

Creating a Path to Better Health



Community Health Needs Assessment
Forest, Oneida and Vilas Counties

Table of Contents

Introductory Letter	2
Acknowledgements	3
Introduction	5
Purpose.....	5
Assessment Process.....	6
Community Engagement	7
Understanding Data.....	9
Data Sources.....	10
Demographics	11
Overarching Themes	13
Health Equity	14
Key Findings	15
12 Health Focus Areas	15
Community Health Survey Results	34
Infrastructure Profile Areas	35
Identification of Health Priority Areas	37
Strengths, Weaknesses, Opportunities and Challenges Analysis	39
Next Steps	42
Resources	43
Appendix	45
Community Forum Results	45
Community Focus Group Summaries	54
Key-Informant Interview Results.....	65
County Health Rankings.....	67
Demographics.....	68
Written Comments on Prior Community Health Needs Assessments	71

December 2015

Dear Community Resident:

It is our pleasure to share with you the 2016 Forest, Oneida and Vilas Counties Community Health Needs Assessment. On behalf of the three Boards of Health, steering committees, and the three Ministry Health Care hospitals, we hope you will find this information useful in planning and responding to the needs of our community. We would like to personally thank the UW – Extension and The Division of Public Health-Northern Region for their continued support and resources.

This document represents the work of over 75 community leaders and partners in addition to the staff in all three county health departments and Ministry Health Care. These partners demonstrated a strong commitment to assessing the health needs of Forest, Oneida and Vilas Counties, working collaboratively to making our communities healthier.

This report is meant to summarize the key findings from the day long community needs assessment conducted on December 11, 2015, secondary data analysis, and community surveys. This data can be accessed on each of the health department's websites:

Forest County Health Department: <http://forestcountypublichealth.org>

Oneida County Health Department: www.oneidacountypublichealth.org.

Vilas County Public Health Department: <http://www.vilaspublishhealth.com>

Following the community assessment, a Community Health Improvement Plan will be developed. This plan provides a template to assist public health stakeholders with implementing the evidenced-based strategies that address the top three health priorities of:

- Alcohol and Drug Use
- Mental Health
- Chronic Disease Prevention and Management

We hope that you find this document useful and welcome any comments and suggestions you may have for improving the health of our communities.

Sincerely,

Jill Krueger,
Health Officer
Forest County Health
Department

Linda Conlon,
Health Officer
Oneida County Health
Department

Gina Egan
Health Officer
Vilas County Health
Department

Sandra Anderson,
President, Northern
Region Hospitals
Ministry Health Care

Acknowledgements

A community needs assessment and improvement plan of this scope could not occur without the assistance of many individuals. Forest, Oneida and Vilas County Boards of Health and health departments along with Ministry Health Care acknowledge the assistance of the Division of Public Health-Northern Region and UW Extension.

Many thanks to the Steering Committee and to all of whom have worked tirelessly on improving health outcomes. Thank you to the following individuals who took time from their busy schedules to participate in the development of the Community Needs Assessment report.

Steering Committee

Angela Nimsgern, Division of Public Health, Northern Region Office
Gina Egan, Director; Vilas County Health Department
Jill Krueger, Director; Forest County Health Department
Julie Hladky, Ministry Health Care
Linda Conlon, Director; Oneida County Health Department
Sara Richie, UW-Extension – Oneida County
Sue Kirby, Community Health Access Coordinator; Ministry St. Mary's Hospital

Community Needs Assessment Participants

Susan Richmond, Commission on Aging
Amber Weldon, Marshfield Clinic
Mary Rudis, Rhinelander School District
Holly Dionne
Constance Walton
Michelle Gobert, Crandon Public Library
Sue Wolfe, Lac du Flambeau School District
Pat VanAcker
Tony Albright
Amy Mayo, Oneida County Social Services

Kristi Ursin
Miranda VanderGeest
Scott Elliott
Kayla Elliot
Kay Anderson, Ministry Health
Corie Zelazoski, Oneida County Health Department
Maria Skubal, Oneida County Health Department
Karly Johnson, UW-Extension
Braden Boyce-Allison, Tri-County Council on Domestic Violence and Sexual Assault
Erv Teichmiller, Vilas County Health Department Board of Health
Lynn Feldman, UW-Extension
Tom Rulseh
Kerri Schmidt, Rhinelander School District
Nancy Anne Miller, UW-Extension
Geri Heppe, Holy Family Church
Steve Nelson, UW-Extension-Forest County
Lisa Young, Nicolet College
Derek Bell, Ministry Health
Andrea Stefonek, Ministry Health – Sacred Heart
Ellen Rasmussen
Tammy Queen, Forest County Office on Aging
Tammi Boers, Vilas County Health Department
Laurel Dreger, Vilas County Health Department
Nancy Sattler, Northwoods United Way, Inc
Jenette Gunville, UW-Extension-Forest and Vilas Counties
Jamie Bauknecht, Sokaogon Mole Lake Clinic
Marta Koelling, Oneida County Health Department
Andrea Martin, Vilas County Public Health Department
Angeline Kesler
Shellie Holmes, Tri-County Council on Domestic Violence and Sexual Assault
Wendy Abney, Family & Child Learning Center
Susan Samz, Blackwell Job Corps
Craig Collins, Forest County Tribal AmeriCorps

Mike Schaars, Ministry Health-Howard Young
 Chris Skaggs, Forest County Potawatomi Health
 & Wellness
 Kyle Parish, City of Rhinelander Police
 Department
 Amy Matuszeski, Tri-County Counsel
 Mary Frannn
 Amy Gatton, Forest County Health Department
 Terri Miller, UW-Extension
 Jaclyn Brice, Ministry Health
 Jane Dunbar, Division of Public Health,
 Northern Region Office
 Sue Piazza, Department of Aging
 Chrissy Peterson, Tri County Council
 Julie Clark, Marshfield Clinic
 Leah Christensen, Marshfield Clinic
 Anne Cirilli, Oneida County Health Department
 Dawn Klink, Oneida County Health Department
 Janelle Schroeder, ADRC
 Debra Johnson, Sunshine for Humanity
 Jim Galloway, Vilas County Emergency
 Management
 Heidi Karns, Ministry Health
 Kim Baltus, Ministry Health
 Beth Madl, Ministry Health
 Erica Brewster, Demmer Library
 David Poupart, Petersen Christianson
 Healthcare
 Sara Keuer, Petersen Christianson Healthcare
 Carol Wright, Great Lakes Intertribal Council
 Mark Collins, Vilas County Sheriff's Department
 Kelly Rydeski, Marshfield Clinic
 Mary Rideout, Oneida County Social Services
 Mary Ticknor, Nicolet College

Introduction

A health assessment of the Northwoods, which includes the counties of Forest, Oneida and Vilas, was conducted together by each area's local Health Departments in collaboration with Ministry Eagle River Memorial Hospital, Ministry Saint Mary's Hospital, Howard Young Medical Center, and the University of Wisconsin-Extension Office. Representatives from each organization formed the steering committee that facilitated and coordinated the community health assessment process which became a joint initiative to discover the health needs of the area.

Ministry Health Care

Ministry Health Care serves the Northern Region of Wisconsin with hospitals located in Eagle River, Woodruff, and

Rhineland. Because the service areas of all three hospitals cover parts of Forest, Oneida and Vilas counties and both community health data and partner organizations follow county lines, those three counties were defined as the community served for the assessment process.

Forest, Oneida and Vilas County Health Departments

Each health department is a local governmental agency that is often found working behind the scenes to protect, promote, and maintain the health of each community. Historically, each health department has facilitated and conducted its own community health assessment, which is required every three to five years.

University of Wisconsin-Extension

The UW- Extension provides statewide access to university resources and research so the people of Wisconsin can learn, grow and succeed at all stages of life.

Healthy People Healthy Oneida County Steering Committee

The steering committee was established in 1995 as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs in Oneida County. Since being established, the steering committee has both monitored progress toward identified goals and established new goals and priorities.

Wisconsin Division of Public Health - Northern Region

The Northern Region works to ensure the health and well-being of all Northwoods' families and their communities by developing and supporting programs aimed at reducing chronic diseases among Wisconsin citizens and promoting the availability of health services to those with chronic conditions.

Purpose

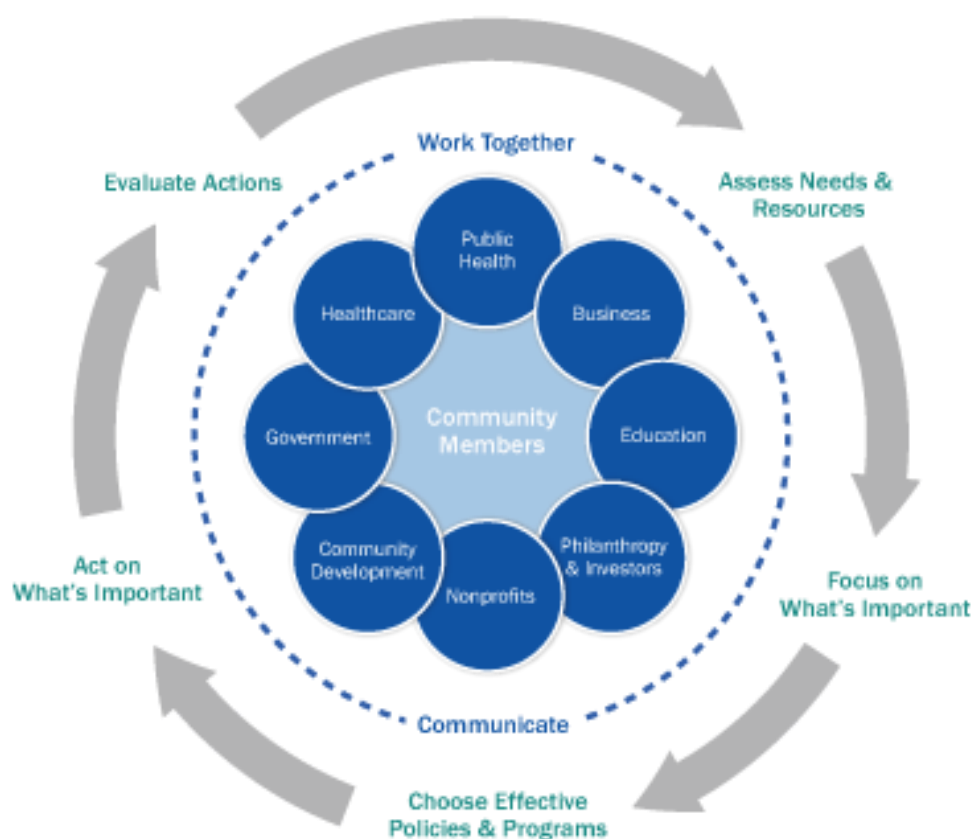
- To fulfill State Statute HFS 140.04 responsibility for local health departments and 501(r) federal requirements for not-for-profit hospitals to complete a community health assessment and participate in the development of a new local health improvement plan every three years.
- To provide updated information on the area's health status, which provides the basis for the identification and prioritization of local health-related issues and the development of a local health improvement plan.
- To create a process to encourage public and community input into the area's health needs and the use of available resources.
- To use assessment as a core function of public health.

Community Health Assessment Process

The assessment process used is an adaptation from the County Health Rankings and Roadmaps Wisconsin's Guidebook on Improving the Health of Local Communities. The guidebook is based on a continual improvement process with the following core steps:

- Work together and communicate
- Assess needs and resources
- Focus on what's important
- Choose effective policies and programs
- Act on what's important
- Evaluate actions

The guidebook provides a checklist and resources for each step of the community assessment and improvement process. A diagram of the entire process is displayed below:



© 2014 County Health Rankings and Roadmaps

During the community assessment process special attention was given to the following underlying themes when analyzing the data: Equity, Socioeconomic Factors, Prevention and Health Across the Life Span. Since input from a broad representation of community members was the overall goal, a number of methods were used which are outlined next along with the methods and sources used to collect data.

Community Engagement

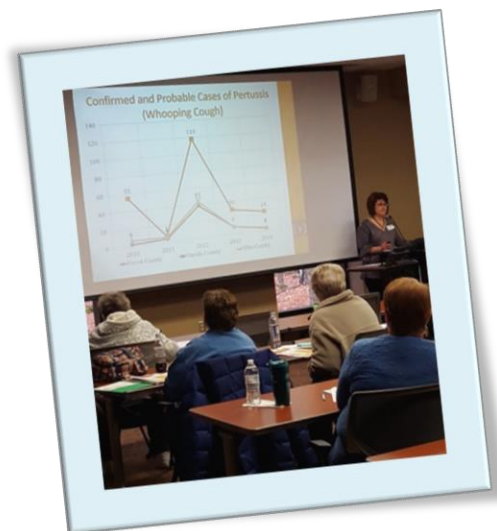
To assure that everyone in the community had an equal opportunity to provide his or her input, multiple approaches were used that included surveys, focus groups, forums and key- informant interviews. Special efforts were made to reach the underserved population in the area and the community partners and stakeholders that work with this population.

Community Health Survey

In order to capture the opinions of the general public, a community survey was conducted that asked participants to share their perceptions on the health of the community and to identify health priority areas. The survey also asked questions about the participants' current health status and barriers to care. The survey was distributed online through the health departments' websites and Facebook. In an effort to ensure representation from vulnerable groups, such as low-income, minority and medically underserved populations, paper copies of the survey were distributed to identify community sites that serve these populations. The results of the survey were summarized and presented to the community and used as another data source to analyze the health of the community. In order to ensure the survey was conducted in a manner that produced reliable and valid results, the University of Wisconsin – Stout's Applied Research Center partnered with the steering committee for survey design, distribution, analysis and evaluation. A summary of the key findings are included in the data section within a special text box labeled "Community Data," and the final report can be found on each health department's website.

Community Forum

A daylong meeting was held and over 75 people from Forest, Oneida and Vilas counties spent the day reviewing data presented to mirror the Healthiest Wisconsin 2020 Focus Areas. After reviewing the data and available community health survey results; strengths, weaknesses, opportunities and challenges of the community were discussed in three facilitated break-out sessions. Techniques used to generate a large number of ideas and give everyone the chance to participate included brainstorming and nominal group technique. At the end of the day, each participant was given the opportunity to select the health priorities of greatest concern to focus on for the next three years. If community stakeholders were not prepared to make a decision at the end of the day, a brief survey was distributed to all in attendance at a later date to identify the health priority areas. A summary of the key findings from the day can be found in Appendix 1.



Community Focus Groups

To provide the general population an opportunity share their opinions, small focus groups were conducted throughout the community. During these focus groups, summaries of the data collected revealing the health of the community were shared, and then followed by a S.W.O.C analysis to compliment the S.W.O.C analysis completed at the community forum with stakeholders. At the end, each participant was given the opportunity to share his or her thoughts on the top health concerns of the community using brainstorming and nominal group technique. The table to the right displays a complete list of the focus groups conducted; a summary of the key findings from each can be found in Appendix 2.

- **AODA Coalition**
- **Mental Health Inter-Agency Coalition**
- **LEAN Coalition**
- **Nicolet College Nursing Students**
- **RHS CHANGE/Fact Group**
- **Vilas County Fire Chiefs and Emergency Services Association**
- **Community Coalition of Forest County**
- **Forest County School Administrators of Crandon, Laona and Wabeno**

Key-Informant Interviews

In attempt to address the gaps in the data and S.W.O.C analysis, key-informant interviews were conducted with community members that work to improve the health of the community, especially within the vulnerable populations including the low-income and medically underserved. Interview questions were directed towards identifying the health concerns of the area along with the strengths and challenges experienced working within the community. The table below displays a complete list of all the interviews conducted; a summary of the key findings can be found in Appendix 3.

A special thanks to the following individuals who took time from their busy schedules to participate in the interview process to provide further feedback on the community:

- **Tammy Modic, Executive Director of the Northwoods Alliance for Temporary Housing**
- **Scott Lea, Chief of Police, Three Lake**
- **Braden Bayne-Allison, Domestic Violence Advocate at Tri-County Council on Domestic Violence**
- **David Jaeger, Chief of Police, Minocqua**
- **Chris Stark, UWEX-Vilas County**
- **Jason Pertile, Dean of Students & Guidance, Phelps School District**
- **The Forest County Director of Social Services**
- **The Forest County UWEX Community Development Educator**
- **The Forest County Economic Development Director**

Data Sources

Data collection and analysis plays a critical role in making public health decisions, program development, evaluation, and policy formation. A need exists for accurate and reliable data to make healthy, strong communities. The information in this report describes the major health behaviors and outcomes that have the greatest effect on the members of Forest, Oneida and Vilas Counties. In addition, the data further presents health outcomes by economic and social issues, access to care, and individuals' personal characteristics. The data is displayed in many forms that include tables, charts, graphs and maps. Since understanding the data can be a difficult process, the common terms used to describe the data are provided on the right.

As stated above, it is important that data comes from reliable and credible sources. Inaccurate data can lead to misunderstandings and impact the ability to make quality and timely public health decisions. The data used to produce this report comes from both primary and secondary sources that are all reliable and valid. A detailed description of each source is included below.

Key Terms

Incident Rate

The number of new cases within a given timeframe, usually a year

Prevalence Rate

The number of individuals who have a particular disease at a fixed point in time

Rate

Describes the occurrence of a particular disease in the population over time, usually displayed in units of per 1,000

Age-Adjusted Rate

A method of standardization that allows age groups to be compared with each other

Morbidity

Another word for disease

Mortality

Another word for death

Primary Data Sources

Community Health Survey

Through the assistance of UW-Stout Applied Research Center, the survey was administered over a five-week period to residents of Forest, Oneida, and Vilas Counties in Wisconsin. The assessment was deployed as both an online survey and also as a paper copy survey.

Wisconsin Immunization Registry

WIR is a database that tracks immunizations of Wisconsin's children and adults.

WI Electronic Disease Surveillance System

WEDSS is a tool used for reporting, investigation, and surveillance of communicable diseases in Wisconsin.

ROSIE-Women, Infant and Children Data System

ROSIE is the online data collection system used by the WIC program in Wisconsin.

Northwoods Temporary Housing Alliance Tracking

NATH collects basic information about clients to provide a more accurate count of homelessness in the area and the resources needed.

Secondary Data Sources

Healthiest Wisconsin 2020

The Healthiest Wisconsin 2020 is a state-wide initiative with the mission to assure conditions in which people can be healthy members of safe and resilient families and communities. The initiative aims to achieve two goals: (1) improve the health across the lifespan and (2) eliminate health disparities. Healthiest Wisconsin 2020 provided the framework for the entire assessment. Data was collected as it relates to each of the 12 focus areas.

Wisconsin County Health Rankings

The Wisconsin County Health Rankings Report from University of Wisconsin School of Medicine and Public Health was utilized as an overall data source. All counties are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the state by the following summary measures:

- **Health Outcomes**--rankings are based on an equal weighing of one length of life (mortality) measure and four quality of life (morbidity) measures.
- **Health Factors**--rankings are based on weighted scores of four types of factors:
 - Health behaviors (6 measures)
 - Clinical care (5 measures)
 - Social and economic (7 measures)
 - Physical environment (4 measures)

The 2015 county snapshots are included in appendix 4.

Other Secondary Data Sources

Community Commons	Community Commons is an online resource that provides data and tools needed to assess and improve communities. The data available comes from a multitude of sources and covers a wide array of topics.
Behavioral Risk Factor Surveillance System	The BRFSS is one of the largest health surveys conducted in the United States. The BRFSS collects data regarding an individual’s health risk behaviors, the use of preventive services, and chronic health conditions.
Youth Risk Behavior Surveillance System	The YRBSS is similar to the BRFSS; however, it is a school-based survey that only monitors data related to health- risk behaviors in youth.
WI Department of Health Services	WI DHS provides access to numerous reports and databases related to the health of Wisconsin residents.
Wisconsin WINS	WI WINS provides data related to the percentage of retail stores selling tobacco products to minors through annual compliance checks.
WI Interactive Statistics on Health	WISH provides information about health indicators in Wisconsin using protected databases otherwise not accessible.
WI Environmental Public Health Tracking	WI Environmental PH tracking is a comprehensive and updated source that provides environmental health data for all of Wisconsin.

Demographic Profile

Geographically, this assessment covered the three counties of Forest, Oneida and Vilas which totals 3,290 square miles and 66,088 community members. Below is a demographic profile of the vulnerable population in the area. A complete profile for each county is included in Appendix 5.

Forest County is ranked 69 out of 72 counties for social and economic factors.

Forest County

Median Household Income

\$40,331

Unemployment Rate

9.6%

Graduation Rate

86.3%

Poverty Rate

17.9%

Population Profile

Total: 9,127 Median Age: 45.3

Age	Under 5 Years Old	5.8%
	Under 18 Years Old	20.6%
	Over 65 Years old	21.8%

U.S. Census QuickFacts

Oneida County

Oneida County is ranked 46 out of 72 counties for social and economic factors.

Population Profile

Total: 35,563 Median Age: 49.2

Age	Under 5 Years Old	4.6%
	Under 18 Years Old	17.2%
	Over 65 Years Old	23.9%

U.S. Census QuickFacts

Median Household Income

\$46,773

Unemployment Rate

8.8%

Graduation Rate

89%

Poverty Rate

11.3%

Vilas County is ranked 59 out of 72 counties for social and economic factors.

Vilas County

Median Household Income

\$40,501

Unemployment Rate

8.8%

Graduation Rate

91.8%

Poverty Rate

14.4%

Population Profile

Total: 21,398 Median Age: 52.1

Age	Under 5 Years Old	4.1%
	Under 18 Years Old	16.8%
	Over 65 Years Old	29.0%

U.S. Census QuickFacts

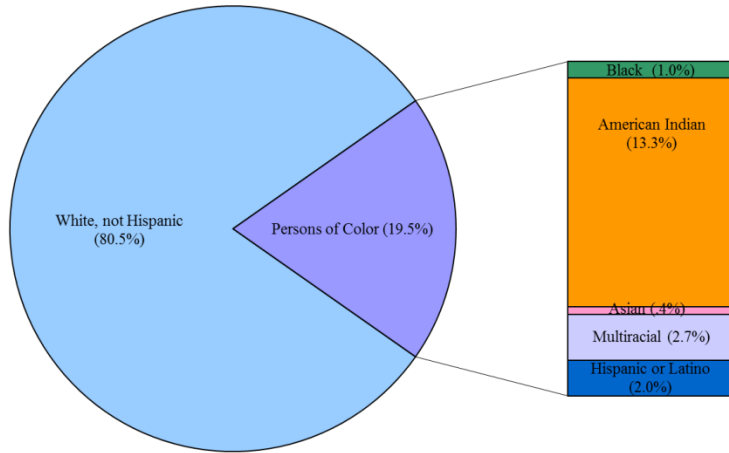
Sources: County Health Rankings and U.S. Census Bureau 2006-2010

Race & Ethnicity

Forest County

2010-2014 Growth

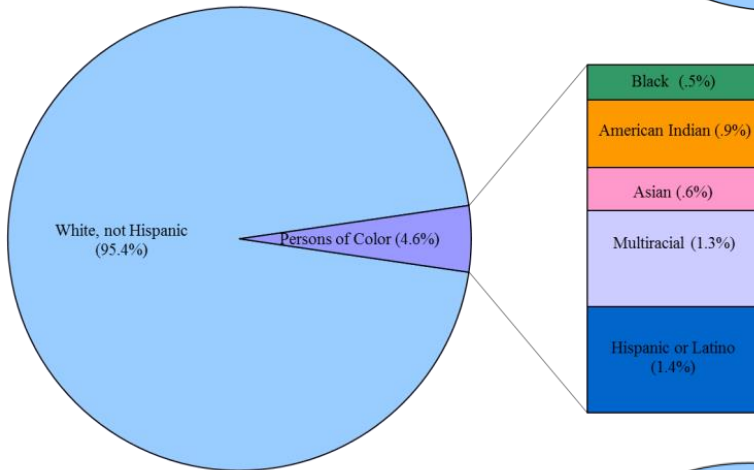
Black	-25%
American Indian	11%
Asian/Pacific Islander	95%
Hispanic/Latino	73%



Oneida County

2010-2014 Growth

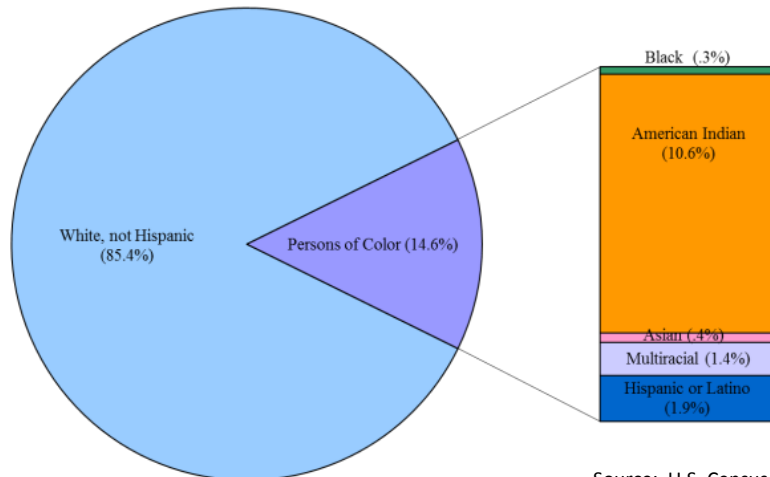
Black	44%
American Indian	37%
Asian/Pacific Islander	64%
Hispanic/Latino	105%



Vilas County

2010-2014 Growth

Black	57%
American Indian	21%
Asian/Pacific Islander	118%
Hispanic/Latino	121%



Source: U.S. Census QuickFacts

Education Attainment

Percentage of the Population with an Associate's Degree or Higher

Forest County	19.9%
Oneida County	32.6%
Vilas County	32.2%
Wisconsin	36.4%

Source: 2009-2013 American Community Survey 5-year estimates

Disabilities Profile

Percentage of the total non-institutionalized population with a disability

Forest County	17.2%
Oneida County	14.8%
Vilas County	17.6%
Wisconsin	11.6%

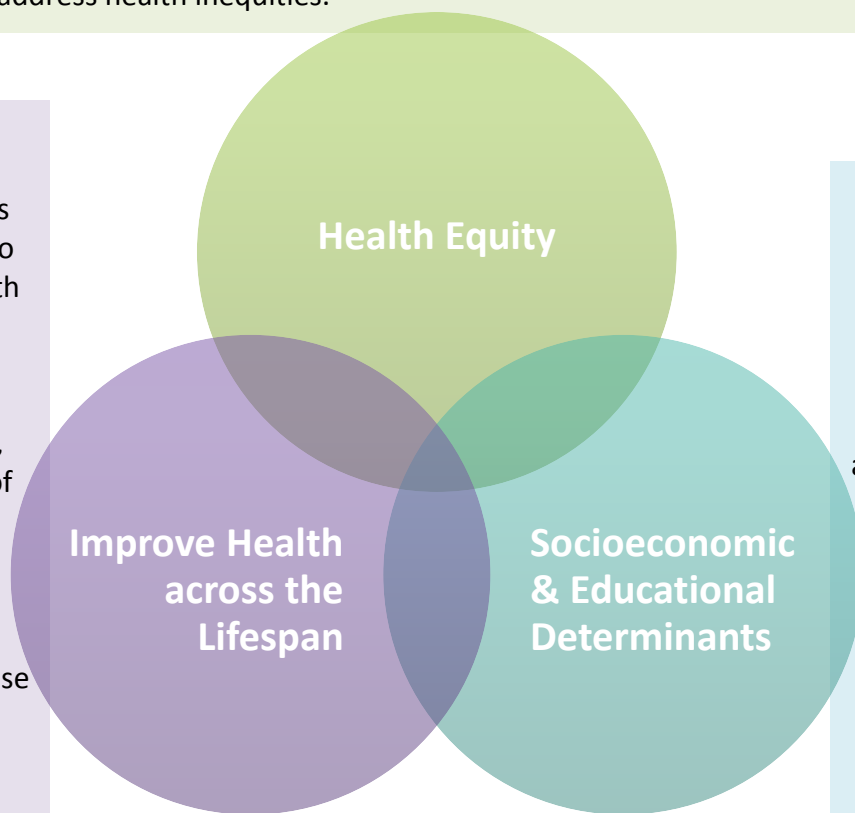
Source: US Census Bureau, American Community Survey, 2010-14

Overarching Themes

All data was analyzed with three overarching themes: (1) health equity, (2) the social determinants of health especially focusing on socioeconomic factors and education level, and (3) health across the lifespan. These three themes were chosen because of their ability to affect all health and infrastructure focus areas discussed in the following sections. (Healthiest Wisconsin, 2020).

Health equity is giving everyone the equal opportunity to achieve optimal health regardless of any personal characteristics such as race, sexual orientation, or education level. Some communities in the Northwoods experience different health outcomes than others. It is the goal to develop data measures that can track these disparities allowing the alignment of resources to address health inequities.

Health across the lifespan means focusing on all stages of life from infancy to the senior years. With improved medical care, public health initiatives, and prevention research, the life expectancy of individuals has increased, which shifted the burden of disease. This initiative seeks to raise awareness about issues affecting individuals and their families throughout the entire lifespan.

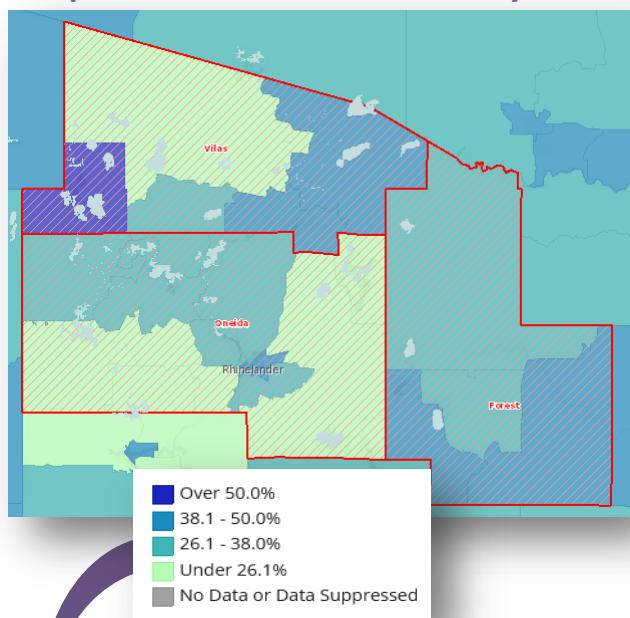


Social, economic, and educational attainment accounts for almost 40% of the variation seen in health outcomes. These three factors are linked to the basic essentials needed for good physical and mental health. Moving forward, there is a need to develop and support policies that reduce poverty and increase educational attainment in the community.

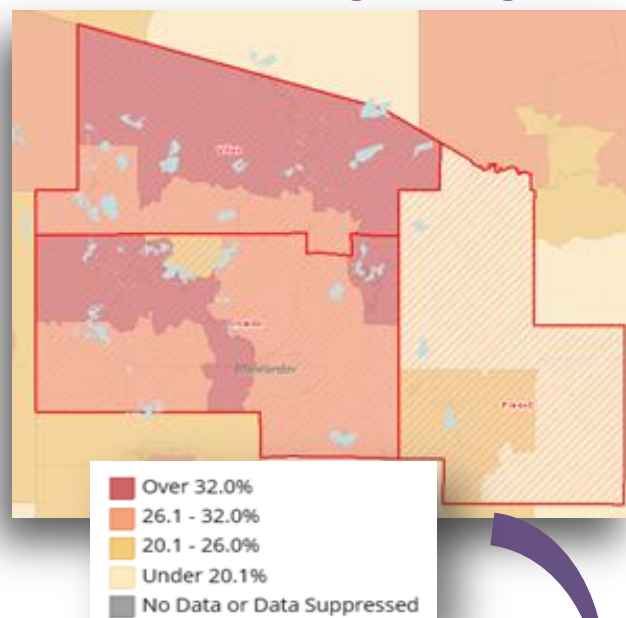
Though it may be easy to think that medical care is the only way to improve health, health improvement is also linked to a wide variety of factors, including risky behaviors, where you live, work, learn and play, education attainment, and income. A community should consider all of these factors when encouraging positive changes in several of these areas, which can have a greater impact on an individual resident and the community's overall health. The roles that these factors can play on overall health are evident when compared, which can be seen on the following page.

Select Determinants of Health

Population Below 200% Poverty Level

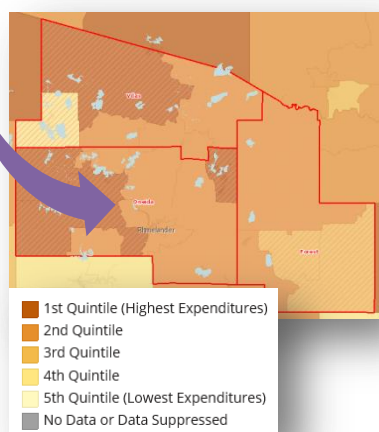


Population with an Associate's Degree or Higher

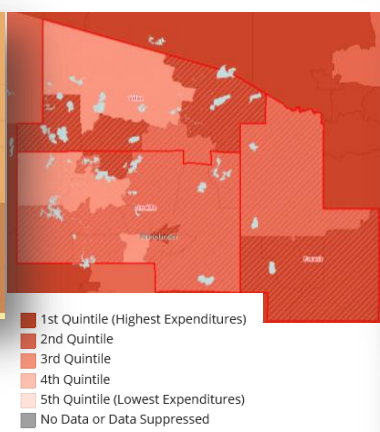


Health Behavior

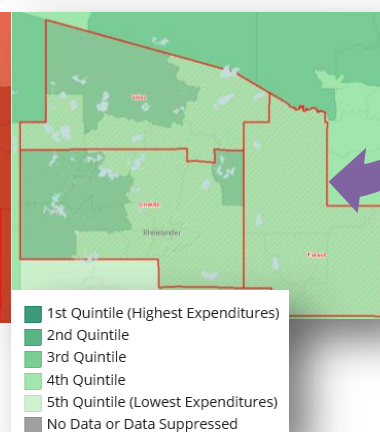
Alcohol Expenditures



Tobacco Expenditures



Fruit/Vegetable Expenditures



Health Outcomes

Premature Death
Cancer Mortality Rate
Health Mortality Rate
Stroke Mortality Rate

3 County Area

6773
181.3
190.7
41.9

Wisconsin

5910
170.1
162.3
37.1

Source: County Health Rankings, 2015 and Community Commons, 2015

Alcohol and Other Drug Use

Alcohol and other drug use is defined as the use of a substance that results in negative consequences that can include operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalizations, heavy drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other alcohol-attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol- or drug-related crimes. Alcohol-related deaths are the fourth leading cause of death in Wisconsin, only behind heart disease, cancer and stroke.

Percentage of Adults Reporting Binge or Heavy Drinking

Forest County	21%
Oneida County	22%
Vilas County	24%

Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average

Source: County Health Rankings



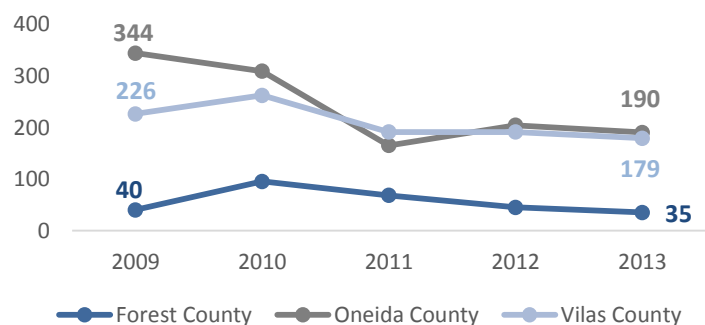
Alcohol-Related Arrests

2013 Liquor Law Violation

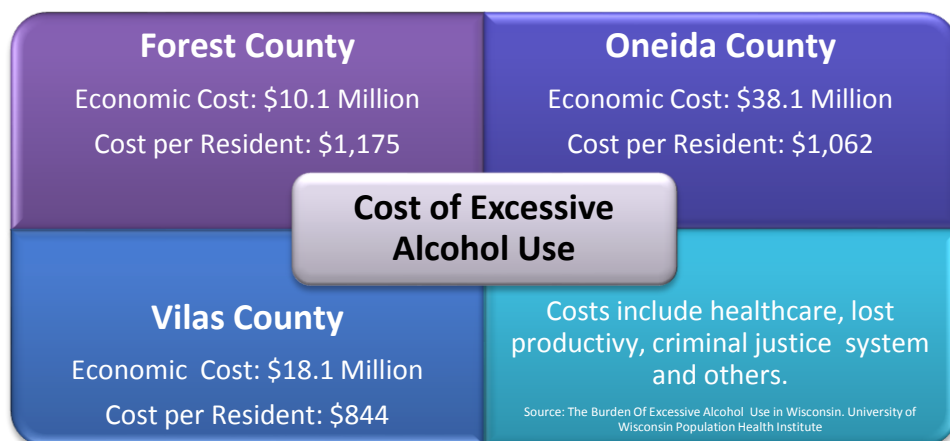
Forest County	18
Oneida County	113
Vilas County	90

Liquor law violation includes illegal sales of liquor or underage drinking (18-20 years of age)

Operating While Intoxicated Arrests



Source: Wisconsin Department of Justice



In 2011, Wisconsin collected \$69 million in alcohol taxes; however, that only equates to 1 percent of the total economic costs attributed to excessive alcohol use which totaled over \$6.8 billion.

Wisconsin 9-12 Grade YRBSS Results

21% of students reported they rode in a car one or more times with a driver who had been drinking alcohol

33% of students had at least one drink of alcohol on one or more of the past 30 days

17% of students reported using marijuana during the past 30 days

15% of students reported taking a prescription drug without a doctor's prescription

18% of students reported being offered, sold or given an illegal drug by someone on school property during the past 12 months

Drug Arrests

Drug arrests include arrests for the cultivation, manufacture, distribution, sale, purchase, use, possession, transportation or importation of opium or cocaine and their derivatives, marijuana, synthetic narcotics, or other dangerous non-narcotic drugs.

	2011	2012
Forest County	31	63
Oneida County	107	173
Vilas County	107	164

Source: Wisconsin Department of Justice



What the community says...

Reported average number of days where binge drinking occurred in the past month

Forest County		Oneida County		Vilas County	
Males	Females	Males	Females	Males	Females
3.86	2.95	6.00	2.64	5.10	3.00

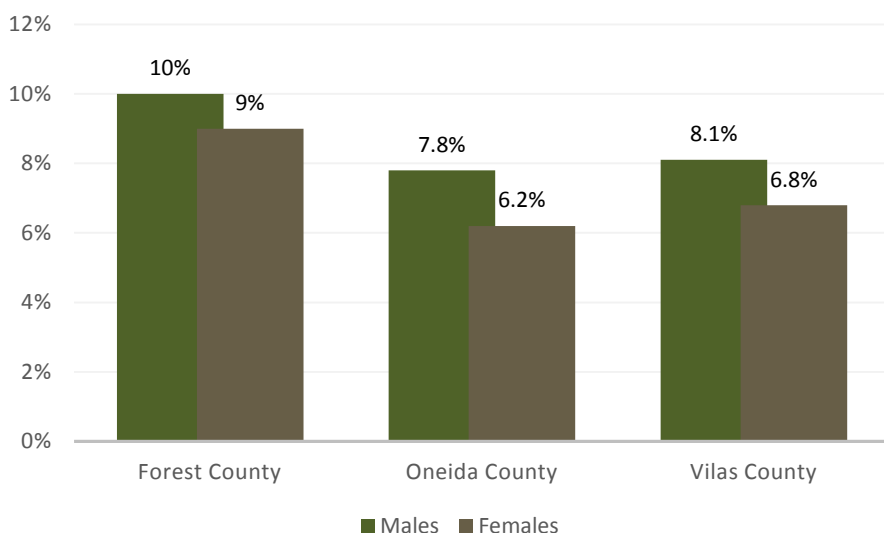
Source: Community Health Survey, 2015

It was the general consensus among the three counties that the abuse of prescription and over-the-counter drugs is a **moderate** problem in the area.

Chronic Disease Prevention and Management

In general terms, chronic diseases are defined as illnesses that are long-lasting, do not go away on their own, are rarely cured, and often result in disability later in life. Currently, seven of the 10 leading causes of death in Wisconsin are due to chronic diseases. The most common chronic diseases (heart disease, stroke, cancer, diabetes, asthma and arthritis) are among the most common and costly of all health problems in the United States. More than 80 percent of healthcare spending in the United States goes towards the treatment of chronic diseases. The good news is that chronic diseases are also among the most preventable diseases with lifestyle change.

2012 Diabetes Prevalence Rates



Diabetes

The prevalence of diabetes varies by gender as seen on the graph to the left. Also, the prevalence of diabetes in the area exceeds that of the state average.

Wisconsin – 7.9%

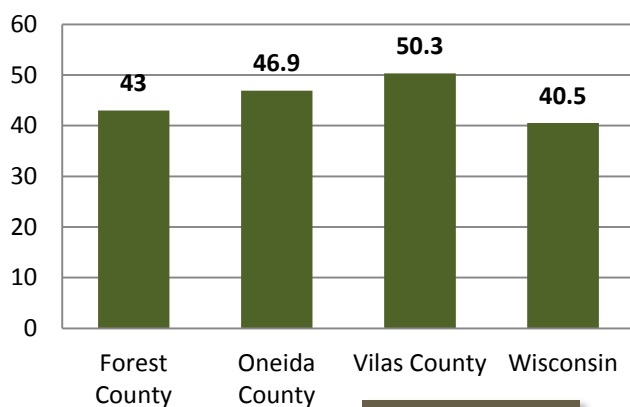
Forest County – 9.6%

Oneida County- 7.5%

Vilas County- 8.3%

Source: Community Commons

2008-2012 Colon Cancer Incident Rates

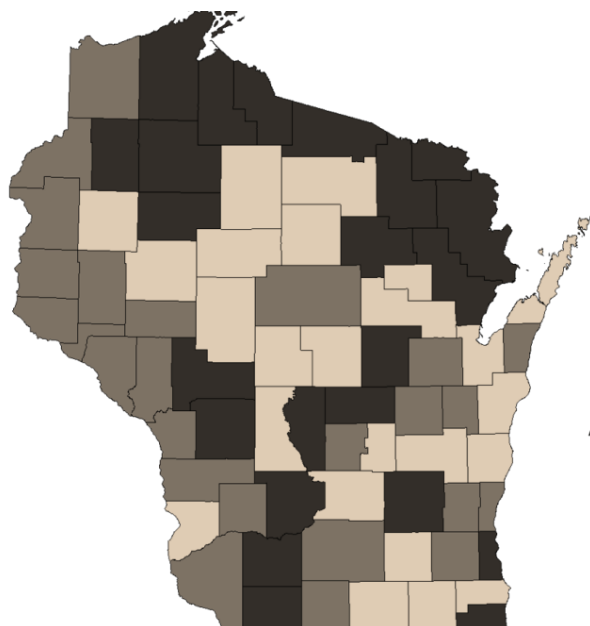


per 100,000 population
Source: Community Commons

**Healthy People
2020 Goal
38.7**



The average child in the U.S. consumes 32 teaspoons of sugar a day and the average adult 22 teaspoons.



Heart Disease

The map to the left displays the 2009-2013 age-adjusted mortality rate of ischemic/coronary heart disease.

Forest County – 117.0

Oneida County – 111.6

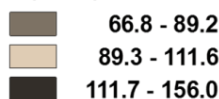
Vilas County – 124.5

Wisconsin – 97.9

per 100,000 population

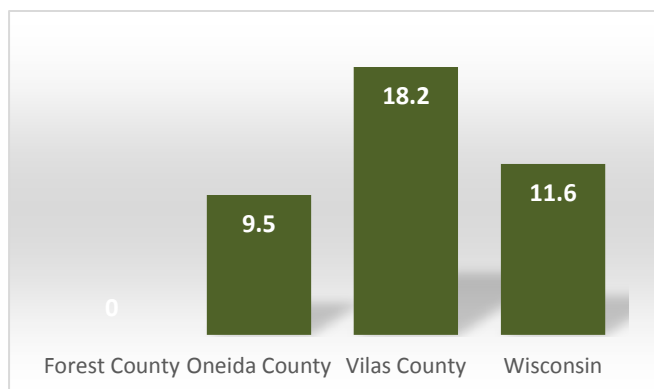
Source: Wisconsin Department of Health Services, WISH

AA Rate per 100,000 Population
By County of Residence



**Healthy People
2020 Goal
103.4**

2009-2013 Breast Cancer Mortality Rate



Forest County not available due to small sample size
per 100,000 population

Source: Wisconsin Department of Health Services, WISH



What the community says...

The Top 5 Most Important Health Issues Identified by the County

Forest County
Alcohol abuse
Child abuse/neglect
Eating unhealthy
Tobacco Use

Oneida County
Alcohol Abuse
Child abuse/neglect
Eating unhealthy
Domestic Violence

Vilas County
Alcohol Abuse
Eating unhealthy
Not exercising
Tobacco use

Source: Community Health Survey, 2015

Environmental and Occupational Health

Environmental and occupational health includes the broad and diverse group of regulatory and educational programs and services needed in every Wisconsin community to prevent, identify and reduce illnesses and injuries resulting from hazards in the natural, built and work environments. More and more clear associations and linkages are emerging to demonstrate the ways human health is affected by the environments where people live and work. The air we breathe, water we drink, communities where we live and food we eat are increasingly recognized as underlying determinants of health.

Confirmed and Probable Cases of Select Foodborne and Waterborne Diseases

Forest County						
	2010	2011	2012	2013	2014	Total
Campylobacter	3	2	1	3	1	10
Salmonellosis	1	1	1	0	4	7
Cryptosporidium	2	0	2	4	1	9
Giardia	2	0	2	5	2	11

Oneida County						
	2010	2011	2012	2013	2014	Total
Campylobacter	6	4	9	8	6	33
Salmonellosis	4	4	4	8	7	27
Cryptosporidium	8	5	3	1	6	23
Giardia	13	6	6	10	23	58

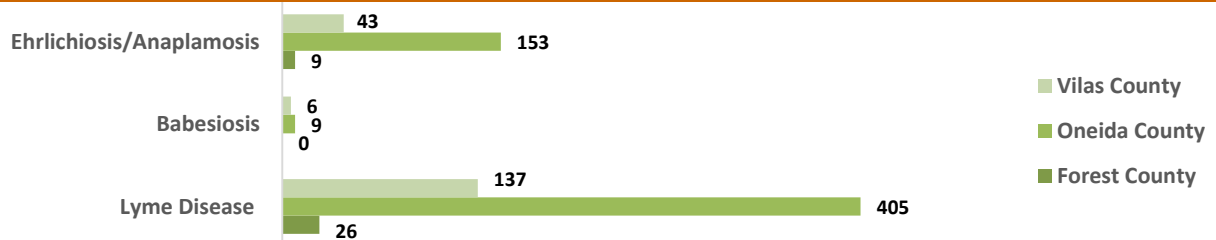
Vilas County						
	2010	2011	2012	2013	2014	Total
Campylobacter	3	4	1	3	4	15
Salmonellosis	1	1	2	1	2	7
Cryptosporidium	2	4	1	3	2	12
Giardia	14	3	9	9	4	39

Source: Wisconsin Department of Health Services



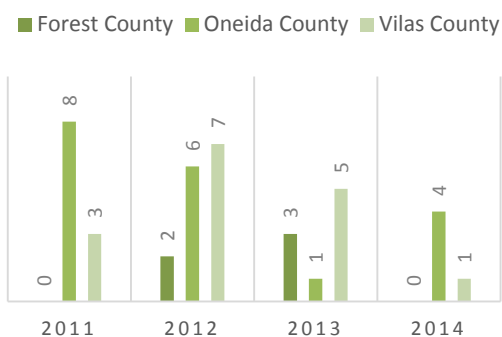
The Centers for Disease Control and Prevention estimates that 76 million cases of foodborne disease occur each year in the United States.

Tickborne Diseases



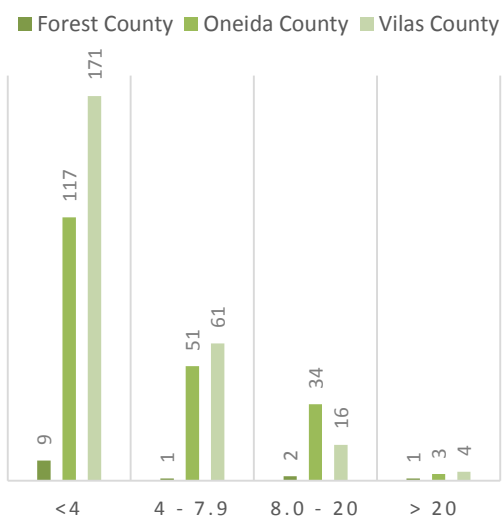
*Confirmed and probable cases from 2010 to July, 2015 Source: Wisconsin Electronic Disease Surveillance System, and Public Health profiles

Number of Children with a Lead Blood Level > 5 mcg/dL



Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health, Childhood Lead Poisoning Prevention Program

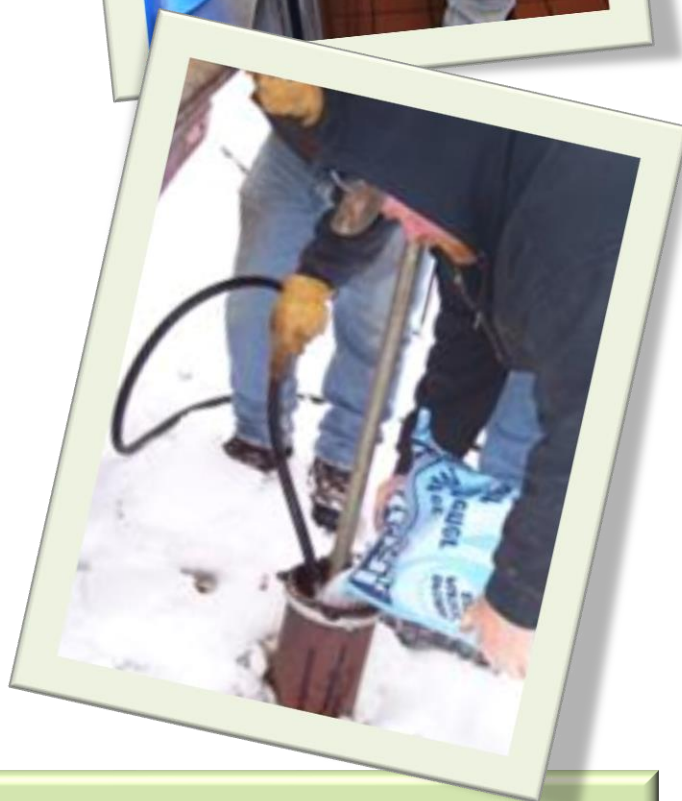
Radon Results: 2013-2015



Results to July 2015

Results reported in in pCi/Liter (pCi/L)

Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health, Childhood Lead Poisoning Prevention Program



What the community says...

Percentage of people who have read, seen or heard information about preparing for an emergency.

Forest County – 63%
Oneida County – 60%
Vilas County – 52%

Percentage of people who have prepared for an emergency by assembling an emergency kit with medical supplies.

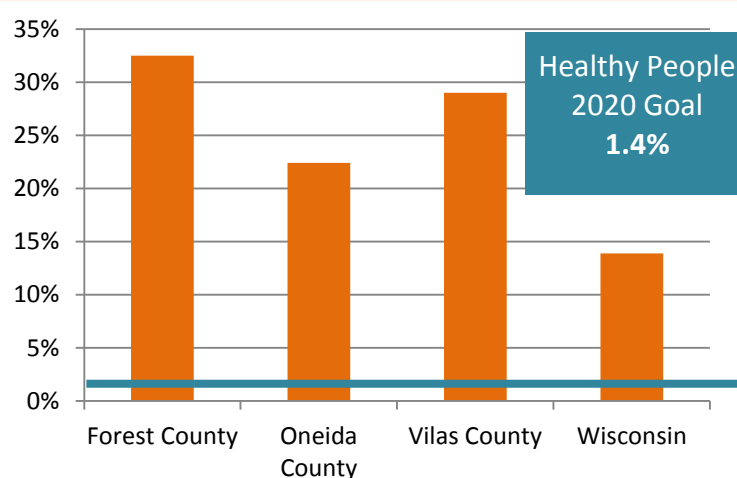
Forest County – 44%
Oneida County – 45%
Vilas County – 48%

Source: Community Health Survey, 2015

Healthy Growth and Development

Healthy growth and development requires family-centered, community-based, culturally-competent coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence and adulthood. Healthy growth and development in early life have a profound effect on health across the life span. Research studies over the past decade demonstrated the link between early life events and adult chronic diseases and found that babies born at lower birth weights have an increased risk of developing heart disease, diabetes and high blood pressure in later life. Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health and development potential.

Mothers who Reported Smoking During Pregnancy



Source: Wisconsin Department of Health Services
Data includes years 2009-2013



2009-2013 Percent of Births Where Prenatal Care Began in the First Trimester

2009-2013	Forest County	79.5%
	Oneida County	86.6%
	Vilas County	77.2%
	Wisconsin	79.1%

When comparing the rates between 2004-2008 and 2009-2013, every county has reported a decline.

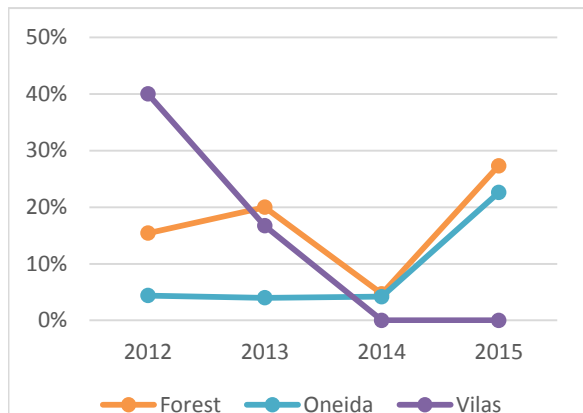
2004-2008	Forest County	83.5%
	Oneida County	90.6%
	Vilas County	81.3%
	Wisconsin	83.8%

Sources: Wisconsin Department of Health Services, WISH

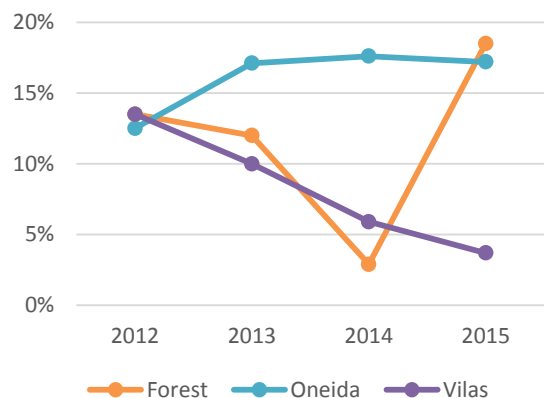


WIC Breastfeeding Rates

Percent of WIC infants who have been exclusively breastfed for at least 6 months



Percent of WIC infants who have been breastfed at least 12 months



Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, Pregnancy Nutrition Surveillance System

Percent of WIC Children ≥ 2 to < 5 Years of Age Who are Overweight or Obese in 2015

	Overweight	Obese
Forest County	13%	20%
Oneida County	20%	14%
Vilas County	19%	24%

Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, Pediatric Nutrition Surveillance System

What the community says...

Areas to Improve Individual and Community Health

- Childcare
- Community gardens
- Extending health department and doctor office hours
- More recreation areas
- Lifestyle classes
- Quit smoking programs
- Obtaining health insurance
- Appointment reminders via text message

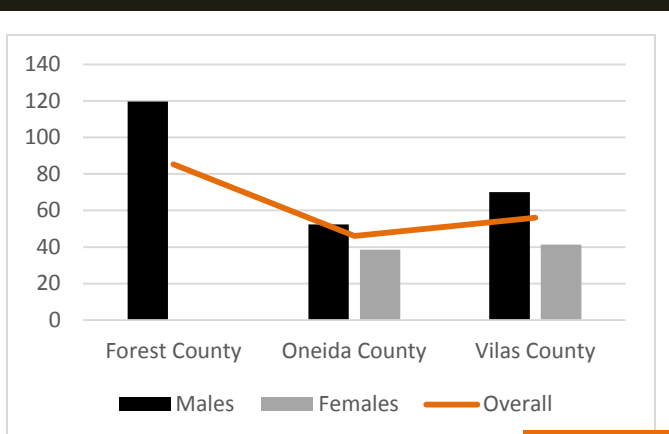
Source: Community Health Survey, 2015



Injury and Violence Prevention

Injury and violence encompasses a broad array of topics. Unintentional injuries are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Intentional injuries include those that were purposely inflicted with the intent to injure or kill someone (including self). Intentional injuries often involve a violent act. Examples include homicide, child maltreatment, sexual assault, bullying and suicide. Injuries are the leading cause of death among Wisconsin people age 1-44 years and are a significant cause of morbidity and mortality at all ages. Though many of these deaths due to injury are unintentional, the majority are also preventable. Injuries and violence are not discriminatory; they occur in all ages, races and socioeconomic classes. However, we do know that some groups are affected more severely.

Unintentional Injury Mortality Rate



per 100,000 population
Source: Community Commons

Healthy People
2020 Goal:
36.0

1994-2013 Deaths Due to Homicide

14 Forest County residents had *Homicide* listed as the primary cause of death, an average of 0.7 per year.
7 Oneida County residents had *Homicide* listed as the primary cause of death, an average of 0.35 per year.
6 Vilas County residents had *Homicide* listed as the primary cause of death, an average of less than .03 per year.

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Vital Records Section, Wisconsin Interactive, Statistics on Health (WISH).

Wisconsin Snowmobile, ATV and Boating Fatalities

	Snowmobile	ATV	Boating
2012	17	15	23
2013	20	22	13
2014	23	27	9

Source: Wisconsin Department of Natural Resources

2009-2013 Top Reasons for Visits to the ER and Hospital

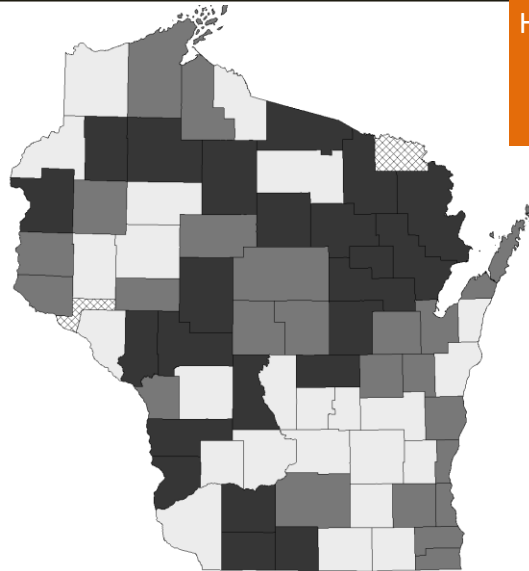
	Injury ER Visits	Injury Hospitalizations
Forest County	Falls Struck MV Crashes	Falls Overexertion Cuts
Oneida County	Falls Struck Cuts	Falls Overexertion Cuts
Vilas County	Falls Struck Cuts	Falls Overexertion Cuts

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Vital Records Section, Wisconsin Interactive, Statistics on Health



2009-2013 Motor Vehicle Accident Mortality Rate

Forest County 38.4
Oneida County 12.1
Vilas County 19.3
Wisconsin 10.2
per 100,000 Population



Healthy People
2020 Goal:
12.4

AA Rate per 100,000 Population
By County of Residence

- < 5 No Data
- 4.4 - 10.9
- 11.0 - 16.6
- 16.7 - 43.9

Source: Wisconsin Department of Health Services, WISH

What the community says...

Helmet Use in Children

	Riding a Bicycle	Riding a Motorcycle
Forest County	Rarely/Sometimes	Sometimes
Oneida County	Sometimes	Sometimes/Always
Vilas County	Sometimes	Sometimes

Source: Community Health Survey, 2015

Residents in the Northwoods report wearing a seatbelt often when driving a vehicle

Mental Health

Key Findings: Health Focus Areas

Mental health can be defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. When comparing all diseases, mental illnesses rank first in terms of causing disability in the United States, Canada and Western Europe. Mental and physical health are closely connected; the statement "there is no health without mental health" accurately summarizes the relationship between the two. More specifically, mental health disorders are associated with increased rates of chronic health problems and risk factors, such as smoking, physical inactivity, obesity, and substance abuse and dependence.

2012 Depression Rates in the Medicare Population

Forest County	14.5%
Oneida County	14.2%
Vilas County	11.8%
Wisconsin	15.6%

Source: Community Commons

What the community says...

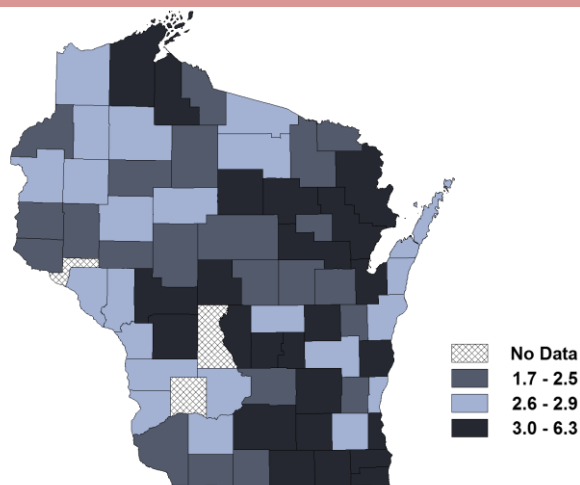
Individuals who said mental health interfered with their usual activities in the past 30 days:

	Males	Females
Forest County	7.4%	17.8%
Oneida County	18.2%	18.2%
Vilas County	13%	20%

Respondents making **less than \$20,000** indicated they are **very concerned** about their mental health more frequently than other income groups

Source: County Health Survey, 2015

2006-2012 Average Number of Reported Mentally Unhealthy Days per Month



Forest County	2.4
Oneida County	2.8
Vilas County	2.6
Wisconsin	3.1

Source: University of Wisconsin Population Health Institute, County Health Rankings

2009-2012 Suicide Mortality Rate

Forest County	N/A
Oneida County	14.6
Vilas County	21.4
Wisconsin	13.1

per 100,000 population
Source: Community Commons, 2013

14% of Wisconsin students in grades 9-12 seriously considered suicide in the past 12 months (YBRS)

Healthy People
2020 Goal
10.2

Nutrition and Healthy Foods

Key Findings: Health Focus Areas

As established in the U.S. Dietary Guidelines, good nutrition includes meeting nutrient recommendations yet keeping calories under control. It includes safe handling, preparation, serving and storage of foods and beverages. It also includes ready and appropriate access to nutritious foods throughout the year for all individuals and families in Wisconsin communities. Any nutrition policy is good health policy. Healthy eating is a staple for a good life. Adequate and appropriate nutrition is a cornerstone to prevent chronic disease and promote vibrant health. Because nourishment is required for survival, eating also serves as a basic source of enjoyment. In addition, preparing and sharing meals provide a common means through which people maintain a sense of family and community.

2013 Food Insecurity Rate

	Children	All Persons
Forest County	24.1%	14.2%
Oneida County	22.5%	12%
Vilas County	25.9%	13.6%
Wisconsin	20.4%	12.4%

Source: Wisconsin Food Security Project. Applied Population Lab, University of Wisconsin - Madison. August 2013



What the community says...

The community health survey revealed that residents in the Northwoods rarely eat five or more servings of fruit and vegetables. The reasons for lack of consumption include:

1. Not always available
2. Costs too most
3. Spoils too quickly

There is a correlation between lower income and higher rates of worrying about food security.

Source: Community Health Survey, 2015

Healthy Eating Statistics

Only **23%** of Wisconsin adults reported consuming fruits and vegetables at least five times a day. (BRFSS, 2009)

Only **20%** of Wisconsin students in grades 9-12 reported eating fruit or drinking 100% fruit juice three or more times a day. (YBRS, 2013)

Only **7%** of Wisconsin students grades 9-12 reported eating vegetables three or more times a day. (YBRS, 2013)

74% of Wisconsin students reported drinking a soda within seven days of the survey, which is down from 2007 where **79%** reported drinking soda before the survey (YBRS, 2013 & 2007)



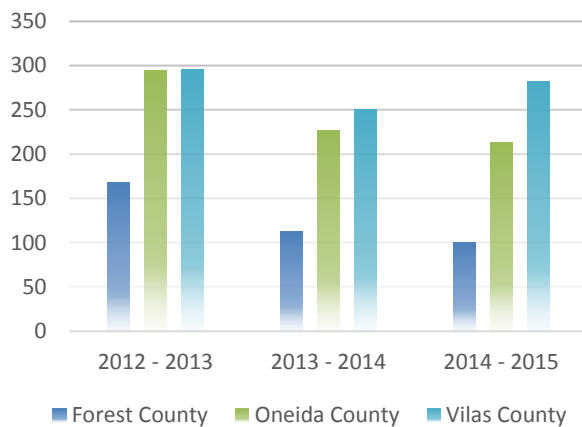
Oral Health

Key Findings: Health Focus Areas

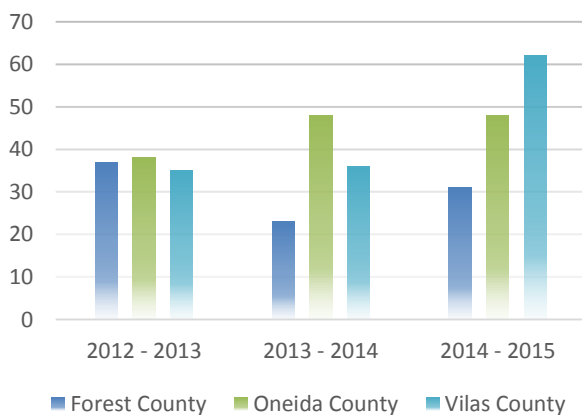
Oral health is basic to general overall health throughout one's life span. It means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease and other diseases that affect the mouth and surrounding structures. Oral health is essential to the general health and well-being of all people and can be achieved by everyone. Oral health is integral to general health, and people cannot be healthy without good oral health. Oral health and general health should not be interpreted as separate entities. Many systemic diseases may initially start with and be identified through oral symptoms. People who have conditions that affect their immune system, including people with HIV/AIDS, are more likely to experience oral infections. Research also suggests an association between gum and tissue disease and diabetes, heart disease, stroke, and adverse pregnancy outcomes.

Seal-A-Smile Program

Number of Participating Children



Percentage of Children Referred for Early or Urgent Dental Care

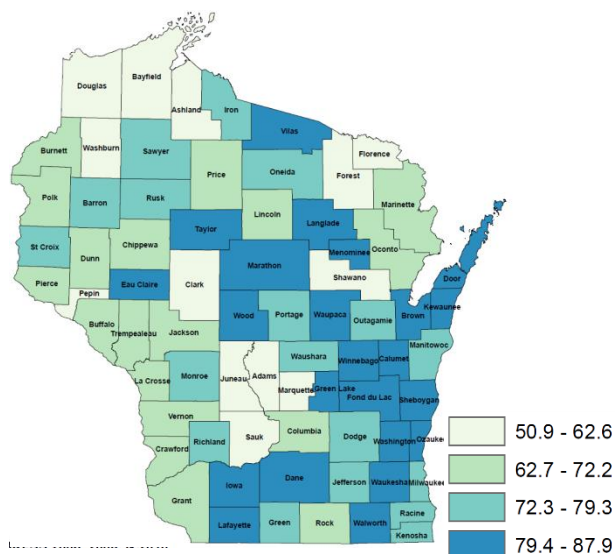


Source: Northwood's Dental Project



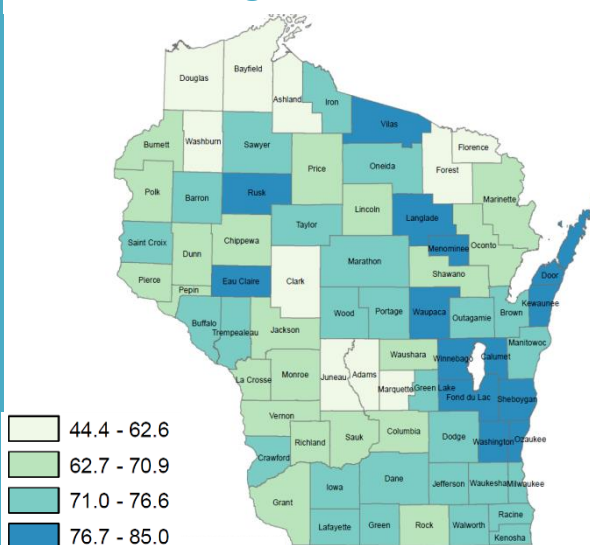
Adult Dental Care: 2006, 2008 and 2010

Percent of Adults Who Have Seen a Dentist in the Past Year



Forest County: 50.9 – 62.6 Range
 Oneida County: 72.3 – 79.3 Range
 Vilas County: 79.4 – 87.9 Range

Percent of Adults with a Dental Cleaning in the Past Year



Forest County: 44.4 – 62.6 Range
 Oneida County: 71.0 – 76.6 Range
 Vilas County: 76.7 – 85.0 Range

Source: Wisconsin Department of Health Services; County Oral Health Wisconsin Surveillance System

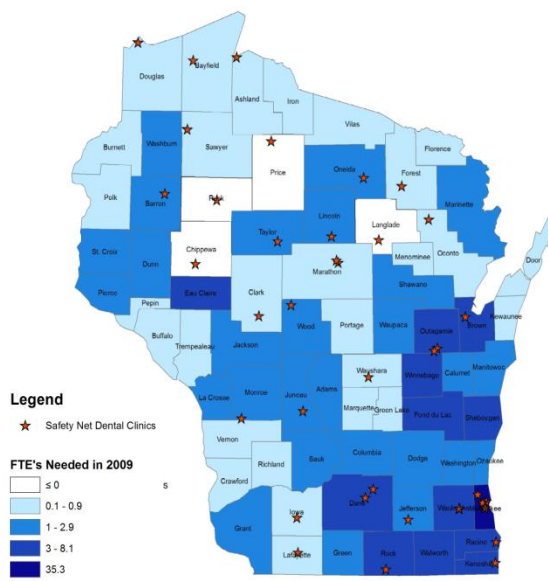
- Forest, Oneida and Vilas counties are all considered a federally-designated health professional shortage area for low-income populations
- Safety net dental clinics are located in Oneida County and Forest County

What the community says...

The top reasons that keep community members from Forest, Oneida and Vilas counties from visiting the dentist are the cost of care and lack of dental insurance.

Source: Community Health Survey, 2015

Number of Dentists Needed to Reduce Significant Shortages, 2012

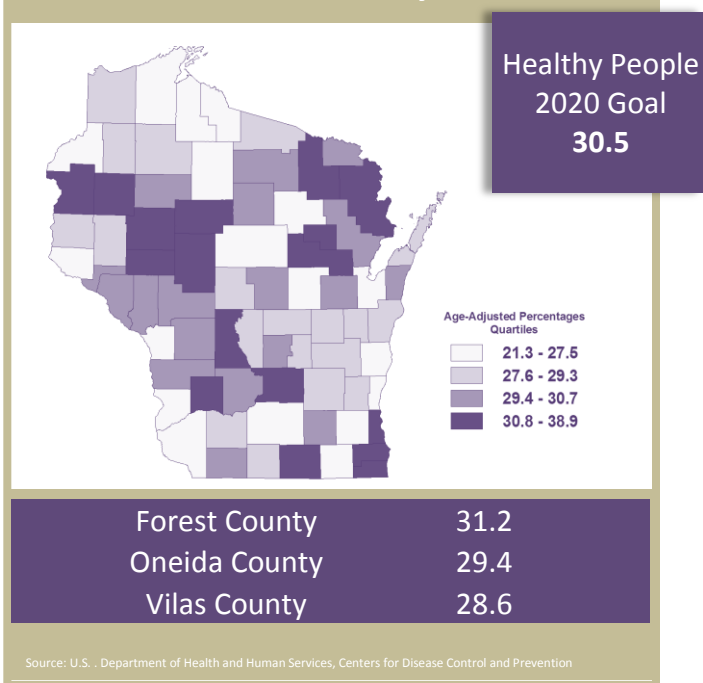


Source: Wisconsin Department of Health Services

Physical Activity

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population. The health benefits of physical activity have been studied extensively. Physical activity is a preventive factor for premature death; diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis, and depression; risk factors for disease, such as high blood pressure and high blood cholesterol; lack of functional capacity (the ability to engage in activities needed for daily living); mental illnesses, such as depression and reduced cognitive function; and injuries or sudden heart attacks.

2011 Adult Obesity Rates



What the community says...

Percentage using walking trails:

Forest County: **46.1%**
Oneida County: **59.8%**
Vilas County: **53.8%**

Source: Community Health Survey, 2015

Percentage using parks, play grounds and sports fields:

Forest County: **52.3%**
Oneida County: **63.6%**
Vilas County: **56.9%**

Percentage using health clubs, fitness centers or gyms:

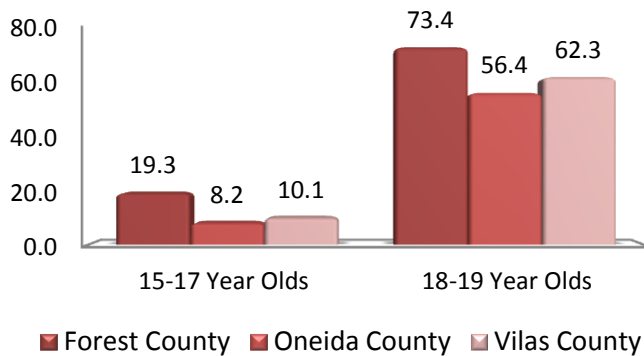
Forest County: **10.2%**
Oneida County: **37.5%**
Vilas County: **30.5%**

Reproductive and Sexual Health

Key Findings: Health Focus Areas

Reproductive and sexual health includes the factors that affect the physical, emotional, mental and social well-being related to reproduction and sexuality across the lifespan and is a core component of individual and community public health. Supportive community attitudes toward healthy sexuality, positive social and economic environments, and constructive public policies are as important as access to education and services in fostering reproductive and sexual health. Supportive community attitudes recognize that sexuality is normal. Unintended pregnancies and sexually transmitted diseases, including HIV infections, result in tremendous health and economic consequences for individuals and society.

2009-2013 Teen Birth Rates



Wisconsin Teen Birth Rates

15-17: 11.4

18-19: 42.8

*Rates are for 1,000 females
Source: Wisconsin Department of Health Services

What the community says...

Percentage of women aged 18 or older who reported having a pap test within three years:

Forest County – 83.5%
Oneida County – 75.3%
Vilas County – 70.5%

Sexually Transmitted Infection Rate

Confirmed and Probable Cases of Chlamydia

	2011	2012	2013	2014
Forest County	44	59	54	37
Oneida County	56	67	56	72
Vilas County	57	37	40	42

Confirmed and Probable Cases of Gonorrhea

	2011	2012	2013	2014
Forest County	3	2	2	2
Oneida County	1	2	0	4
Vilas County	3	1	1	0

Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Communicable Diseases and Emergency Response, Communicable Disease Epidemiologist Section, Wisconsin Electronic Disease Surveillance System, and Public Health profiles.

Reproductive Health

Tobacco Use and Exposure

Key Findings: Health Focus Areas

Eliminating tobacco use and exposure means improving health by preventing tobacco abuse, promoting tobacco dependence treatment, protecting all people from exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities. This is accomplished by partnering with state and local leaders to implement a research-based comprehensive tobacco prevention and control plan. Tobacco continues to be a devastating health and economic burden on Wisconsin. Each year, 8,000 people in Wisconsin die from tobacco-related illnesses. Tobacco use is the single most preventable cause of death and disease in the United States.

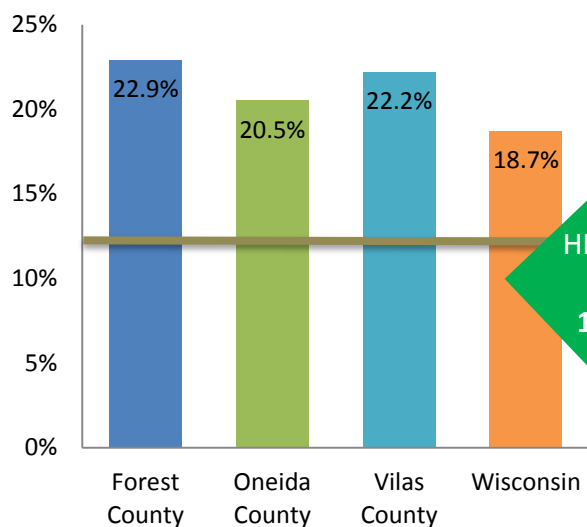
WISCONSIN WINS PROGRAM

The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. WI Wins uses positive reinforcement to reduce illegal tobacco sales to minors and conducts investigations to establish retailer compliance with the law.

2015 Percent of Illegal Sales to Minors			
	Forest County	Oneida County	Vilas County
Number of Visits	19	41	35
Found Selling to Minors	21.1%	14.6%	22.9%

Source: Wisconsin Department of Health Services, Division of Public Health, Tobacco Prevention and Control Program <http://wiwins.org/>.

Percent of Adults Smoking Cigarettes



Source: Community Commons

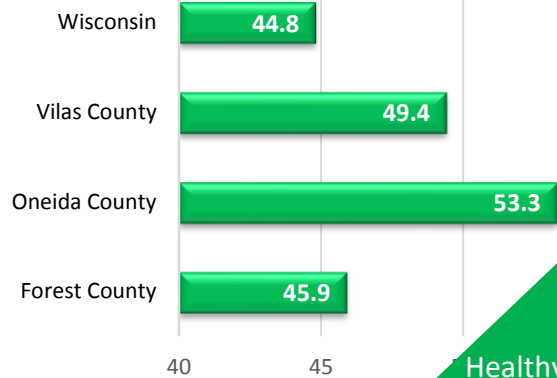
The Cost of Tobacco

Annual smoking-attributable economic costs in the United States estimated for the years 2009-2012 were more than \$289 billion.

- At least \$133 billion for direct medical care of adults
- \$156 billion in lost productivity
- \$5.6 billion (2006 data) for lost productivity due to exposure to secondhand smoke
- \$8.4 billion on cigarette advertising and promotional expenses in 2011

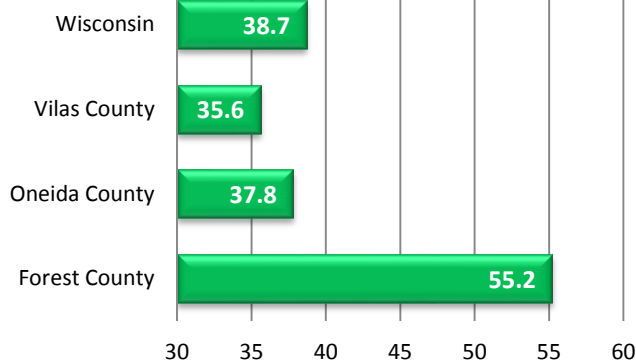
The Health Effects of Tobacco Use

2009-2013 Mortality Due to Lung Cancer



Source: Community Commons

2009-2013 Mortality Due to COPD



Source: Wisconsin Department of Health Services, WISH



What the community says...

Cigarette Usage

	Everyday
Forest County	12.5%
Oneida County	8.7%
Vilas County	15.9%

Source: Community Health Survey, 2015

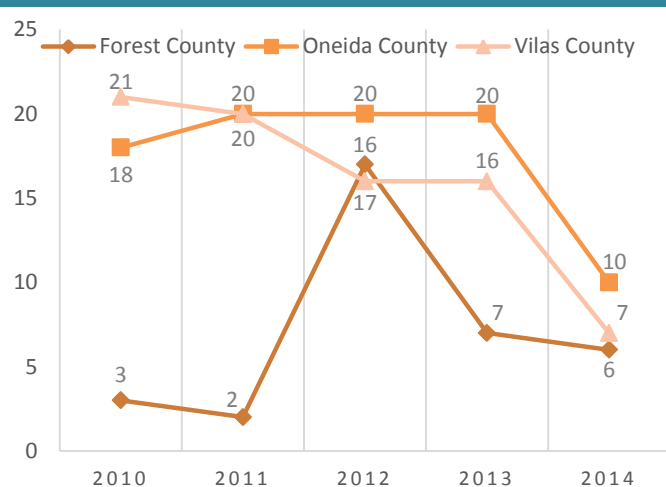
Income and Cigarette Use

- Forest County: 13-24% who make up to \$49,999 report smoking vs. only 6-7% making more than \$50,000
- Oneida County: 13-19% who make up to \$34,999 report smoking vs. only 5-7% making more than \$35,000
- Vilas County: 28-50% who make up to \$34,999 report smoking vs. only 2-4% making more than \$35,000

Communicable Disease

Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites. Organisms that are communicable may be transmitted through contact with an infected person, bites from insects or animals, or contact with a contaminated surface or object, such as a doorknob. Communicable disease prevention and control is the cornerstone of public health. Waves of severe illness and death due to communicable diseases have occurred throughout history, including the recent pertussis outbreak in 2012. Where Wisconsin had the highest rate in the country. Advancements in clean water, refrigeration, and the development of safe, effective vaccines have greatly decreased such threats; however, common diseases still cause outbreaks and new communicable diseases still emerge.

Confirmed & Probable Cases of Hepatitis C



Source: Wisconsin Department of Health Services

2009-2013 Influenza/Pneumonia Age-Adjusted Mortality Rate

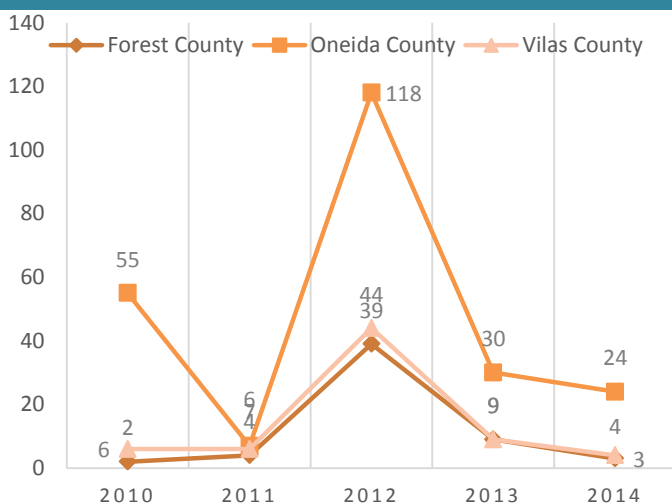
Forest County	21.7
Oneida County	10.8
Vilas County	10.1

per 100,000 Residents

Source: Wisconsin Department of Health Services



Confirmed & Probable Cases of Pertussis



Source: Wisconsin Department of Health Services

What the community says...

Reasons that Prevent Our Community Members from Seeking Care

- (1) The problem was minor, so I treated myself
- (2) The cost of medical care
- (3) Fear or lack of trust (Oneida and Vilas County residents making less than \$20,000)
- (4) Lack of transportation (Forest County residents making less than \$20,000)

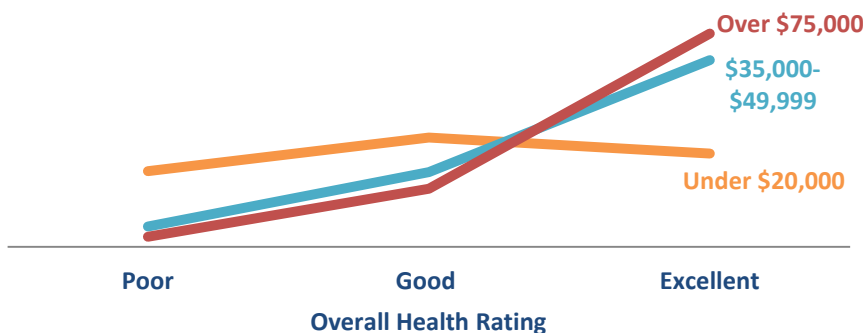
Source: Community Health Survey, 2015

Community Health and Perceptions

The community health survey was administered over a five-week period to residents of Forest, Oneida and Vilas counties with the assistance of the UW-Stout Applied Research Center. The survey was completed by more than 1,200 community members with varying backgrounds to meet certain demographic thresholds set using the U.S. Census data. The survey was provided online and in paper format to give individuals without computer access an equal opportunity to complete the survey.

Overall Health and Income

Income is identified as a driving factor in perceived overall health. As income increases, residents are more likely to report higher levels of overall health.



Community Health Issues

The most important health issues, as selected by community members, regardless of income, education and gender are:

1. **Alcoholism**
2. **Drug abuse**
3. **Obesity**

Alcohol Consumption

- There is no association between drinking and income or education level; however, for community members who reported drinking, as education and income **decreases** the rate of drinking **increase**
- Binge drinking remains an issue with **one third** of community members reporting binge drinking **at least once a month**, but often more
- 87-95% of community members reported **never** driving when they have had too much to drink

Perceptions of Drug Issues

- As income **increases**, the perception of marijuana being an issue in the community **increases**
- As income and education **increase**, the perception of prescription drugs being a problem in the counties of Forest and Oneida **increase**
- Difficulty obtaining alcohol and drug treatment for youth and adults was perceived as more of an issue as education and income **increased** in Forest and Oneida counties

Physical Activity and Healthy Eating

- **Lack of availability** and **cost** were identified as the top barriers to healthy eating
- As income **decreases**, worrying about access to food and food running out **increases**
- The most used resources for physical activity in the community include **waterways, parks, playgrounds and walking trails**

Access to Care

The top reason keeping community members from visiting the doctor is **cost of care**. In Forest County, **transportation** was identified as an issue, and in Vilas and Oneida counties, **lack of trust and fear** is an issue within the low income population.

Infrastructure Profile

The infrastructure focus areas are the driving force of Wisconsin’s public health system and provide the framework to act upon the overarching and health focus areas. Without a strong infrastructure, progress to protect the health of the public will be threatened. The health, infrastructure and overarching focus areas are connected and work together. The nine infrastructure focus areas can be viewed as the essential groundwork needed to get work done.

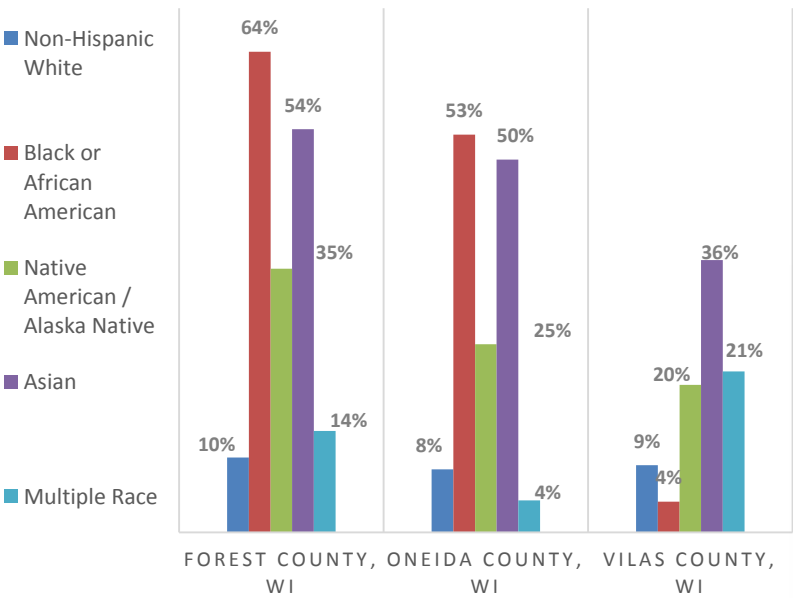
Access to Care

Access to care is universal access to affordable high-quality health services for all people in the Northwoods, in order to promote optimal physical and mental health, as well as to prevent illness, disease, injury, disability and premature death. High-quality health services include medical, dental, mental health and long-term care. Having appropriate access to care means services are available to people when, where and how they need them. This includes equitable access to health promotion and disease prevention services across the life span that is coordinated, and culturally relevant and appropriate. Compared to other states, Wisconsin tends to have a lower uninsured rate; however, it has an increasing number of residents that are underinsured because of a high deductible plan or a limited benefits plan with high sharing costs.

Primary Care Physicians Rate	
Forest County	43.4
Oneida County	137.2
Vilas County	89
Wisconsin	82.3
per 100,000 persons	
Source: Community Commons	

Percent of Adults Who Reported Lacking a Regular Primary Care Doctor	
Forest County	N/A
Oneida County	18%
Vilas County	18%
Wisconsin	18%
Source: Community Commons	

PERCENT UNINSURED BY ETHNICITY



Source: Community Commons , 2015

As evident above, the area has a number of primary care doctors, however many residents are still lacking access to regular primary care and a provider. Additional barriers including lack of transportation and long wait times could be underlying reasons for this trend.



Collaborative Partnerships

Partnerships go to the heart of the definition of public health. Partnerships not only assure community engagement, but also move public health to the next level where all partners demonstrate shared leadership, resources and accountability to improve health for all and eliminate health disparities.

Emergency Preparedness, Response, Recovery

While many emergencies are unpredictable, with proper planning, policies and systems to protect the community, the effects can be minimized and recovery enhanced. Planning requires careful consideration to external factors and special population groups. Conducting drills and exercises also help communities prepare for emergencies.

Workforce That Promotes and Protects Health

The public health workforce was once thought to comprise only of governmental public health employees working for state or local health departments; however, it is much broader. The PH workforce has expanded in both scope and complexity. By continually advancing the public health workforce, an investment is made that saves lives and money.

Funding

Adequate and stable funding means financing the public health system to assure equitable provision of public health services for everyone.



Health Literacy

Health literacy affects the ability of people to understand and process health information. People with low literacy skills use more health services, receive more prescriptions, are more likely to have chronic conditions and experience poorer health outcomes. In addition, they are also less likely to seek out preventive healthcare and screenings.

Improve Data to Advance Health

Access to local, population-based data is essential to protecting health and preventing diseases. Health departments rely heavily on this data to make decisions on where and how to target services, education and interventions.

Public Health Research and Evaluation

Public health research and evaluation is the development and implementation of evidence-based research and evaluation of policies, programs and outcomes in order to assure the implementation of efficient and effective public health interventions.

Public Health Capacity and Quality

To assure that the public health departments are delivering services to expected standards, voluntary national accreditation has been developed. In addition to meeting defined standards, health departments must also focus on how effectively and efficiently they are delivering services. Health departments are experiencing growing pressures to improve performance and community health outcomes without the needed resources.

Identification of Health Priorities



Based on primary and secondary data review, noteworthy data collected from the community health survey as well as input from a number of community stakeholders and members, three primary health-related focus areas were identified. Criteria taken into consideration in selecting these priorities included: the burden or scope of the issue, the feasibility of potential interventions, and the importance the community places on addressing these issues.

Alcohol and Other Drug Use

Alcohol and other drug use continues to be an issue in the area. As a community, there is a need for a cultural shift that demotes the use of alcohol and drugs and promotes a life free of mental and physical health problems related with misuse and abuse of drugs, including alcohol, for all individuals. From analysis of the data and input from the community stakeholders and members, alcohol and other drug use was easily selected as a priority area. Other reasons for the selection of alcohol and other drug use include:

- An average of 119 residents per liquor license in the Northwoods
- 1 in 5 children reported riding with a car with an adult who had been drinking
- The overall cost of alcohol per person in the Northwoods averages \$1,027.23

Mental Health

Mental health has been identified as a priority area by both the community members through the community health survey and the stakeholders during the day-long community meeting. Historically, the Northwoods has had an issue with access to mental healthcare. Contributing factors include the



lack of providers in the area and the cost of care or lack of health insurance. In the past 10 years, large strides towards improving services and decreasing stigma have been made through the Mental Health Interagency Coalition and other community programs. However, work still remains towards achieving optimal mental health for all individuals in the Northwoods. Other reasons for the selection of mental health include:

- A suicide mortality rate above Wisconsin's average
- Lack of providers and services identified by the community

An increase in reported suicidal thoughts by 9-12th graders according to the YBRSS

Chronic Disease

Chronic diseases are among the most common and deadly in Wisconsin. Seven of the 10 leading causes of death for all Wisconsin residents are chronic diseases. However, many of these diseases including diabetes, heart disease and stroke, are preventable through behavior modification. According to the County Health Rankings, Forest and Vilas counties rank in the bottom half for health factors with Oneida County not far behind at 28 out of Wisconsin's 72 counties. Encouragement for a healthy lifestyle across the lifespan through policy and promotion of physical activity and eating well is needed. The community health survey revealed the same trends. Other significant findings that reinforced the selection of chronic disease as a priority area are:

- High incident rates of colon cancer in the area, 46.7 per 100,000 persons compared to the state average of 40.5 per 100,000 persons
- The recent rise in mortality due to diabetes since 2009
- The area is ranked in the top third in mortality rate due to heart disease with an average rate of 117.7 per 100,000 persons.

Physical Activity

Physical activity and chronic disease are very closely linked. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.

- A combined obesity rate of 29.7.

Nutrition and Healthy Foods

Having access to adequate nutrition plays a large role in the prevention and management of chronic diseases. Both limited access to healthy foods and food insecurities remain a large issue for many residents within the area.

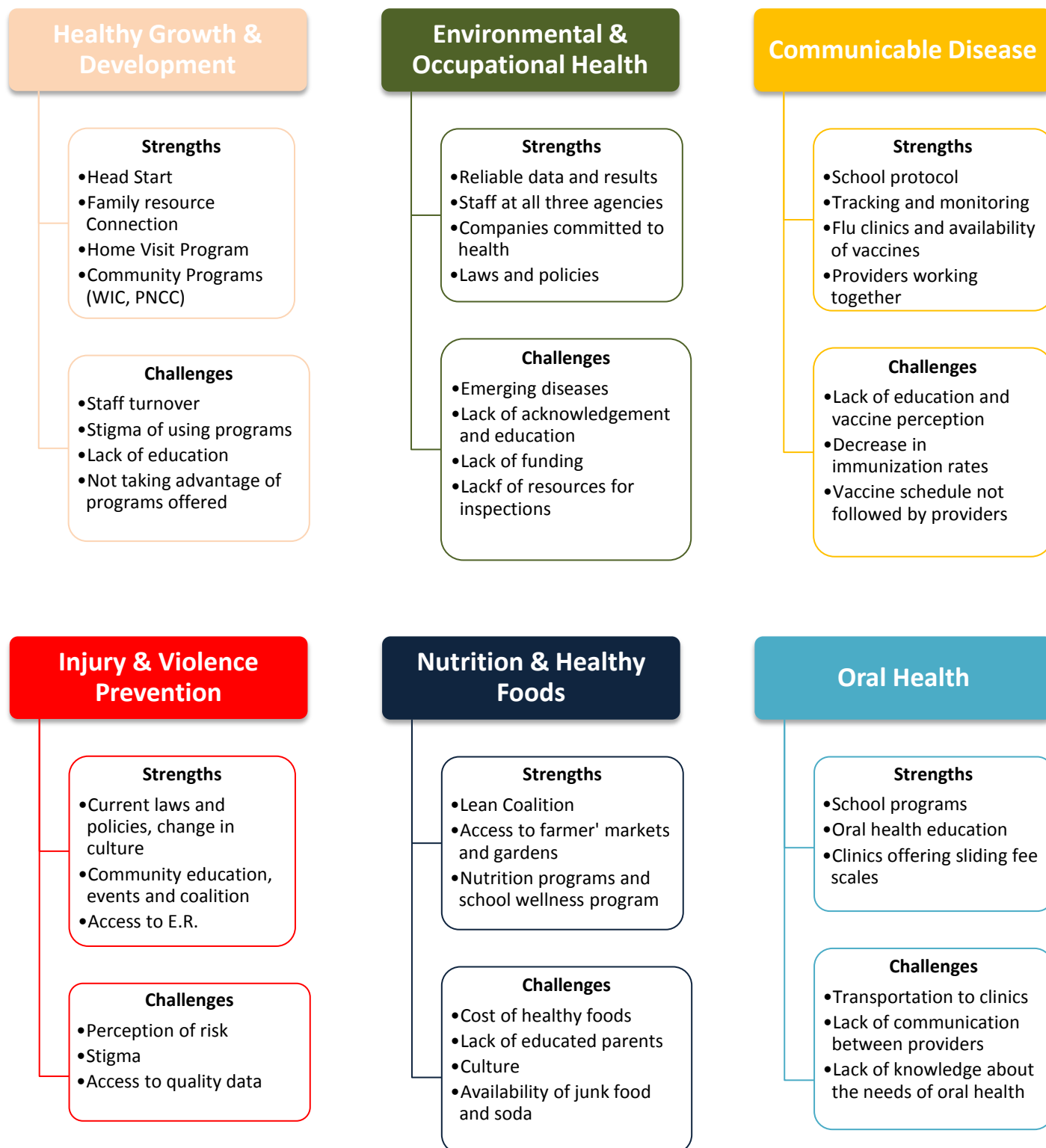
- Children food insecurity rates above the states' average in all three counties
- Only 7% of Wisconsin students grades 9-12 reported eating vegetables three or more times per day

Strengths and Challenges of Our Local Community

The University of Wisconsin-Extension educators conducted a Strengths, Weaknesses, Opportunities and Challenges (S.W.O.C.) analysis on each of the 12 health focus areas at the community forum. This allowed community members from a wide variety of agencies and organizations to give input on the health needs and issues facing the three counties. To obtain the opinions of experts in the three preliminary focus areas, community focus groups and key-informant interviews were conducted. The focus groups were held in conjunction with established coalitions in the area. The combined common themes discussed for each of the 12 focus areas are reported below. The three preliminary priority areas S.W.O.C. results are more detailed.

Strengths <ul style="list-style-type: none"> •Coalition and current programs •Treatment facilities and churches •Law enforcement, NORDAG •Partnership with tavern league 	Weaknesses <ul style="list-style-type: none"> •Lack of resources and prevention efforts •Cultural acceptance •Lack of policy
Alcohol and Other Drugs	
Opportunities <ul style="list-style-type: none"> •Alcohol compliance checks •Educate law makers, policy changes •Increase school involvement 	Challenges <ul style="list-style-type: none"> •Moral issue vs disease •Economic and culture factors •YRBS data
Strengths <ul style="list-style-type: none"> •School pupil services •QPR training •Telehealth •Increase collaborations 	Weaknesses <ul style="list-style-type: none"> •Lack of providers •Lack of funding and resources •Cost of care •Long wait for services
Mental Health	
Opportunities <ul style="list-style-type: none"> •Funding and grants •Mental health drop-in center •Engage non-traditional partners 	Challenges <ul style="list-style-type: none"> •Transportation •Not enough providers •Referral policies
Strengths <ul style="list-style-type: none"> •LEAN coalition •Built environment, trails/activities •Increase in screenings •Increase resources 	Weaknesses <ul style="list-style-type: none"> •Sedentary lifestyle •Lack of awareness, visibility •Increase access to drugs and alcohol •Travel and cost for treatment
Chronic Disease	
Opportunities <ul style="list-style-type: none"> •Use evidence based programs •Increase community events •Life learning activities, more than sports 	Challenges <ul style="list-style-type: none"> •Lack of willingness to change •More resources needed in the future •Travel for appointments

While AODA, mental health and chronic disease will be the focus of the community health improvement plan, the other health focus areas will not be ignored. Health is affected by a multitude of factors and other health-related issues which surfaced during the community assessment process.



Physical Activity

Strengths

- Access to YMCA and fitness centers
- Access to bike trails
- Use of evidence-based programs
- Strong Bones Program

Challenges

- Cost to access facilities
- Dangerous roads for walking and biking
- Increased screen time (TV and computers)
- Knowledge of resources

Reproductive Health

Strengths

- Health Department services (WIC, PNCC RHC)
- Data collection
- Contraceptive availability
- NEWCAP

Challenges

- LGBT acceptance
- Education within the school system
- Stigma and negative attitudes towards community program

Tobacco Use and Exposure

Strengths

- WI WINS program
- First Breath & other cessation programs
- Smoke-free environment and policies

Challenges

- E-cig popularity
- Cheaper tobacco prices on the reservations
- Sales to minors
- The addictive nature and behavior change needed to quit



Next Steps

Based on the findings from the community health assessment, the steering committee along with community stakeholders and the Northwoods United Way, Inc. will begin to construct a plan to improve the health of the community. A successful community health improvement plan involves participation from a broad range of community members. In order to achieve this, multiple focus groups will be held within the community concentrating on the three priority health areas.



Community members will be asked to assist in the development of meaningful goals, objectives and strategies for each of the three priority areas identified during the community health assessment. Goals will be developed using best practices, focusing on the built environment, policies, and education or programmatic efforts. The community health improvement plan serves as the guiding document that directs the work that is done within the local health departments and agency partners.

References

- Centers for Disease Control and Prevention (2013). Youth risk factor surveillance system. Retrieved from: <http://www.cdc.gov/healthyyouth/data/yrbs/>
- Centers for Disease Control and Prevention. (2013). Behavioral risk factor surveillance system. Retrieved from: <http://www.cdc.gov/brfss/>
- Centers for Disease Control and Prevention. (2015). Lyme disease data and statistics. Retrieved from: <http://www.cdc.gov/lyme/stats/index.html>.
- Community Commons. (2015). Retrieved from: <http://www.communitycommons.org/>
- County Health Rankings. (2015). 2014: Forest County, Wisconsin. Retrieved from: <http://www.countyhealthrankings.org/>
- County Health Rankings. (2015). 2014: Oneida County, Wisconsin. Retrieved from: <http://www.countyhealthrankings.org/>
- County Health Rankings. (2015). 2014: Vilas County, Wisconsin. Retrieved from: <http://www.countyhealthrankings.org/>
- United States Census Bureau. (2014). State and county quick facts. Retrieved from: <http://quickfacts.census.gov/qfd/states/55000.html>
- United States Department of Health and Human Services. (2015). Community health status indicators. Retrieved from: <http://wwwn.cdc.gov/communityhealth>
- University of Wisconsin Extension. (2012). Wisconsin food security project. Retrieved from: <http://foodsecurity.wisc.edu/profiles.php>
- University of Wisconsin Population Health Institute (2013). The Burden Of Excessive Alcohol Use in Wisconsin. Retrieved from: <https://www.dhs.wisconsin.gov/publications/p4/p45718-14.pdf>
- University of Wisconsin – Stout Applied Research Center (2016). 2015-2016 Community Health Assessment Report
- Wisconsin Council on Children and Families. (2015). Kids count data center. Retrieved From: <http://www.wccf.org/category/wiskids-count/>
- Wisconsin Department of Administration. (2015). Demographic Services Center. Retrieved from: <http://doa.wi.gov/Divisions/Intergovernmental-Relations/Demographic-Services-Center>
- Wisconsin Department of Health Services. (2013). Burden of asthma in Wisconsin. Retrieved from: <https://www.dhs.wisconsin.gov/publications/p4/p45055-2013.pdf>
- Wisconsin Department of Health Services. (2011). Burden of diabetes in Wisconsin. Retrieved From: <https://www.dhs.wisconsin.gov/publications/p0/p00284.pdf>
- Wisconsin Department of Health Services. (2010). Burden of oral health in Wisconsin. Retrieved from: <https://www.dhs.wisconsin.gov/publications/p0/p00209.pdf>.
- Wisconsin Department of Health Services. (2013). Healthy Smiles. Retrieved from: <https://www.dhs.wisconsin.gov/publications/p0/p00589.pdf>.
- Wisconsin Department of Health Services. (2010). Healthiest Wisconsin 2020. Retrieved

From: <https://www.dhs.wisconsin.gov/hw2020/index.htm>

- Wisconsin Department of Health Services. (2015). Prenatal care coordination. Retrieved from: <https://www.dhs.wisconsin.gov/mch/pncc.htm>.
- Wisconsin Department of Health Services. (2015). Radon Information for Wisconsin. Retrieved from: <https://www.dhs.wisconsin.gov/radon/index.htm>.
- Wisconsin Department of Health Services. (2015). Wisconsin behavioral risk factor survey [BRFS]. Retrieved from: <http://www.dhs.wisconsin.gov/stats/brfs.htm>
- Wisconsin Department of Health Services. (2015). Wisconsin Immunization Registry. Retrieved from: <https://www.dhs.wisconsin.gov/immunization/data.htm>.
- Wisconsin Department of Health Services. (2015). Wisconsin tobacco and prevention control program. Retrieved from: <http://www.dhs.wisconsin.gov/tobacco/>
- Wisconsin Department of Health Services. (2013). Wisconsin primary care shortage designations. Retrieved from: <https://www.dhs.wisconsin.gov/primarycare/maps.htm>
- Wisconsin Department of Health Services. (2014). Wisconsin 2014 blood lead testing data. Retrieved from: <https://www.dhs.wisconsin.gov/publications/p00817-2014.pdf>
- Wisconsin Department of Health Services. (2015). Public health profiles, 2013. Retrieved from: <http://www.dhs.wisconsin.gov/localdata/pubhlthprofiles.htm>
- Wisconsin Department of Health Services. (2015). Wisconsin WIC program. Retrieved from: <http://www.dhs.wisconsin.gov/wic/>
- Wisconsin Department of Health Services. (2015). WISH: Wisconsin interactive statistics on health. Retrieved from: <http://www.dhs.wisconsin.gov/wish/>
- Wisconsin Department of Health Services. (2015). Wisconsin electronic disease reporting surveillance system [WEDSS]. Retrieved from: <http://www.dhs.wisconsin.gov/publications/P0/P00094.pdf>
- Wisconsin Department of Justice. (2013). Crime in Wisconsin. Retrieved from: <https://wilenet.org/html/justice-programs/programs/justice-stats/library/crime-and-arrest/2012-crime-in-wi.pdf>.
- Wisconsin Department of Natural Resources. (2014). Wisconsin boating. Retrieved from: http://dnr.wi.gov/files/pdf/pubs/le/LEB314_2014.pdf.
- Wisconsin Department of Natural Resources. (2015). Wisconsin atv/utv safety and enforcement. Retrieved from: http://dnr.wi.gov/files/pdf/pubs/le/LE0501_2014.pdf?o=n%3E2014%20ATV%20annual%20report%20%3Cspan%20class.
- Wisconsin Department of Revenue. (2015). Liquor license per capita. Retrieved from: <http://www.revenue.wi.gov/faqs/ise/liquor.html>
- Wisconsin Department of Transportation. (2013). Wisconsin traffic crash facts. Retrieved from: <http://wisconsin.dot.gov/Documents/safety/education/crash-data/2013/wtcf.pdf>
- Wisconsin Department of Workforce Development. (2015). Unemployment rates and labor force statistics. Retrieved from: <http://wisconsinjobcenter.org/labormarketinfo/>
- Wisconsin Tobacco Prevention and Control Program. (2015). WI wins program. Retrieved from: <http://www.wiwins.org/>.

Appendix 1: Community Forum Results

Community Health Improvement Process – “Data in a Day” SWOC Analysis Facilitated by Oneida, Vilas and Forest County UW-Extension Educators

December 11, 2015, 8:30am – 4:30pm

Nicolet College Northwoods Center

Themes from each breakout session on all 12 focus areas:

Alcohol and Drug Use

Strengths

Coalitions	School prevention
Awareness	Law Enforcement Involvement
Treatment Facilities/Churches	Partnership with Tavern League
Current programs in place	NORDEG
Drug take back programs	

Weaknesses

Need better connection between providers	Law Enforcement efforts could be better
PNHLM could be stronger	Lack of resources
All healthcare decision makers need to be involved	Lack of prevention
Providers not using drug monitoring program	Cultural acceptance
Low attendance of coalitions	Policy is lacking - not regulated and there is a lack of political movement to increase policy

Opportunities

Education	Alternative funding sources for efforts
Alcohol compliance checks - 2	Increase non-traditional partners for prevention
Expand prevention sources	Policy change
Community events that are non-alcoholic -2	Increase school involvement
Educate law makers	

Challenges

Reimbursement	Alcohol brings money to the community
Laws	Changing the culture of drinking in WI
Moral issue vs. disease	YRBS data in all schools – Parents resistance to survey
Need to educate elderly about reporting drug theft by family	Cultural acceptance
Lack of funding	Lack of mental health
Resources	Policy

Mental Health

Strengths

NAMI	Community support
School Pupil Services – 2	Increased collaborations
Agencies available	Coalitions
Awareness	Technology – reach beyond community to

	additional providers and services
QPR Training – 2	Drug Endangered Children List
Handle with Care Program in Rhinelander	Outpatient Clinic
Mental Health & AODA at Human Services Center	

Weaknesses

Long wait for services	Community education
Medication compliance	Aging population
Lack of funding	Lack of providers/Access – 3 (adult and children)
Stigma	Lack of resources
Self-medication with other substances	Cost of care/medication

Opportunities

Engage older population/pediatric services	PSA's
School campaigns/School counselors	Policy change
Social media	Partner with non-profits
Consistency with school	More treatment options
Funding -2	Education/Awareness
Engage non-traditional partners – clergy	Mental Health Drop-in Center
Training for civil servants on specific mental health issues, such as Autism	How do you report mental health issues? Who do you call?

Challenges

No Geriatric Specialist	Transportation – 3
Parent's knowledge	General Education to the Public
Not enough providers – 2	Funding
Stigma	Weather (SADD)
Cost of care	Referral policies – difficulty making referrals
Schools need mental health services	Student QPR Training
Chaotic family life	Grant sustainability
Marketing, communication, sharing information, Sharing funding	Need positive relationships – Peer Support Group

Tobacco Use and Exposure

Strengths

Education	Policy work
WINS program – 2	Smoke-free environments -3
Media involvement	Quit line
First Breath	Coalition
Social pressure from non-smokers	Ad Campaign
Questions/Encouragement from PCP	Student gaps
Schools	Cessation program

Weaknesses

High sales to minors	Higher rates
Readily available/Accessibility – 2	Cultural acceptance -2
Funding	Treatment

Advertising – e-cigs	Pregnant women smoking rates
Targeted to youth	

Opportunities

E-cigs to be added to existing policies	Casinos smoke-free
Taxes to support community programs	Prenatal programs
School age prevention	Tax
Education – All ages	Organization priority
Continuous testing – Health Insurance	Law Enforcement involvement

Challenges

Advertising	Smoke exposure
Cheaper tobacco on reservation	Behavior change is difficult
Cultural acceptance	Addiction
Legality	Lack of Government support – tribal
Sales to minors	E-cigs – cannot cite minors for using
E-cigs – other drugs are added to the cylinder	Challenge to educate retailers to train employees properly
Challenge to educate that tobacco is a drug	

Environmental & Occupational

Strengths

Environmental health staff in all local Health Dept. – source of prevention and education – 2	Awareness
Data collection and results	Lead testing
Healthcare available for checks and treatment	Safe
Access to outdoor recreation/natural resources – 2	Environmental groups advocate for issues
Companies committed to employee health	Environmental Health state website
Environmental laws	Public access to inspection

Weaknesses

Tick-borne illness rate increasing	Lack of restaurant checks by health dept.
Lack of professionals for follow up	Lack of awareness
Not enough promotion of silent sports	Lack of labor protection/environmental laws
After hours care for Asthma	Early diagnosis needed for Lyme's
Asthma	Medical diagnosis of Lyme's

Opportunities

Education for providers and community – Asthma, Radon, Tick-borne – 3	More testing
Funding	Implementation of food code
More well water testing	

Challenges

Wood burning in home – 2	Bringing animals in the home
Lack of education on asthma	Tourism – educating
Lack of local experts	Funding
Lack of acknowledgement of issue	Testing 2 nd homes for radon

New diseases	Climate change
Community education on environment	Need more resources for inspection
Smoke is a trigger for asthma	

Nutrition and Healthy Food

Strengths

LEAN Coalition – 2	Healthy Cooking Crock-pot classes
Access – Community gardens, food pantries	Farmers Markets – 2
Education	School Lunch programs
Knowledge of problem/need	Grocery stores – tours
Affordable housing requires working appliances	Food Share program
Food pantries in all counties	WOC
Free and reduced lunch programs	School Wellness programs
Nutrition programs	

Weaknesses

Education	Volunteers/donation for sustainability of food pantries
Transportation	Food insecurity in children
Cost of healthy foods – 2	Lack of stores – distance to store
Limited hours of farmers market	Healthy foods at restaurants
Low access to healthy foods	Individual habits

Opportunities

Weekend backpack programs for children – churches	Education – 2 (community classes)
Expand to the elderly population	Expand pantries and farmers markets
Non-traditional partners	Incentives with food share
More Registered Dietitians	Early education programs
Funding	Gardening
School Programs	

Challenges

Soda everywhere – sugary beverages	Limited choices
Cost – 2	Commodities for food pantries
Too many fast food places	Culture
Junk food availability	Educate parents
Treats in work environment	Emotional eating and food preparation
“Fun Food” attitude	After school programs where kids are hungry because they ate lunch at 10:30am

Physical Activity

Strengths

StrongWomen/StrongBones Program	Vilas and Oneida county bike trails – community coordination – 3
Trails make for a better retirement community	Economic boost
Pickle Ball courts	Local hardware stores sell paddles for pickle ball

Couch to 5k programs	YMCA/Fitness centers -2
Local classes	Coalitions
Evidence-based programs	

Weaknesses

Funding	Old equipment
After school programs	Organized sports for adults – non-bar related
Personal choice	Weather in Northern Wisconsin
Travel	Winter opportunities lacking
Cost of facilities	Classes at local schools
Family opportunities	Rural areas have limited opportunities

Opportunities

Trails	Community programs/events – 2
More youth programs	Walking breaks at work
Promote areas that are free indoor exercise – recreational use agreements	Active Schools Initiatives/Strategies or PA in schools – 2
Non-traditional partners	More classes
Role modeling	Bike helmets for kids

Challenges

Weather – 2	Screen time – 2
Dangerous roads for biking and walking	Lack of resources for elderly population
Need more maps of trails	Personal motivation
Cost of access to facilities	Free exercise areas
Knowledge of resources	

Healthy Growth and Development

Strengths

Several community programs- WIC, PNCC, Healthy Families, Birth to 3, etc. – 3	Head Start
First Breath	Health Dept. visiting nurses
Family Resource Connection – Expanded home visiting grant beyond teen moms	Home visiting program
Playgroups	Northwoods Children's Museum

Weaknesses

Smoking during pregnancy – 2	PNC Availability
Breastfeeding space	Collaboration with other PCP
Vilas Co. breastfeeding rates are down	Increase in teen pregnancy
Lack of home visits – accepting	Culture

Opportunities

Healthy Start	Education
More BF friendly facilities	Homes for pregnant women in need of support
Parent networks	New mom visits
Education at visits- smoking, exercise etc.	Work with hospital to promote BF, not offer formula right away

Baby story time in libraries with Healthy Growth and Dev. incorporated	Taylor Park – Autism center and café for parents
--	--

Challenges

Attitudes	Addiction rates in moms and babies
Education	Stigma – Teen pregnancy
Staff turnover rate with home visiting program	Funding
Lack of parental involvement	Quit smoking before pregnancy
Late prenatal care – Vilas	Birth control – not taking advantage of the programs

Communicable Disease

Strengths

School protocol	PSA's
Local Health Dept. tracking	Flu Clinics
ACA/Ins. coverage for immunizations	Providers working together
Vaccines are available	Mass Clinics – Schools

Weaknesses

Travel to appointments	Immunization rates are down
Childhood well child visits	Internet information
Lack of parent education	Personal choice for immunizations
Data access	Mentality of “it’s not that bad” – cold/flu
Going to work or school sick	Unreported sexual assaults

Opportunities

Education	Availability of local Health Dept.
More condoms	Flu shot clinics
Social media campaigns	Education

Challenges

Decreased rates	Vaccines – pain, parent attitude, effectiveness
Education in the value of vaccinations	Not everyone is immunized
Promoting women’s health	Lack of ability to contact
Lack of Sexual Assault Nurse Examiners	FERPA and restrictions to school immunization report
MD’s not following vaccination schedule	State Dept. – no immunization record
Perception – people still think that you can get the flu from the flu vaccine	

Chronic Disease Prevention & Management

Strengths

Awareness	Research
Good Healthcare options	Evidence-based programs – ADRC
Coalitions	Increased knowledge of diabetes
Partners – self management classes	Increase in resources

Trails/Activity	Screenings
Diabetes rates decreasing	Amazing EMTs
PCHC Diabetes programs	WWWP

Weaknesses

Lack of awareness	Dementia resources
Sedentary lifestyle	Cost
Waste of resources – perception	Lack of geriatric exercise classes
Increased access to alcohol and drugs	Travel
Funding /awareness – dementia	Resources for the elderly population
Heart Disease and Stroke	

Opportunities

Community events	Dementia programs
Better referrals	Evidence-based programs
Geriatric exercise classes	WI Toolkit – dementia
Life Learning activities – not just sports	Insurance
Education	

Challenges

Distance to access high-tech services	Elderly are isolated and non-compliant with meds – no one supervises care
Travel for appointments	Lacking respite care
Selling the idea of prevention	Changing attitudes
Increased chronic disease	Decrease in health insurance
Stigma around dementia	Lack of willingness to change
More resources needed in future	Too many medications

Oral Health

Strengths

Sliding fee scale clinics	Access
School programs – 2	Good care for MA
Oral health education	

Weaknesses

Doctors/dentist relation to oral health – relates to prevention of other health	Cost of care – 2
Lack of dentists	Dental providers involvement with community process
Transportation	Lack of knowledge of the importance of oral health

Opportunities

More education	Prevention services
Dental offices	Toothbrush in backpack program
Educate patients on the relation of dental care and cardiac care	Grant money for mobile dental unit
Old dentists pulled teeth/new dentists save them	Routine dental check ups

Community fluoride program	MA reimbursement
----------------------------	------------------

Challenges

Cost	Personal accountability
Lack of correlation between dentists and chronic disease	What does “no barriers” mean on survey
Special needs population	MD & DDS not working together to educate about oral vs. general health
Dental arrogance – not wanting to have hygienists encroach	People don’t see dental care as a real need
Fear	Transportation

Injury and Violence Prevention

Strengths

Emergency responders	Tourism
Increase in seatbelt use	Free helmet event
Snowmobile helmet use/law	Access to emergency room services
Community events/education	Partnership between health departments and law enforcement
Coalition	Click or Ticket program
Change in culture – seatbelt use	Good driver programs
Car seat expiration law	

Weaknesses

No car seat data	No motorcycle helmet data
Community denial of domestic violence	Lack of data with mental health
Lack of self-care	Poor equipment
Needs to be better reporting by hospital and law enforcement – injury with alcohol or other drugs	Speed
Lack of awareness of gun safety	

Opportunities

Safe boating, etc. – work with tourism	Safety courses
School, Boy Scouts, Girl Scouts, etc.	Fall Prevention classes for the elderly
Education	Partnerships
Car seat program	Fines for not wearing bike helmets

Challenges

Perception of risk	Training
Access to services	Stigma
Education to the elderly on falls	Lack of awareness of domestic violence – engaging DV issues
WI Safety classes	Skateboarding safety (equipment)
Weak laws	Need for access to “good” local data

Reproductive and Sexual Health

Strengths

New Cap	FP network
Contraceptives availability	Resources
WIC, Reproductive Health Services	Local Health Dept. Services
Rate tracking	Schools
Hep C/HIV Coordinator	

Weaknesses

Funding cuts	Lack of education – 2
Lack of referrals	Teen pregnancy
Porn industry – very powerful	Stigma
Culture of sexual activity	

Opportunities

Virtual baby classes/relationship classes	Educate legislators – grass roots
School norm survey	Parenting classes
Refer to DV/Sexual Assault programs	Self-defense classes for women
Education in schools	Free condoms
Partnerships	Parent education on talking with children
Technology use in education	

Challenges

Stigma	Negativity towards programs
Education at school	Reality TV glorifies teen pregnancy
Schools need to “beef up” curriculum on these issues	Teach parents to talk to kids about sex
LGBT acceptance	Too much sex available to children

Report written on December 17, 2015 by Sara Richie, Oneida County UW-Extension.

S.W.O.C Analysis facilitators include, Steve Nelson – Forest Co. UW-Extension, Terri Miller – Vilas, Florence and Forest Co. UW-Extension, Jenette Gunville – Vilas, Florence and Forest Co. UW-Extension and Sara Richie – Oneida Co. UW-Extension.

An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. Persons with disabilities who require alternative means for communication of program information should contact the UW-Extension Oneida County Office.



Appendix 2- Focus Groups Results

Focus Group: Alcohol and Other Drug Abuse Coalition

History of the AODA Coalition

The Oneida County AODA Coalition is a sub-committee of the Healthy People Healthy Oneida County (HPHOC) workplan. Their mission is to support county-wide evidenced-based education programs that reduce the negative consequences of substance abuse. AODA Coalition members are students, parents, concerned community members, law enforcement, healthcare professionals, school faculty and administrators, volunteers, and AODA counselors. The main goal of the AODA Coalition is to increase awareness of the consequences of under-age drinking and prescription drug abuse.

Meeting Summary

On January 25, 2016, Oneida County Health Department conducted a small focus group at the AODA coalition meeting. Marta Koelling and Christie Oestreich presented on the CHA and CHIP process that Forest, Oneida and Vilas Counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

Priority Area Selection

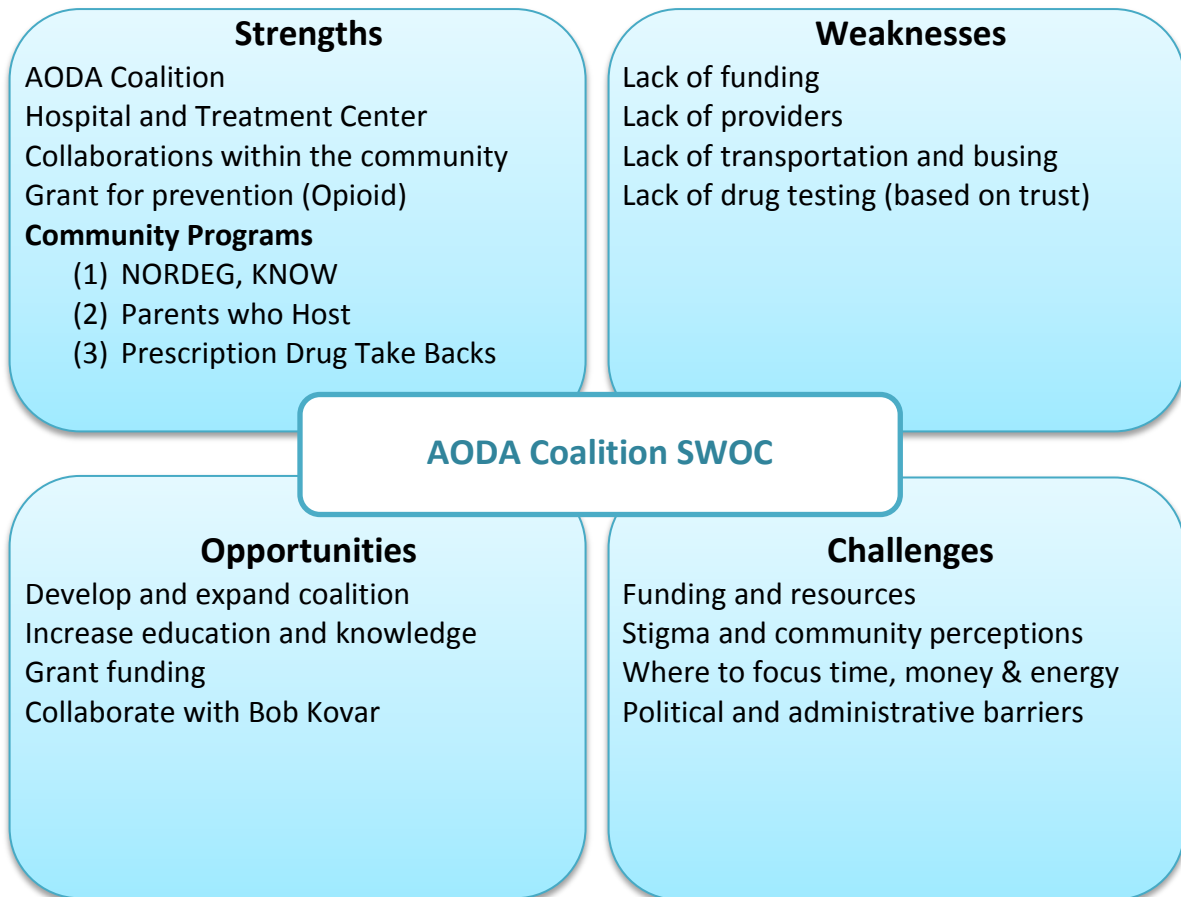
The group was asked to share their opinions on the results obtained from the data in the day event. The group was in agreement with the selection of **AODA, Mental Health and Chronic Disease** as priority areas.

SWOC Results

To supplement the AODA SWOC that was conducted earlier with the community stakeholders, a more in-depth session was conducted with individuals whose expertise is in AODA-related issues. An overarching theme that was mentioned several times during the process was public awareness. A complete summary of the findings are included in the table below.

Next Steps

Following the completion of the community health assessment, members of the AODA Coalition will be invited to partake in the selection of community goals, objectives and strategies to address the weaknesses and challenges discovered through the data and SWOC analysis. The next meeting will be held May 9, 2016.



Focus Group: Mental Health Interagency Coalition

History of MHIAC

The MHIAC was established in response to the community health assessment that was conducted in 2007, where mental health was selected as a priority focus area. The coalition consists of representation from all three counties with the goal to increase mental health awareness, to create a system of care across the lifespan using evidence-based practices and to continually improve the effectiveness and sustainability of the coalition efforts.

Meeting Summary

On January 5, 2016, Oneida County Health Department conducted a small focus group at the MHIAC meeting. Linda Conlon, Marta Koelling and Christie Oestreich presented on the CHA and CHIP process that Forest, Oneida and Vilas Counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of all 12 focus areas with the use of one-page summary sheets.

Priority Area Selection

The group was asked to identify priority areas for the community based on the data presented and known resources. The priority areas identified included: **AODA, Mental Health and Chronic Disease**. Other notable issues mentioned were **Teen Pregnancy Rates** and **Children Food Insecurity Rates**.

SWOC Results

To supplement the mental health SWOC that was conducted earlier with the community stakeholders, a more in-depth one was conducted with individuals whose expertise is in mental health. A summary of the findings are included in the table below.

Next Steps

Following the completion of the community health assessment, members of the MHIAC Coalition will be invited to partake in the selection of community goals, objectives and strategies to address the weaknesses and challenges discovered through the data and SWOC analysis. The next meeting will be held April 25, 2016.

Strengths

Mental health providers in schools
Growth of CST
Greater knowledge, decrease in stigma
NAMI, adding a drop-in center
MH first aid training at Nicolet
Crisis hotline
New hope text line for youth
The start of telehealth
Stronger collaborations
Suicide prevention work

Weaknesses

Lack support groups
Long wait times
Lack of providers
Referral process
Lack of ability to get in for services

Mental Health Interagency Coalition SWOC

Opportunities

Bring more providers to the area
Development of a MH triage center
Telehealth
Agencies starting to collaborate more

Challenges

Getting providers to stay in the area
Transportation
Waiting list to see providers
Insurance coverage
Providers willing to start groups
Policies within and between agencies that create issues concerning referrals and receiving care



Focus Group: Northwoods LEAN

Creation of LEAN

A desire to create a community where children, families, and adults live healthy and prosperous lives, sparked a collaborative effort between Oneida and Vilas County Health Departments to procure resources to achieve this goal. In 2012, Northwoods LEAN was formed to address chronic disease prevention and management in Oneida and Vilas Counties. The coalition focuses on environmental, policy, and program changes to positively impact the health of Northwoods residents.

Meeting Summary

On February 17, 2016, Oneida County Health Department conducted a small focus group at the LEAN Leadership coalition meeting. Christie Oestreich presented on the CHA and CHIP process that Forest, Oneida and Vilas Counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

Priority Area Selection

Group members were asked to share their opinions on the results obtained from the data in the one day event. The group was in agreement with the selection of **AODA, Mental Health and Chronic Disease** as priority areas. However, the group pointed out the importance and relationship that physical activity, nutrition, and healthy foods have on chronic disease and should be considered when addressing chronic disease.

SWOC Results

To supplement the Chronic Disease SWOC that was conducted earlier with the community stakeholders, a more in-depth one was conducted with individuals whose expertise is in chronic disease prevention and management. A summary of the findings are included on the follow page.

Next Steps

Following the completion of the community health assessment, members of the LEAN Coalition will be invited to partake in the selection of community goals, objectives and strategies to address the weaknesses and challenges discovered through the data and SWOC analysis. The next meeting will be held on June 13, 2016.

Strengths

Sustainable coalition efforts
Partnerships with academic institutes
Use of evidence-based programs
Breastfeeding coalition
WIC program
WNEP and SNAP
Farmers market accepts benefits

Weaknesses

Drive to change
Northwoods culture
Lack of active transportation
Finances
Seasons – short growing season
Childhood poverty rates

Northwoods LEAN Coalition SWOC

Opportunities

Increase public transportation
Grants
Collaboration
Promote existing program

Challenges

Transportation
Funding
Time/Commitment
Stress management
Media



NORTHWOODS LEAN
LINKING . EDUCATION . ACTIVITY . NUTRITION

Focus Group: Nicolet Nursing Students

About the Nicolet Nursing Program

The nursing program at Nicolet College prepares entry-level nurses to be members of the health care team. The program is also geared to meet the needs of the area healthcare employers and the community and to facilitate enrollment with BSN programs.

Meeting Summary

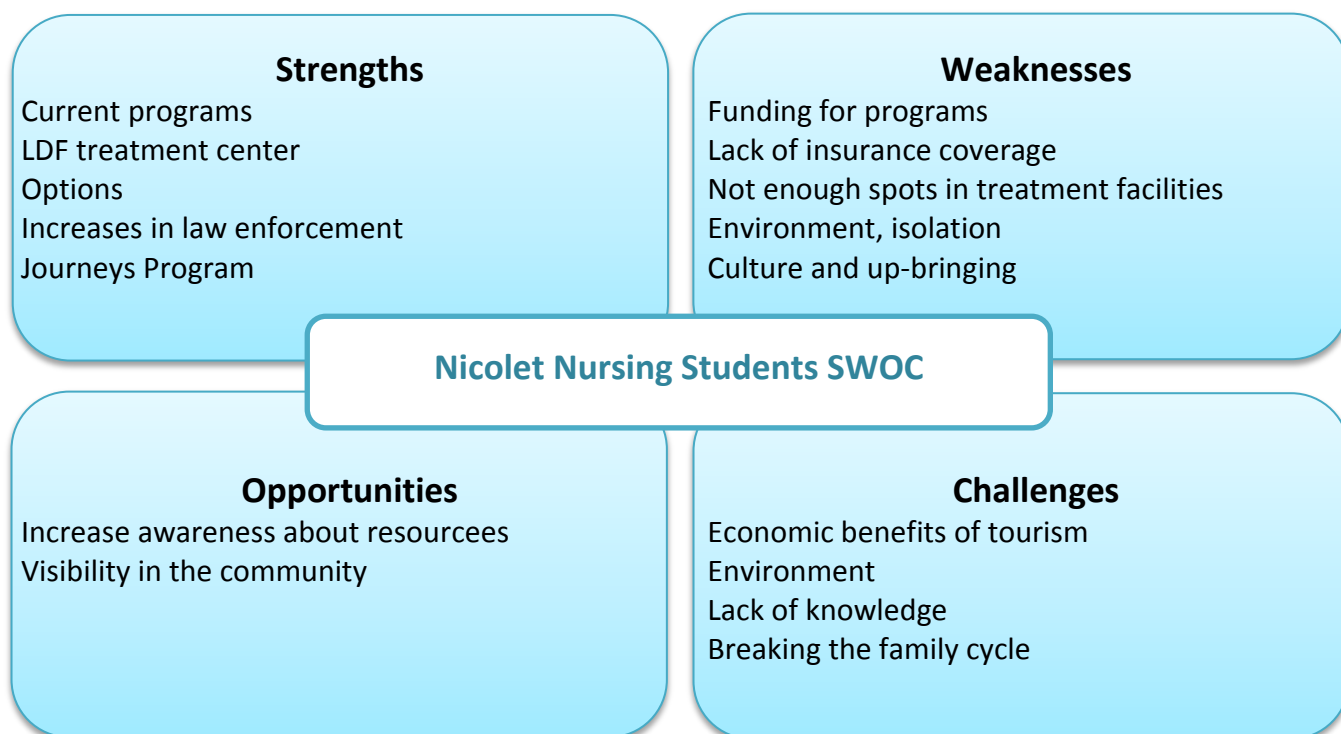
On February 18, 2016, Oneida County Health Department conducted a small focus group at Nicolet to the 3rd semester nursing students enrolled in Mental Health Community Concepts. Linda Conlon with the assistance of Christie Oestreich presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one-page summary sheets.

SWOC Results

To supplement the SWOC that was conducted earlier with the community stakeholders and gain the input from a population that will have a future stake in the health and wellbeing of the community, a miniature SWOC was conducted. A summary of the findings are included below.

Next Steps

Moving forward, the nursing program especially, Sue Perry has become a valued community partner. She has expressed interest in being involved throughout the community assessment and improvement process.



Focus Group: CHANGE/FACT at Rhinelander High School

About FACT

The CHANGE/FACT group at Rhinelander High School and James Williams Middle School has been established for well over a decade and is still making a strong impact on youth today. FACT is comprised of a teens who want to be leaders in the community and end the impact that tobacco has on the community.

Meeting Summary

On February 9, 2016, Oneida County Health Department conducted a small focus group with the CHANGE/FACT group at Rhinelander High School. Christie Oestreich presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

Key Findings

- With media influences, teens in the area have become more accepting of marijuana use.
- Drinking remains a problem as a weekend activity.
- Youth who come from homes where the parents are more lenient towards alcohol and drug use have different perspectives about their use.
- Engagement of risk behavior is starting at a younger and younger age.

Next Steps

Moving forward, the Fact group at Rhinelander High School has become a valued asset in providing input from the younger population. The group has expressed interest in providing assistance during the CHIP writing process and implementation.



Focus Group: Vilas County Fire Chiefs and Emergency Services Association

About the Fire Chiefs and Emergency Services Association

The association brings fire and emergency service agencies together to build a better working relationship with each other. Through continual dialogue, public education, training and sharing of knowledge of emergency operations, Vilas County is better served.

Meeting Summary

On January 20, 2016, Vilas County Public Health Department conducted a small focus group at the Fire Chiefs and Emergency Services Association Meeting. Gina Egan, along with Tammi Boers, presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one-page summary sheets.

Identified Focus Areas

To supplement the SWOC that was conducted in December 2015 with the community stakeholders and to gain input from a population that serves all of the community, a miniature SWOC was conducted. Based on the brief discussion, the following focus areas were chosen as priorities:

- Alcohol and Other Drug Abuse
- Injury and Violence
- Mental Health

Next Steps

Local fire departments and emergency service personnel are key partners within our community. Their involvement in implementing pertinent strategies is important to successfully implementing the Community Health Improvement Plan.

Focus Group: Community Coalition of Forest County

About the Community Coalition of Forest County

The Community Coalition of Forest County is a uniform, unincorporated, non-profit association organized to collectively utilize resources to address issues of concern in the multiple jurisdictions of Forest County. Collectively, the schools in the Crandon, Laona, Wabeno area and the communities of Sokaogon Chippewa, Potawatomi, the county of Forest and the agencies and non-profit organizations within these jurisdictions come together once a month to work on multi-jurisdictional issues. The purpose of this effort is to work together to find solutions to issues such as poverty, homelessness, drug and alcohol abuse, truancy, racial bias, and health and human services.

Meeting Summary

On February 9, 2016, Forest County Public Health Department conducted a small focus group with the Community Coalition of Forest County. Jill presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one-page summary sheets.

Key Findings

- The priority areas selected: AODA, mental health and chronic disease seem to affect all other health issues.
- There is a general feeling that the health is improving in certain areas but struggling in others.
- The coalition welcomes the potential collective impact of three counties and hospital system working together on the same goals.

Next Steps

The Community Coalition of Forest County is willing to assist with the next steps in developing the community health improvement plan. There is also interest in connecting the coalition's strategic plan to the health plan.

Focus Group: Forest County School Administrators of Crandon, Laona and Wabeno

Meeting Summary

On February 12, 2016, Forest County Public Health Department conducted a small focus group with the Forest County School Administrators of Crandon, Laona and Wabeno. Jill Krueger presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one-page summary sheets.

Key Findings

- The three priority areas selected at the data in the day event, AODA, mental health and chronic disease, align with the school health issues.
- The group agreed on the importance of the three priority areas and believed there is a connection between the three.
- There are other issues that affect students within the school district; however, they all tie in with the mentioned priority areas above.
- Presented the point that literacy and education also directly affect students.

Next Steps

The groups stated that they would like to be future partners on health initiatives and prevention activities in the community. The group also offered to utilize school resources such as parent mailings and messages and also websites, to get information to the public and connect individuals with resources.

Appendix 3: Key-Informant Interviews

Introduction

During the months of February 2016 to March 2016, a series of key-informant interviews were conducted by members of Forest, Oneida and Vilas County Health Departments. During the community health assessment process, the needs of the vulnerable populations often go unheard because of the increased barriers to reaching them. Therefore, one purpose of these interviews was to gain further insight into the vulnerable populations in the areas. In addition, it was noted the lack of representation from some professions in the community. These interviews were also used in an attempt to receive feedback from these individuals.

Key Findings

When asked the question, what are some contributing factors that have helped to increase the health of community? The follow answers were obtained:

- Improved access to dental care though the addition of a new clinic in Rhinelander.
- Increased awareness of healthy eating and physical activity through Northwoods LEAN.
- The addition of water filling stations in schools and school lunch grant opportunities to promote healthy eating among school-aged children.
- Increase discussion around health and improving the health of the community.

When asked, what are some weaknesses in the area that could cause declines in community health the following were shared:

- Prescription drug use along with heroin/opioid use.
- The use of alcohol as a coping mechanism.
- Lack of family initiatives.
- Childhood poverty in the area.
- Lack of decent-paying jobs in the area.
- High child abuse case rates.
- Underutilization of services in the area.

When asked what specific actions you think need to be taken to address health issues in the community, the interviewees responded:

- Increase public transportation or bus routes.
- Access to free exercises facilities.
- Better ways to reach target populations with health information and resources.
- Programs to strengthen family dynamics and promotion of healthy families.
- Focus on schools and child education.
- Increase parent participation.
- Research the outcomes and effects of varying alcohol use by individuals.
- Involving faith organizations to reach certain members of the community.
- School on-site mental health services.
- Reducing the stigma attached with receiving help from services and resources in the area.

When asked to share challenges the might hinder the advancement of health or create barriers to a healthy community, the following was obtained:

- Rural communities' issues with transportation.
- Budgeting time and money to address issues in the community.
- The cultural and moral values of the area along with the acceptance of dangerous alcohol use.
- The lack of conversation around topics such as alcohol use and domestic violence.
- Funding and increases in budget cuts.
- Drug use and the effects on the entire family.
- Limited income hinders some community members' abilities to take advantage of community programs.

Appendix 4: County Health Rankings

	Wisconsin	Forest (FO)	Oneida (ON)	Vilas (VI)
Health Outcomes		70	40	56
Length of Life		70	43	64
Premature death	5,881	8,678	6,232	7,526
Quality of Life		61	45	31
Poor or fair health	12%	12%	12%	10%
Poor physical health days	3.2	3.3	2.9	3.1
Poor mental health days	3.0	2.4	2.8	2.6
Low birthweight	7.0%	7.8%	6.6%	6.3%
Health Factors		68	28	46
Health Behaviors		66	34	35
Adult smoking	18%	19%	20%	18%
Adult obesity	29%	31%	30%	29%
Food environment index	8.0	6.5	8.3	7.9
Physical inactivity	21%	24%	22%	22%
Access to exercise opportunities	83%	86%	67%	87%
Excessive drinking	24%	21%	22%	25%
Alcohol-impaired driving deaths	39%	69%	38%	43%
Sexually transmitted infections	414	641	182	164
Teen births	27	41	27	31
Clinical Care		60	8	41
Uninsured	10%	15%	11%	16%
Primary care physicians	1,215:1	2,302:1	729:1	1,123:1
Dentists	1,631:1	1,825:1	1,552:1	1,018:1
Mental health providers	623:1	1,014:1	397:1	1,644:1
Preventable hospital stays	51	49	48	49
Diabetic monitoring	90%	90%	91%	91%
Mammography screening	70.2%	65.6%	77.8%	75.9%
Social & Economic Factors		69	46	59
High school graduation	88%	79%	89%	96%
Some college	65.9%	48.6%	65.9%	62.8%
Unemployment	6.7%	9.6%	8.8%	9.8%
Children in poverty	18%	24%	18%	25%
Income inequality	4.3	4.1	4.1	4.1
Children in single-parent households	31%	32%	24%	43%
Social associations	11.8	13.0	14.8	17.8
Violent crime	255	79	113	51
Injury deaths	63	111	71	93
Physical Environment		1	3	5
Air pollution - particulate matter	11.5	10.7	10.9	10.7
Drinking water violations	5%	0%	0%	0%
Severe housing problems	15%	12%	13%	17%
Driving alone to work	80%	80%	82%	78%
Long commute - driving alone	26%	26%	19%	19%

Appendix 5: Demographics

Characteristics	Wisconsin 2014	Forest County 2014	Forest County 2010	% Change for County
Total Population*	5,757,564	9,127	9,304	-1.9%
Median Age (years)^	38.8	45.3	43.4	4.2%
Age*				
Persons under 5 years	5.9%	5.8%	5.4%	6.9%
Persons under 18 years	22.6%	20.6%	22.0%	-6.8%
Persons 65 years and over	15.2%	21.8%	20.3%	6.9%
Gender*				
Female	50.3%	49.0%	49.2%	-0.4%
Male	49.7%	51.0%	50.8%	0.4%
Race and Ethnicity*				
White alone	87.8%	81.3%	82.7%	-1.7%
Black or African American alone	6.6%	1.0%	0.8%	20.0%
American Indian and Alaska Native alone	1.1%	14.3%	13.5%	5.6%
Asian alone	2.6%	0.3%	0.1%	66.7%
Two or more races	1.8%	2.9%	2.4%	17.2%
Hispanic or Latino	6.5%	2.0%	1.5%	25.0%
Speak a language other than English^	8.6%	4.5%	4.9%	-8.9%
Median household income^	\$52,738	\$40,331	\$37,627	6.7%
Percent below poverty in the last 12 months^	13.3%	17.9%	18.9%	-5.6%
High School graduate or higher, percent of persons age 25+ ^	90.8%	86.3%	85.6%	0.8%

* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

Characteristics	Wisconsin 2014	Oneida County 2014	Oneida County 2010	% Change for County
Total Population*	5,757,564	35,563	35,998	-1.2%
Median Age (years)^	38.8	49.2	47.2	4.1%
Age*				
Persons under 5 years	5.9%	4.6%	4.7%	-2.2%
Persons under 18 years	22.6%	17.2%	18.4%	-7.0%
Persons 65 years and over	15.2%	23.9%	21.7%	9.2%
Gender*				
Female	50.3%	49.9%	50.0%	-0.2%
Male	49.7%	50.1%	50.0%	0.2%
Race and Ethnicity*				
White alone	87.8%	96.5%	96.6%	-0.1%
Black or African American alone	6.6%	0.5%	0.4%	20.0%
American Indian and Alaska Native alone	1.1%	1.0%	0.9%	10.0%
Asian alone	2.6%	0.5%	0.5%	0.0%
Two or more races	1.8%	1.4%	1.3%	7.1%
Hispanic or Latino	6.5%	1.4%	1.1%	21.4%
Speak a language other than English^	8.6%	2.4%	2.6%	-8.3%
Median household income^	\$52,738	\$45,736	\$45,857	-0.3%
Percent below poverty in the last 12 months^	13.3%	11.3%	9.9%	12.4%
High School graduate or higher, percent of persons age 25+ ^	90.8%	93.1%	91.9%	1.3%

* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

Characteristics	Wisconsin 2014	Vilas County 2014	Vilas County 2010	% Change for County
Total Population*	5,757,564	21,398	21,430	-0.1%
Median Age (years)^	38.8	52.1	49.8	4.4%
Age*				
Persons under 5 years	5.9%	4.1%	4.5%	-9.8%
Persons under 18 years	22.6%	16.8%	17.8%	-6.0%
Persons 65 years and over	15.2%	29.0%	25.9%	10.7%
Gender*				
Female	50.3%	49.5%	49.3%	0.4%
Male	49.7%	50.5%	50.7%	-0.4%
Race and Ethnicity*				
White alone	87.8%	86.5%	87.1%	-0.7%
Black or African American alone	6.6%	0.4%	0.2%	50.0%
American Indian and Alaska Native alone	1.1%	11.3%	11.1%	1.8%
Asian alone	2.6%	0.4%	0.3%	25.0%
Two or more races	1.8%	1.4%	1.2%	14.3%
Hispanic or Latino	6.5%	1.9%	1.3%	31.6%
Speak a language other than English^	8.6%	3.5%	5.0%	-42.9%
Median household income^	\$52,738	\$40,501	\$41,631	-2.8%
Percent below poverty in the last 12 months^	13.3%	14.4%	11.9%	17.4%
High School graduate or higher, percent of persons age 25+ ^	90.8%	91.8%	91.7%	0.1%

* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

Appendix 6: Written Comments on Prior Community Health Needs Assessment

No written comments were received regarding the previous CHNAs for Ministry Saint Mary's Hospital, Howard Young Medical Center or Eagle River Memorial Hospital.

Appendix 7: 2018 Forest, Oneida, and Vilas County Perceived Health Issues Survey Results

Forest, Oneida and Vilas County: *Perceived Health Issues*

Top Issues Identified in Survey of Individuals with Low Income	Top Issues Identified in Community Survey	Top Issues Identified By Stakeholders at Collaborative Health Planning Committee (CHPC) Meetings*	Current CHNA Priorities for the Hospitals and the Local Health Departments
<p>A community-wide survey was conducted. Respondents (n=85) with a household income of less than \$35,000 identified the following areas that need the most improvement:</p> <ol style="list-style-type: none"> 1) Access to affordable healthy food (36%) 2) Access to affordable health care (family doctor) (35%) 3) Access to affordable dental care (31%) 4) Access to affordable housing (29%) 5) Ability to age in place (24%) 6) Good jobs and strong economy (23%) 7) Access to affordable mental health care (21%) 8) <i>Access to affordable transportation (18%)</i> 9) Healthy behaviors and lifestyles (16%) 10) Good schools (12%) <p>*The top 10 issues identified by both groups are relatively similar. The italicized items are those issues that were different.</p>	<p>A community-wide survey was conducted. Respondents (n=570) identified the following areas that need the most improvement:</p> <ol style="list-style-type: none"> 1) Access to affordable health care (family doctor) (35%) 2) Good jobs and strong economy (31%) 3) Access to affordable healthy foods (26%) 4) Access to affordable mental health care (25%) 5) Access to affordable housing (20%) 6) Ability to age in place (20%) 7) Healthy behaviors and lifestyles (20%) 8) Good schools (17%) 9) Access to affordable dental care (17%) 10) <i>Strong Family life/ relationships (13%)</i> 11) <i>Access to affordable transportation (10%)</i> <p>*The top 10 issues identified by both groups are relatively similar. The italicized items are those issues that were different.</p>	<p>The tri-county Collaborative Health Planning Committee is meeting multiple times during calendar 2018. The multi-sector partners are reviewing and discussing data. After the review of data, informal discussions occurred, informally identifying the most notable information. The categories of data and the notable issues are listed below.</p> <p>March: Demographics and morbidity</p> <ul style="list-style-type: none"> • Depression (social isolation, family structure) • Dementia (AODA, co-morbidities) <p>June: Socioeconomic factors</p> <ul style="list-style-type: none"> • Drug endangered children • ACEs (Adverse Childhood Experiences) • Poverty • AODA • Aging <p>August: Environmental factors and health behaviors</p> <ul style="list-style-type: none"> • Culture (unhealthy i.e. drinking/ smoking seen as norm) • Increased suicide, number of mentally unhealthy days <p>November: Access to care and mortality (TBD)</p>	<ul style="list-style-type: none"> • Mental Health • AODA • Chronic Disease <p><i>These priorities are recommended for continuation in the new CHNA cycle. See the rationale on page 2.</i></p>

Appendix 8: November 2018 Community Conversations Related to Cancer Disparities



CROSS-CUTTING COMPONENT

Vilas & Oneida Counties community and stakeholder groups: Summary of key points/observations:

Community Overview: Vilas

There are approximately 21,680 people in Vilas Countyⁱ and is 100% rural.ⁱⁱ

Vilas County is ranked 66 out of 72 counties by County Health Rankingsⁱⁱⁱ.

Demographics:

Race & Ethnicity

County: White alone (non-Hispanic or Latino) – 85.1%, American Indian alone – 11.2%; Hispanic - 2.5%, Two or More Races – 1.5%, Asian alone -.5%, Black alone -.4%^{iv}

Income:

County Median Household Income: \$41,632^v below the state median of \$54,610.

14% of county households are at or below poverty; 30% are Asset Limited, Income Constrained, Employed (acronym: ALICE).^{vi}

ALICE households earn more than the Federal Poverty Level but less than the basic cost of living for the county. The combined total of poverty and ALICE households equals the total population struggling to afford basic needs.

Communities with highest poverty and ALICE in Vilas County:

Eagle River – 60% of households

Lac du Flambeau – 57% of households

St. Germain – 49% of households

Land O'Lakes – 48% of households^{vii}

Community Overview: Oneida

There are approximately 32,254 people in Oneida County^{viii} and is 75% rural.^{ix}

Oneida County is ranked 40 out of 72 counties by County Health Rankings^x.

Demographics:

Race & Ethnicity

County: White alone (non-Hispanic or Latino) – 94.9%, Hispanic -1.6%, Two or More Races – 1.5%, American Indian alone – 1.2%; Asian alone -.6%, Black alone -.6%^{xi}

Income:

County Median Household Income: \$49,715^{xii} below the state median of \$54,610.

12% of county households are at or below poverty; 36% are Asset Limited, Income Constrained, Employed (acronym: ALICE).^{xiii}

Communities with highest poverty and ALICE in Oneida County:

Rhineland – 63% of households

Woodruff – 56% of households

Lake Tomahawk – 49% of households

Minocqua – 49% of households

Nokomis – 49% of households

Three Lakes – 48% of households^{xiv}

Strengths:

Area non-profits and other organizations serving the community have a history of working well together and frequently partner on initiatives. Groups can maximize impact while minimizing resource use

There are several healthcare systems serving the counties including tertiary care. Additional facilities are being built, expanding access to care. Lung cancer screening is available and is promoted to community and primary care.

Both counties are beautiful, natural environments with a relaxed pace. Outdoor activities are popular in every season and there are a growing number of outlets for outdoor sports, including "silent sports."

Community members are very proud of their communities and rurality. There is a strong sense of individualism, resiliency and self-sufficiency. The community members are capable of and prepared to manage in an emergency such as lost power, or lack of water or food.

Concerns Expressed:

The median household income in the area is below that state average. Many people are working multiple jobs to try to make ends meet.

Significant income constraints impact stress and other decisions including getting health insurance and accessing health care (high deductibles)

Both counties have high housing costs relative to income. Additionally, most of the lowest cost housing/rental properties are low quality and may be unsafe.

Driving distance are significant barriers for many services which are in population centers. Those who live in rural areas may not be accessing services due to the time it takes to drive (it can take an hour to drive from one side of county to the other). Although taxi service is available – a round trip fare can exceed a hundred dollars, prohibitively high for fixed income residents and double-expense for those who need to take off work without pay to go to an appointment.

Only a few physicians work in the two counties with most healthcare provided by physician assistants and nurse practitioners.

The few physicians do not stay in the area and patients do not have an opportunity to develop a rapport. This impacts trust in healthcare system.

Many seek care outside of the county, driving 60-90 minutes each way for appointments. This is complicated by the transportation issues.

Smoking and alcohol use are prevalent. Although residents are aware of risks, interest in making changes is limited.

Many behavioral risks are generational, feel like "this is just how I am/we are"

Although smoking is not generally socially-acceptable, it is accepted in some groups.

Vaping and smokeless tobacco (chew) are also popular.

Cell service and internet connections are limited in some areas of the counties, limiting how some community members receive information. An increase in digital communication and information will not reach these individuals.

Those with limited talk minutes on cell phones are more likely to text but many organizations do not have the ability to text with clients.

Mistrust of systems (healthcare, government, etc.) is common.

Stoicism is common and is connected to self-reliance. Many residents are not interested in going to physician for check-ups and will only seek care when the need is more urgent.

The counties' populations change significantly during both winter and summer tourists' seasons, with largest increase in the summer. Although there are significant financial benefits from tourism, the influx of people stress some of the systems (including healthcare).

What is Working:

The Public Health Departments are engaged in a Community Health Improvement Plan (CHIP) and engaging community organizations and community members at addressing areas of concern, which include alcohol and other drugs, mental health, and chronic disease. Groups are eager to make a positive different in the counties.

A local health system offers reduced fee lung-cancer screening. Although they have a high rate of patients who do not get recommended screening (50% of referred patients), this is a beneficial service for patients who access the services.

The community has an excellent food pantry that is widely utilized. The program is working to increase healthier options. Additionally, the Lac du Flambeau community is developing a seasonal food pyramid/My Plate as an educational resource.

Opportunities:

There is interest and energy in improving healthier alternatives to all community members.

The community is acutely aware of barriers, particularly for those in remote areas of the counties.

The established collaborative relationship between organizations is a significant asset for the counties. This relationship does not exist in all under-resourced communities and could serve as a model. There may be opportunities to extend and grow relationships to be leveraged to increase awareness and access to available services.

¹ United States Census Bureau. Quick Facts. United States Census Bureau. 2017. <https://www.census.gov/quickfacts/fact/table/vilascountywisconsin/PST045217>. Accessed on 11/12/18

² City-Data. Vilas County WI. City Data. 2018. http://www.city-data.com/county/Vilas_County-WI.html. Accessed on 11/12/18.

³ County Health Rankings and Roadmaps. Wisconsin Overall Rank. University of Wisconsin Population Health Institute. 2018.

<http://www.countyhealthrankings.org/app/wisconsin/2018/rankings/vilas/county/outcomes/overall/snapshot>. Accessed on 11/12/18

⁴ United States Census Bureau. Quick Facts. United States Census Bureau. 2017. <https://www.census.gov/quickfacts/fact/table/vilascountywisconsin/PST045217>. Accessed on 11/12/18

⁵ United States Census Bureau. Quick Facts. United States Census Bureau. 2017. <https://www.census.gov/quickfacts/fact/table/vilascountywisconsin/PST045217>. Accessed on 11/12/18

⁶ United Way of Wisconsin. ALICE in Vilas County 2014. United Way of Wisconsin. <https://unitedwaywi.site-ym.com/general/custom.asp?page=ALICEbyCounty&DGPCrSrt=&DGPCrPg=2>. Accessed 8/1/18.

⁷ United Way of Wisconsin. ALICE in Vilas County 2014. United Way of Wisconsin. <https://unitedwaywi.site-ym.com/general/custom.asp?page=ALICEbyCounty&DGPCrSrt=&DGPCrPg=2>. Accessed 8/1/18.

⁸ United States Census Bureau. Quick Facts. United States Census Bureau 2017. <https://www.census.gov/quickfacts/fact/table/oneidacountywisconsin/PST045217>. Accessed on 11/12/18

⁹ City-Data. Oneida County WI. City Data. 2018. http://www.city-data.com/county/Oneida_County-WI.html. Accessed on 11/12/18.

¹⁰ County Health Rankings and Roadmaps. Wisconsin Overall Rank. University of Wisconsin Population Health Institute. 2018.

<http://www.countyhealthrankings.org/app/wisconsin/2018/rankings/oneida/county/outcomes/overall/snapshot>. Accessed on 8/1/18

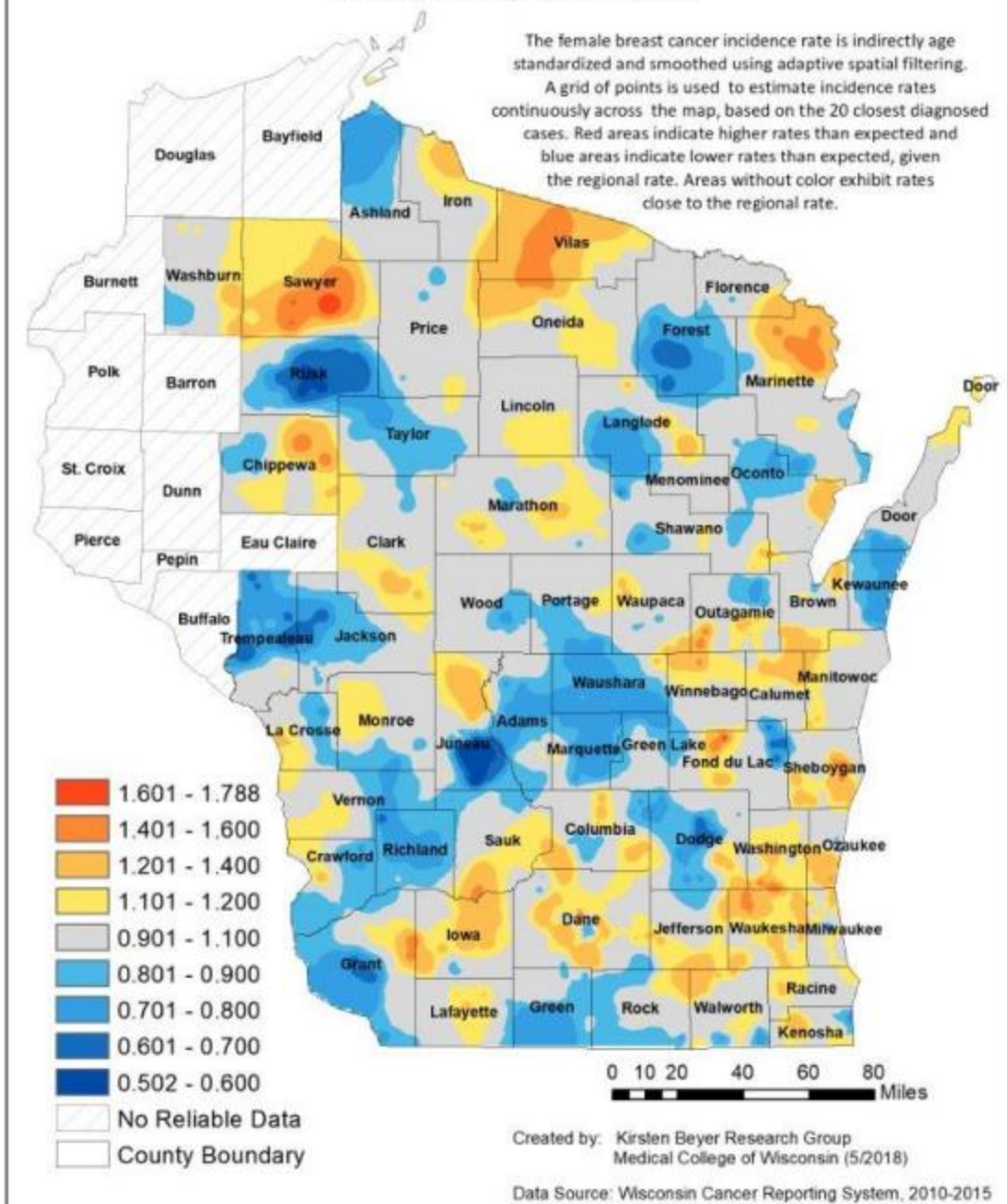
¹¹ United States Census Bureau. Quick Facts. United States Census Bureau. 2017. <https://www.census.gov/quickfacts/fact/table/oneidacountywisconsin/PST045217>. Accessed on 11/12/18

¹² United States Census Bureau. Quick Facts. United States Census Bureau. 2017. <https://www.census.gov/quickfacts/fact/table/oneidacountywisconsin/PST045217>. Accessed on 11/12/18

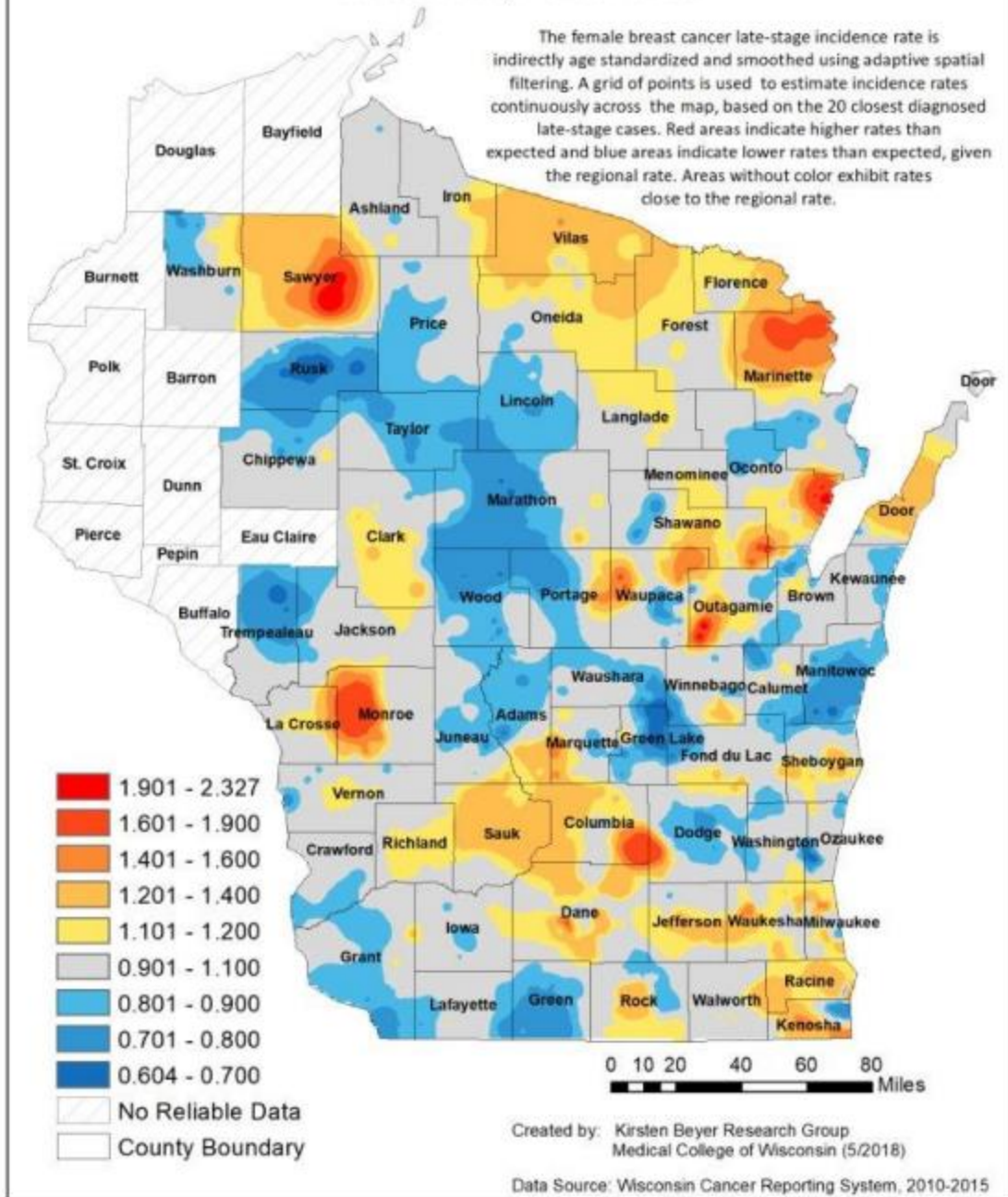
¹³ United Way of Wisconsin. ALICE in Oneida County 2014. United Way of Wisconsin. <https://unitedwaywi.site-ym.com/general/custom.asp?page=ALICEbyCounty&DGPCrSrt=&DGPCrPg=2>. Accessed 11/12/18.

¹⁴ United Way of Wisconsin. ALICE in Oneida County 2014. United Way of Wisconsin. <https://unitedwaywi.site-ym.com/general/custom.asp?page=ALICEbyCounty&DGPCrSrt=&DGPCrPg=2>. Accessed 11/12/18.

Female Breast Cancer Incidence Rate Wisconsin, 2010-2015

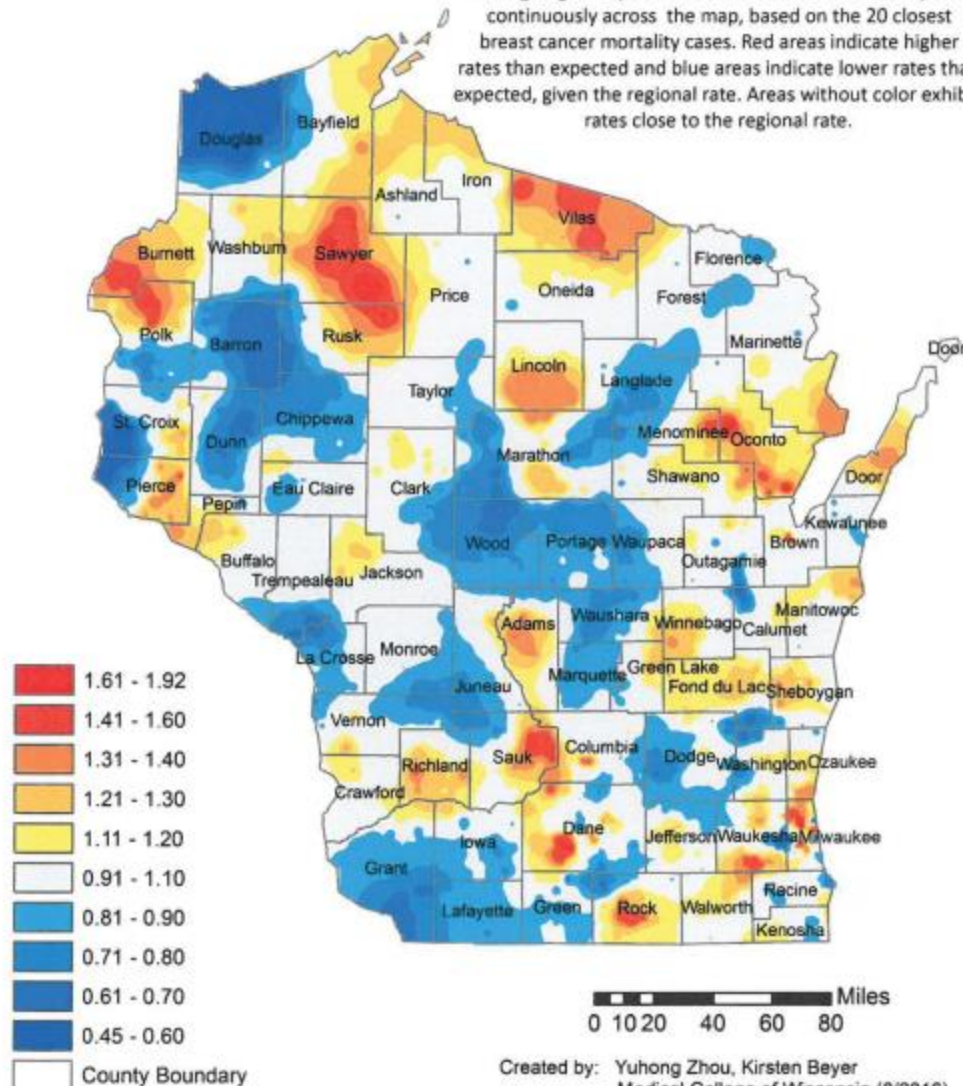


Female Breast Cancer Late-Stage Incidence Rate Wisconsin, 2010-2015



Female Breast Cancer Mortality Rate Wisconsin, 2008-2013

The female, breast cancer mortality rate is indirectly age standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate mortality rates continuously across the map, based on the 20 closest breast cancer mortality cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.

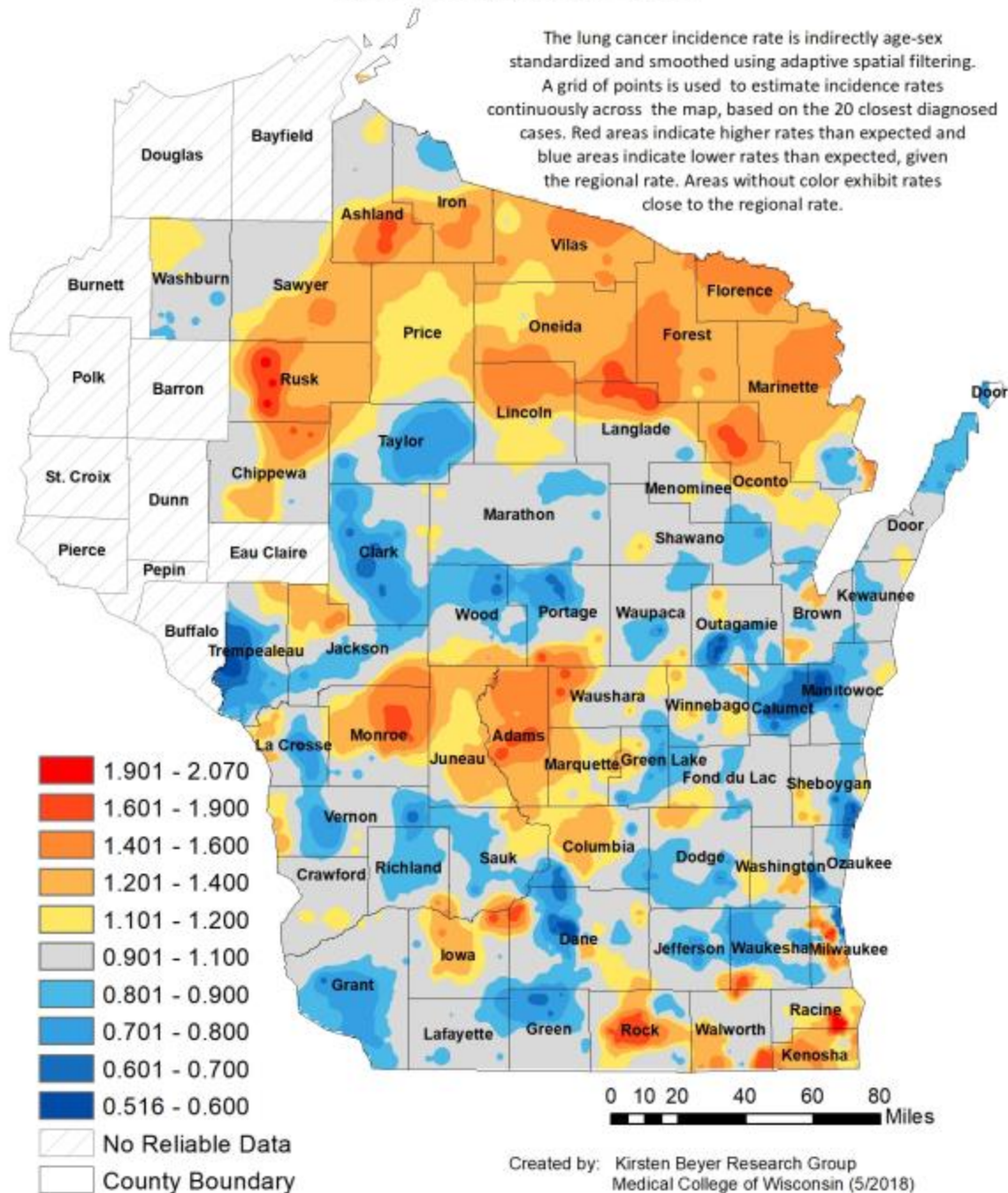


Created by: Yuhong Zhou, Kirsten Beyer
Medical College of Wisconsin (8/2016)

Data Source: State Vital Records Office,
Department of Health Services 2008-2013

Lung Cancer Incidence Rate Wisconsin, 2010-2015

The lung cancer incidence rate is indirectly age-sex standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate incidence rates continuously across the map, based on the 20 closest diagnosed cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.

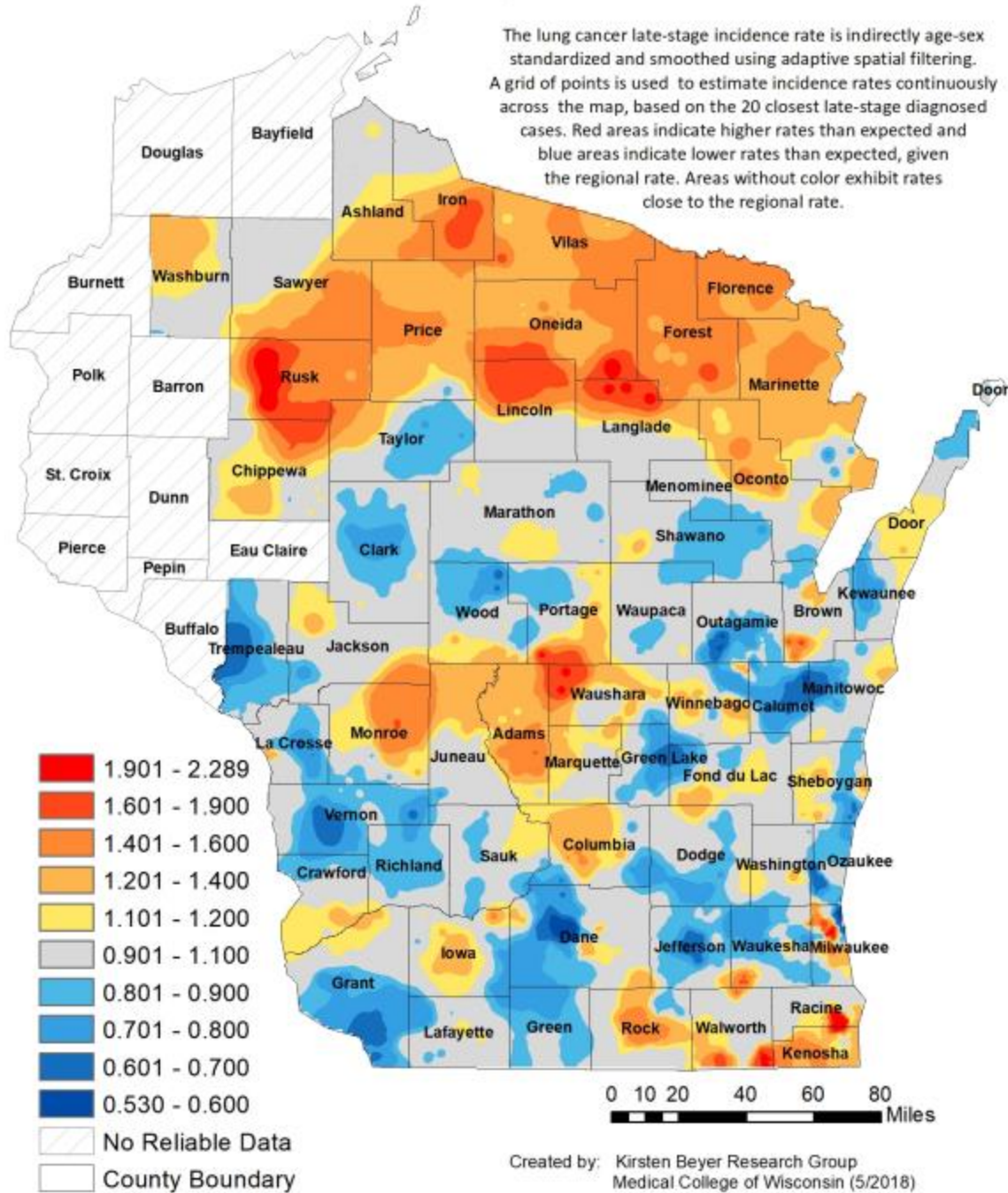


Created by: Kirsten Beyer Research Group
Medical College of Wisconsin (5/2018)

Data Source: Wisconsin Cancer Reporting System, 2010-2015

Lung Cancer Late-Stage Incidence Rate Wisconsin, 2010-2015

The lung cancer late-stage incidence rate is indirectly age-sex standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate incidence rates continuously across the map, based on the 20 closest late-stage diagnosed cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.

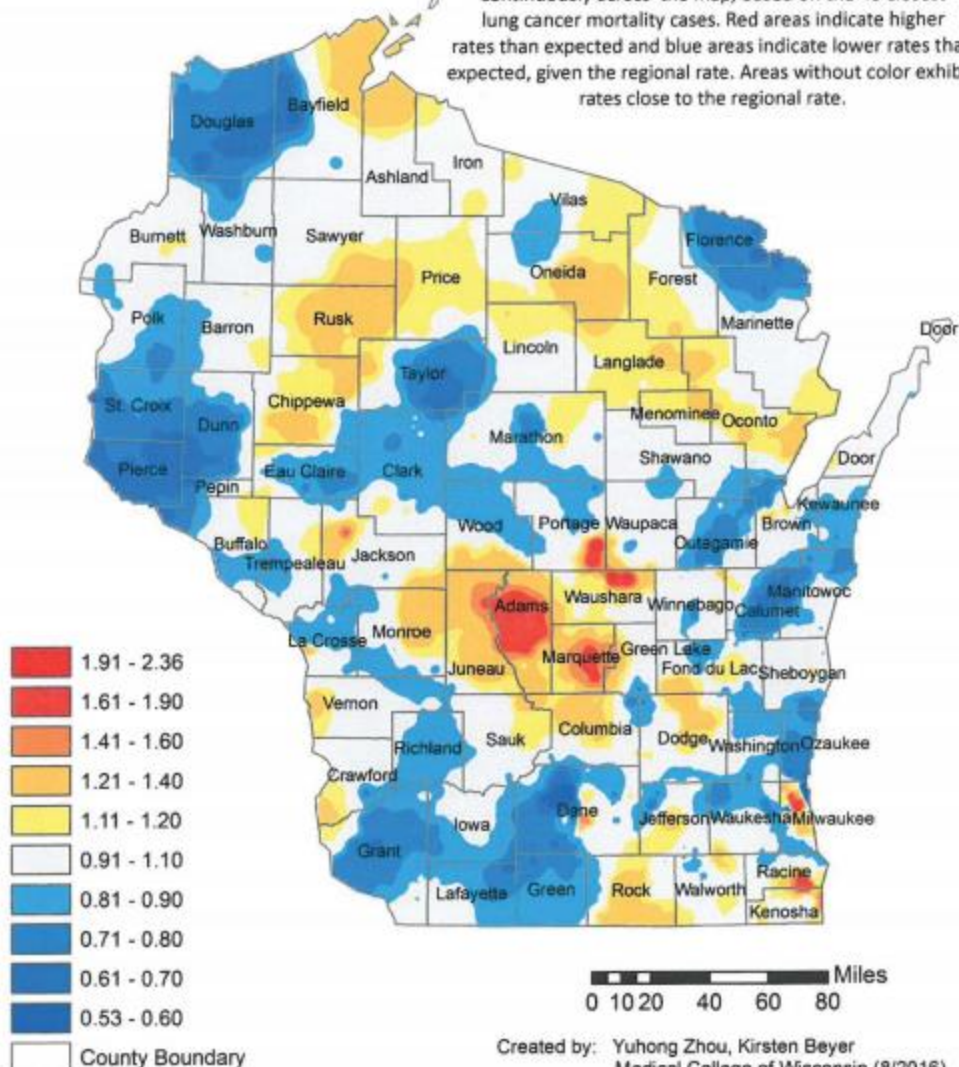


Created by: Kirsten Beyer Research Group
Medical College of Wisconsin (5/2018)

Data Source: Wisconsin Cancer Reporting System, 2010-2015

Lung Cancer Mortality Rate Wisconsin, 2008-2013

The lung cancer mortality rate is indirectly age-sex standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate mortality rates continuously across the map, based on the 40 closest lung cancer mortality cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.



Created by: Yuhong Zhou, Kirsten Beyer
Medical College of Wisconsin (8/2016)

Data Source: State Vital Records Office,
Department of Health Services 2008-2013

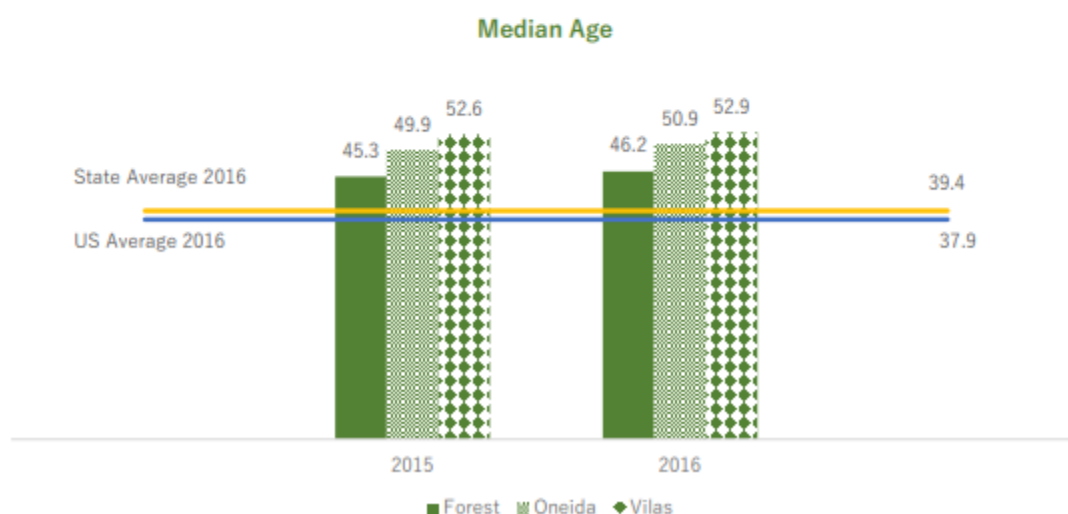
Appendix 9: 2018 Collaborative Health Planning Committee (CHPC) Data Summary

Demographics

Demographics describe the number and characteristics of people who live in a particular area or form a particular group. Forest, Oneida, and Vilas Counties, although similar, have unique demographic data, which is important to consider for local programs and health initiatives.

Forest	Oneida	Vilas	Wisconsin	US
22.0%	25.0%	28.8%	16.0%	15.2%
Population 65 years old or older in 2016				

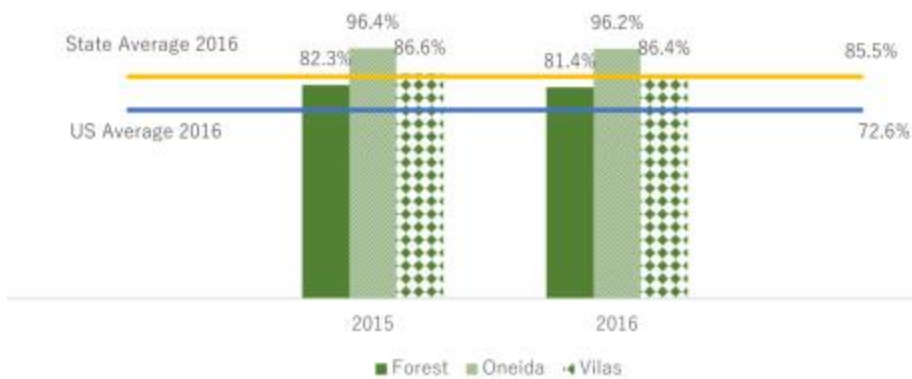
Forest	Oneida	Vilas	Wisconsin	US
20.3%	16.6%	13.1%	22.2%	22.8%
Population 18 years old or younger in 2016				



Percentage of Total Civilian, Non-Institutionalized Population with a Disability under Age 65



Percentage of Population who Identify as White Alone



Percentage of Population who Identify as Native American Alone



Socio-Economics

Socioeconomic Factors are things that contribute to the social standing or class of a person. It is typically measured by someone's level of education, income, occupation. It often provides a picture of inequities in access to resources. Forest, Oneida, and Vilas Counties, although similar, have unique demographic data, which is important to consider for local programs and health initiatives.

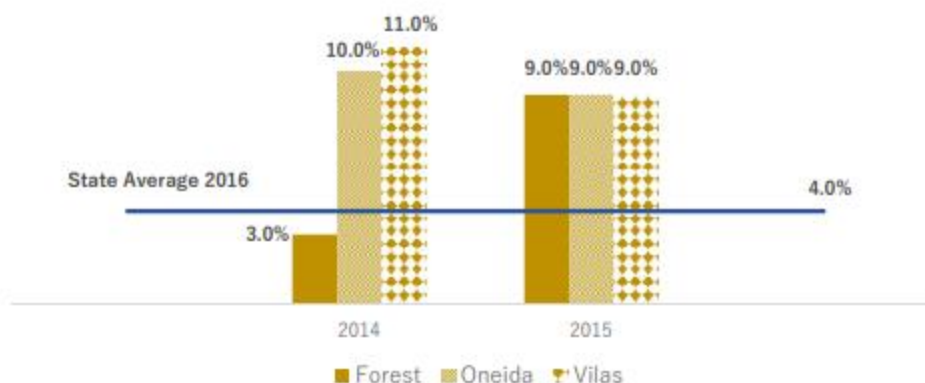
Forest	Oneida	Vilas	Wisconsin	US
17.1%	9.4%	14.7%	12.7%	15.1%

Percent of Individuals Living in a Household **Below the Poverty Level** in the Last 12 Months

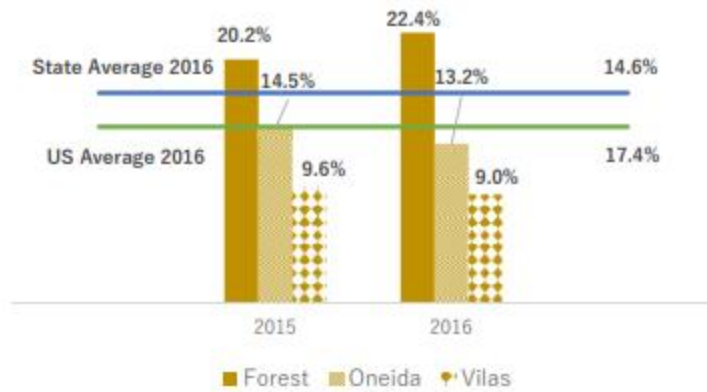
Forest	Oneida	Vilas	Wisconsin	US
6.2	5	7	4.1	4.9

Annual Average of Unemployment Rate

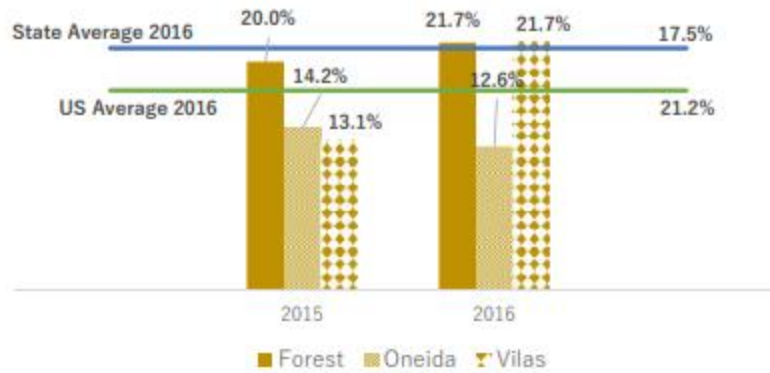
Child Abuse Rater per 1000 Population



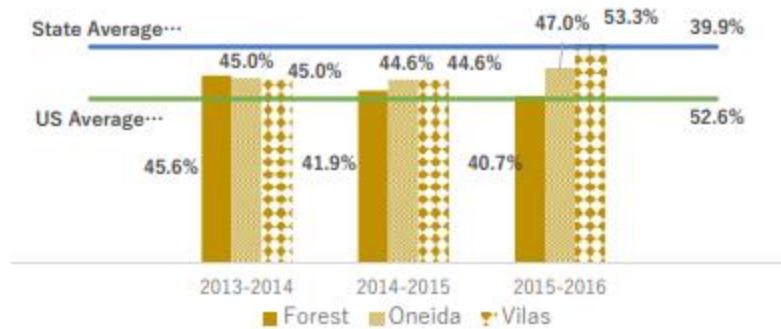
Percentage of Families with Children Under the Age of 18 Living in Poverty



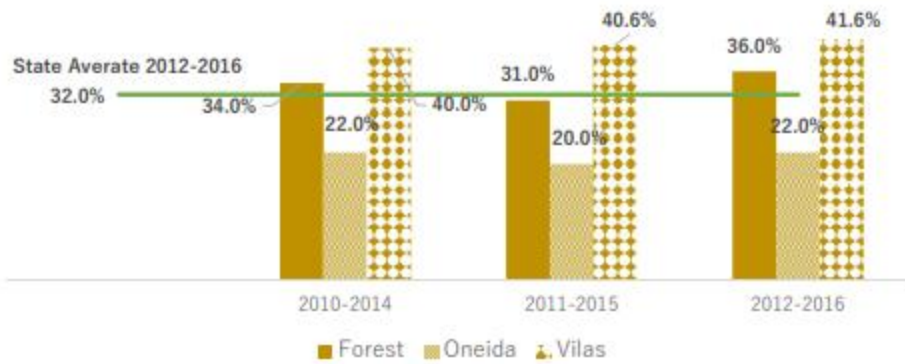
Percentage of Children Under Age Below the Poverty Level in the last 12 Months



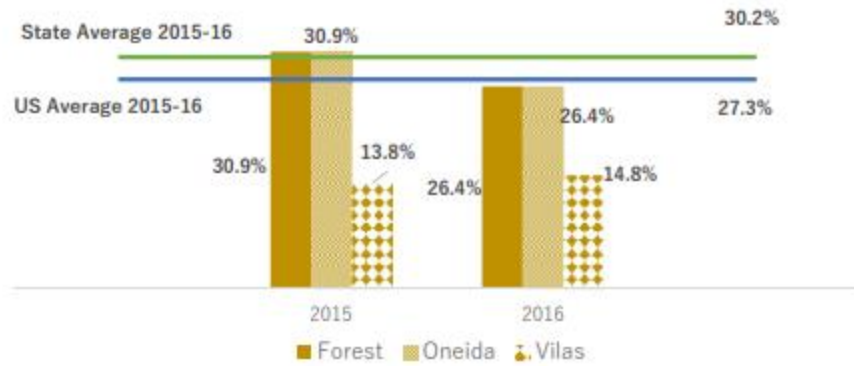
Children Eligible for Free or Reduced Lunch



Percentage of Children Living in a Household Headed by a Single Parent



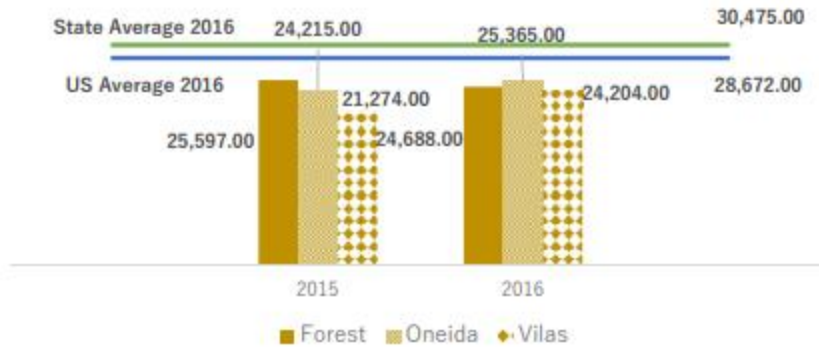
Percentage of Individuals 65 Years and Older who Live Alone



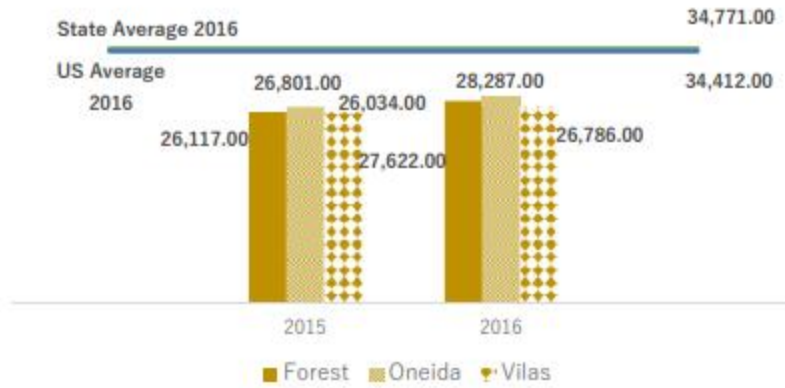
Median Earnings in the Last 12 Months – Less than HS Education



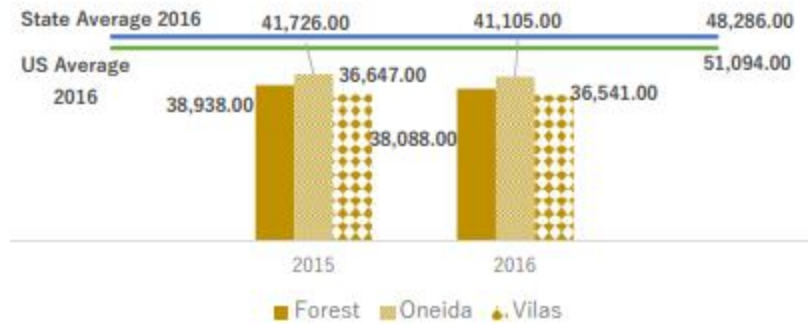
Median Earnings in the Last 12 Months – High School Graduate



Median Earnings in the Last 12 Months – Some College



Median Earnings in the Last 12 Months – Bachelors



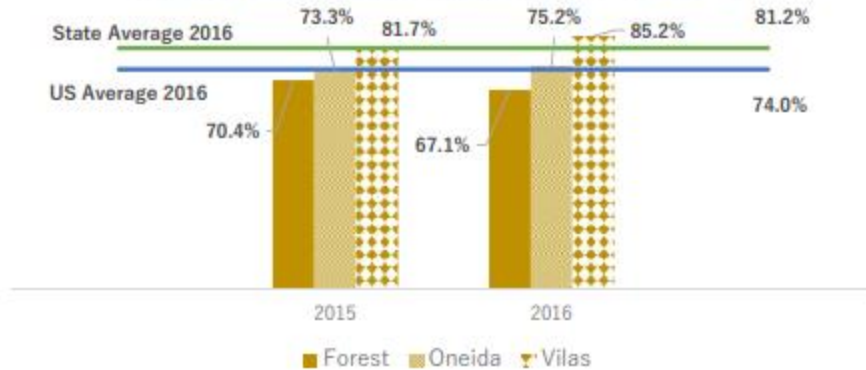
Median Earnings in the Last 12 Months – Graduate/Professional



Percentage of Population in Labor Force – Age 16 -19



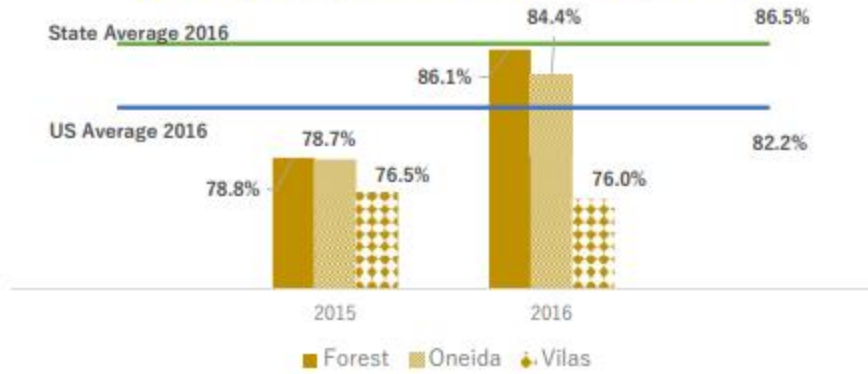
Percentage of Population in Labor Force – Age 20 - 24



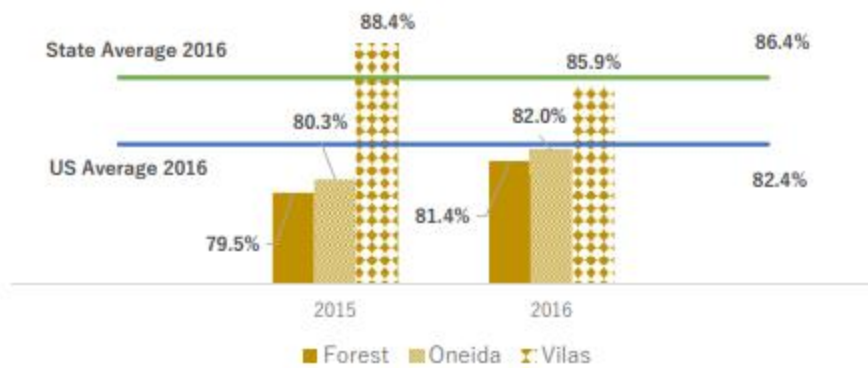
Percentage of Population in Labor Force – Age 25 - 29



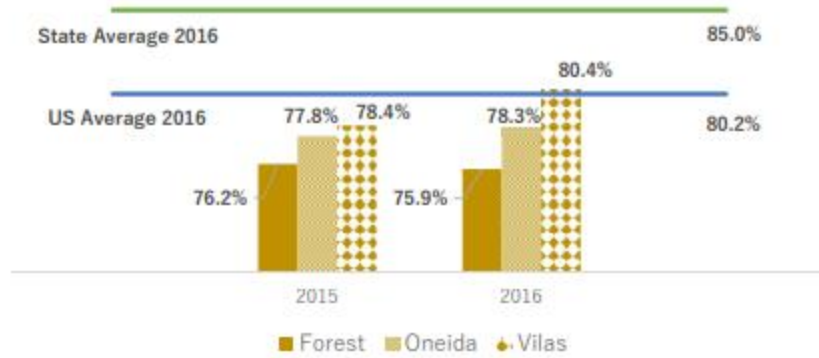
Percentage of Population in Labor Force – Age 30 - 34



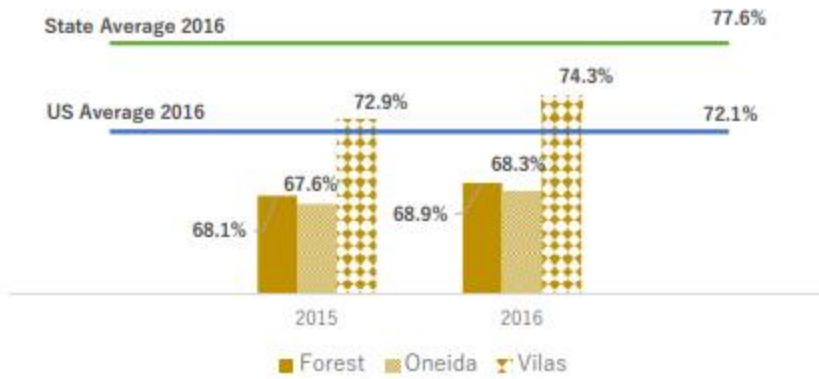
Percentage of Population in Labor Force – Age 35 - 44



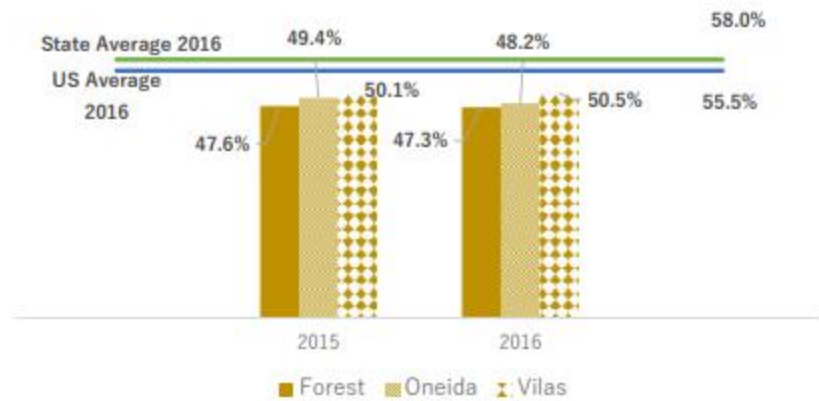
Percentage of Population in Labor Force – Age 45 - 54



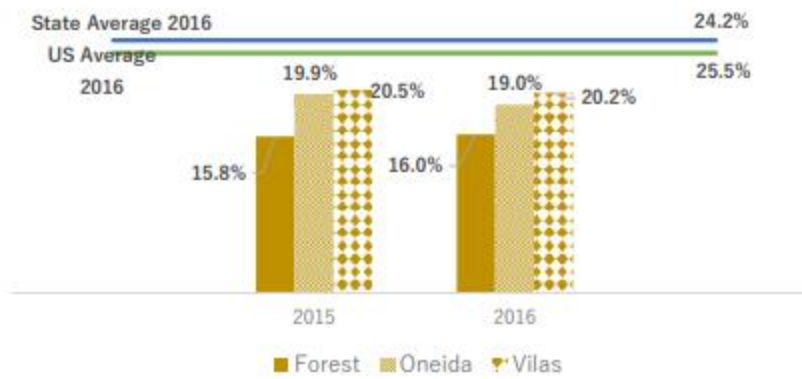
Percentage of Population in Labor Force – Age 55 - 59



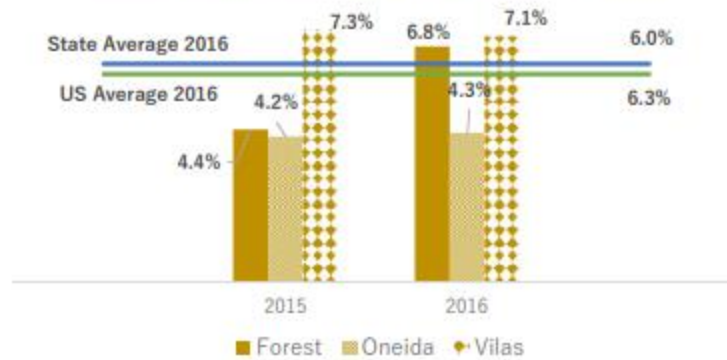
Percentage of Population in Labor Force – Age 60 - 64



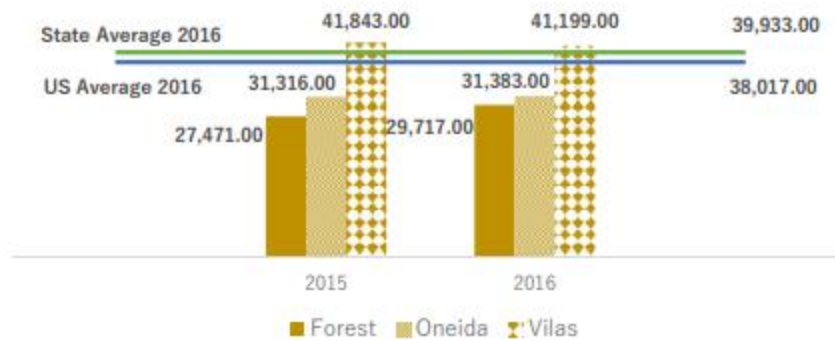
Percentage of Population in Labor Force – Age 65 - 74



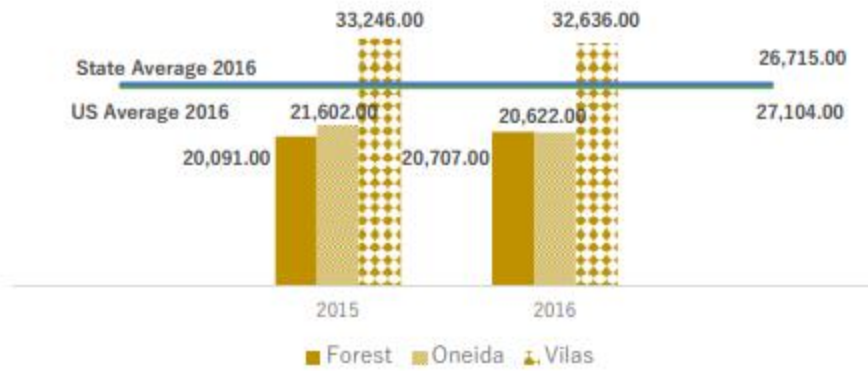
Percentage of Population in Labor Force – Ages 75+



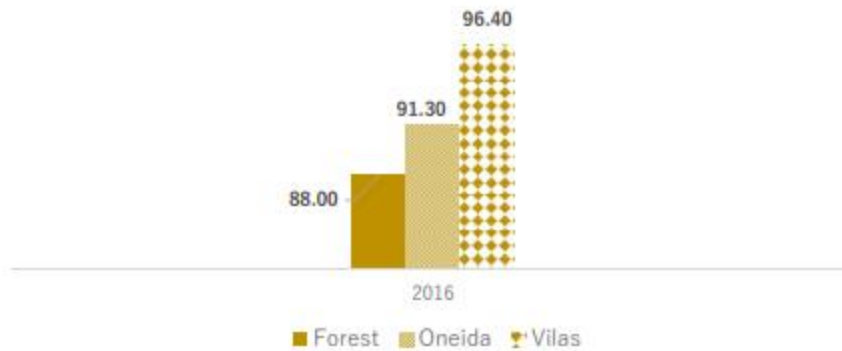
Median Earnings in the Last 12 Months - Males



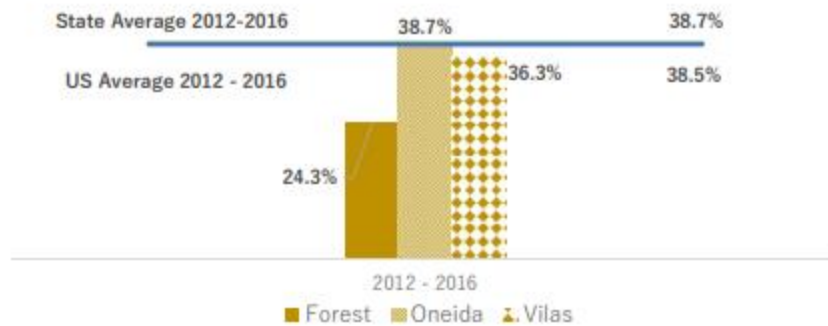
Median Earnings in the Last 12 Months - Females



High School Graduation Rates 2014 -2015



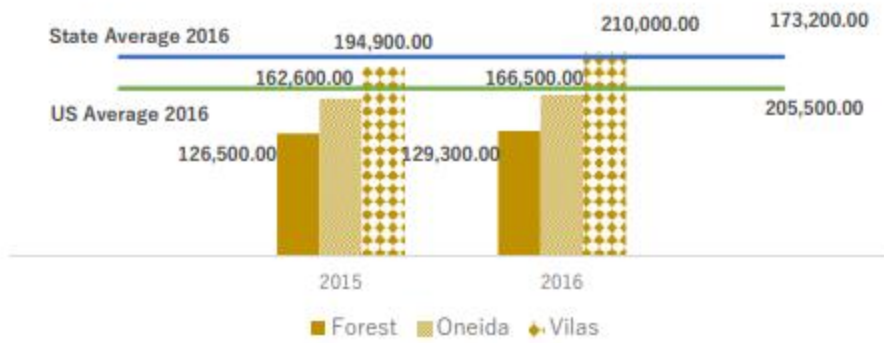
Percentage of Population Aged 25 and Older – Obtained an Associates Degree or Higher



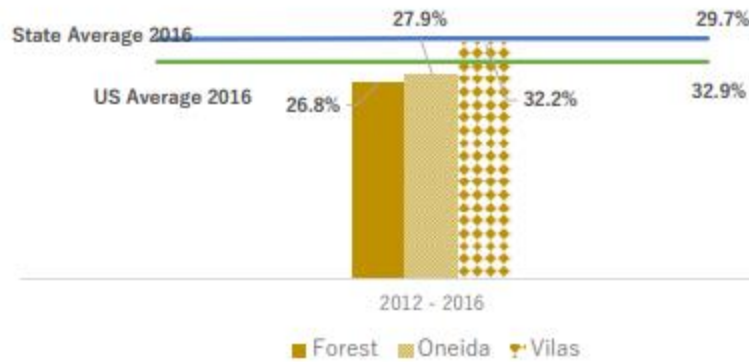
Average Rent Costs



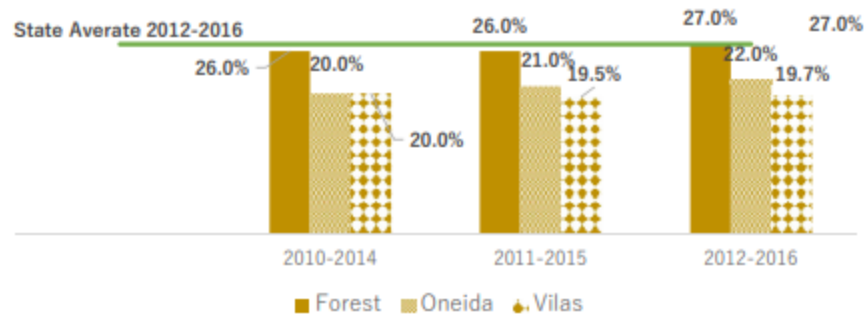
Median House Price



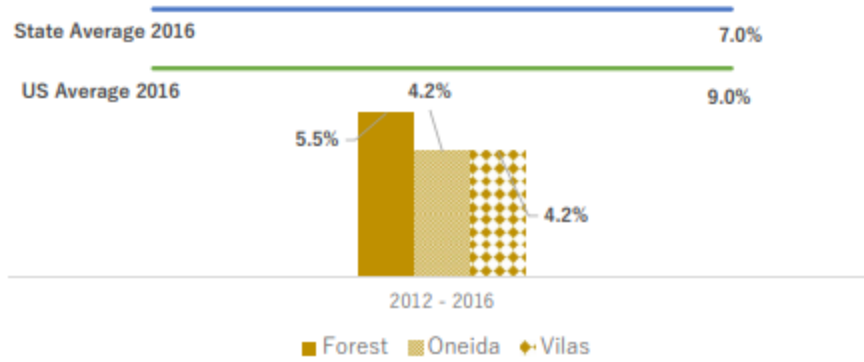
Percentage of Households where Housing Costs Exceed 30% of Total Income



Percentage of Population with 30 min \geq Commute to Work Alone



Percentage of Households with no Motor Vehicle



Number of Violent Crimes



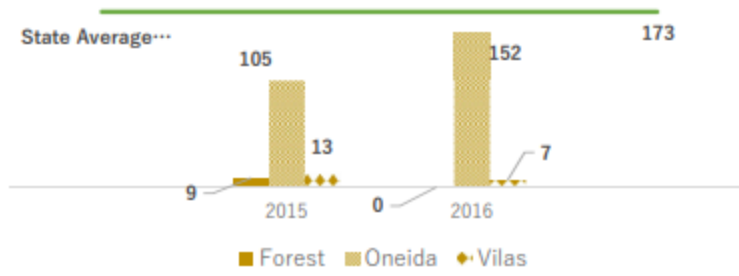
Number of Drug Use Arrests



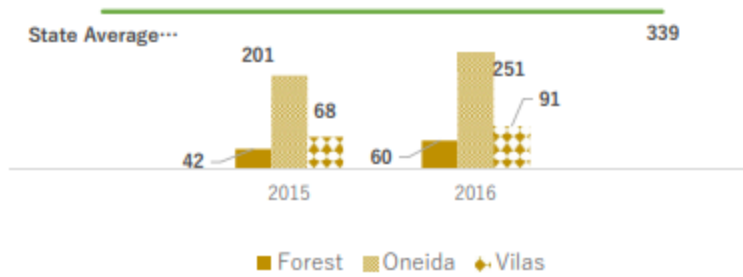
Number of Drug Sale Arrests



Number of Alcohol Violations

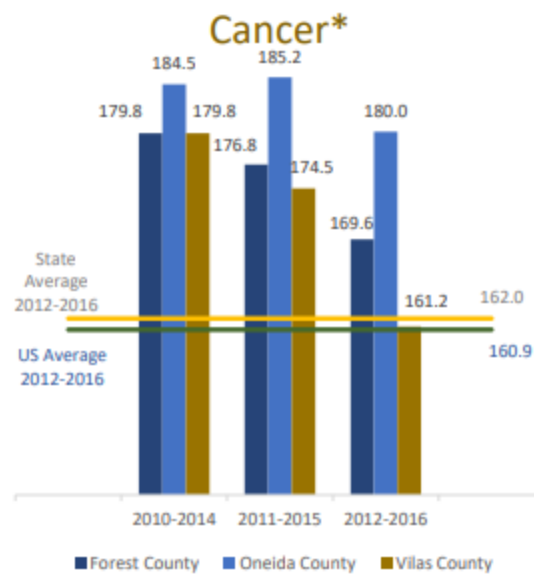
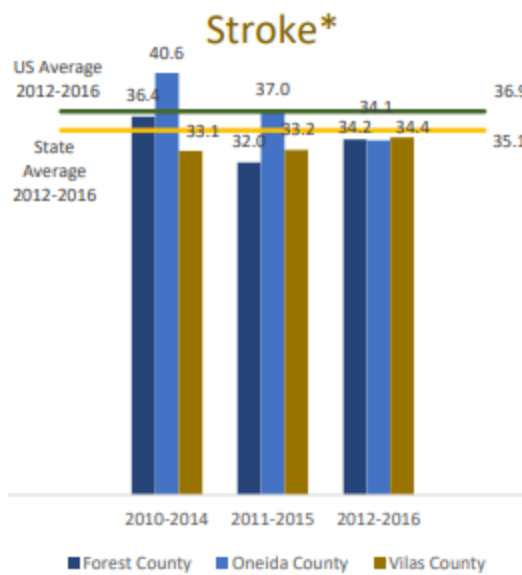
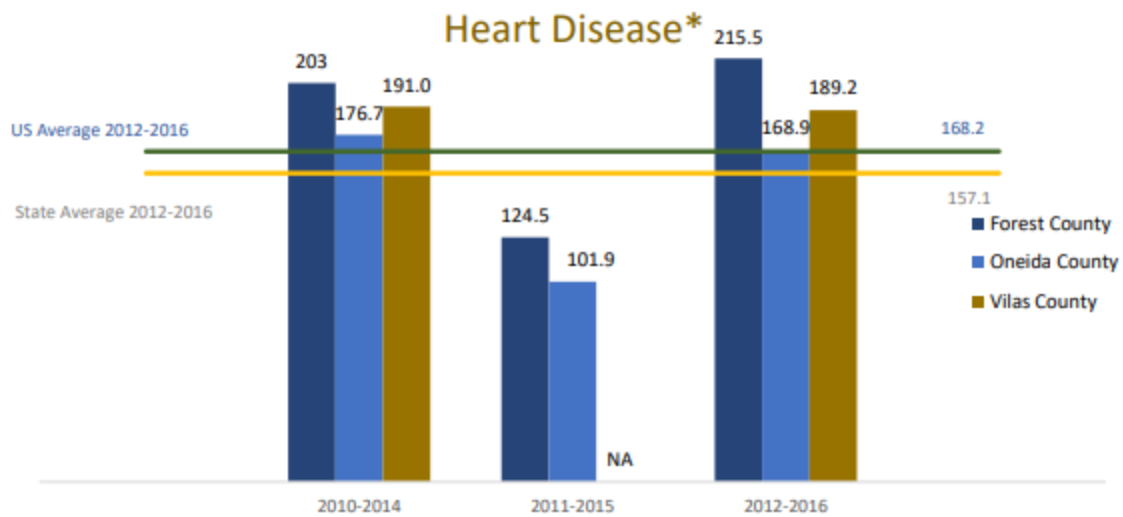


Number of OWI Arrests

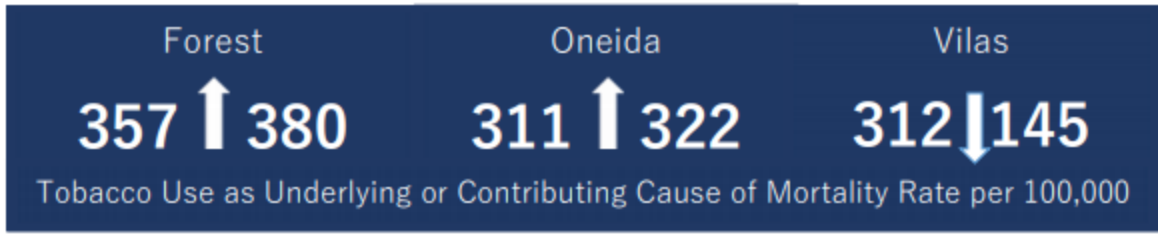
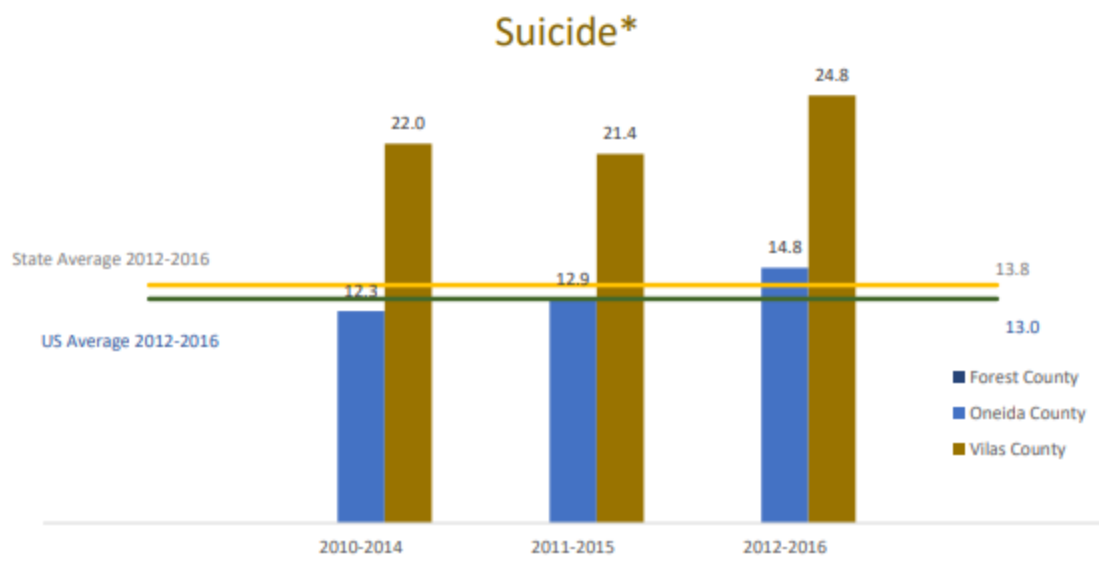


Mortality

Mortality is a term used to describe how often a death occurs in a specific area. Mortality data can be used to present characteristics of those dying in a particular geographic area, to determine life expectancy, and to compare mortality trends with other geographic areas.

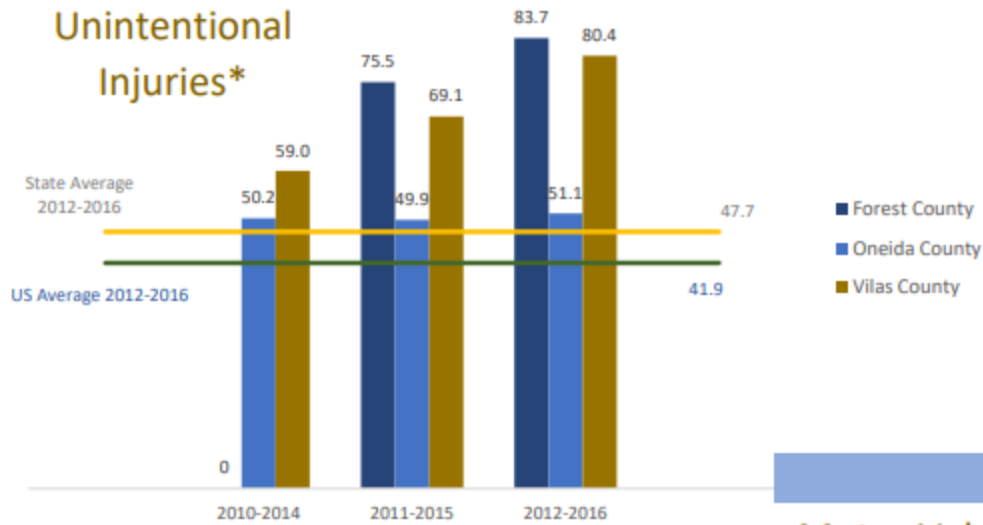


*Age-adjusted mortality rate per 100,000 population

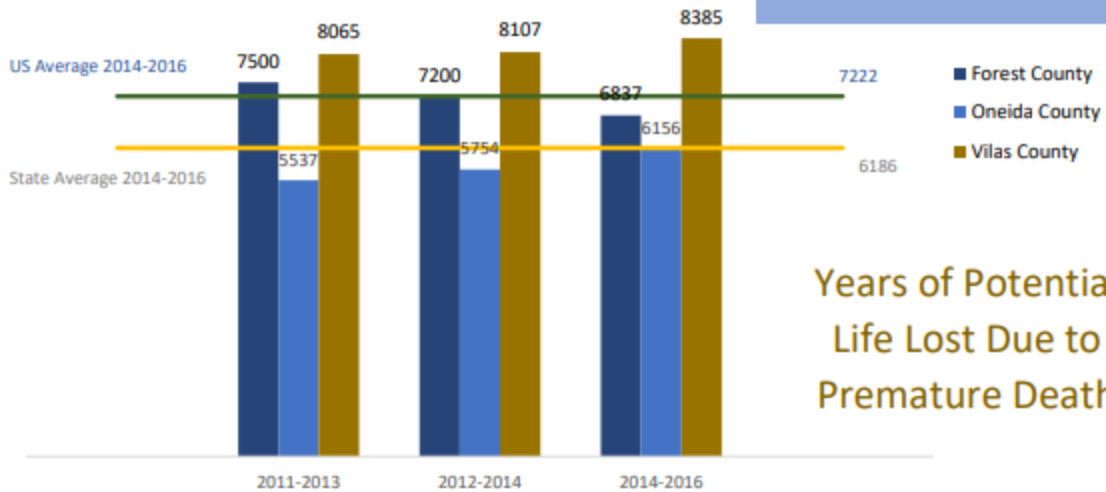
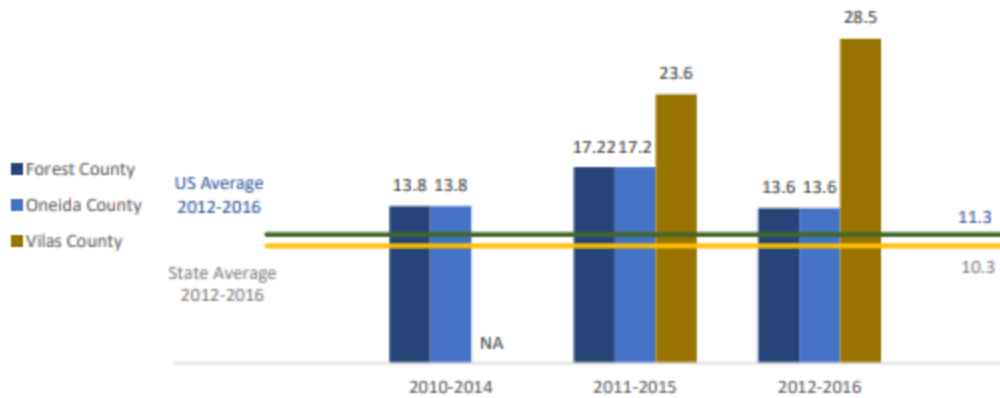


*Age-adjusted mortality rate per 100,000 population

Unintentional Injuries*



Motor Vehicle Crash*



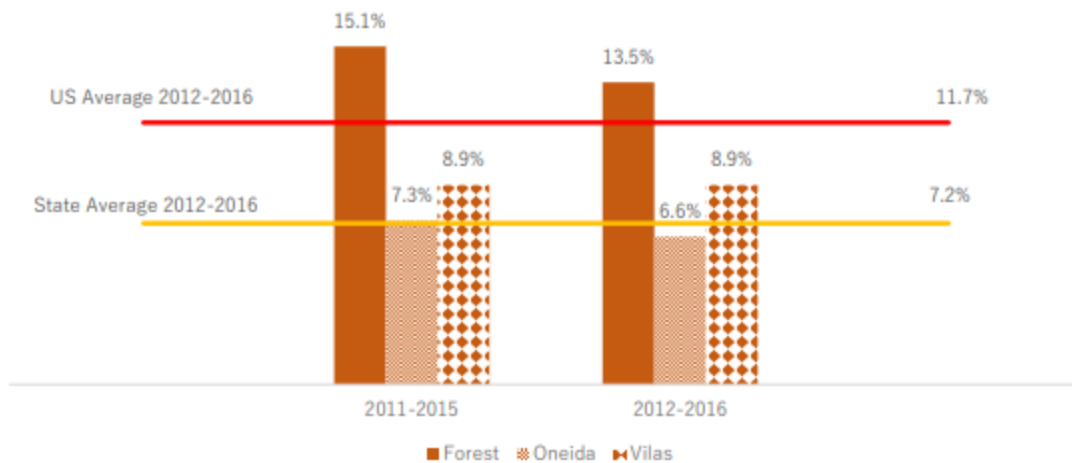
Years of Potential Life Lost Due to Premature Death

*Age-adjusted mortality rate per 100,000 population

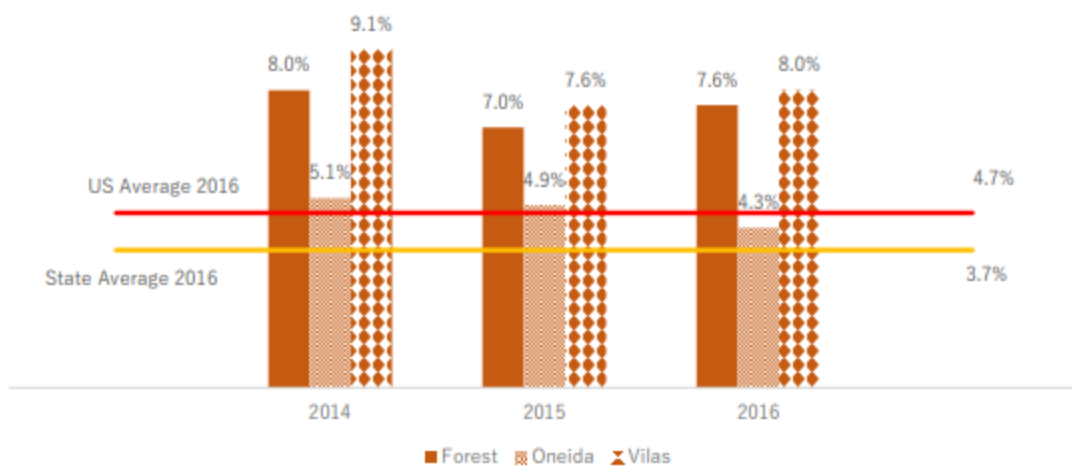
Access to Care

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all. Access to care can include insurance coverage, health services, and timeliness of care within Forest, Oneida, and Vilas Counties.

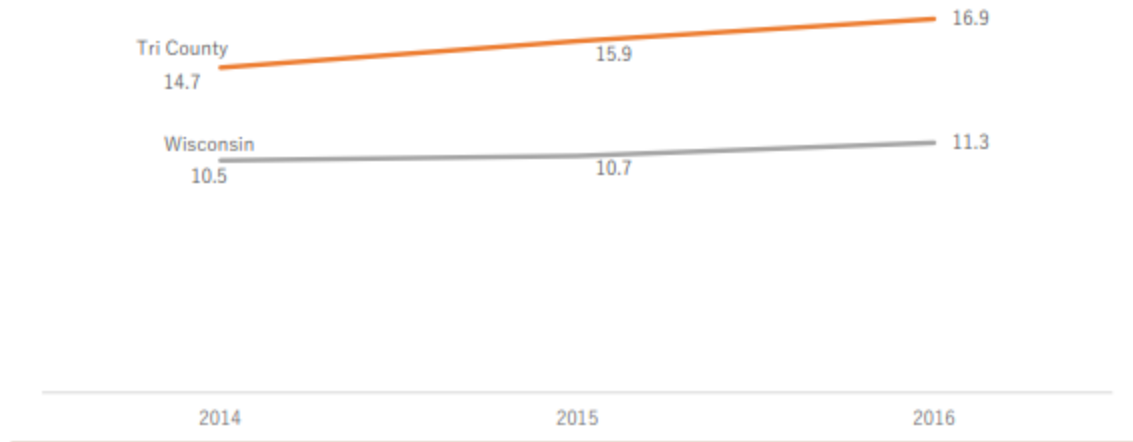
Percent of Total Population **Without Health Insurance Coverage**



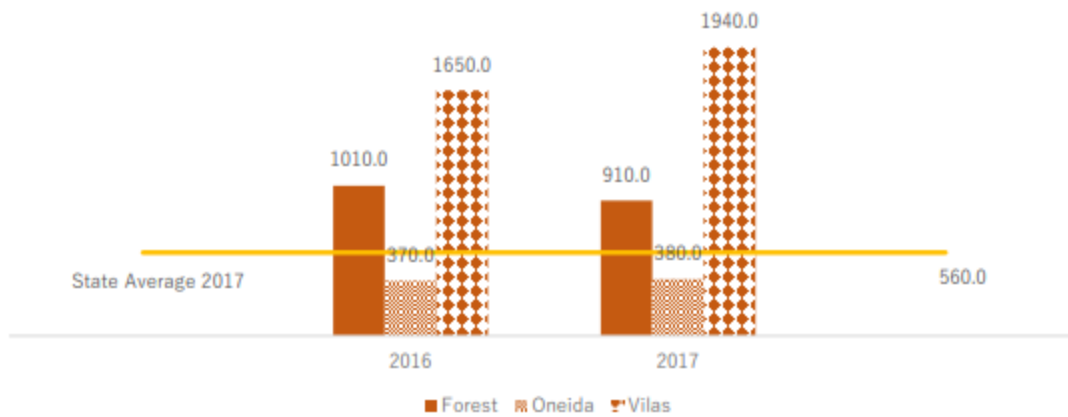
Percent of Children **Under Age 19 Without Health Insurance Coverage**



Number of **Mental Health** Participants Served in Forest, Oneida, and Vilas Counties per 1,000 Population



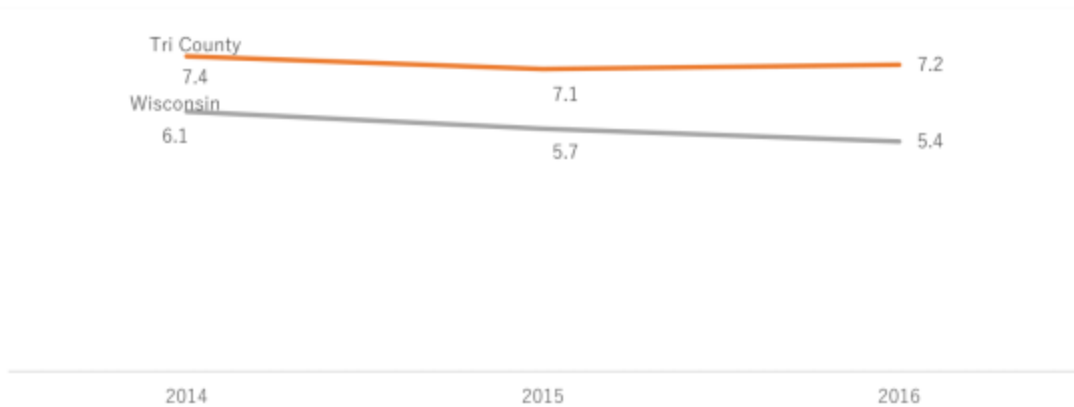
Residents Per **Mental Health** Provider



2014 & 2015 Hospitalizations for Mental Health per 1,000 Population



Number of **Substance Use** Participants Served in Forest, Oneida, and Vilas Counties per 1,000 Population



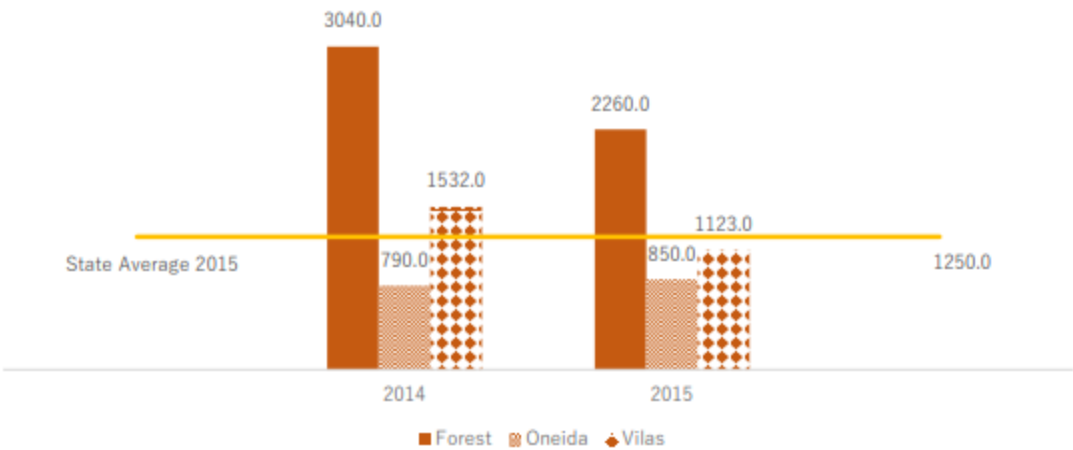
2014 & 2015 **Hospitalizations for Drug Use** per 1,000 Population

Forest	Oneida	Vilas
0.0 → 0.0	0.6 ↑ 0.9	0.0 ↑ 1.3

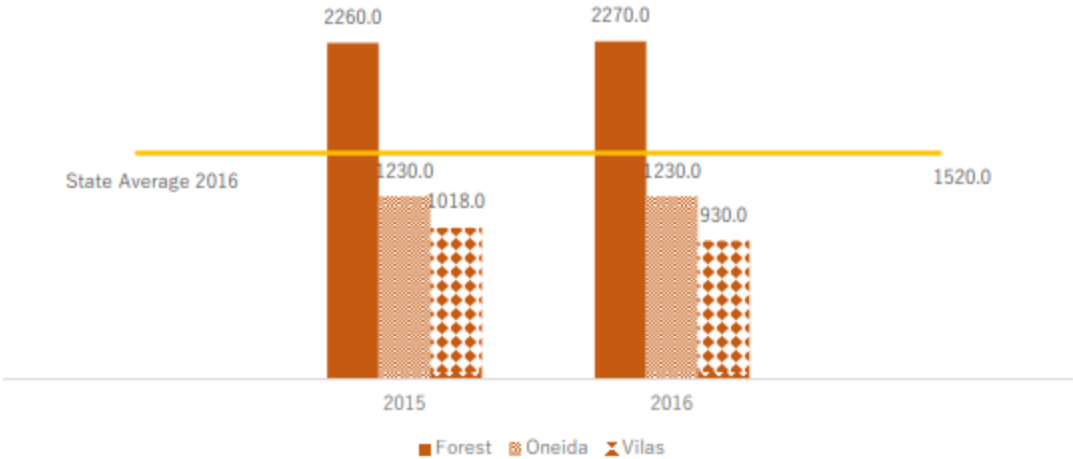
2014 & 2015 **Hospitalizations for Alcohol** per 1,000 Population

Forest	Oneida	Vilas
2.9 ↓ 2.7	3.0 ↓ 2.9	4.9 ↑ 5.2

Residents Per **Primary Care Physician**



Residents Per **Dentist**





Creating a Path to Better Health

2017 COMMUNITY HEALTH IMPROVEMENT PLAN

Forest County

Oneida County

Vilas County

Forest, Oneida and Vilas Counties' Community Health Improvement Plan

Table of Contents

Table of Contents ----- 1

Introduction ----- 2

Community Health Improvement Planning Process ----- 2

Community Health Assessment Review ----- 5

2017-2020 Community Health Improvement Priorities ----- 7

Overarching Priority Areas ----- 9

Priority Area 1 - Alcohol and Other Drug Abuse ----- 12

Priority Area 2 - Mental Health ----- 16

Priority Area 3 - Chronic Disease ----- 20

Other Health Priority Areas ----- 24

Acknowledgements ----- 28

Coalition Resources and Tools ----- 29



Forest, Oneida and Vilas Counties' Community Health Improvement Plan

Introduction

As a core function of public health, local agencies have been participating in an ongoing process to improve the health of the community through a formal process commonly known as a community health assessment. The community health assessment helps to identify and measure health problems in the community through data collection, analysis and input from community stakeholders and members. After the assessment is completed, a community health improvement plan is developed which typically lasts five years. The plan is based from the priority health areas identified during the assessment process.

As a new initiative, the counties of Forest, Oneida and Vilas collaborated with Ministry Health Care, including; Ministry Eagle River Memorial Hospital, Ministry Saint Mary's Hospital and Howard Young Medical Center, to complete this process as an effort to create a larger collective impact since many community agencies and organizations serve populations in each of the three counties.

Community Health Improvement Process

The process used for both the community assessment and improvement planning process was an adaptation from the County Health Rankings and Roadmaps, Wisconsin's Guidebook on Improving the Health of Local Communities. The guidebook is based on a continual improvement process with the following core steps: (1) Work together and communicate, (2) Assess needs and resources, (3) Focus on what's important, (4) Choose effective policies and programs, (5) Act on what's important and (6) Evaluate actions. This process has been conducted over the course of the last year in combination with state and local partners. The following information outlines each step taken including the inputs, outputs, successes and challenges experienced, if available.



Step 1: Formation of the Steering Committee

The steering committee was formed through representation from all three counties, the UW-Extension office and Ministry Health Care. During certain stages of the community health assessment and improvement planning process, specialists from certain sectors were asked to join and contribute their skills and expertise. The committee met bi-monthly throughout the entire process and will continue to meet to oversee implementation, monitor progress and address challenges as they arise.



Step 2: Assessing the Health of the Community

The community health assessment (CHA) process allows community stakeholders and members to gain a better understanding of the health concerns and needs of the area. The method in which the data was collected and analyzed matched the state plan, Healthiest Wisconsin 2020. The twelve health focus areas and nine infrastructure areas guided the development of the CHA. Both primary and secondary data sources were used along with input from a community survey. Once this information was compiled, it was formally presented to the community during a Data-in-a-Day event and through multiple media outlets. The data was also presented during community forums, focus groups and interviews.

Step 3: Selecting Priorities

Selecting priority areas occurred during the Data-in-a-Day event, which all three counties' community partners and local agencies were invited to attend. After reviewing the data, attendees were given the opportunity to share their thoughts on the information presented, along with identifying assets and resources in the community. This occurred during three facilitated break-out sessions using brainstorming and nominal group technique. At the end of the day, each participant was given the opportunity to select the health priorities of greatest concern to focus on for the next three to five years. If community stakeholders were not prepared to make a decision at the end of the day, a brief survey was distributed to all participants at a later date to identify the health priority areas.

To assure that multiple demographic groups were given the opportunity to provide feedback, small focus groups and interviews with pre-identified community members were conducted. At these meetings, key data points were reviewed and then followed-up with an opportunity to provide input on the strengths and weaknesses of the community along with selecting priority health areas. For a copy of the full report, which includes data for all health areas, identified assets and weakness, and other findings, please visit any of the three participating counties' health department websites. The final results, after all selection activities were complete are:

1. Alcohol and Other Drug Abuse
2. Mental Health
3. Chronic Disease

Timeline



Step 4: Develop Goals and Objectives

Once the health priorities were selected, the planning committee held community forums for each priority area with stakeholders and experts in each related field. During each priority health area session specific to one of the three priority health areas, the participants were given a summary of the health assessment findings, brief education on goal development and a chance to share ideas. The education focused on the difference between goals, objectives and strategies along with guidance on how to choose effective, evidence-based programming. In an effort to align the improvement plan with Healthiest Wisconsin 2020 and Healthy People 2020, objectives from these plans were discussed as to their relationship to the chosen priority health areas.

To ensure everyone in the room had a voice and all potential ideas were presented, a number of quality improvement tools were utilized. First, a brainstorming session was held where participants were able to verbalize or write down their ideas and thoughts. Once all ideas were collected and presented to the group, multi-voting was used to select the final goals.

After each community forum, the planning committee reviewed the potential goals discussed and drafted objectives related to each of the goals selected. The objectives were selected based on feedback from the community forum and the SWOT (strengths, weaknesses, opportunities and threats) analysis conducted during the health assessment. Each objective was written with the "SMART" model in mind. The rough draft was then presented to the coalitions in the area for final feedback and revisions.

Step 5: Identifying Potential Strategies

After goals and objectives were finalized, the planning committee, along with input from the area coalitions, researched evidence-based strategies that could be implemented or strengthened in the community. In the following sections, each priority area is highlighted with the goals, objectives and potential strategies. A number of strategies were identified to give flexibility to the area coalitions and to take into consideration that each county may be at a different starting point. The list is not inclusive but rather should be used as a starting point; additional strategies could be implemented based on future findings or new research. A resource bank is provided in the Resources and Tools section that provides additional evidence-based programming and strategies if needed. Finally, to increase the collective impact and create sustainable change throughout all three counties, one strategy will be identified that all three counties will work on.

Step 6: Work Plan Development

After the selection of the goals and objectives, annual work plans outlining selected strategies will be developed by area coalitions with guidance from the community health improvement planning committee. A work plan will be created for each of the three health priority areas: chronic disease, AODA and mental health with a focus on the overarching themes of health equity, health across the lifespan and access to care. The work plans for the overarching themes will be created and maintained by the CHIP steering committee.

Due to the complexity of community change and using evidence-based programming, the planning committee will assist the coalitions with resources and training to ensure implementation is successful. An annual training on evidence-based programming will be offered in the area for all coalition members to attend. In addition, templates of work plans and other necessary tools will be provided. A copy of the templates can be found in the Resources and Tools section for coalitions and organizations.

Community Coalition Templates for Successful Implementation of Evidence-Based Strategies



Community Health Assessment Review



The community health assessment was a year-long process that included representation from multiple agencies including the Forest, Oneida and Vilas County Health Departments, Ministry Health Care and the University of Wisconsin-Extension Office. The assessment process used was an adaptation from the County Health Rankings and Roadmaps, Wisconsin's Guidebook on Improving the Health of Local Communities. The data was analyzed focusing on the priority areas of Healthiest Wisconsin 2020 and the underlying themes of health equity, access to care and health across the lifespan. All efforts were made to provide community members an equal opportunity to provide input using multiple approaches that include surveys, focus groups, forums and key-informant interviews. Special efforts were made to reach the under-served population in the area and the community partners and stakeholders who work with this population. The following snapshot highlights key data points about the community's demographics and health. The data presented combines Forest, Oneida and Vilas counties together. For individual county level data or the complete assessment, please see the 2016 Community Health Assessment on either Forest, Oneida or Vilas Counties' Health Department Websites.

Our Community Make-up

Certain populations tend to experience adverse health outcomes or have different health needs based on demographics. Key populations that can be at risk and should be monitored include the following:



Aging Population



1 in 4 are over the age of 65.

Tracking the population of individuals age 65 or older is important because this population has unique health needs which should be considered separately from other age groups.



Higher Education Attainment

28%

Only 28% of the adult population have some form of higher education.

This indicator is important because educational attainment has been linked to positive health outcomes. Also higher levels of education may increase health literacy and the ability for individuals to make informed health decisions.



Poverty Rate



1 in 7 community members live in poverty.

Living in poverty creates barriers for achieving optimal health. Examples include limited access to health services, healthy food, and other necessities that contribute to health status.



Our Health Snapshot



Maternal Smoking

26%

of pregnant women reported smoking at some time during their pregnancy, which is well above the state average of 14.1%.



Suicide

14%

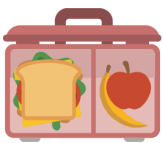
of adolescences reported having seriously considered suicide in the past 12 months. The three counties also have a high mortality rate due to suicide compared to the state average.



Teen Birth Rate

30.5

per 1,000 females between the ages 15-19, an important indicator because teen mothers usually have a unique set of needs both socially and financially.



Free and Reduced Lunch

47%

of children are eligible for free or reduced lunch at school. This indicator helps to measure the vulnerable population footprint in the community.



Prescription Pain Medication

Community members in the area stated that prescription drug abuse is a common problem.

Income and Health

The community survey showed a direct correlation between income and health in the community.

People who reported making under \$20,000 reported the following about their health:

Lack of trust and money were the main reason for not seeing a doctor when sick.

Concern about their own mental health or a friend's mental health increased compared to all other incomes.

Lack of money was the main reason for not seeing a dentist annually.

The availability of transportation was the main concern in overall health improvement.

25% of people making under \$34,999 reported using a community food program.

Strengths of the Community

Collaboration between agencies and organizations within the community.

Established programming and coalitions.

Increased knowledge and educational programs.

Challenges in the Community

Lack of transportation.

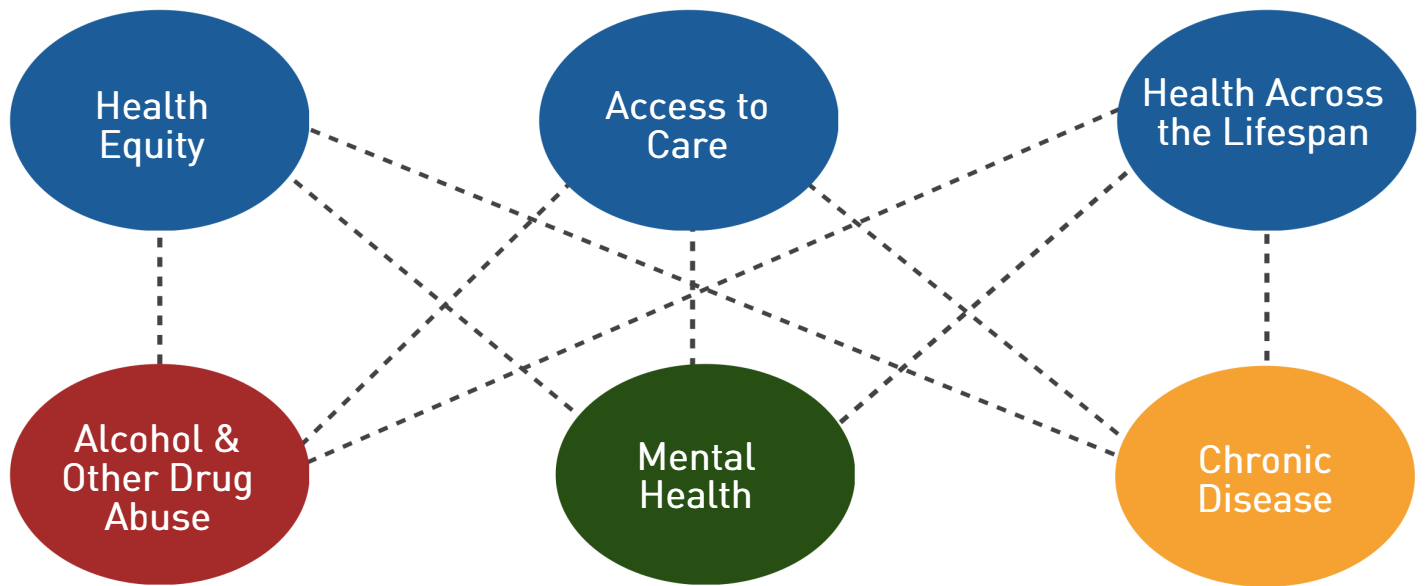
Lack of providers across a number of disciplines.

Lack of resources including funding, services, support groups, and community classes.



2017-2020 CHIP Priority Areas

The next section outlines the vision for the priority areas selected for Forest, Oneida and Vilas Counties. As previously mentioned, the three health priority areas for the 2017-2020 CHIP are: AODA, Mental Health and Chronic Disease. These priority areas were selected through both community input and data analysis. During this process cross-cutting themes were identified that expand beyond just one health priority area, but affect all aspects of health. For this reason, three overarching themes were selected to be priority areas as well. These themes include: Health Across the Lifespan, Health Equity and Access to Care. The following section outlines in detail why each overarching theme and health priority area was selected and a plan for improvement.



Understanding Goals, Objectives, and Strategies

The CHIP is organized to reflect broad goals, measurable objectives and strategies used to address each overarching and health priority area. The goals were developed using best practices and modeled after the community change pyramid. The pyramid involves a goal directed at each level: policy, infrastructure and programmatic change.

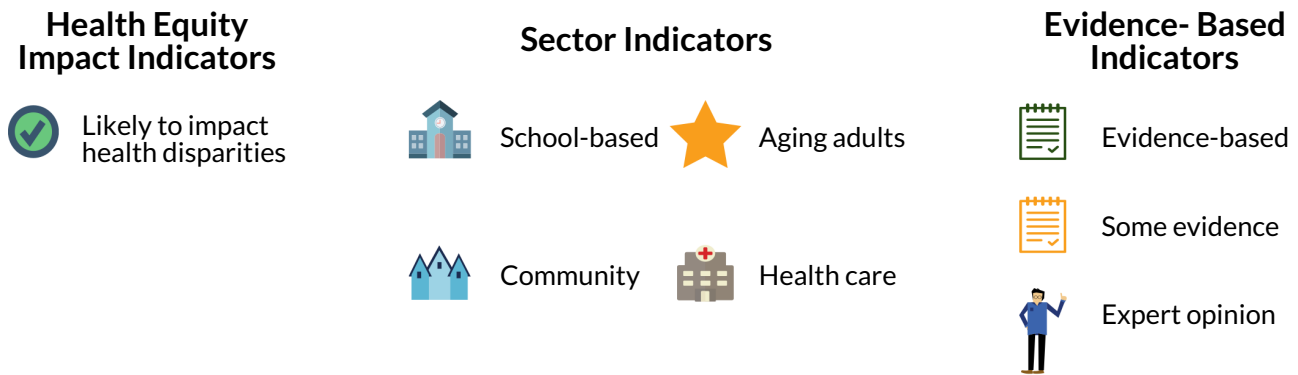
In addition, goals were developed in this fashion to promote sustained action within the community. The goals in the CHIP plan will be shared among all three counties and monitored by the long-term indicators noted on the first page of each section. The same will hold true for the objectives, which were written with the SMART model in mind. The indicator that will be used to monitor each objective is included in each section and selected to represent short or medium-term change. Example strategies are also provided for each objective. More guidance on selecting evidence-based strategies are included on the following page and in the Resources and Tools Section.

Making Meaningful



Guide to Strategy Examples

For each priority area, strategy examples are provided as a potential starting point for coalitions. These lists are not inclusive and more examples and resources can be found in the Resources and Tools Section. Each strategy has been identified by which sector it impacts (community, school, older adults, or health care), the level of evidence behind each strategy, and whether or not it is likely to impact health disparities. The legend below describes what each indicator represents.



Coalitions and Workplan Development - How to use the CHIP

CHIP implementation will largely be charged to coalitions within the three counties that will address each health priority area (AODA, Mental Health, Chronic Disease). The workplans developed annually by these coalitions will contain action steps to address the CHIP goals as well as address the following:

A detailed timeline for implementation of each strategy selected to address goals and objectives

Identify the lead organization for each initiative and individuals or other organizations that will be responsible for implementation

Incorporate strategies used to address the overarching priorities

Follow the CADCA (Community Anti-Drug Coalitions of America) workplan design

Workplans for addressing the overarching priority areas (Health Across the Lifespan, Health Equity, Access to Care) will be developed and implemented by the CHIP steering committee. These work plans will include community-wide initiatives that cross all health priority areas and compliment the initiatives of each coalition.

Monitoring and Sustainability

Monitoring implementation of the CHIP will be kept in a separate document tracking changes at the individual county level. Monitoring of each indicator will be done on an annual basis unless otherwise noted due to data collection limitations. All findings will be shared with the community in a yearly report. With continuous data monitoring and the selection of goals that mirror the standard of community change (policy, infrastructure and programming) will help to increase the sustainability of the 2017 CHIP initiatives.



Overarching Priority Areas

When improving the health of the community, underlying themes emerge that move beyond just the selected health focus areas. Optimal health is also linked to a wide variety of factors, including risky behaviors, where you live, work, learn and play, education attainment, and income. A community should consider the aforementioned factors when encouraging positive changes to achieve a greater impact on each resident and the community's overall health. Coalitions will select strategies that focus on the three top priority areas. The strategies that are chosen by area coalitions in Oneida, Vilas and Forest Counties will have three overarching goals: (1) Health across the Lifespan, (2) Health Equity and Social Determinants of Health, and (3) Access to Care.

Health Across the Lifespan

Healthy Choices at a Young Age

16% of Wisconsin students get the recommended amount of vegetables a day
78% of Wisconsin students reported drinking soda days before this survey
23% of Wisconsin students watch 3+ hours of TV on average
72% of children have received all the recommended immunizations by age 2

Proactive Cancer and Disease Prevention

Only 62% of the community over the age of 50 have had a colon cancer screening
47% of individuals over the age of 65 have had a flu shot in the past year

Managing and Living with Disease

14% of adults report having fair or poor health

Focusing on health across the lifespan means that strategies will touch the lives of community members at every stage of life, infancy through death. The CHIP steering committee, coalitions and workgroups in Oneida, Vilas and Forest Counties will work to improve the quality of life at every stage by implementing policy, systems and environmental changes in their communities.

Goals and Objectives

Goal 1: Implement strategies of the CHIP focusing on community members of all ages

Objective: By December 31, 2020 one new or existing strategy will be implemented, strengthened, or expanded from each health priority area focusing on each group; youth, community, and the aging.

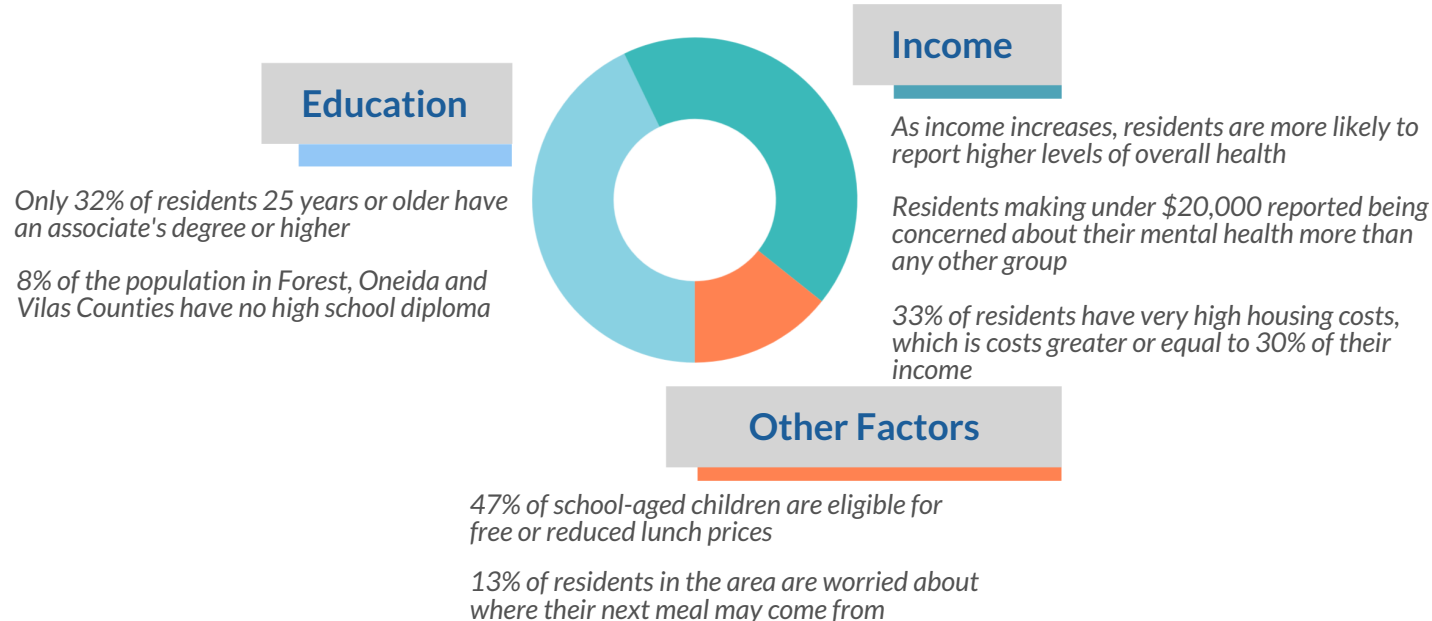
Strategy Examples

Increase communication with local community stakeholders, partners and members within each target age group to assess needs and access points

Monitor CHIP implementation strategies across all community coalitions and encourage communication across all coalitions



Health Equity



Health Equity is providing equal access to opportunities for individuals to achieve optimal health despite race, ethnicity, gender or socioeconomic status. According to the University of Wisconsin Population Health Institute, 40% of factors that influence health are social and economic. Local coalitions working on the priority areas of AODA, Mental Health and Chronic Disease will focus on creating policies, systems and environmental change to close the gaps in access to healthy opportunities. These initiatives will allow all people in Forest, Oneida and Vilas County the opportunity to have a better quality of life regardless of where they live, work, learn and play.

Goals and Objectives

Goal 1: Increase Health Literacy

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened, or expanded to increase the dissemination or use of evidence-based health literacy practices and interventions.

Strategy Examples

Strengthen partnerships with local libraries and other organizations in the community

Increase education of health literacy and warning signs of low health literacy with partners

Goal 2: Improve Health Considerations in Policy Development

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened, or expanded to increase health consideration during policy development to eliminate health disparities.

Strategy Examples

Increase education on the social determinants of health and their effects on health



Access to Care

Providers

Primary Care

1 provider per 1,000 community members

Mental Health

1 provider per 570 community members

Oral Health

1 provider per 1,350 community members

Services

Only 62% of adults over the age of 50 reported having a colonoscopy

Only 72% of children are up-to-date on their immunizations

22% of community members have not seen a dentist in the past year

Barriers

Uninsured:
Adults: 12%
Children: 7%

18% of community members do not have a primary care provider

The community is considered a health professional shortage area

As evident above, the Northwoods area does have a number of primary care, dental, and mental health providers but also serves as a hub for surrounding communities. However, the inadequacy of care is evident when looking at the number of community members who lack recommended preventive services. This trend is only magnified as individual income and education levels decline. This is due to a number of reasons; one being lack of adequate health insurance. High premium costs and not being offered insurance at work was the number one response to why community members lack health insurance. Other barriers contributing to lack of access include transportation, long wait times, and fear or lack of trust in medical providers.

Goals and Objectives

Goal 1: Strengthen Data Collection

Objective: By December 31, 2020 identify two data collection tools to be utilized annually to assess access to care in Forest, Oneida and Vilas counties.

Strategy Examples

Create a local, primary data source

Work with local providers and health care facilities to establish indicators to assess access to care

Goal 2: Reduce the Barriers to Health Care Services

Objective: By December 31, 2020 one new or existing strategy will be implemented, strengthened, or expanded to increase access to reliable transportation in the counties of Forest, Oneida and Vilas.

Strategy Examples

Encourage healthy community design

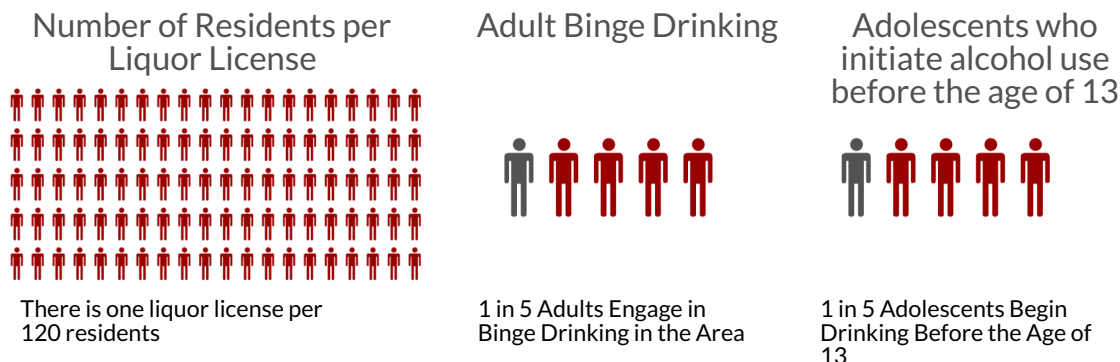
Increase access to affordable, public transportation



Priority Area: Alcohol & Drug Abuse

Substance abuse—involving drugs, alcohol, or both—is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. Moreover, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. The cost of excessive alcohol use in Forest, Vilas and Oneida Counties combined is over \$66 million, an average of \$1027 per resident. Substance abuse contributes to a number of negative health outcomes including the following: cardiovascular conditions, pregnancy complications, sexually transmitted infections, and HIV/AIDS.

AODA Snapshot



What you can do to make a difference.....

Individuals and Communities

- Don't Drink and Drive-appoint a designated driver
- Keep medications in a safe place and dispose of them properly
- Do not provide alcohol to underage adults or children
- Reduce alcohol consumption at public events

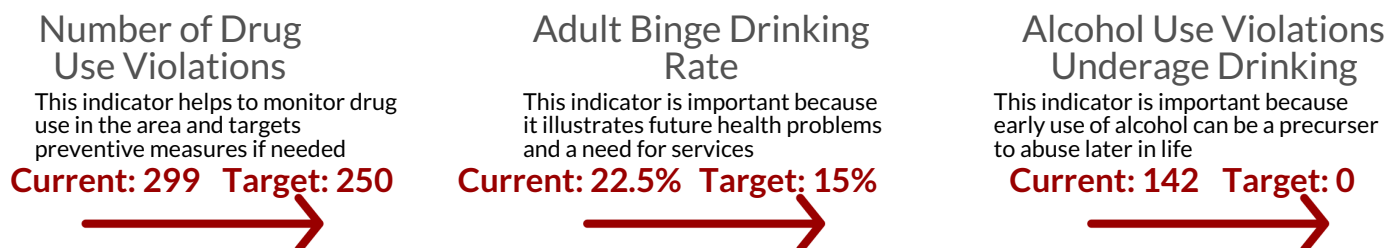
Stakeholders and Organizations

- Participate in media campaigns
- Enforce current laws
- Advocate for safe ride home programs
- Support policy change
- Implement screening programs
- Participate in local coalitions
- Train bartenders about responsible serving
- Offer employee assistance programs

Long-term Outcome Indicators

Create a community free of AODA burdens through the reduction of use

The data below combines averages for Forest, Oneida and Vilas Counties. For county-specific data, please visit any of the above counties' health department websites to view the Community Health Assessment.



Wisconsin Department of Justice, 2015
County Health Rankings, 2015
Age adjusted heart disease mortality rate per 100,000 persons(DHS WISH, 2009-2013)



GOAL 1

Strengthen data on AODA in Forest, Oneida, and Vilas Counties.

Obtaining reliable and accurate data on alcohol and other drug use is challenging for local communities. Issues with community members reporting accurately because of stigma or judgment and fear of repercussions with law enforcement are all contributing factors. When organizations in the communities collaborate, better data can be obtained.



Short-term Indicator

Number of tools used to track and monitor data

Objectives

1. By December 31, 2020, two data collection tools will be identified and utilized biennially (every two years) on alcohol and other drug use throughout Forest, Oneida, and Vilas counties.

Strategy Examples

Youth Risk Behavior Survey (YRBS)



Tri-Ethnic Youth Survey



Community Surveys



Department on Aging data systems



Additional examples are found in the Resources & Tools Section

Impacting Health Equity

Various subpopulations face elevated levels of mental and substance use disorders and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs. (SAMHSA)

Several biological, social, environmental, psychological, and genetic factors are associated with substance abuse. These factors can include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. (HP2020)



GOAL 2

Increase access to AODA services and programs in Forest, Oneida and Vilas Counties.

Access to AODA treatment remains a growing issue for the area. The community survey showed this is specially true for low-income residents. Some identified reasons for the lack of access include an inability to locate providers, insurance coverage and transportation to appointments.

Objectives

1. Identify and share current AODA services and programs in each county and develop a plan to update at least annually by December 31, 2020.

Strategy Examples

Utilize 211

Explore apps

Create and maintain electronic database

Brochures, website, social media

Short-term Indicator

An updated community AODA resource guide

2. By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded upon to address gaps in AODA services.

Short-term Indicator

Increase in evidence-based programming in the community that supports access to mental health services



Strategy Examples

Standardized referral systems



Wellness courts



Prevention and management of alcohol problems in older adults



Wrap around services- drug endangered children, Coordinated Service Teams



Additional examples are found in the Resources & Tools Section

Using Policies to Reduce the Burden of AODA Issues

Policies at the local, state and federal level affect individual and population health. For example, increasing taxes on tobacco sales can improve population health by reducing the number of people using tobacco products.



GOAL 3

Decrease alcohol and drug abuse in Forest, Oneida and Vilas Counties.

The hope of this community health improvement plan is to allow the residents of the community to live happy and prosperous lives free of alcohol and drug abuse. To achieve this vision, services need to be expanded, awareness increased and communities working together towards one collective vision.

Objectives

1. By August 30, 2020, implement one policy to impact alcohol and drug use in Forest, Oneida and Vilas Counties.

Strategy Examples

Social host ordinances



Public alcohol availability restrictions



Enforcement of underage drinking laws- alcohol compliance checks



School review of Human Growth and Development Curriculum per state statute.



2. By August 30, 2020, one new or existing strategy will be implemented, strengthened or expanded upon to decrease alcohol and drug abuse in each sector.

Strategy Examples

Multi-component community interventions against alcohol impaired driving



Group-based parenting programs- building resiliency



Universal school-based programs: alcohol misuse and impaired driving



Additional examples are found in the Resources & Tools Section

Short-term Indicator

Increase in the number of policies impacting alcohol and drug use

Short-term Indicator

Increase in evidence-based programming in the community that decrease alcohol and drug abuse

Impacting Health Across the Lifespan

Substance abuse remains a serious concern for Americans of all ages. 15% of Wisconsin high school students reported using alcohol before the age of 13. Research has shown that early initiation is an important precursor to abuse later in life. Adult use of alcohol can be an issue too. Wisconsin is the second leading state in binge drinking with a rate of 23%. (WI DHS, 2013). Furthermore, adults dependent on alcohol report higher rates of illicit drug use and non-medical use of prescription drugs compared with the general population. (HP 2020) Substance abuse in the elderly populations can also become a problem due to many factors such as living in isolation, depression or dementia. As people age the effects of alcohol on the body can change, putting that person at greater risk.



Priority Area: Mental Health

Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities (National Prevention Council, 2010). Developing emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being.

Mental Health Snapshot

Mental Health Services



1 in 5 received some type of mental health service in 2013.

Source: Mental Health and Substance Abuse Services and Programs Provided by WI Counties and Regions, 2015

What you can do to make a difference.....

Individuals and Communities

Encourage children and youth to participate in extracurricular and out-of-school activities

Build strong, positive relationships with family and friends

Become more involved in their community (e.g., mentor or tutor youth, join a faith or spiritual community)

Work to make sure children feel comfortable talking about problems such as bullying and get help if needed

Stakeholders and Organizations

Support child and youth development programs, especially those that include youth with mental, emotional, and behavioral problems

Provide space and organized activities that encourage social connectedness for all people

Train key community members to identify the signs of depression and suicide and refer people to resources

Expand access to mental health services and improve linkages between mental health, substance abuse, disability, and other social services

Long-term Outcome Indicators

Reduce the burden of mental health by strengthening community systems

The data below combines averages for Forest, Oneida and Vilas Counties. For county-specific data, please visit any of the above counties' health department websites to view the Community Health Assessment.

Strengthen Data

Identify data sources that provide information on what is happening locally in all ages

Access to Consistent Data Annually to Review and Assess

Suicide

Suicide can act as an indicator to track the mental health status of the population. The burden of suicide in the area is much greater than that of the rest of the state.

16.0

TARGET: 10.2

The current age-adjusted suicide rate is 16 per 100,000, the goal is to decrease this rate to 10.2 per 100,000 residents

Access to Care

Access to care encompasses a number of things, such as the number of providers and community programs. Increasing access to care can help to decrease the mental health burden in the area.

12

TARGET: 15

Currently, there are 12 community programs to address mental health, the goal is to increase community programs to 15



Community Commons, 2015
WI DHS Community Mental Health Program Certification Directory

GOAL 1

Strengthen data on mental health in Forest, Oneida, and Vilas counties.

Access to mental health data is not only a challenge for local communities but also nationwide. Many barriers to collecting reliable mental health data exist. Some issues include increased stigma and lack of participation in surveys addressing mental health issues and the complexity surrounding mental health, which makes it hard to measure and transfer into statistics. These barriers are magnified at the local level.

Objective

1. By December 31, 2020, one data collection tool related to mental health will be identified and utilized throughout Forest, Oneida and Vilas Counties.

Strategy Examples

Youth Risk Behavior Survey



Department of Aging data systems



Community survey



Additional examples are found in the Resources & Tools Section

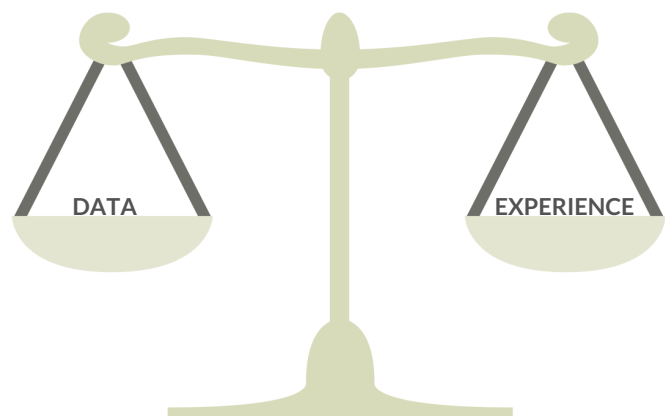
Impacting Health Across the Lifespan

Mental health disorders are a concern for people of all ages, from early childhood through old age. Positive mental health at all ages, allows a person to reach his or her full potential, cope with stresses of life, work productively and have meaningful relationships with others.

Short-term Indicator

Number of tools used to track and monitor data

Balancing making data-informed decisions with community experience and known assets within political and social contexts



GOAL 2

Increase the number of mental health access points to expand the availability of mental health services to Forest, Oneida, and Vilas Counties.

Access to mental health services remains a growing issue for this area. For a large portion of the population living in the northwoods, access to any type of mental health services is inadequate or completely nonexistent. Some identified reasons for the lack of access include the inability to locate providers, stigma, lack of insurance, and denial of a problem that prevents people from seeking treatment.

Objective

1. By December 31, 2020, one new or existing strategy will be implemented, strengthened, or expanded upon to expand the availability of mental health services throughout Forest, Oneida and Vilas Counties.

Strategy Examples

Families and Schools Together-FAST



Mental health benefits legislation



Facilitate social connectedness and community engagement across the lifespan.



Telemedicine



Behavioral health primary care integration



Additional examples are found in the Resources & Tools Section

Increasing Access to Care to Decrease Disparities

Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively. (Healthy People 2020).

Short-term Indicator

Increase in evidence-based programming in the community that supports access to mental health services.



GOAL 3

Decrease Suicide and Depression in Forest, Oneida, and Vilas Counties.

In alignment with the state of Wisconsin's vision of preventing suicide, the area hopes to make a strong commitment to increase the effectiveness of systems and programming that prevent suicide. Currently, suicide is a huge burden and is the 11th leading cause of death and the 2nd leading cause of death when stratified by deaths due to injury. (WI Suicide Prevention Strategy, 2015).

Objective

1. By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded upon to increase the availability of mental health services throughout Forest, Oneida and Vilas Counties.

Short-term Indicator

Rates of Suicide

Policies to End Health Inequity

Since the range of risks to mental health is wide, responses to them need to be multi-layered and multi-sectoral. Addressing gaps in the community through policies, such as changing regulations for mental health insurance coverage or to increase access to mental health services, is a key to improving and maintaining the mental health of all.

Strategy Examples

Youth peer mentoring (Sources of Strength)



Trauma-informed approaches to community building



Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)



Zero Suicide



Additional examples are found in the Resources & Tools Section



Priority Area: Chronic Disease Prevention and Management

Chronic Disease Snapshot

Adult Tobacco Use

1 in 5 adults use tobacco products



Overweight or Obese

4 in 10 adults are either overweight or obese



Premature Deaths

6 in 100 die prematurely due to chronic diseases



Chronic diseases are defined as illnesses that last a long time, often cannot be cured and most likely result in disabilities later in life (Healthiest Wisconsin, 2020). Prevention starts at a young age through the promotion of a healthy diet and physical activity. Chronic diseases are among the most preventable diseases when risk factors such as tobacco smoking, excessive alcohol use, physical inactivity and an unhealthy diet are minimized.

During the last three years, great strides to improve the overall health and well-being of the community through chronic disease prevention efforts have been made. However, still only 23% of adults reported consuming at least 5 servings of fruits and vegetables daily, and 1 in 5 are not participating in regular physical activity.

What you can do to make a difference.....

Individuals and Communities

Reduce risk factors and aim for a healthy weight through diet and exercise

Speak to your doctor about preventive services or management of an existing chronic disease

Know your numbers (blood pressure, cholesterol, blood sugar)

Stakeholders and Organizations

Become an active member of the chronic disease coalition in your area

Become a leader and work to advance efforts in the community

Push for health in the workplace

Support healthy school initiatives and other community programs

Long-term Outcome Measures

Reduce the burden of chronic disease in the community by decreasing long term indicators to reflect national averages

The data below combines averages for Forest, Oneida and Vilas Counties. For county-specific data, please visit any of the above counties' health department websites to view the Community Health Assessment.

31%

Obesity Rate

This indicator is important because excess weight may indicate an unhealthy lifestyle and can lead to further health issues

TARGET: 27.5%

191

Cancer Incidence Rate

This indicator is important because cancer is the leading cause of death in Wisconsin and the United States

TARGET: 175

550.4

Heart Disease Mortality Rate

This indicator is important because heart disease is the 2nd leading cause of death only behind cancer in Wisconsin

TARGET: 455

Percentage of adults over the age of 20 with a BMI over 30 (CDC, 2013)
Age-adjusted rate for all invasive cancers per 100,000 persons (DHS WISH, 2009-2013)
Age-adjusted heart disease mortality rate per 100,000 persons (DHS WISH, 2009-2013)



GOAL 1

Evidence-based programming will be selected to promote chronic disease prevention and management.

Chronic disease risk factors are often developed early in life such as: smoking, physical inactivity and an unhealthy diet. Using evidence-based programming can help to reverse these learned behaviors and prevent them from developing in today's youth. By focusing on prevention of chronic disease risk factors, the burden in the community can be reduced.

Impacting Health Across the Lifespan

Promoting chronic disease prevention and management across the lifespan will lead to community members living long healthy lives, which can positively affect our communities and economy.

With improved health:

Children are less likely to miss school, leading to better opportunities for learning

Adults are more likely to be productive and be at work more days

Seniors can keep their independence and remain in their own homes

Objectives

1. By December 31, 2020, decrease tobacco use by 5%.

Strategy Examples

First Breath



Policy development - OTP product placement



Street Smarts



Short-term Indicator

Percent of adults using tobacco products

Additional examples are found in the Resources & Tools Section

2. By December 31, 2020, increase the number of evidence-based programs that support healthy nutrition throughout Forest, Oneida and Vilas Counties.

Strategy Examples

Point of decision prompts



Break time for nursing mothers



Farm to school programs



Short-term Indicator

Increase in evidence-based programming in the community that supports healthy nutrition

3. By December 31, 2020, increase the number of evidence-based programs that support physical activity throughout Forest, Oneida and Vilas Counties.

Strategy Examples

Work-site wellness programs



Programming for older adults



Physical education minutes in schools



Short-term Indicator

Increase in evidence-based programming in the community that supports physical activity

Additional examples are found in the Resources & Tools Section



GOAL 2

Built environments that support chronic disease prevention and management will be established.

Creating communities that support a safe and healthy place for all residents to work, live and play is critical in the prevention of chronic diseases. Building a community that supports and reinforces healthy behaviors will lead to sustainable change.

Objectives

1. By December 31, 2020, one new or existing environmental strategy will be implemented, strengthened, or expanded upon to support physical activity throughout Forest, Oneida and Vilas Counties.
2. By December 31, 2020, one new or existing environmental strategy will be implemented, strengthened, or expanded upon to support nutrition throughout Forest, Oneida and Vilas Counties.

Strategy Examples

Streetscape design



Bike and pedestrian master plans



Walking school bus



Strategy Examples

Community gardens (day-cares, schools, nursing homes and schools)



Farmers markets and stands



Health food initiatives in food banks



Additional examples are found in the Resources & Tools Section

Short-term Indicator

Increases access to exercise opportunities

Short-term Indicator

Decreased rate in reported food insecurity rates

Impacting Health Equity

The environment consists of everything around us that shapes where we live, work and play. These factors play a large role in both individual and community health. By providing a safe, clean and healthy environment for all, people may thrive and live happy, healthy lives. By addressing barriers in the community such as transportation, access to healthy fruits and vegetables and access to physical activity, everyone can be given the equal opportunity to obtain optimal health free of chronic diseases.



GOAL 3

Policies that promote chronic disease prevention and management.

Developing policies that shape the community to promote healthy lifestyle choices can have the biggest impact on chronic disease prevention and management. Policy work includes passing laws or ordinances at the government or organizational level, which includes local businesses and schools. Policies can greatly influence how we live our day to day lives and the choices we make.

Using Policies to End Health Inequity

Health in all policies is a movement to incorporate making health considerations when developing or reviewing policies. Health is affected by a number of factors beyond what you eat and the medical care you receive. Health can also be affected by the world around you, or the determinants of health, which include social factors, physical environment and economic opportunities.

Social Factors:

Violence
Leadership
Political Influence
Social Support

Physical Environment:

Transportation
Safety
Environmental Quality
Access to Recreational Facilities

Economic Opportunities:

Income
Employment
Education
Housing

Objectives

1. By December 31, 2020, increase the number of policies that support improved nutrition.

Strategy Examples

Business for breastfeeding



Junk food tax



School nutrition policies



Short-term Indicator

Increased number of polices supporting healthy nutrition initiatives

2. By December 31, 2020, increase the number of policies that support increased physical activity.

Strategy Examples

Worksite policies



Physical activity school policies



Zoning regulations for land use policies



Short-term Indicator

Increased number of polices supporting physical activity in the community

Additional examples are found in the Resources & Tools Section



Forest

Oneida

Vilas

Other Health Priority Areas



The remaining health focus areas listed below were not selected as the top issues for Forest, Oneida and Vilas Counties' Community Health Improvement Plan but still play a large role in the overall health of the community. Certain focus areas, such as Adequate Appropriate and Safe Food and Nutrition, Physical Activity, and Tobacco Use and Exposure, are naturally intertwined with the chosen focus areas (Alcohol and Other Drug Use, Mental Health, and Chronic Disease) so were not chosen to stand alone. Other focus areas, such as Communicable Disease Prevention and Control, Environmental and Occupational Health, Healthy Human Growth and Development, Injury and Violence Prevention and Oral Health are part of public health and other agencies' framework.

Communicable Disease



Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites. Organisms that are communicable may be transmitted through contact with an infected person, bites from insects or animals, or contact with a contaminated surface or object, such as a doorknob. Communicable disease prevention and control is the cornerstone of public health. Advancements in clean water, refrigeration, and the development of safe, effective vaccines have greatly decreased such threats; however, common diseases still cause outbreaks and new communicable diseases still emerge.

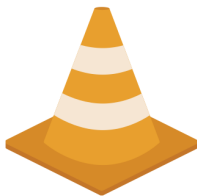
Community Data

- 1. Over 50% of adults over the age of 65 have had at least one pneumococcal shot
- 2. 46% of community members reported having done some type of emergency preparedness planning in the past year

Community Strategies

- 1. Continue emergency preparedness planning
- 2. Continue promoting disease prevention and surveillance to prevent outbreaks
- 3. Continue to promote vaccines including both childhood and adult

Environmental & Occupational Health



Environmental and occupational health includes the broad and diverse group of regulatory and educational programs and services needed in every Wisconsin community to prevent, identify and reduce illnesses and injuries resulting from hazards in the natural, built and work environments. More and more clear associations and linkages are emerging to demonstrate the ways human health is affected by the environments where people live and work.

Community Data

- 1. High rates of ER visits for asthma compared to the state average
- 2. Giairda is the most common food-borne or water-borne disease in the area.

Community Strategies

- 1. Continue to provide food and safety licensing and inspection program
- 2. Increase community knowledge about safe living environments



Healthy Growth & Development

Healthy growth and development requires family-centered, community-based, culturally-competent coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence and adulthood. Healthy growth and development in early life have a profound effect on health across the lifespan. Research studies over the past decade demonstrated the link between early life events and adult chronic diseases and found that babies born at lower birth weights have an increased risk of developing heart disease, diabetes and high blood pressure in later life. Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health.



Community Data

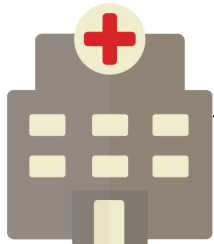
1. Only 72% of children under two have received all their required immunizations
2. Decreasing rates in the number of females receiving prenatal care in the first trimester

Community Strategies

1. Continue to provide programs to strengthen families
2. Promote the importance of receiving early prenatal care

Injury and Violence Prevention

Injury and violence encompasses a broad array of topics. Unintentional injuries are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Intentional injuries include those that were purposely inflicted with the intent to injure or kill someone (including self). Intentional injuries often involve a violent act. Examples include homicide, child maltreatment, sexual assault, bullying and suicide. Injuries and violence are not discriminatory; they occur in all ages, races and socioeconomic classes. However, we do know that some groups are affected more severely.



Community Data

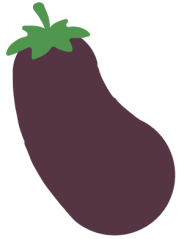
1. Falls are the number one reason community members visit the ER
2. High rates of motor vehicle fatalities in the area compared to the state of Wisconsin rates

Community Strategies

1. Strengthen partnerships and support efforts of other agencies
2. Continue Child Death Review Teams in the area



Nutrition and Healthy Foods



As established in the U.S. Dietary Guidelines, good nutrition includes meeting nutrient recommendations yet keeping calories under control. It includes safe handling, preparation, serving and storage of foods and beverages. It also includes ready and appropriate access to nutritious foods throughout the year for all individuals and families in Wisconsin communities. Any nutrition policy is good health policy. Healthy eating is a staple for a good life. Adequate and appropriate nutrition is a cornerstone to prevent chronic disease and promote vibrant health.

Community Data

1. High food insecurity rates in children
2. Community members rarely eat enough fruits and vegetables because of cost and availability

Community Strategies

1. Increase and support breastfeeding-friendly practices
2. Continue garden-based nutrition activities through LEAN

Oral Health



Oral health is integral to general health, and people cannot be healthy without good oral health. Good oral health means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease and other diseases that affect the mouth and surrounding structures. Many systemic diseases may initially start with and be identified through oral symptoms.

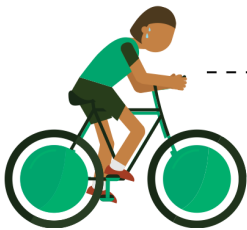
Community Data

1. Many community members lack dental insurance or the cost of care is too expensive
2. The area is considered a federally-designated health professional storage area, however safety net clinics are located in Forest, Oneida and Vilas County

Community Strategies

1. Continue to support the Northwoods Dental Project
2. Increase access to dental care for all across the lifespan

Physical Activity



Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population. The health benefits of physical activity have been studied extensively. Physical activity is a preventive factor for premature death and a number of chronic diseases.

Community Data

1. 1 in 3 adults are considered obese in the area
2. 50% of community members reported using area walking trails regularly

Community Strategies

1. Increase access to affordable, low cost physical activity
2. Promote biking and walking-friendly communities



Reproductive & Sexual Health

Reproductive and sexual health includes the factors that affect the physical, emotional, mental and social well-being related to reproduction and sexuality across the lifespan and is a core component of individual and community public health. Supportive community attitudes toward healthy sexuality, positive social and economic environments, and constructive public policies are as important as access to education and services in fostering reproductive and sexual health. Supportive community attitudes recognize that sexuality is normal. Unintended pregnancies and sexually transmitted diseases, including HIV infections, result in tremendous health and economic consequences for individuals and society.



Community Data

1. High teen birth rates compared to the state average of Wisconsin
2. High rates of chlamydia in the area

Community Strategies

1. Promote the importance of reproductive health throughout the entire lifespan
2. Promote preventable health screenings

Tobacco Use & Exposure

Eliminating tobacco use and exposure means improving health by preventing tobacco abuse, promoting tobacco dependence treatment, protecting all people from exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities. This is accomplished by partnering with state and local leaders to implement a research-based comprehensive tobacco prevention and control plan. Tobacco continues to be a devastating health and economic burden on Wisconsin. Each year, 8,000 people in Wisconsin die from tobacco-related illnesses. Tobacco use is the single most preventable cause of death and disease in the United States.



Community Data

1. High rate of retailers selling tobacco to minors
2. About 21% of the community members in the area use tobacco products.

Community Strategies

1. Work to develop policies that limit tobacco exposure and expand to include OTP
2. Continue to strengthen the tobacco-free coalition and the work being done in the community



Forest, Oneida and Vilas Counties' Community Health Improvement Plan

CHIP Committee and Collaborating Partners

A thank you is extended to all who worked tirelessly on improving health within the community. Completing an assessment and improvement plan of this scope could not occur without the assistance of many individuals. Forest, Oneida and Vilas County Health Departments along with Ministry Health Care acknowledge the assistance of the Division of Public Health Northern Region, UW-Extension office and individuals who took time from their busy schedules to participate in the community needs assessment and in the development of the Community Health Improvement Plan.

Community Health Improvement Planning Committee

Jill Krueger	<i>Forest County Health Department</i>
Linda Conlon	<i>Oneida County Health Department</i>
Gina Egan	<i>Vilas County Health Department</i>
Julie Hladky	<i>Ministry Health Care</i>
Sara Richie	<i>UW - Extension - Oneida County</i>
Laurel Dreger	<i>Vilas County Health Department</i>
Tammi Boers	<i>Vilas County Health Department</i>
Marta Koelling	<i>Oneida County Health Department</i>

Collaborating Partners

Kyla Waksmonski
Deb Durchslag
Delaney Boelter
Tammy Queen
Anne Chrisman
Steve Nelson
Jenette Gunville
Nancy Sattler
Lorrie Shepard
Bob Kovar
Josh Tilley
Anne Cirilli
Sue Wolfe
Mary Rideout
Jane Banning
Dawn Gapko
Sue Kirby
Andrea Stefonek
Michelle Gobert
Kadie
Montgomery
Jason Pertile
Cory Dart
Jenny Felty

Other Participating Organizations

LEAN Coalition
AODA Coalition
CAN Coalition
Mental Health Inter-agency Coalition
Nicolet College
ADRC of Forest, Oneida and Vilas Counties
UW- Extension
YMCA of the Northwoods
Northland Pines School District
Office on Aging; Forest, Oneida and Vilas Counties
Community Coalition of Forest County
Northwoods United Way
Positive Alternatives Coalition
Northwoods Coalition North Region
Marshfield Clinic



Forest, Oneida and Vilas Counties' Community Health Improvement Plan

For the Coalition Resources and Tools section, please visit any one of the three counties' websites:

<http://forestcountypublichealth.org/>

<http://oneidacountypublichealth.org/>

<http://www.vilaspublichealth.com/>



Coalition Resources & Tools

Overarching Goals

Health across the Lifespan

Goal 1: Implement strategies of the CHIP focusing on residents of all ages

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded on from each health priority area focusing on each priority group- youth, middle age or community and the aging.

Health Equity and Socioeconomic and Educational Determinants

Goal 1: Increase Health Literacy

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded on that will increase the dissemination or use of evidence-based health literacy practices and interventions.

Goal 2: Improve Health Considerations in Policy Development

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded on to increase health consideration during policy development to eliminate health disparities.

Access to Care

Goal 1: Strengthen Data Collection

Objective: By December 31, 2020, identify two data collection tools to be utilized annually to assess access to care in Forest, Oneida and Vilas counties.

Goal 2: Reduce the Barriers to Health Care Services

Objective: By December 30, 2020, one new or existing strategy will be implemented, strengthened or expanded on to increase access to reliable transportation in the counties of Forest, Oneida and Vilas.

Alcohol and Other Drug Abuse

Goal 1: Strengthen data on AODA in Forest, Oneida, and Vilas counties.

Objective: By December 31, 2020, two data collection tools will be identified and utilized biennially (every two years) on alcohol, and other drug use throughout Forest, Oneida, and Vilas counties.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Youth Risk Behavior Survey	School-based		Likely
Community Survey	Community		Likely
Tri-Ethnic Youth Survey	Community		Likely
Department of Aging Data Systems	Older adults		Likely

Goal 2: Increase access to AODA services and programs in Forest, Oneida and Vilas Counties.

Objective: Identify and share current AODA services and programs in each county and develop a plan to update at least annually by December 31, 2020.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Utilize 211	Community		
Create and maintain electronic database	Community		
Brochures, Website, social media	Community		
Explore Apps	Community		

Resources and Tools - Priority Area Strategies

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded upon to address gaps in AODA services.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Alcohol screening and brief intervention	School-based & Health care	Scientifically supported	No impact likely
Standardized referral systems	Health care		
Strengthen Teen Courts/Restorative Justice programs	School-based & Community		
Families and Schools Together – FAST	School-based	Scientifically supported	Likely
Early childhood home visitation programs	Community	Scientifically supported	Likely
Functional Family Therapy – FFT	Community	Scientifically supported	No impact likely
Wellness Courts (Drug Courts)	School-based	Scientifically supported	No impact likely
Wrap around services: drug endangered children, Coordinated Service Teams	Community	Some evidence	Likely
Brief Intervention and Treatment for Elders	Older adults	Scientifically supported	
Prevention and Management of Alcohol Problems in Older Adults	Older adults	Scientifically supported	

Goal 3: Decrease alcohol and drug abuse in Forest, Oneida and Vilas counties.

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded upon to decrease alcohol and drug abuse in each sector.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Mass media campaigns against underage drinking and binge drinking	School-based	Expert opinion	Likely to increase disparities
Mentoring programs: delinquency	School-based	Scientifically supported	Likely
Universal school-based programs: alcohol misuse and impaired driving	School-based	Some evidence	No impact likely
Prescription drug monitoring programs	Health care	Some evidence	Likely to increase disparities
Proper drug disposal programs	Community	Expert opinion	No impact likely
Multi-component community interventions against alcohol-impaired driving	Community	Scientifically supported	No impact likely
Early childhood home visitation programs	Community	Scientifically supported	Likely
Group-based parenting programs to build resiliency	Community	Scientifically supported	Likely
Naloxone access	Health care	Some evidence	Likely

Resources and Tools - Priority Area Strategies

Objective: By December 31, 2020, implement one policy to impact alcohol and drug use in Forest, Oneida and Vilas Counties.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Social Host ordinances	Community	Expert opinion	No impact likely
Public alcohol availability restrictions	Community	Expert opinion	
Alcohol outlet density	Community	Scientifically supported	No impact likely
Alcohol excise tax	Community	Scientifically supported	No impact likely
Enforcement of underage drinking laws- Alcohol Compliance Checks	Community	Scientifically supported	
Tobacco and other products- ordinances or laws	Community	Scientifically supported	Likely
School review of Human Growth and Development Curriculum per state statute	School-based		

Mental Health

Goal 1: Strengthen data on mental health in Forest, Oneida and Vilas counties

Objective: By December 31, 2020, one data collection tool related to mental health will be identified throughout Forest, Oneida and Vilas counties.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Youth Risk Behavior Survey	School-based		
Community Survey	Community		
Behavioral Risk Factor Surveillance System	Community		
Department of Aging Data Systems	Older adults		

Goal 2: Increase the number of mental health access points to expand the availability of mental health services.

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened, or expanded upon to expand the availability of mental health services throughout Forest, Oneida and Vilas counties.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Families and Schools Together-FAST	School-based	Scientifically supported	Likely
Early childhood home visiting programs	Community	Scientifically supported	Likely
Text-message based health interventions	Health care	Some evidence	
Mental health benefits legislation	Community	Scientifically supported	Likely
Healthy Families America-HFA	Community	Some evidence	Likely
Strengthening Families	Community		

Resources and Tools - Priority Area Strategies

Facilitate social connectedness and community engagement across the lifespan	Community		
Telemedicine	Health care	Scientifically supported	Likely
Telemental health	Health care	Some evidence	Likely
Behavioral health primary care integration	Health care	Scientifically supported	Likely
Cell-phone based support programs	Health care	Some evidence	No impact likely
Functional Family Therapy-FFT	Community	Scientifically supported	No Impact likely

Goal 3: Decrease suicide and depression in Forest, Oneida and Vilas Counties.

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded upon to expand the availability of mental health services throughout Forest, Oneida and Vilas counties.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Trauma-informed approaches to community building	Community	Scientifically supported	Likely
Activity programs for older adults	Older adults	Scientifically supported	Likely
Screening tools	Health care	Some evidence	
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	Older adults	Scientifically supported	Likely
Zero Suicide	Health care	Scientifically supported	Likely
Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)	Older adults	Scientifically supported	No Impact likely

Resources and Tools - Priority Area Strategies

Community arts program	Community	Some evidence	Likely
Community centers	Community	Expert opinion	
Intergenerational programs/communities	Community	Expert opinion	
Intergenerational communities	Community	Scientifically supported	No impact likely
Promote positive early childhood development, including positive parenting and violence-free homes	Community	Some evidence	Likely
Youth peer mentoring	School-based	Scientifically supported	Likely
Outdoor experiential education & wilderness therapy	Community	Some evidence	No impact likely

Chronic Disease

Goal 1: Evidence-based programming will be selected to promote chronic disease prevention and management.

Objective: By December 31, 2020, decrease tobacco use by 3%.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
WI Wins	Community		
First Breath	Community	Scientifically supported	
Policy development (product placement and OTP)	Community	Some evidence	No impact likely
CEASE program	Community		
Strengthening Families	Community		
Enforce preexisting laws	Community		
Street Smarts	School-based		

Objective: By December 31, 2020, one new or existing strategy will be implemented, strengthened or expanded programs that support physical activity.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Worksite wellness programs	Community		
Programming for older adults	Older adults	Scientifically supported	No impact likely
Community fitness programs	Community	Scientifically supported	
Prescriptions for physical activity	Health care	Scientifically supported	No impact likely
Physical education minutes in schools	School-based	Scientifically supported	No impact likely

Objective: By December 31, 2020 , one new or existing strategy will be implemented, strengthened or expanded programs that support healthy nutrition.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Point of decision prompts or other grocery store programs	Community	Some evidence	No impact likely
Farm to School programs	School-based	Some evidence	No impact likely
Breastfeeding Childcare Centers and other initiatives	Community	Scientifically supported	Likely
Nutrition prescriptions	Health care	Expert opinion	No impact likely

Goal 2: Built environments that support chronic disease prevention and management will be established.

Objective: By December 31, 2020, one new or existing environmental strategy will be implemented, strengthened or expanded programs that support physical activity.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Walking school bus	School-based	Scientifically supported	No impact likely
Safe routes to school	School-based	Scientifically supported	No impact likely
Bike and pedestrian master plans	Community	Some evidence	No impact likely
Streetscape design	Community	Scientifically supported	No impact likely
Green space and parks	Community	Some evidence	Likely

Objective: By December 31, 2020, one new or existing environmental strategy will be implemented, strengthened or expanded programs that support improved nutrition.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
Community gardens (daycares, schools, and nursing homes)	Community/ School-based	Some evidence	No impact likely
Access to farmers markets and stands access	Community	Some evidence	No impact likely
Healthy food initiatives in food banks	Community	Some evidence	Likely
Community Kitchens	Community	Expert opinion	No impact likely

Goal 3: Policies that promote chronic disease prevention and management.

Objective: By December 31st, 2020, increase the number of policies that support improved nutrition.

Strategy Examples

Strategy	Focus	Evidence	Health Equity Impact
School nutrition policies	School-based	Scientifically supported	Likely
Business Case for breastfeeding	Community	Scientifically supported	Likely
Vending machine Tax	Community	Some evidence	Likely
Sugar-sweetened beverage tax	Community	Some evidence	Likely

Resources and Tools - Priority Area Strategies

Objective: By December 31, 2020, increase the number of policies that support increased physical activity.

Strategy Examples

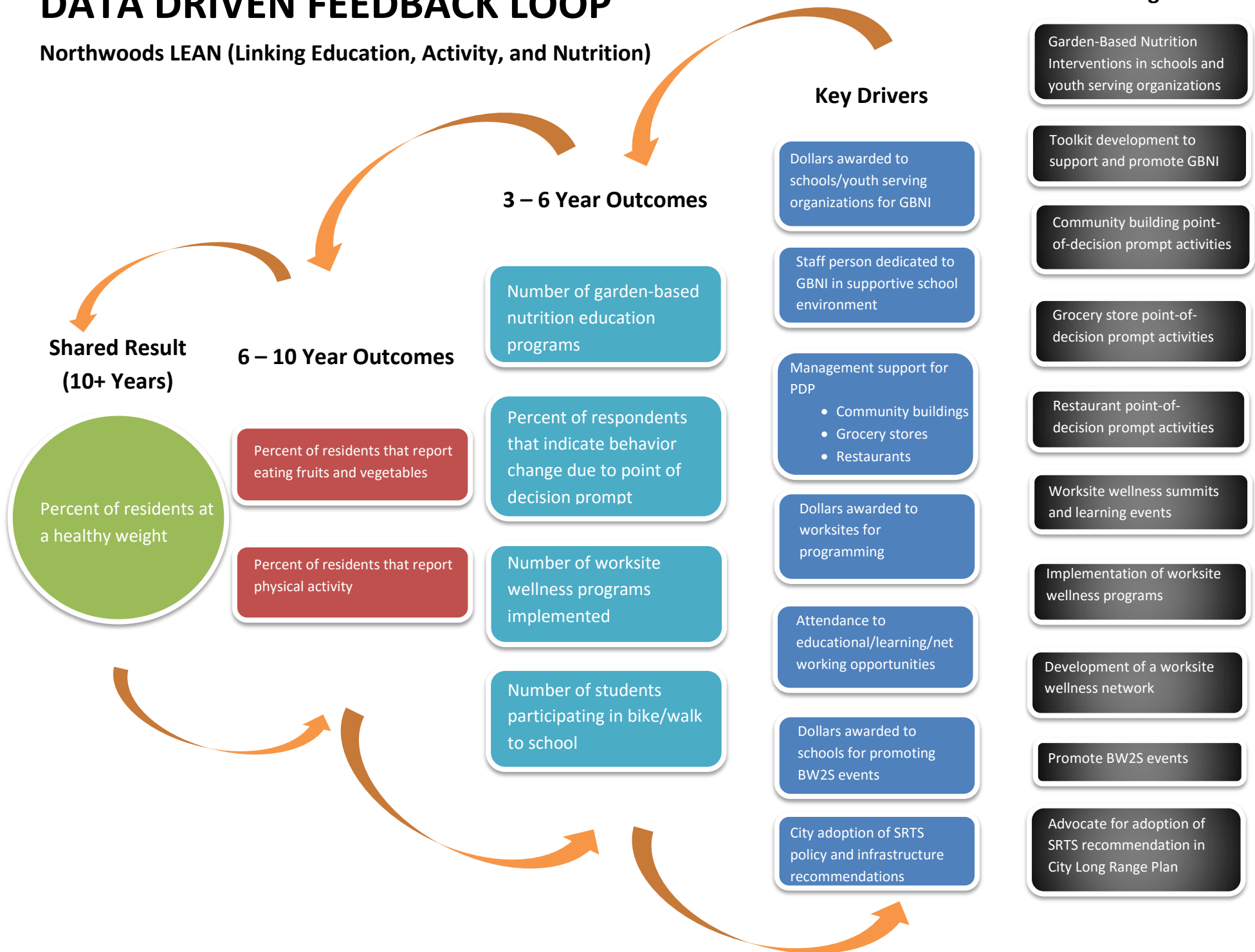
Strategy	Focus	Evidence	Health Equity Impact
Worksite policies	Community	Scientifically supported	
Physical activity school policies	School-based	Scientifically supported	
Zoning regulations for land use policies	Community	Scientifically supported	No impact likely

The following sites provide a wide variety of additional evidence –based strategies in not only the three priority areas but in all areas of health and community improvement.

- CDC Community Health Improvement Navigator
 - <http://www.cdc.gov/CHInav/database/>
- County Health rankings and Roadmaps: What Works for Health
 - <http://www.countyhealthrankings.org/policies>
- The Community Guide
 - <http://thecommunityguide.org/index.html>
- National Registry of Evidence-based Programs and Practices
 - <http://www.samhsa.gov/nrepp>
- What Works for Health: Policies and Program to Improve Wisconsin's Health
 - <http://whatworksforhealth.wisc.edu/>
- What Works for Health – Rural Specific Approaches
 - <http://www.countyhealthrankings.org/node/35670>

DATA DRIVEN FEEDBACK LOOP

Northwoods LEAN (Linking Education, Activity, and Nutrition)



CADCA Strategy	Local Campaign	Audience	Responsible Party	Timeline	Status	Evaluation Indicators	Funding Sources	Outcome
Providing Information								
Educational presentations, workshops or seminars or other presentations of data								
Providing Support								
Creating opportunities to support people to participate in activities that reduce risk or enhance protection								
Reducing Barriers/Enhancing Access								
Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services								
Changing Consequences								
Increasing or decreasing the probability of a specific behavior that reduces risk or enhances								

protection by altering the consequences for performing that behavior								
Enhancing Skills								
Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes								
Providing Support								
Creating opportunities to support people to participate in activities that reduce risk or enhance protection								
Reducing Barriers/ Enhancing Access								
Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services								
Changing Consequences								

Strategy	
Start Date – End Date:	
Overarching Goal(s)	
Objectives:	

Objective:					
Activities	Timeframe	Person(s) Responsible	Resources Needed (Money, Staff, Volunteers, etc.)	Measures/Indicators of success	How you will measure success

Objective:					
Activities	Timeframe	Person(s) Responsible	Resources Needed (Money, Staff, Volunteers, etc.)	Measures/Indicators of success	How you will measure

Objective:					
Activities	Timeframe	Person(s) Responsible	Resources Needed (Money, Staff, Volunteers, etc.)	Measures/Indicators of success	How you will measure success

Objective:					
Activities	Timeframe	Person(s) Responsible	Resources Needed (Money, Staff, Volunteers, etc.)	Measures/Indicators of success	How you will measure success

Best Practices in Planning Community Health Improvement Initiatives

❖ **Involve subject matter experts and stakeholders – including those directly affected.**

❖ **Focus on prevention:**

- Do a root cause analysis to get upstream and see where there are opportunities to intervene and have an impact. Examples:
 - Maybe people are not physically active because there is not a free, safe location to do so in winter – so work with schools to make gyms available to the public in the evening.
 - Maybe older adults' depression is in part due to social isolation – so implement/support social activity programs for seniors.
- Target your efforts. Rather than trying to reach everyone in the community, focus on one group. Look at who is most affected by the problem/issue. A helpful resource:
 - Wisconsin Health Disparities Report details which subpopulations are most affected for all 12 health focus areas in the state health plan.

❖ **Find evidence-based strategies:**

We are more likely to achieve our goals when the strategies we choose have been shown to be evidence-based or “promising practices.” Innovation can lead to exciting successes, but often the tried and true approach is more fruitful and cost-efficient. There are great resources for finding evidence-based strategies:

- [What Works For Health](#)
- [SAMSA](#) (Substance Abuse and Mental Health Services Administration)
- [National Prevention Strategy](#)

❖ **Establish measurable goals:**

- Be clear about what you want to accomplish; spell out what success will look like.
- Using a logic model can help to map out short term, medium term, and long-term goals.
- Create SMART objectives (Specific, Measurable, Achievable, Realistic, Time-Oriented)
- Track and report actual results at least annually.

Examples:

- By 12/31/19, decrease the percent of adults who drink excessively in this county from 22% to 20%.
- By 12/31/16, maintain at 80% the percent of QPR trainees who report an increased ability to recognize at risk individuals.
- By 12/31/17, increase the number of community sectors receiving QPR training session from 1 to 4.

❖ **Have a mix of approaches:**

Prevention strategies can range from one-on-one education to community-wide or statewide policy change. Individual education or awareness approaches are relatively easy to implement but will have less broad and lasting impact. Policy, system, and environmental change are the most powerful tools to change health outcomes in a community but they can take more time and be more difficult to achieve. A mix is ideal.

Individual education/awareness:

- Celebrate national nutrition month
- Implement a mass media campaign about alcohol
- Hold a health screening
- Hold free breastfeeding classes for new moms
- Distribute a mental health services resource guide

Policy, system or environmental change:

- Add fruits and vegetables to the a la carte options in schools
- Implement municipal policies to address alcohol misuse such as social host ordinance
- Implement a healthy vending machines policy to offer healthy snacks at affordable prices
- Implement the WHO 10 Steps to Successful Breastfeeding to become a Baby Friendly Hospital
- Implement telehealth mental health services.



Aligning Approaches and Spheres of Influence				
APPROACHES	SPHERES OF INFLUENCE			
	Individuals, Families, Social Networks	Organizations & Institutions	Community (neighborhoods, municipalities, counties or state)	Social Determinants of Health
Crosscutting Equity Considerations for all approaches and spheres of influence	<ul style="list-style-type: none"> Are there communities experiencing inequities that need to be prioritized for efforts? How is engagement and capacity building occurring with communities affected by inequity to shape efforts in the short and long term? How are coalitions and alliances fostered to build power and convening groups and individuals for broader goals and impact? How are structures, institutions, and policies that support/inhibit equity being addressed? How are conditions of power being addressed? 			
Programs Activities, including direct education, focused on increasing knowledge about health issues and/or promoting healthy behaviors or conditions.				
Systems Change Change that impacts social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change.				
Environmental Change Physical aspects of the environment that support healthy or discourage unhealthy behaviors and conditions.				
Policy Policies, rules, ordinances and laws that support healthy practices, actions and behaviors.				
Structure Change	<ul style="list-style-type: none"> What capacities do your coalitions and leaders need to grow to increase your impact? How do the levels of influence interact to build healthy communities? Is a health lens used to inform broad decision making decision-making? To what extent to cross-sector collaboration occur (public, private, content specific)? To what extent is a culture of health supported? 			

Endorsement of the Plan

What Does the Endorsement Mean?

As an **individual** it means you are agreeing to support the three health focus areas and are willing to start actions and activities to improve your personal health and/or you are willing to participate on one of the groups or coalitions that are identifying actions and activities for all residents of Forest, Oneida and Vilas Counties.

As an **organization** it means you are willing to support the three health focus areas by putting the link on your website and informing your workforce of the three health focus areas. It could also mean that you are willing to support and act by putting forward resources within your organization for improvement of your workforce and/or put forward resources and time from your organization to engage in the groups or coalitions working on actions and activities for all residents of Forest, Oneida and Vilas Counties.

Instructions: To endorse the plan, you have two options: 1) Save this form as a word document, fill it out and email it as an attachment to coestreich@co.oneida.wi.us

Or 2) Print out this form, fill it out and fax it to 715-369-6112

Note: Your endorsement may be publicly acknowledged with health plan documents.

I am endorsing the health plan as an:

- ☐ Individual
- ☐ Organization

2. Your full name or name of organization / group:

3. What type of sector(s) best describes your organization?

- ☐ Advocacy organization
- ☐ Agriculture and food
- ☐ American Indian Tribe
- ☐ Business, labor, finance, commerce
- ☐ Built environments
- ☐ Civic organization, civic society
- ☐ Community-based organization
- ☐ Education
- ☐ Elected official (state or local)

- ☐ Energy and climate
- ☐ Faith community
- ☐ Health care organizations and hospitals
- ☐ Health department (state or local)
- ☐ Housing / building safety
- ☐ Human services
- ☐ Justice and law enforcement
- ☐ Laboratory
- ☐ Natural resources
- ☐ Professional society and organization
- ☐ Transportation
- ☐ Urban / rural planning, land use
- ☐ Veterinary
- ☐ Waste management
- ☐ Other Specify:

4. I will provide a link on my organization's website to the health plan

- ☐ Yes
- ☐ No

5. Contact Information (Please Print)

Contact Name: _____

Credentials (if applicable): _____

Organization (if applicable): _____

Position/Title (if applicable): _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-mail: _____

Website: _____

6. Which focus areas will you and your organization work on to help accomplish the goals of *the* health plan?

- ☐ Alcohol & Other Drug Abuse
- ☐ Mental Health
- ☐ Chronic Disease