Wild Rose
- Community Response Program
- Crisis Mental Health & Substance Abuse Services
- CAP Services
- Head Start Program
- Mental health assessments

- Wild Rose Schools
    o Mission Backpack
    o School Psychologist
    o Family Math/Reading Nights
    o Mental Health Counselors from DHHS every other week
- Family Health/La Clinica
    o Suboxone Program
    o Prescription Voucher Program
    o Mobile health unit – labs, physicals, etc.
- Aging and Disability Resource Center (ADRC)
    o Meals on Wheels
    o Support groups
    o ADRC bus
    o Classes – Fall prevention, healthy living, chronic disease, etc.

Needed strategies:

- Anything regarding mental health
- Additional mental health providers
- Additional Suboxone prescribers
- Reduction of healthcare costs
- Affordable insurance options
- More dentists
- Certified Substance Abuse Counselors
- A recovery center
- Universal home visitation program

- More employment opportunities
- More skilled workers
- Low income housing
- More Transportation
- Family/parenting education
- Retirement education
- More school funding
- Funding for services other than Family Care
- Better community collaboration, especially among agencies that serve the Hispanic population
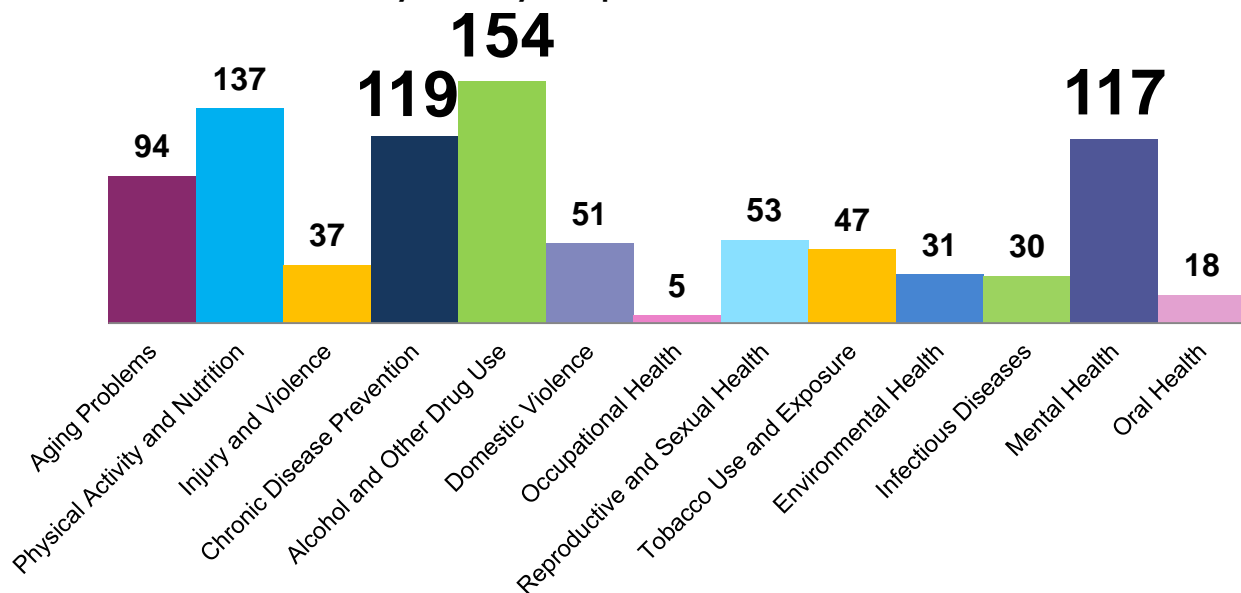
Waushara County Community Survey Results:

349 individuals were surveyed and asked to identify the top health priorities in Waushara County.
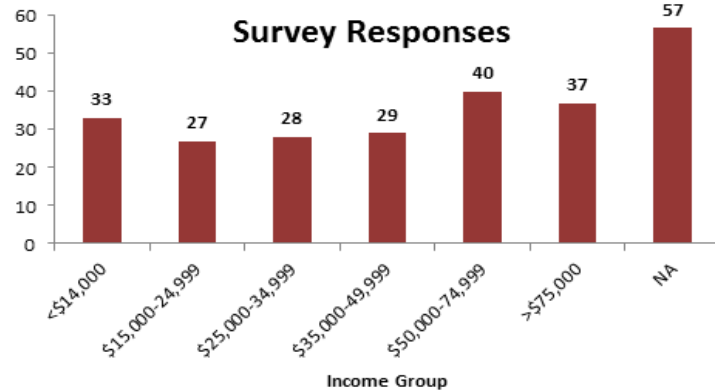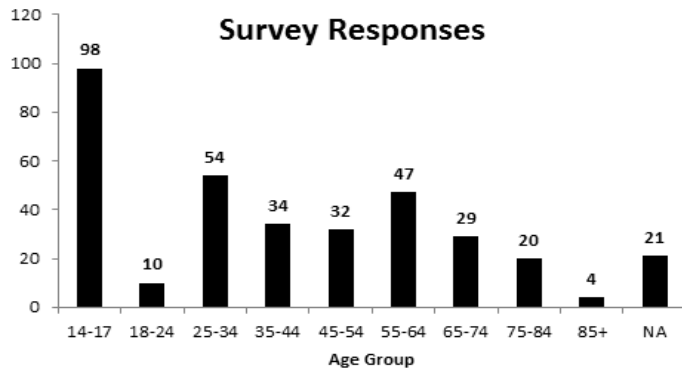
Race/Ethnicity	Caucasian	African American	American Indian	Asian	Hispanic	Other	N/A
Response Percentage	76.19	1.68	1.12	.56	12.89	.84	6.72

Top Focus Areas Identified by Survey Respondents:

"What is needed to improve these health areas?"
- Free education sessions
- More free and affordable exercise options, especially indoor options
- Education and awareness of existing services and opportunities
- Affordable child care, dental care, health care, and mental health services
- More information in newspapers and in public places including ad campaigns in schools
- More physical education classes

"What is available to address these health areas?"
- Recreational opportunities and services
- Roads, parks, clean lakes, and streams
- Arts, entertainment, and libraries
- Schools - Classes, speakers, and counseling

27

Town Hall Meetings:

47 Participants

Preliminary findings of the community health surveys were presented at 4 town hall meetings and to the Board of Health. Results from the Waushara County Community Survey were shared, along with a variety of secondary health data.

After this information was shared, participants were asked how they would allocate $10,000 between the various health issues on the survey. A sample of this activity is shown below.

The graph represents a total breakdown of what the communities recommended for spending and where they believe efforts should be focused.
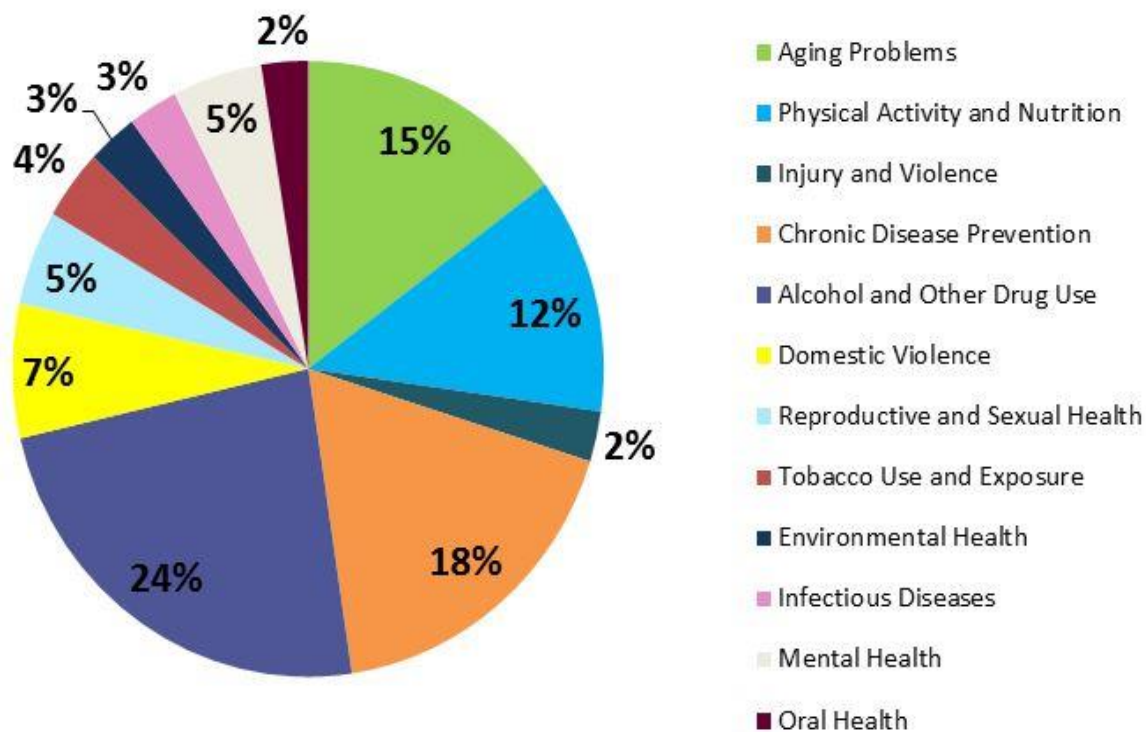
_____Aging Problems (Arthritis, Hearing/Vision Loss
_____Physical Activity and Nutrition _____Injury and Violence
_____Environmental & Occupational Health
_____Chronic Disease Prevention (Diabetes, Heart Disease, Asthma)
_____Alcohol and Other Drug Abuse _____Domestic Violence
_____Reproductive and Sexual Health
_____Tobacco Use and Exposure _____Infectious Diseases
_____Oral Health _____Mental Health

APPENDIX D – Acknowledgements, Limitations & References

Acknowledgements

Waushara County Board of Health	Wild Rose School District	Wautoma School District	Tri-County School District
Waushara County Department of Human Services	ThedaCare	Waushara County Department of Aging	Waushara County ADRC
University of Wisconsin Extension	Family Health/ La Clinica	Waushara Faith Community	Wisconsin Health Services- Green Bay Regional Office
Village of Coloma	Village of Plainfield	City of Wautoma	Town of Leon

Limitations

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

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

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