WAUKESHA COUNTY

COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

This product is the result of a
collaborative community process
January 2017-December 2021

Updated October 2019

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Waukesha County
DEPARTMENT OF
HEALTH AND HUMAN SERVICES

October 2018

To the Citizens of Waukesha County:

On behalf of the Waukesha County Community Health Improvement Plan and Process Steering Committee (CHIPP), it is our pleasure to release the Waukesha County Assessment.

The Community Health Assessment helps define the health of the community, identify strategic priorities for community health improvement, and highlight assets and resources that are in place to help make those improvements.

The CHIPP Steering Committee, in collaboration with many partners including community-based organizations, academic, business, health services and others, strives to improve the health of the community by identifying and investigating community health problems; educating and empowering people about health concerns; developing programs to remediate health issues; linking people to health services; finding innovative solutions to health problems; and evaluating the effectiveness and accessibility of health services.

The task of maintaining and improving the health of a community is neither easy nor one that can be done alone. Rather, a healthy community is the result of collaboration among all Health and Human Services providers and County residents.

Sincerely,

Antwayne Robertson
Health & Human Services Director

Benjamen Jones
Health Officer and Public Health Manager

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Acknowledgements

The development of Waukesha County's Community Health Improvement Plan and Process (CHIPP) was a collaborative effort with individuals and agencies from across the community. There are a number of specific groups of individuals that we would like to acknowledge: Community Health Improvement Plan and Process (CHIPP) Steering Committee; CHIPP Data Subcommittee; community members; staff at the Waukesha County Department of HHS and Public Health Division.

Steering Committee

The CHIPP Steering Committee's role was and continues to be providing overall guidance and direction in the effort, as well as to represent the community in the assessment and planning phases. The CHIPP Steering Committee was carefully selected to represent a cross-sector of the community; both geographically and sector representation. Committee members took a lead role in critical areas of the process: creating the vision and values; identifying data sources; identifying criteria for selection of priorities; selecting health priorities; inviting input from vulnerable populations; and identifying specific objectives within identified health priorities. The success of Waukesha County's CHIPP effort is largely a result of the thoughtful input and reflection offered by the Steering Committee members. We are extremely grateful for their commitment.

Members of the Steering Committee are listed here (there have been some transitions indicated below):

Kerri Ackerman, Vice-President of Patient Experience, 16th Street Clinic

Susan Austin, Community Representative

Angie Bolson, Vice-President of Strategic Initiatives, YMCA Pabst Farms (2017-July 2019)

Jessie Mieling, Branch Executive Director, YMCA Pabst Farms (August 2019-present)

Mervyn Byrd, Director, Sales & Leadership Development at Waukesha County Business Alliance

Laura Catherman, President of the Waukesha-Ozaukee-Washington Workforce Development

Andy Dresang, Director Community Engagement at Froedtert Health Community Hospital Division

Christine Howard, Waukesha County Board and Chair of the Waukesha County Health and Human Service Board

Benjamen Jones, Health Officer, Waukesha County Public Health Division ***(Co-Chair)***

Ken Kassees, Director of Student Services, Kettle Moraine School District (2017-July 2019)

Luke Pinion, Director of Student Services, Waukesha School District (July 2019-present)

Laura Kleber, Deputy Director, Waukesha County Department of Health and Human Services

Joe Rieder, Police Chief, New Berlin Police Department (2017-January 2019)

Anna Ruzinski, Police Chief, Menomonee Falls Police Department (March 2019-present)

Jean Schultz, Retired, Director Community Benefits, ProHealth Care ***(Co-Chair)***

Sarah Ward, Environmental Health Division Manager, Waukesha County

Linda Wetzel, Birth to Three Program Manager, Lutheran Social Services

Support Staff for Steering Committee:

Julianne Davan, Public Communications Coordinator, Waukesha County Health and Human Services and Project Coordinator for the CHIPP (Jan.2017-April 2017)

Linda Wickstrom, Public Communications Coordinator, Waukesha County Health and Human Services (June 2017 to present)

Nicole Kelly, Marketing and Outreach Coordinator, Aging and Disability Resource Center (ADRC), Waukesha County Health and Human Services (Jan. 2019-present)

Nancy Healy-Haney, Public Health Manager, Waukesha County Public Health Division, and Technical Support and Advisor for the CHIPP (Jan. 2017-Dec. 2017)

Terri Phillips, Facilitator, SJD Consulting, LLC

Data Subcommittee

The Data Subcommittee met throughout the first half of 2017 to review health status data. This group reviewed a significant amount of morbidity and mortality data, including the impact of multiple health factors on population health. The Subcommittee also reviewed population and service trends.

The intent moving forward is to retain the volunteer services of the Data Subcommittee to continue monitoring data over time, especially in light of interventions and the implementation of the action teams over the course of the next four years.

We are very appreciative of the time and effort contributed to this core element of the assessment.

Members of the Data Subcommittee are listed here.

Benjamen Jones, Health Officer, Waukesha County Public Health Division Manager, Co-Chair of Data Subcommittee
Jean Schultz, Retired Director of Community Benefit, ProHealth Care, Co-Chair of Data Subcommittee
Jerry Braatz, Department Head, Community Resource Development Educator, UW-Waukesha Extension
Dan Michaels, Community Health Educator, Waukesha County Public Health Division
Ron Pupp, Adolescent and Family Division Manager, Waukesha County Health and Human Services
John Schiraj, Director Community Partnerships/Donor Relations, Varity the Children's Charity of Wisconsin
Kristin Silva, Community Development Manager, Waukesha County
Monica Thakur, Physician Volunteer, Waukesha County Health and Human Services
Sarah Ward, Environmental Health Division Manager, Waukesha County

Community Members

Hundreds of community members participated in two anonymous surveys throughout the process.

Input was gathered from 379 participants as part of the Community Themes and Strengths Assessment. In addition, over 970 community members participated in a survey to identify strategic health priorities. These surveys were collected, analyzed and the results of those surveys significantly impacted the decision-making of the Steering Committee in selecting the priorities. Thank you to each community member who participated – your voice made a difference.

The gathering of community voices would not have been possible without the deliberate facilitation efforts by the CHIPP Steering Committee. These team members took extra steps to present the data to their sectors, encourage survey participation, and hosted a community feedback session on August 9, 2017 to ensure that all community members had an opportunity to assure that traditionally under-represented voices would be heard.

Special thanks to ProHealth Care Intern, Kayla Runingen, for her tremendous efforts in developing Infographics for each strategic health priority (reference Appendix C1).

Department of Health and Human Services and Public Health Division Technical and Support Staff and CHIPP Planning Team

Critical to the success of the community health improvement effort was the ongoing leadership and dedication of lead staff at the Department of Health and Human Services, the Public Health Division, and the Planning Team. The CHIPP planning team met monthly to prepare materials and processes for all aspects of the community health improvement effort. They were dedicated to finding accurate data and thinking through complex issues in such a way as to facilitate an effective process. We are extremely grateful for the dedication and commitment of this team.

- Benjamen Jones
- Jean Schultz
- Laura Kleber
- Julianne Davan
- Nancy Healy-Haney
- Linda Wickstrom
- Terri Phillips

Overview

The core of this report outlines the results of the work that was accomplished. The appendices include the processes and detailed data that led to the results. This Overview section includes a brief summary of the processes.

The Waukesha County community undertook a community health improvement plan and process beginning in January 2017. Under the leadership of the Waukesha County Department of Health and Human Services and the Public Health Division, community leaders (the Steering Committee) met to assess the community's health status, identify priorities, and begin to develop plans for addressing priorities. The work will continue with the development of action plans and evaluation measures related to the strategic health priorities. Oversight and monitoring by the CHIPP Steering Committee will continue through implementation of the action plans.

The overall process followed the Mobilizing for Action through Planning and Partnerships (MAPP) process (*National Association of County and City Health Officials, NACCHO*). MAPP includes phases of organizing, visioning, assessments, strategic issue identification, goal/strategy development, and an action cycle.

The Steering Committee first ensured broad representation from a cross sector of key community partners. They identified their vision for a healthy Waukesha County, along with the values they envision for the Waukesha County public health system (including governmental and non-governmental entities).

The Steering Committee undertook a very detailed and thorough ***community health assessment.*** The assessment included the four MAPP assessments of community themes and strengths, community health status, forces of change, and local public health system assessment. The local public health system assessment had been completed previously utilizing the *National Public Health Performance Standards Program (NPHPSP)* and the team thoroughly reviewed and identified any areas of change.

The strength of the MAPP assessment process is "each assessment will yield important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole" (NACCHO). Utilizing the collective assessment data and input from across the community, three community health priorities were identified.

Response action teams will be created to develop specific action plans for each strategic health priority.

These teams will be carefully selected with consideration of on-going health initiatives currently active within the community. The intention is that each team will include CHIPP Steering Committee members and broader community participation.

The work of these committees, through the development of goals, objectives, interventions and outcome indicators, led to the creation of the ***community health improvement plan***. The teams began work in January 2018 and developed specific action plans and measures by September 30, 2018. Implementation and evaluation phase will run from January 2019 through December 2021.

This document represents the results of the Community Health Improvement Plan and Process that took place from January 2017-September 2017 and ultimately the work of the action teams through 2021.

Visions and Values

The creation of a vision and values provides a framework for community health improvement. Throughout the process, the vision was used as a criterion for identification of issues and for the selection of priorities.

VISION is the guiding image of success. A vision is what the world looks like when your organization or effort has been wildly successful.
The vision for a healthy Waukesha County is:

- Strong families, connected communities, healthy environments, and accessible services that promote overall safety, well-being, and quality of life.

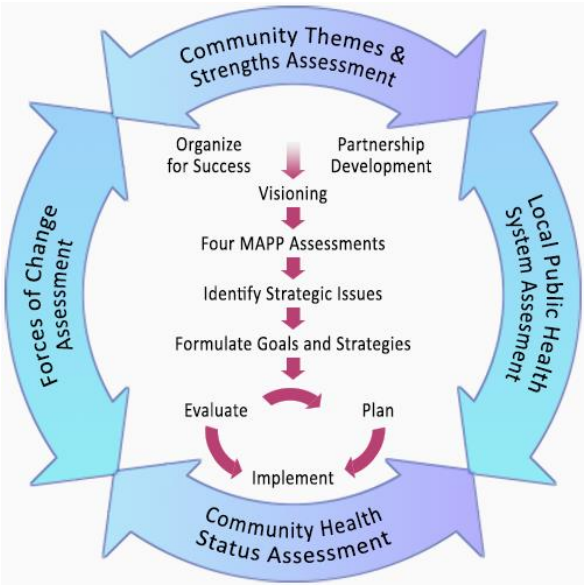
VALUES describe how we want to conduct our business, including a focus on service, quality, people and work norms. In this case, the values describe the Waukesha County public health system (inclusive of governmental and non-governmental public health entities).

The Waukesha County public health system is:

- **COLLABORATIVE** – providing mutual aid and sharing responsibilities, ideas, and investments.
- **ACCOUNTABLE** – honoring commitments.
- **STRAIGHTFORWARD** – celebrating successes and being honest about challenges.
- **COMMUNITY-CENTERED** – focusing on benefits for the community, rather than individual gain.
- **OUTCOME-FOCUSED** – knowing the aim and measuring it.
- **RESOURCEFUL** – efficiently using technology, funding, what already exists, what works, and related resources wisely. Being good stewards of resources.
- **INCLUSIVE** – valuing different opinions, cultures, and priorities, and engaging individuals / customers, primary care, churches, schools, businesses, ALL!
- **INNOVATIVE** – generating creative solutions.
- **RESPONSIVE** – addressing current and anticipated community needs.
- **RESILIENT** – recovering from adverse events quickly and effectively.
- **PREVENTION-FOCUSED** – supporting individuals and communities to invest in their health and make changes that reduce the risk of developing disease or illness.

Community Health Assessment

The Steering Committee undertook a number of approaches for assessing community health needs, assets, concerns and priorities. These approaches were grounded in the Mobilizing Action through Planning and Partnership (MAPP) assessment recommendations from the National Association of County and City Health Officials (NACCHO). A description of Waukesha County's overall process, including its community health assessment, is included in Appendix A.



Source: NACCHO

During the ***community health assessment*** phase, the Steering Committee:

- Gathered data on Waukesha County health status;
- Brainstormed community assets, themes and strengths,
- Identified forces of change;
- Reviewed previously collected information on the public health system from the implementation of the National Public Health Performance Standards Program (NPHPSP);

Waukesha County's ***community health assessment*** can be found in Action Team ***Evaluation and Development of Action Plans (January 2018-August 2018)***
The Action Teams spent several months meeting and utilizing multiple methods to hone in on specific activities that would "move the needle" in their respective areas. The Action Teams Tri-Chairs met quarterly with CHIPP leadership and the Data Committee to ensure that progress was being made.

Once the Action Teams decided upon their area of focus, they utilized a logic model template and action plan template to document their work and begin to mobilize action.

The action plans were presented to the CHIPP Steering Committee for their approval in July 2018 and subsequently presented to the community in October 2018.

Action Team Implementation (January 2019-2021)

As of January 2019, the work of the action teams is underway. They have launched many different programs to support their work and engaged multitudes of partners across the community. Current updates can be found at https://www.waukeshacounty.gov/chipp.

The CHIPP Steering Committee is meeting three times/year to receive updates and provide input to the Action Team Tri-Chairs as well as disseminate the information to their respective sectors.

Waukesha County is extremely proud of the work these teams are engaged in and looking forward to demonstrating health improvements in the county as a result of their great work!

Appendix B

Health Priorities

The Steering Committee *initially* identified six strategic health priorities based on an evaluation of the entire assessment process. (reference Appendix C for a full explanation of the decision-making process). This team defined the parameters of a strategic health priority to include the following:

- Importance and forward thinking
- Consequence if we don't address the issue
- Reveal what is important using data
- Do we have the capacity to deal with the issue
- Is it measurable and can we identify outcomes
- Is it something the local health system can address
- Non-duplicative- if there is a collaborative team in the community, don't want to duplicate; rather partner
- Impacts a large number of people
- Is it in alignment with state and local health priorities

The ***initial*** six strategic health priorities were:
Alcohol
Communicable Diseases
Healthcare Navigation (Managing Chronic Disease)
Mental Health
Nutrition & Physical Activity
Opiates

The team developed infographics, a presentation, and a survey to gather community feedback from over 970 participants on the six initial health priorities. After the survey and a community feedback session, the CHIPP Steering Team met and made a final decision on the top three strategic health priorities utilizing the following criteria (Additional details regarding the identification of health priorities, including the community input meeting and surveys, can be found in Appendix C):

The Steering Committee used the following criteria to select the strategic health priorities:

- The strategic health issue ranking based on CHIPP Steering Committee evaluation of all of the assessment data
- The strategic health issue is a priority for the community (community feedback survey)
- The strategic health issue meets the CHIPP Vision
- There is community readiness for action
- There is community capacity for action
- There is a likelihood of affecting change as a collaborative coalition
- What is the magnitude of consequence if nothing is done

After an in-depth and thorough review process, and incorporating extensive community feedback, the following health priority areas were confirmed:

- **Opiates**
- **Mental Health**
- **Nutrition & Physical Activity**

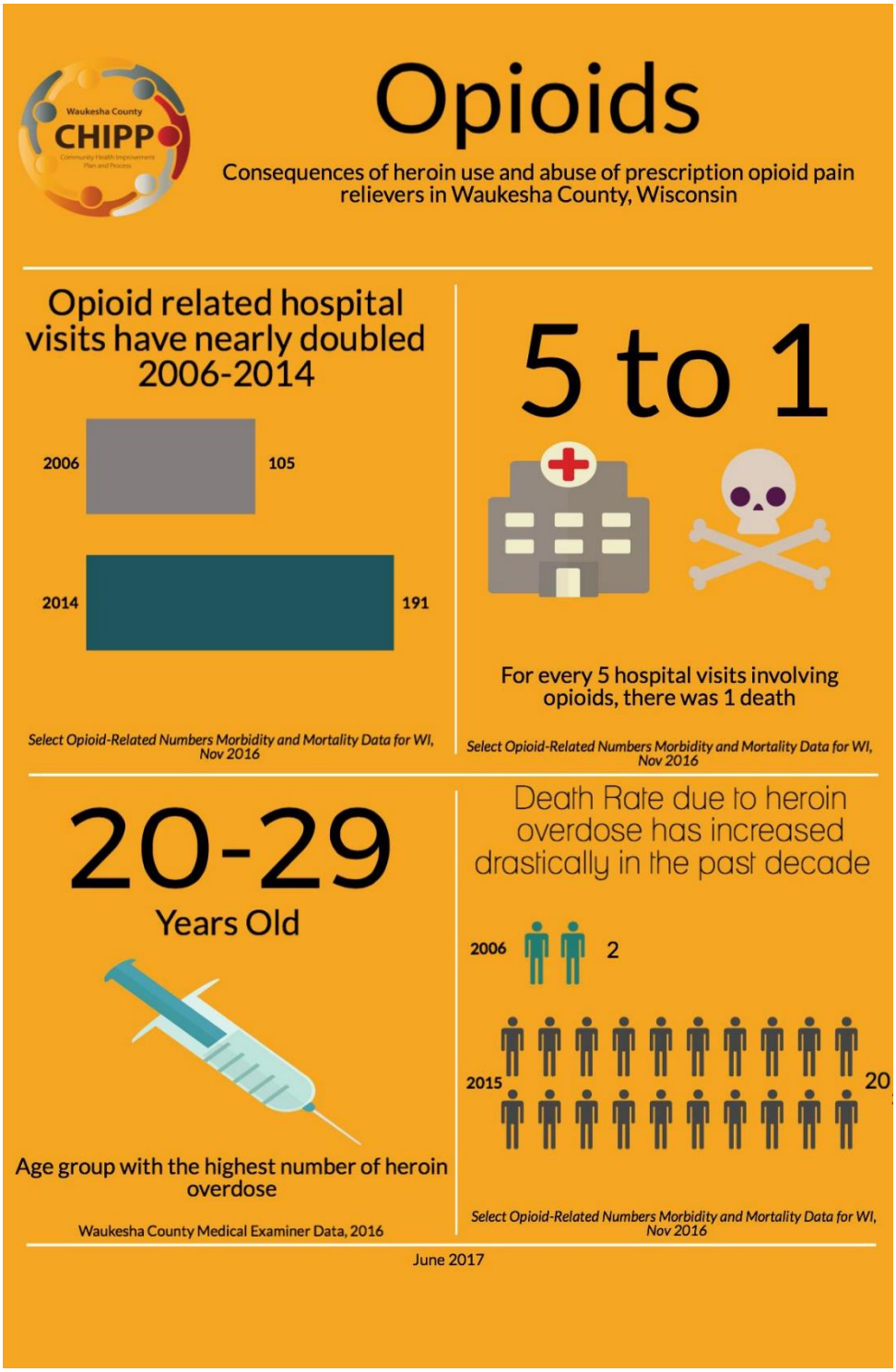
An overview of the three priority areas, including a summary of relevant data and related information can be found on the next few pages.

Opiates

The escalating phenomenon of misuse/overuse of opioids has been called “America’s epidemic”. Impacting all ages, races, and socio-economic groups, Waukesha County residents have been besieged by this crisis. The death rate due to heroin overdose in Waukesha County has increased tenfold over the last 10 years.

Our rate of drug-related hospitalizations exceeds the already high state average. Abuse of and addiction to legal and illegal drugs has negative consequences for individuals, their families and society, including harmful effects on health, learning and school safety, workplace productivity and crime.

The citizens of Waukesha County expressed that the opioid epidemic was their number one concern relative to health.



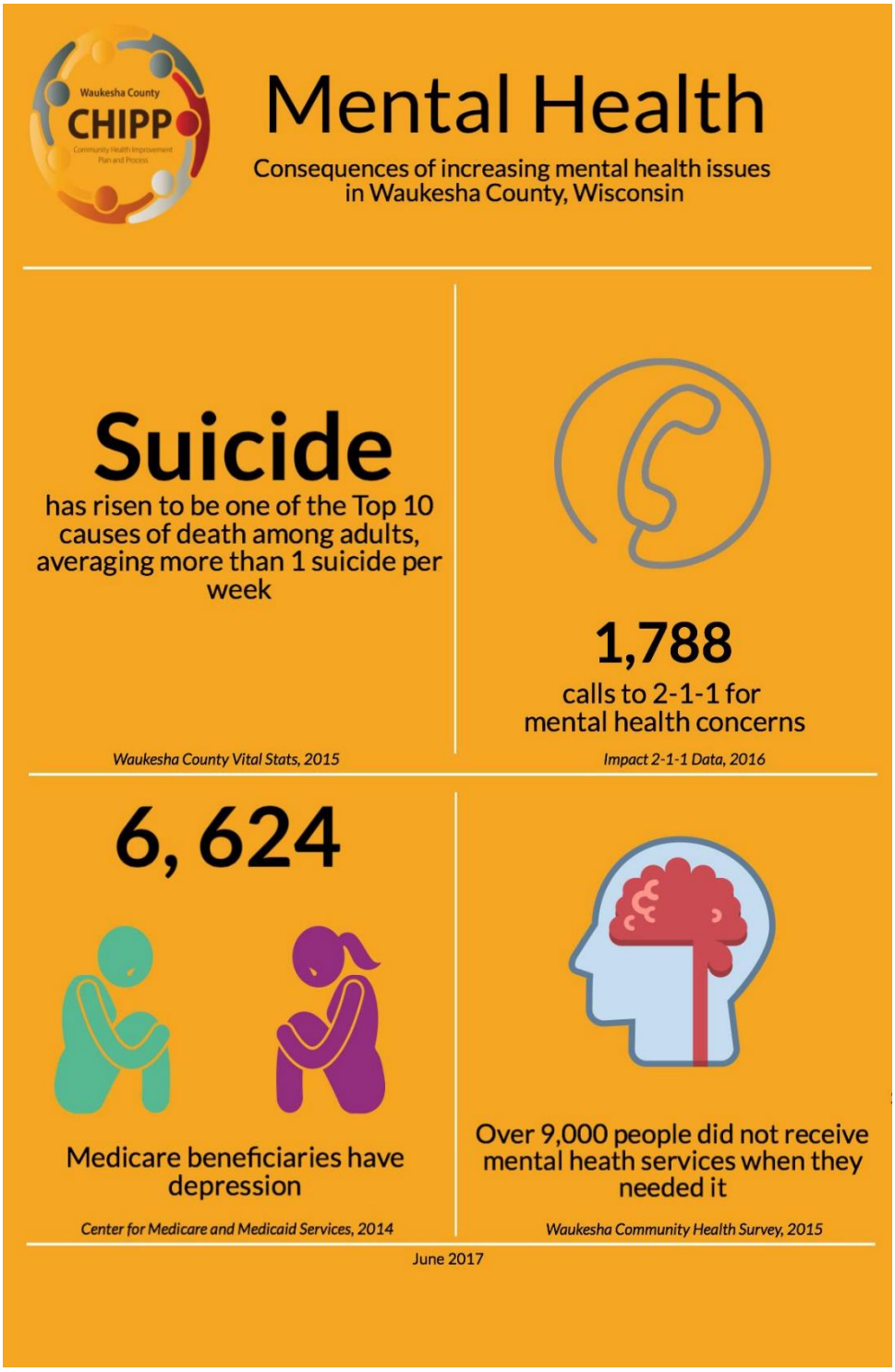
Mental Health

Mental health disorders cover a broad range of medical issues from depression to anxiety disorders to schizophrenia. Often, mental health issues including impulse-control challenges are co-mingled with substance dependency. Mood disorders such as depression can also go hand-in-hand with those suffering from chronic diseases and show increased prevalence in the aged population.

According to NAMI (National Alliance on Mental Illness), nearly one in five Americans suffer from mental illness. Locally, the suicide rate has risen substantially, *now averaging one suicide per week*.

Mental illness is expensive, both in terms of the cost of care but also the societal costs of non-treatment.

Lost wages, reduced success in school and on the job and the impact of the illness on the family, the criminal justice system has made this the number two health concern in Waukesha County.



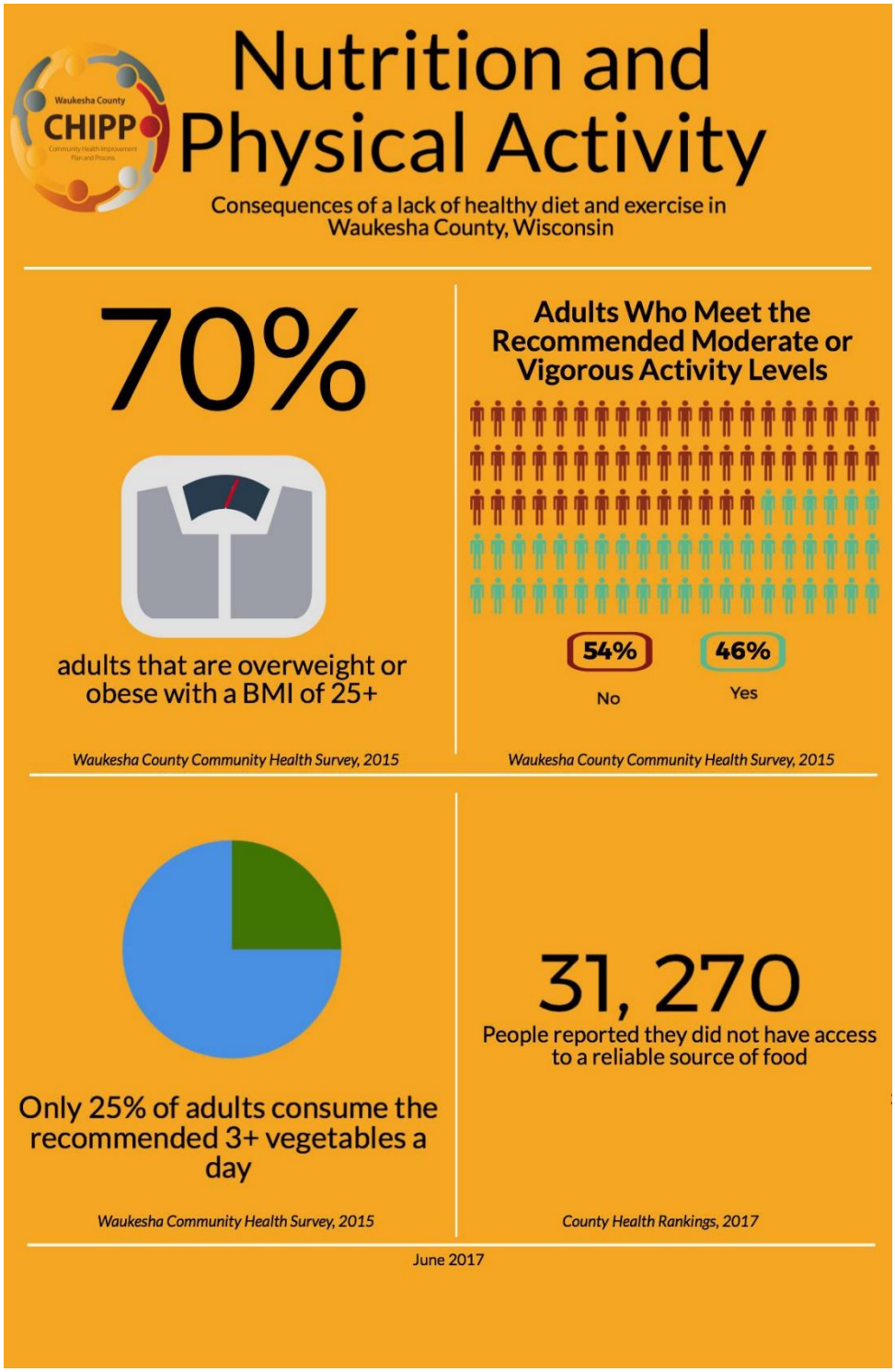
Nutrition & Physical Activity

Waukesha County residents on average are overweight, with 70% of adults having a BMI (body mass index) of 25 or more. The impact of poor nutrition and lack of physical exercise manifests itself in a myriad of chronic diseases including diabetes, hypertension, cardio-vascular disease, arthritis and some cancers.

According to the Centers for Disease Control and Prevention (CDC), children suffering from obesity risk these same chronic conditions plus tend to be bullied more than their normal-weight peers.

The concern is even broader, considering that over thirty thousand Waukesha County residents did not have access to a reliable source of food.

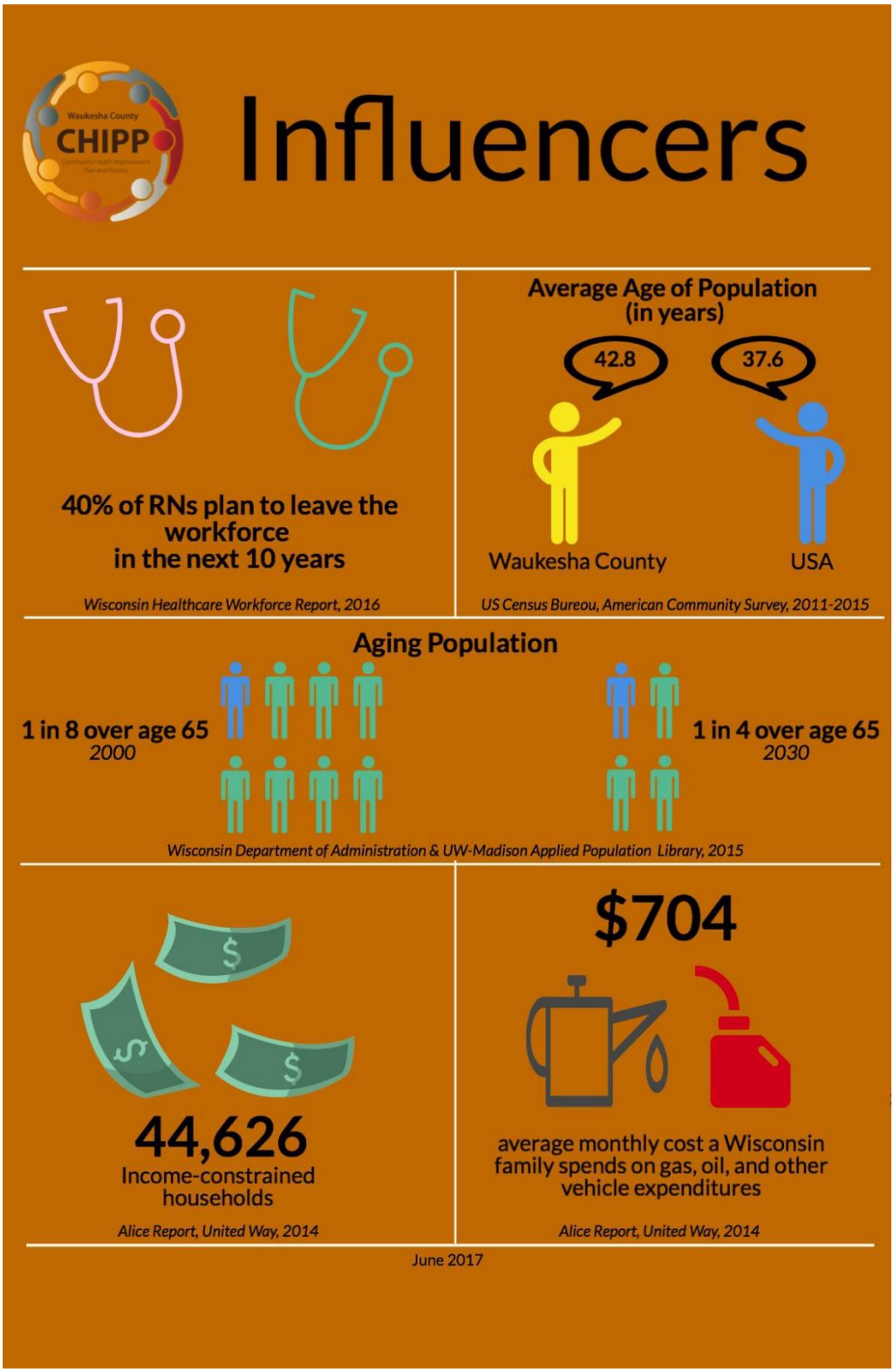
Because of the over-arching impact of nutrition and physical activity on literally every aspect of overall health for every age group, this concern was chosen as our third priority.



Overarching Themes

Our research and community feedback helped us identify several factors that played a part in influencing multiple health issues. These included

- **Access and transportation issues** – Waukesha County covers a large area spanning urban, suburban and rural settings. There is no public transportation system supporting all areas and a lack of transportation serves as a barrier to many in their efforts to obtain medical care, shop, maintain a job and other basic necessities
- **Aging population** – The median age of Waukesha County residents markedly surpasses state and federal averages. By 2050, the number of seniors living in Waukesha County is expected to double. This 'silver tsunami' heralds a diminishing workforce, particularly in health care as baby boomers retire. Seniors tend to require more health care services and are statistically at greater risk of a variety of diseases and illnesses.
- **Culture and societal changes** – Advancements in technology often come with a diminished amount of "personal interaction" which can lead to increased isolation and misinformation. Family structures have changed. The political climate has changed. The pace of living is fast. Crime and acts of terror seem to be increasing. These and other stressors take their toll.
- **Impact of poverty** – Although the overall poverty rate in Waukesha County is below the state average, the number of households in our County that are in precarious financial situations is alarming. Twenty-nine percent of households are considered "Asset Limited, Income Constrained, Employed" (also known as ALICE households). This population is employed, but do not earn enough income to afford all the basics of housing, child care, food, health care and transportation. Often, when forced to choose between putting food on the table and prescription drugs (or other health care needs), our ALICE households choose to forgo needed health care. *(reference additional detail on the ALICE Report in Appendix B1 Category Two)*
- **Workforce gaps and challenges** – Jobs today are rapidly changing, many focused on technology, health care or specialized trades. Waukesha County does not have enough individuals pursuing education/training that prepares them for these positions. Retiring baby boomers are leaving a gap in many areas that is unfilled by those entering the workforce.


Waukesha County
CHIPP
Influencers
40% of RNs plan to leave the workforce in the next 10 years
Wisconsin Healthcare Workforce Report, 2016
Average Age of Population (in years)
42.8
37.6
Waukesha County
USA
US Census Bureou, American Community Survey, 2011-2015
Aging Population
1 in 8 over age 65
2000
1 in 4 over age 65
2030
Wisconsin Department of Administration & UW-Madison Applied Population Library, 2015
44,626
Income-constrained households
Alice Report, United Way, 2014
$704
average monthly cost a Wisconsin family spends on gas, oil, and other vehicle expenditures
Alice Report, United Way, 2014
June 2017

Community Health Improvement Plan

With the vision and values identified and the ***community health assessment*** completed, the next steps in the process was to convene action teams to develop action plans around these priorities. The timing for the next phase was as follows:

October 2017: Began consideration of leadership and participants for each action team

November/December 2017: Provided action team leadership with tools and a structure to begin their journey. Action teams began by identifying root causes of each health priority and developed a corresponding action plan. The goal was that the action teams will utilize similar methods for the process and accountability (measure).

January-September 2017: Action teams met to hone in on key objectives, develop tactics, action plans, and identify measures for accountability.

September 2017-December 2021: Action will be taken in each of the three strategic health priority areas. The CHIPP Steering Committee will monitor progress and action teams will be required to report quarterly to this team.

Appendix A

Description of the Community Health Assessment and Planning Process

This section outlines the rationales for undertaking the community health improvement process, the framework for that process, and a description of the steps Waukesha County took in that process.

Rationale

Research shows that health is impacted by numerous factors: access to care; social and economic determinants; physical environment; health behaviors. Communities now know that the solutions to health issues are complex; a directive to "eat better" and "exercise daily" are not the cure-all strategies that they were once believed to be. Solutions to complex issues require the deployment of a variety of tools (e.g., communication, policy change, structural environmental change). These solutions require an engaged, cross-sector collaborative effort. Communities are taking collective action.

There are also numerous regulatory guidelines that support community health improvement efforts. Health departments in Wisconsin are required by state statute to conduct community health improvement efforts. At the federal level, non-profit hospitals are now required by the IRS to conduct community health assessments and implement related plans in order to maintain their non-profit status. Finally, new voluntary accreditation standards for local health departments require a community health improvement process and with that, identification of a number of key indicators of a successful improvement effort.

Framework

Waukesha County moved ahead with their community health improvement effort using a framework called MAPP: Mobilizing for Action through Planning and Partnerships. This approach is outlined by the National Association of County and City Health Officials, an organization whose membership is local health departments across the country.

MAPP is similar to other models of community health improvement. MAPP's specific framework[1] includes:

- **Organizing and Partnership Development** – "The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented."
- **Visioning** – Visioning "guides the community through a collaborative and creative process that leads to the development of a shared community vision and common values."
- **Assessments** – "The four MAPP Assessments form the core of the MAPP process…. Results of the assessments will drive the identification of strategic issues and activities of the local public health system and the community for years to come."
- **Strategic Issues** – In the strategic issues phase, "… participants determine which issues are critical to the success of the local public health system and its vision of improved community health."
- **Goals/Strategies** – "… Goals and strategies are developed for each of the strategic issues identified in the previous phase."
- **Action Cycle** – The action cycle includes planning, implementation and evaluation.

[1] Source: National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships Achieving Healthier Communities through MAPP A User's Handbook. Available online at: http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf

Waukesha County's Process

Waukesha County generally followed the MAPP outline as described above. There were some variations in the process as well as in the language. Adjustments were made in order to meet the local context. At every step in the process, CHIPP Steering Committee members took a significant amount of time in gathering feedback from their respective sectors. In addition, two separate surveys were conducted throughout the process to gather community input.

Organizing (October-December 2016)

Waukesha County's community health improvement plan and process (CHIPP) effort began with the contracting of a facilitator and the identification of potential Steering Committee members. Staff from the Department of Health and Human Services and the Public Health Division, building on a successful National Public Health Performance Standards Program assessment in 2008 and 2009, identified 14 Steering Committee members. Potential members were contacted via mail and each member received an "on-boarding" packet to ensure their understanding of the commitment to the process. Careful consideration was given to ensure a cross-sector and geographic representation on the committee.

Visioning (January 2017)

The first Steering Committee meeting was held in January 2017. The goal of this meeting was to affirm the vision and values that were identified for a healthier Waukesha County. The first set of Steering Committee meetings focused primarily on identifying a vision for a healthier Waukesha County, as well as recognized values. As the process progressed, additional Steering Committee members were identified and invited.

Forces of Change Assessment (February 2017)

Prior to this meeting, the CHIPP Steering Committee was asked to prepare and document information to participate in the Forces of Change Assessment. The consultant facilitated a workshop to achieve the outcome for this assessment (reference Appendix B3)

Local Public Health System Assessment-NPHPSP (March 2017)

This meeting focused on examining the public health system utilizing the National Public Health Performance Standards Program. Team members paired up to utilize this document to examine the local public health system (reference Appendix B4).

Community Themes and Strengths (April 2017)

The Steering Committee participated in this assessment utilizing data collected from 379 surveys from the public. Team members also gathered information from their respective sectors. The consultant facilitated a World Café, Carousel of Data and focused conversations to conduct this assessment (reference Appendix B2)

Community Health Status Assessment (May 2017)

The data subcommittee began identifying key indicators and gathering data between January 2017-April 2017. They reported this information to the CHIPP Steering Committee in May 2017. A focused conversation was facilitated to glean key implications from this data (reference Appendix B1).

Initial Selection of Strategic Health Priorities (June 2017)

Utilizing all of the data from the four assessments and identifying initial selection criteria, the Steering Committee identified the initial six strategic health priorities.

Gathering Community Input on the Health Priorities (July 12-August 31, 2017)
The Steering Committee developed infographics, a PowerPoint presentation, held a community feedback session and developed on on-line and paper survey to gather community input from over 970 citizens (reference Appendix C).

Final Selection of Strategic Health Priorities (September 2017)
Utilizing a revised set of selection criteria, the CHIPP Steering Committee narrowed down the strategic health priorities to Opiates, Mental Health, and Nutrition & Physical Activity (reference Appendix D).

Action Team Evaluation and Development of Action Plans (January 2018-August 2018)
The Action Teams spent several months meeting and utilizing multiple methods to hone in on specific activities that would "move the needle" in their respective areas. The Action Teams Tri-Chairs met quarterly with CHIPP leadership and the Data Committee to ensure that progress was being made.

Once the Action Teams decided upon their area of focus, they utilized a logic model template and action plan template to document their work and begin to mobilize action.

The action plans were presented to the CHIPP Steering Committee for their approval in July 2018 and subsequently presented to the community in October 2018.

Action Team Implementation (January 2019-2021)
As of January 2019, the work of the action teams is underway. They have launched many different programs to support their work and engaged multitudes of partners across the community. Current updates can be found at https://www.waukeshacounty.gov/chipp.

The CHIPP Steering Committee is meeting three times/year to receive updates and provide input to the Action Team Tri-Chairs as well as disseminate the information to their respective sectors.

Waukesha County is extremely proud of the work these teams are engaged in and looking forward to demonstrating health improvements in the county as a result of their great work!

Appendix B

Community Health Assessment

Overview

The community health assessment phase of the community health improvement process offered numerous opportunities for Steering Committee and larger community input. Using the National Association of County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) framework[1], the Steering Committee identified important influencers on health, overall health priorities, and then the top health priorities.

NACCHO describes the four MAPP assessments in the following manner:

- **The Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered during this phase include, *"How healthy are our residents?"* and *"What does the health status of our community look like?"*
- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that residents feel are important by answering the questions, *"What is important to our community?"*, *"How is*

quality of life perceived in our community?" and *"What assets do we have that can be used to improve community health?"*

- **The Forces of Change Assessment** focuses on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions, *"What is occurring or might occur that affects the health of our community or the local public health system?"* and *"What specific threats or opportunities are generated by these occurrences?"*
- The **Local Public Health System Assessmen**t (LPHSA) is a comprehensive assessment that includes all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions*, "What are the activities, competencies, and capacities of our local public health system?"* and *"How are the 10 Essential Public Health Services being provided to our community?"*

The community themes and strengths, community health status, and forces of change assessments were all conducted with the Steering Committee during 2017. A Data Subcommittee was convened to analyze health status data and this information was presented and the implications discussed with the Steering Committee.

The public health system assessment was completed in late 2008 and early 2009. Results from that assessment were analyzed by the Steering Committee and implications of these findings were also included as part of the assessment.

The following table describes each assessment and its process. Specific results for each of the assessments are outlined in Appendix B.

Specific data from the assessment scan be found as follows.

APPENDIX	TOPIC	PROCESS USED TO GATHER INFORMATION
Appendix B1	Community Health Status	A Data Subcommittee of the Steering Committee was created. The subcommittee reviewed existing data and data sources, including but not limited to the Waukesha County Health Report Card (January 2009 version), Public Health Profiles, Waukesha County Community Health Survey, and the County Health Rankings. The information reviewed was aggregated on morbidity, health factors, outcomes, year-to-year percentages, trends, program data from Health and Human Services, and hospital admission data. Data was further aggregated looking at trends, health determinants, and major health issues. The subcommittee presented a set of top issues and recommendations to the Steering Committee in October 2011.
Appendix B2	Community Themes and Strengths	The Steering Committee brainstormed through community themes and strengths, a community survey was conducted (over 379 participants), and a World Café and Carousel approach was facilitated to analyze the information gathered.
Appendix B3	Forces of Change	The Steering Committee brainstormed forces of change that are affecting the community. The facilitator took the team through a consensus workshop that included individual brainstorming, small group discussion and large group consensus.
Appendix B4	National Public Health Performance Standards Program	The Public Health Division undertook a process in late 2008 and early 2009 to assess the public health system using the National Public Health Performance Standards Program (NPHPSP). For this assessment, steering committee members were paired up and asked to evaluate and present the Essential Services. The consultant facilitated a focused conversation that provided the group and opportunity to reflect on the implications of the data they received.

Appendix B1

Community Health Status

The Community Health Status assessment answered the following questions:

- *How healthy are our residents?*
- *What does the health status of our community look like?*

The process by which this assessment was completed included the following:

1. The Data Subcommittee was convened in early January and began to consider the data sets as well as the type of data that would be critical to analyze.
2. The Community Health Status Assessment (CHSA) provides a list of core indicators (or data elements) for eleven broad-based categories. The Data Subcommittee decided to utilize these categories as a basis for collecting data. The categories included:
    a. Who are we and what do we bring to the table?
        - Demographic Characteristics
        - Socioeconomic Characteristics
        - Health Resource Availability

    b. What are the strengths and risks in our community that contribute to health?
        - Quality of Life
        - Behavioral Risk Factors
        - Environmental Health Indicators

    c. What is our health status?
        - Social and Mental Health
        - Maternal and Child Health
        - Death, Illness and Injury
        - Infectious Disease
        - Sentinel Events

3. The Data Subcommittee collected this data from a variety of sources over a period of approximately six months.
4. This data was presented to the CHIPP Steering Committee on May 10, 2017 and analyzed by the team.
5. The CHIPP Steering Team noted trends in each category. In addition, they found gaps that were later included in the data (ALICE data, some poverty measures, data on Lyme disease).

The full Community Health Status Assessment (CHSA) can be found below.

.

Category One-Demographic Characteristics

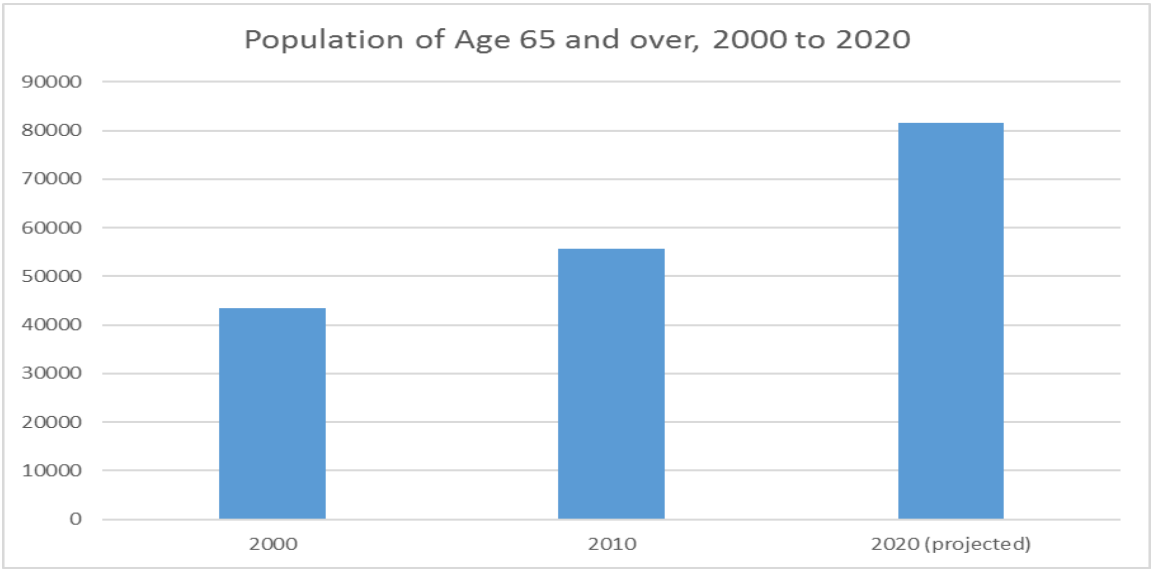
Definition of Category: Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, and the rate of change in population density over time, due to births, deaths and migration patterns.

Data Highlights:

- Population percent growth change declined in Waukesha County between 1990 and 2010. Projections for 2020 show a similar trend
- The slowing population growth is due to a decline in natural increase (number of births minus number of deaths) that is not being offset by strong migration into the county
- Between 1990 and 2010, the White population grew at a much smaller growth rate than minority populations. This decline is projected to continue
- The population of age 65 and over will make up almost 25 percent of the county's population by 2030. There are more women than men in this age group due to the fact that women are living longer than men.

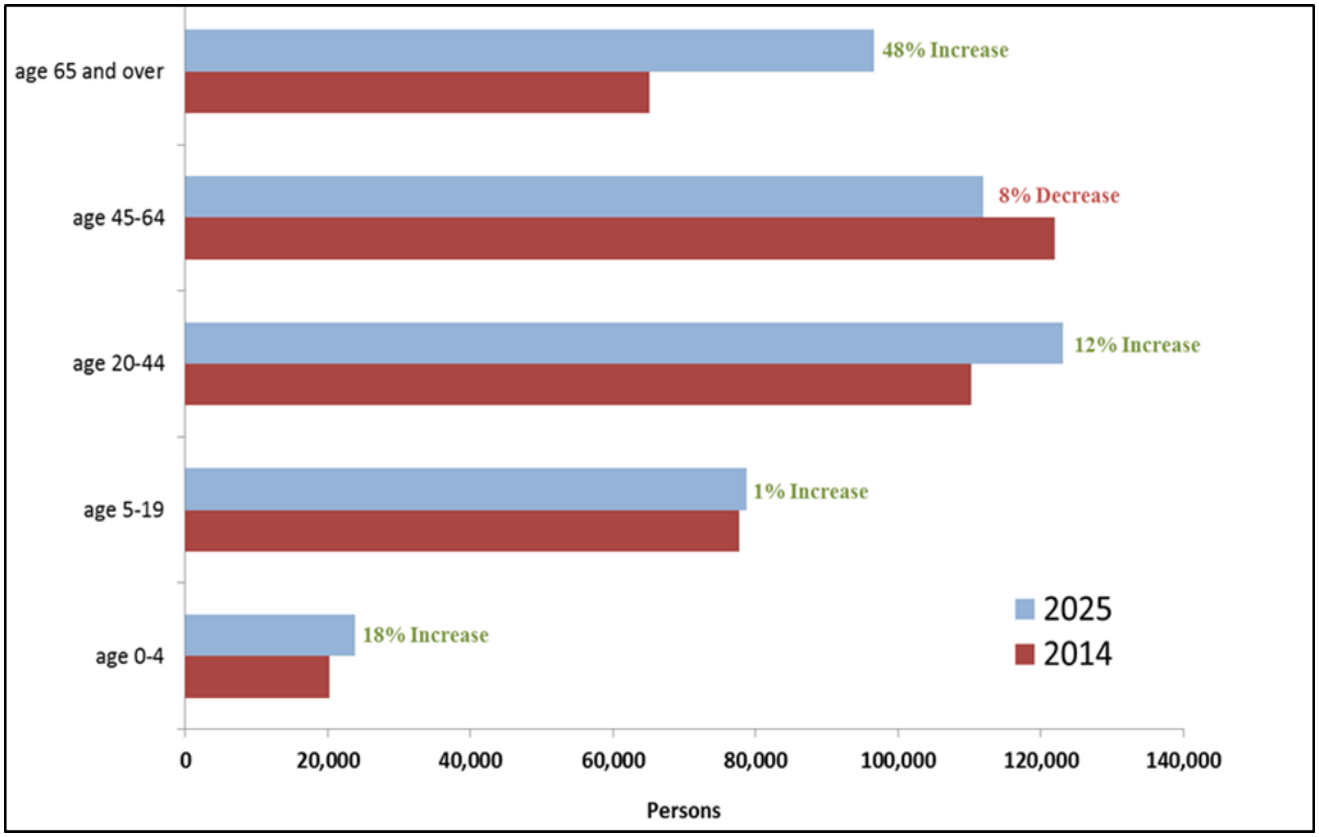
Demographics	Waukesha		WI
	#	%	%
Age Group			
Under 5	20,425	5.2	6.0
5 to 14	51,889	13.2	12.9
15 – 19	26,958	6.8	6.8
20 – 44	109,641	27.8	31.8
45 – 64	122,313	31.1	27.8
65 – 74	33,798	8.6	8.0
75 and older	28,849	7.3	6.7
Total	393,873	100.0	100.0
Gender			
Males	193,441	49.1	49.7
Females	200,432	50.9	50.3
Race			
White	365,833	92.9	86.5
Black or African Am.	5,605	1.4	6.3
American Indian or Alaska Native	730	0.2	0.9
Asian	11,662	3.0	2.5
Hispanic or Latino	17,660	4.5	6.3
Native Hawaiian or other Pacific Islander	119	0.03	0.02
Some other race/ 2 or more races	9,924	2.5	3.8

US Census data – 2015 American Community Survey



US Census data

Waukesha County Change in Selected Age Groups, 2014 to 2025



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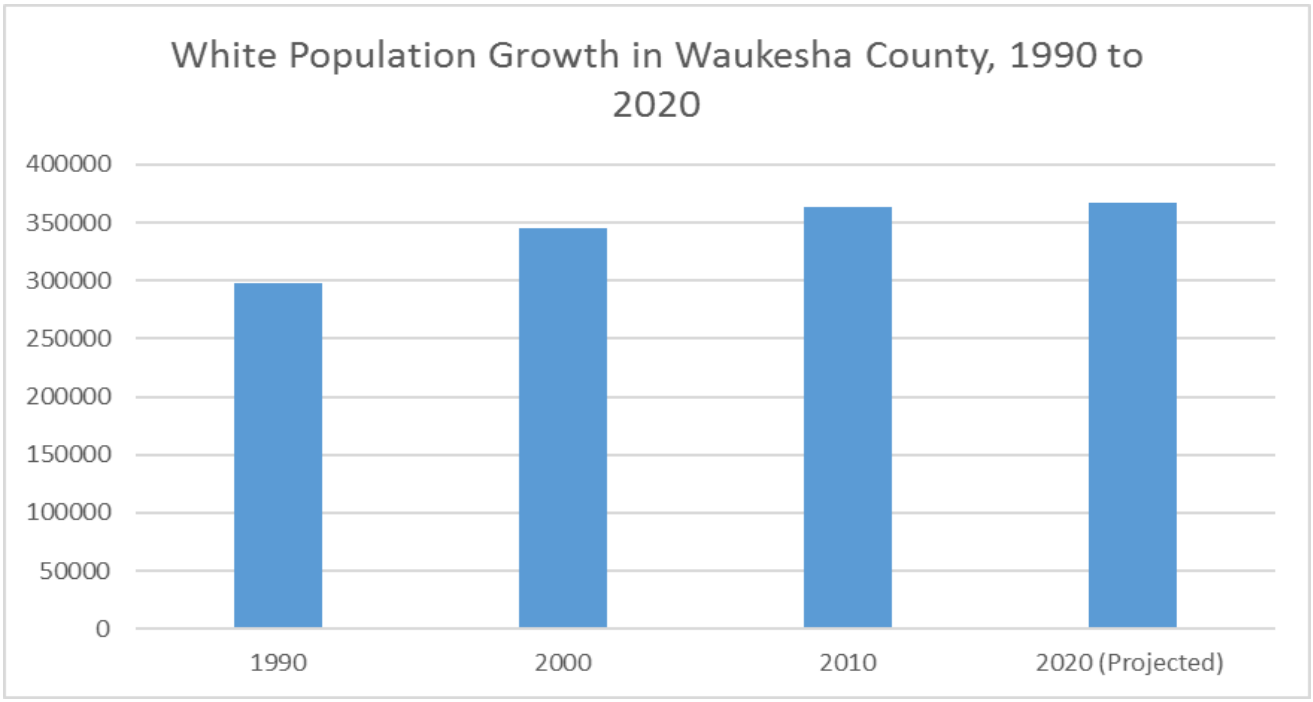

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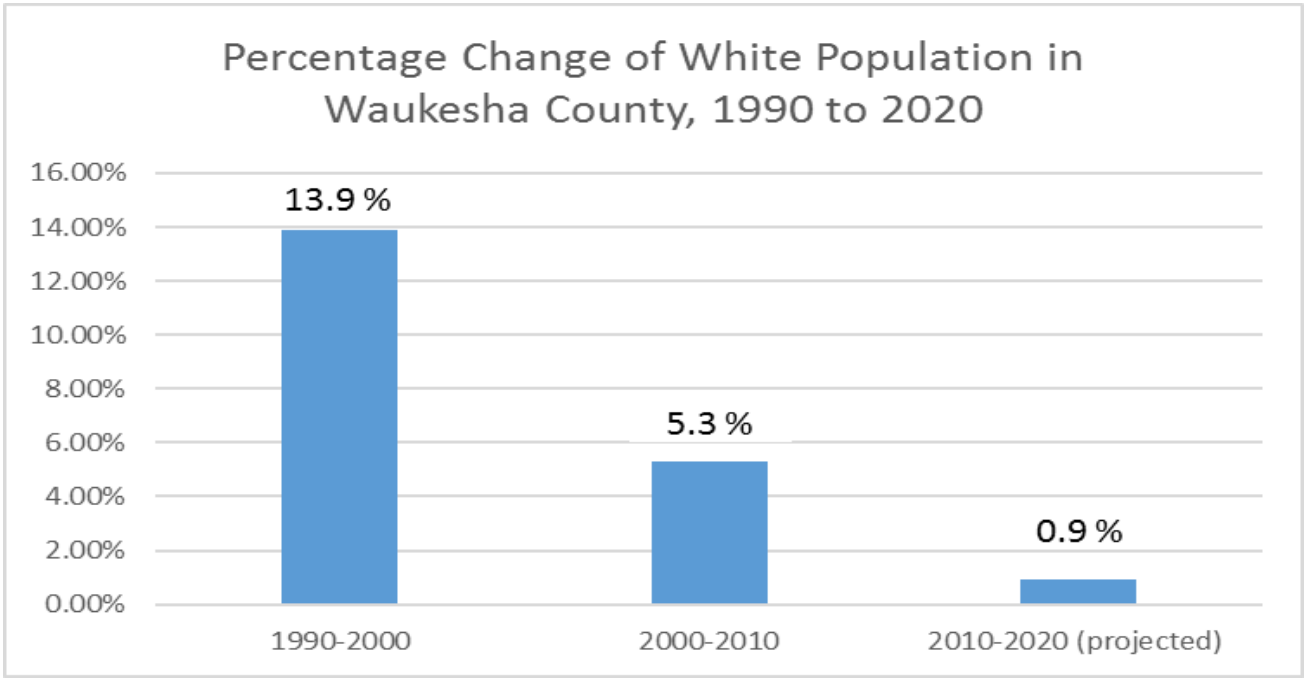

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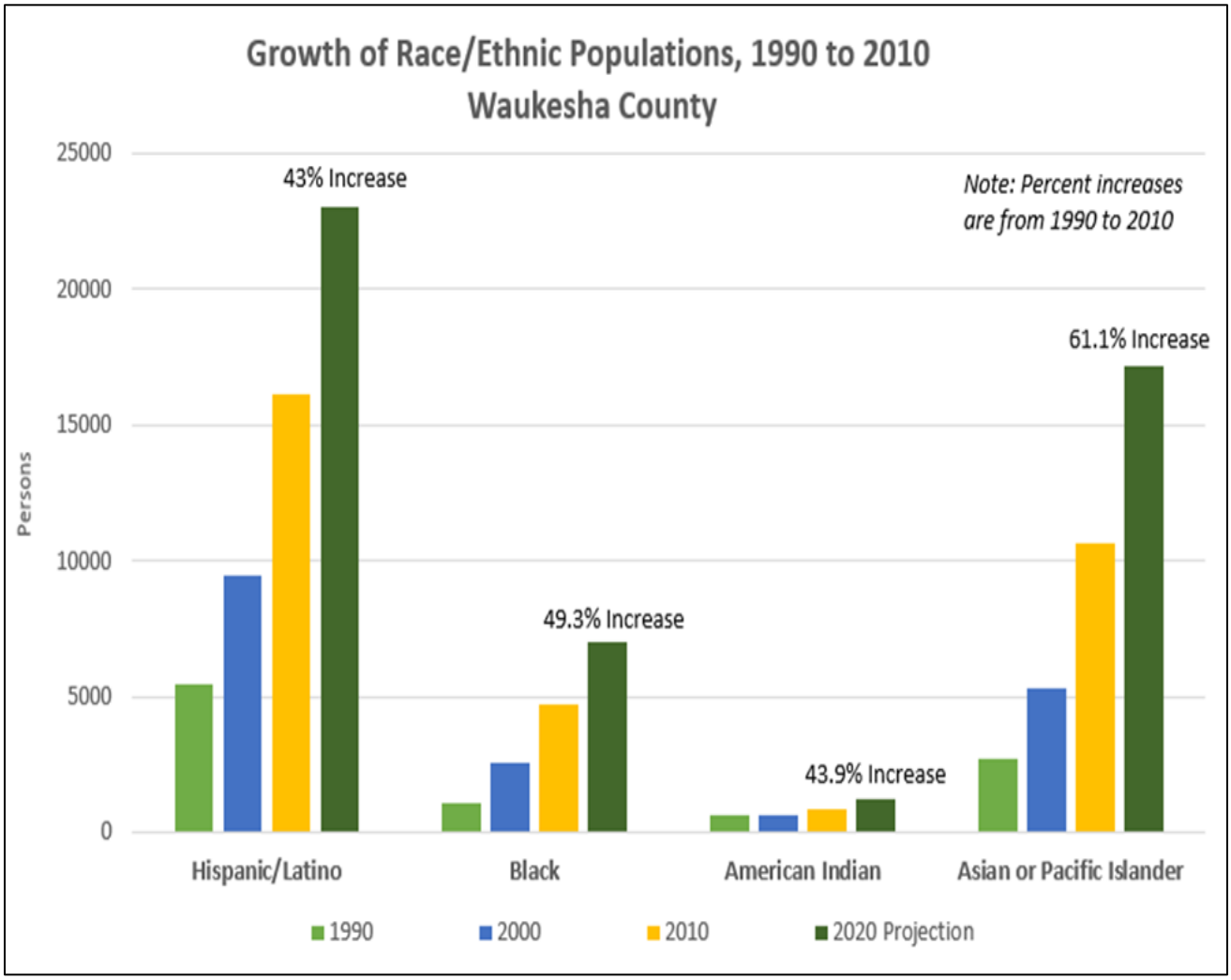


US Census data

Category Two-Socioeconomic Characteristics

Definition of Category: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Data Highlights:

- The Waukesha County 2015 unemployment rate and median household income is similar to 2010 but food stamp percentage has gone up significantly
- Poverty rate has increased slightly since 2010 but remains lower than the state average
- High school graduation and bachelor degree rates in Waukesha County are higher than the state average
- Certain areas of the county have high rates of people living in poverty or ALICE range

Socioeconomic Measures	Waukesha County		WI
	2010	2015	2015
Income and Employment			
% Unemployed	4.8%	4.2%	6.3%
Median Household Income	$75,064	$76,545	$53,357
% Households Receiving Food Stamps/SNAP*	2.5%	5.2%	12.9%
Poverty			
% of Children Living in Poverty	6.5%	6.8%	17.8%
% Age 18-64 Living in Poverty	4.6%	4.7%	12.4%
% Age 65+ Living in Poverty	4.0%	5.0%	7.7%
Education			
% Persons aged 25 and Older with Less than a High School Education	5.0%	4.3%	9.0%
% High School Graduate or Higher	95.0%	95.7%	91.0%
% Bachelor's Degree or Higher	39.2%	41.2%	27.8%
Household			
% Single Parent Families	18.7%	18.6%	29.4%
% Households with Language other than English	7.1%	7.4%	8.7%
% Households with No Vehicle Available	3.9%	4.2%	7.1%
Number Homeless		765	18,883
% Subsidized Housing per Total Number of Households		2.6%	4.7%
Other			
% with a Disability	8.4%	9.8%	11.7%
% of Persons without Health Insurance	4.6%	4.3%	7.9%

*eligibility criteria changed in this time period
US Census: 2006-2010, 2008-2010, 2011-2015 American Community Survey
Affordable Housing Online

ALICE is an acronym that stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, comprising of households with income above the Federal Poverty Level but below the basic cost of living. The ALICE rate for the State of Wisconsin stands at 42%. In Waukesha County the rate is 29% (6% poverty and 23% ALICE population). The ALICE population are employed, but many of the jobs do not pay enough to afford the basics of housing, child care, food, health care and transportation.

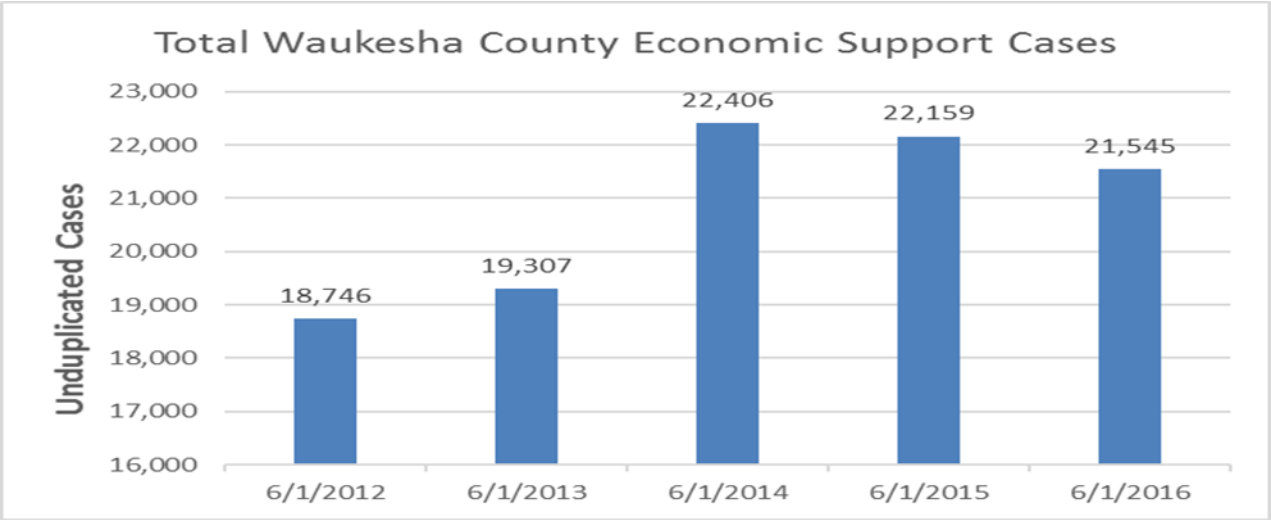
ALICE Report - Waukesha County, 2014

Town	Total Households	% ALICE & Poverty*
Big Bend	470	28%
Brookfield	14,557	22%
Brookfield Town	2,716	35%
Butler	863	52%
Chenequa	238	11%
Delafield	2,892	31%
Delafield Town	2,873	14%
Dousman	926	34%
Eagle	676	25%
Eagle Town	1,212	17%
Elm Grove	2,263	13%
Genesee	2,613	15%
Hartland	3,602	36%
Lac La Belle	106	16%
Lannon	497	40%
Lisbon	3,797	35%
Menomonee Falls	14,539	31%
Merton	1,036	11%
Merton Town	2,922	16%
Mukwonago	2,991	36%
Mukwonago Town	2,885	16%
Muskego	9,220	26%
Nashotah	577	22%
New Berlin	16,612	28%
North Prairie	807	20%
Oconomowoc	6,278	34%
Oconomowoc Lake	216	20%
Oconomowoc Town	3,335	23%
Ottawa	1,422	17%
Pewaukee	5,451	23%
Pewaukee Village	3,910	40%
Summit	1,685	20%
Sussex	3,880	29%
Vernon	2,843	20%
Wales	1,013	23%
Waukesha	28,466	41%
Waukesha Town	3,493	25%

* Alice/Poverty level is below $25,392 for single adult and $66,840 for family of four

United Way

Waukesha County HHS Data



Waukesha County HHS Data

Free and Reduced Lunch School Lunch		
School Year	Number of free and reduced lunch	% of free and reduced lunch
2011-2012	10,526	16.6%
2012-2013	11,537	18.3%
2013-2014	11,675	18.6%
2014-2015	11,235	18.1%
2015-2016	10,903	17.6%

Wisconsin Department of Public Instruction

Food Insecurity				
	Waukesha			WI
	2012	2013	2014	2014
% food insecure	9%	9%	8%	12%

County Health Rankings

Category Three-Health Resource Availability

Definition of Category: This domain represents factors associated with health system capacity, including both the number of licensed medical providers and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of health care and prevention services.

Data Highlights:

- The availability of primary care, mental health and dental providers in Waukesha County exceeds Wisconsin State averages (as expressed in rate per 100,000 population)
- The aging/retiring healthcare workforce, combined with increasing demands of caring for the aging population (silver tsunami) poses significant challenge
- Unmet medical and dental care appears to be increasing. Seventeen percent of respondents reported medical care was not received due to cost concerns

Healthcare Providers			
	Waukesha County		Wisconsin
	Number	Rate per 100,000 population	Rate per 100,000 population
Primary Care Physicians	600	151.85	90.6
Mental Health Providers	768	194.3	170.7
Dentists	342	86.26	64

Community Commons

Waukesha County Medical Facilities		
	Facilities	Beds
Hospitals	5	737
Nursing Homes	18	1,876
Federally Qualified Health Center	1	N/A

AHD.com, DHS.wisconsin.gov

State of Wisconsin Healthcare Workforce			
	Turnover Rate	**Vacancy Rate**	**Projected national demand for 2014-2025**
CNAs	23%	10.1%	+34.0%
Lab Tech	18.6%	5.5%	
RN	13.4%	6.2%	
RNs planning to leave workforce within 10 years	40%		

WHA workforce report

Medicare Costs		
	Waukesha County	Wisconsin
Total Medicare Costs	$385 Million	$5.1 Billion
Per Capita Costs	$8,202	$8,102
Average Hierarchical Condition Category (HCC) Score	0.93	0.95
Average Beneficiary Age	72	71

http://medicare-usage.healthgrove.com

Health Information and Services			
		2012	2015
Unmet care in last 12 months			
	Medical care	4%	9%
	Dental care	9%	12%
	Mental Health care	<1%	3%
Did Not Receive Care Needed due to Cost			
	Medical care	n/a	17%
	Prescription	8%	8%
Primary Source of Health Information			
	Doctor	40%	47%
	Internet	28%	30%
	Myself/Family member in health field	9%	6%

Community Health Survey

Category Four-Quality of Life

Definition of Category: Quality of Life (QOL) is a construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators research has shown to be related to determinants of health and community-wellbeing, other valid dimensions of QOL include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

Data Highlights:

- A 2017 community survey indicates broad belief that the quality of life in Waukesha County is quite good. Scores on a five-point scale ranged from a low of 3.48 (regarding all resident's ability to improve the community) to 4.28 (regarding suitability to raising children). Mean score from all responses is 3.86 out of 5.0
- Areas of concern point to drug use, transportation, awareness of services and affordability
- Individual perception of overall health has remained essentially unchanged since 2012
- Concern for personal safety has remained essentially unchanged since 2012. In general, bullying has diminished overall, with the largest decrease expressed in verbal bullying

2017 Survey "Perception of Quality of Life in Waukesha County" (N=379)

Quality of Life Measure	**Score (1 least satisfied, 5 most satisfied)**
Persons satisfied with the quality of life in Waukesha County	4.20
Adults satisfied with the health care system in the community	3.90
Persons who believe Waukesha County is a good place to raise children	4.28
Persons who believe Waukesha County is a good place to grow old	3.77
Persons who feel there is sufficient economic opportunity in Waukesha County	3.74
Persons who feel Waukesha County is safe place to live	4.06
Persons who feel there are adequate networks of support in Waukesha County	3.76
Persons who believe all individuals and groups have the opportunity to contribute and participate in the community's quality of life	3.66
Persons who feel that all residents can make the community a better place to live	3.48
Persons who believe there is an active sense of civic responsibility and engagement	3.74
Key areas of concern as expressed in narrative comments	
Community concern over drug activity and substance abuse	
Transportation for seniors	
Lack of awareness around available services in the community	
Lack of affordable housing for lower and middle class families and those on fixed incomes	
Lack of awareness around mental health services	
Economic opportunity restricted	

Health and Safety		
	2012	**2015**
Overall Health		
Rate health as fair or poor	10%	11%
Personal Safety in Waukesha County		
Afraid for personal safety	4%	4%
Pushed, Kicked, Slapped or Hit	1%	3%
Had at Least One Safety Issue	4%	5%
Children in Household and Bullying		
Experienced Some form of Bullying (past 12 months)	18%	14%
Verbally Bullied	18%	14%
Physically Bullied	5%	2%
Cyber Bullied	3%	4%

Community Health Survey

Category Five-Behavioral Risk Factors

Definition of Category: Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and significant morbidity and mortality later in life.

Data Highlights:

- Percentage of adults that are overweight or obese continues to increase and has surpassed the State, whereas exercise has decreased
- Percentage of adults with high blood pressure, high blood cholesterol and diabetes continues to increase
- Screenings and routine procedures have stayed relatively stable

Behavioral Risk Factors	Waukesha County			WI *
	2009	2012	2015	2014/2015
Substance Use and Abuse				
Tobacco use (past 30 days)	17%	17%	13%	17.3%
Binge drinking (past 30 days)	27%	22%	29%	22.9%
Lifestyle				
Overweight or Obese	63%	65%	70%	66.0%
Fruit Intake (2+ servings/day)*	68%	65%	65%	62.1%
Vegetable Intake (3+ servings/day)*	30%	29%	25%	76.0%
Recommended Moderate or Vigorous Activity	53%	47%	46%	52.8%
Health Conditions in Past 3 years				
High Blood Pressure	22%	26%	33%	29.6%
High Blood Cholesterol	24%	25%	26%	36.1%
Diabetes	6%	7%	9%	8.4%
Asthma (current)	9%	8%	8%	9.6%
Screenings				
Pap Smear (18-65, within past 3 years)	89%	83%	82%	76.6%
Mammography (50+, within past 2 years)	76%	77%	78%	77.0%
Colonoscopy (50+, within past 10 years)*	62%	59%	62%	75.9%
Routine Procedures				
Routine checkup (2 yrs. Ago or less)	84%	85%	85%	83.6%
Dental checkup (past year)	74%	75%	76%	70.1%
Eye Exam (past year)	41%	49%	55%	
Cholesterol Test (past 4 years)	82%	79%	84%	77.5%

2015 Community Health Survey, 2014-2015 Wisconsin BRFSS
**Risk factor measured differently for State*

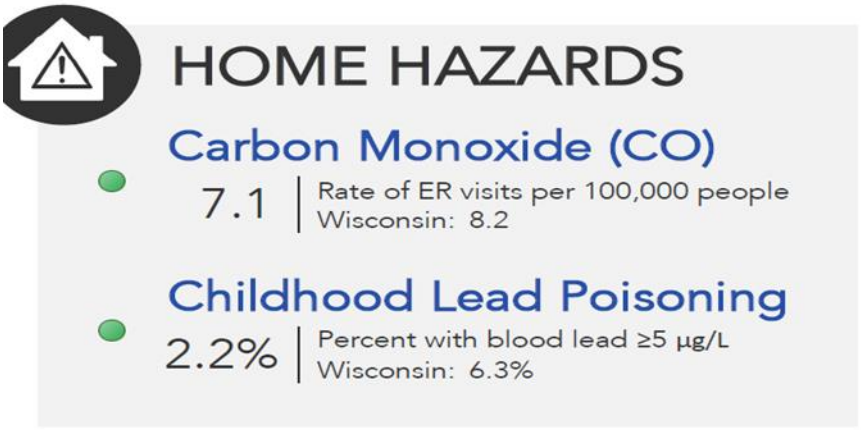
Category Six-Environmental Health Indicators

Definition of Category: The physical environment directly impacts health and quality of life.

Clean air and water, as well as safe home and yard environments, are essential to physical health. Exposure to environmental substances, such as lead, increases risk for preventable disease.

Data Highlights:

- Waukesha County rates well in the category of Home Hazards
  - Emergency Room visits due to carbon monoxide is lower that the State rate
  - The percent of children with elevated blood lead levels is much lower than the State percent
- While Waukesha County rates very well on Ozone air quality, it is higher than the State for Particulate Matter
- Waukesha County has higher rates of Arsenic in its water, but lower Nitrates when compared to the State
- While animal bite incidents have a remained fairly stable, more animals positive for Rabies have been found lately



Waukesha County Environmental Health Profile 2015

Waukesha County Environmental Health Profile 2015

Animal Bites and Rabies				
	2012	**2013**	**2014**	**2015**
Animal Bites	675	584	638	617
Rabies submissions	175	133	134	156
# positive			4	1
# inconclusive	7	9	7	8

Waukesha County Environmental Health Data

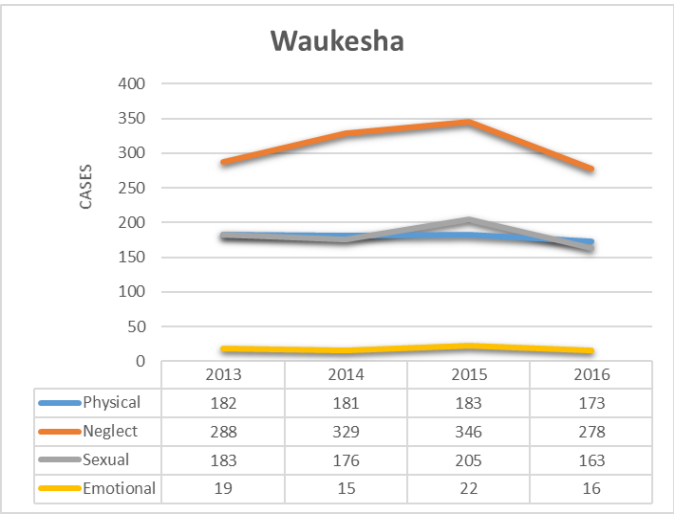
Category Seven-Social and Mental Health

Definition of Category:
This category represents social and mental factors and conditions which directly or indirectly influence overall health status which contribute to individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by child maltreatment, access to mental health care, school attendance and exposure to violence within the home and within the community.

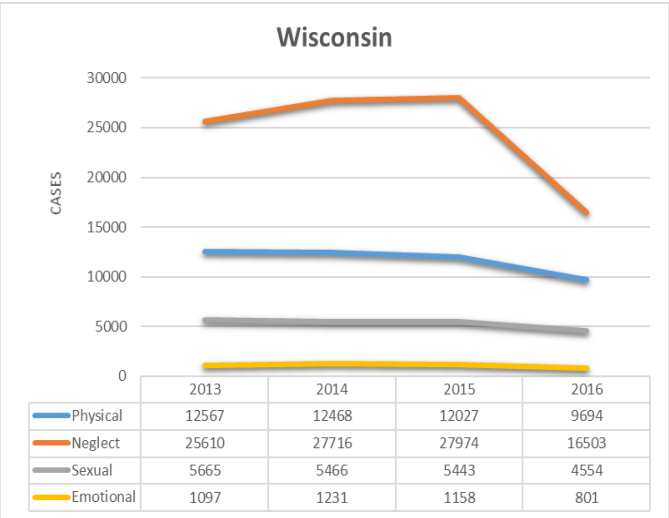
Data Highlights:

- Child Protective Services data represents all screened in cases of maltreatment in Waukesha over a period of four years. State data is included for comparison purposes
  - Trend lines are similar for County and State data. In Waukesha, there are similar numbers of physical abuse and sexual abuse cases whereas at the State physical abuse exceeds sexual abuse
  - Child abuse data reflects a flat trend line for physical, sexual and emotional abuse, whereas there has been a decline in the numbers of neglect cases in the past year when compared to the previous 3 years
- There has been a trend toward higher numbers of truants within the county over the past 4 years. Barring a slight decrease in 2016, current patterns of truancy are consistent with rates in the early 2000s
- Mobile Crisis Services were expanded in 2016. There has been a general trend toward increased calls and increased assessments over the course of the year
- Violent crime rates are trending upward in all areas measured (assault, robbery, rape and homicide)
- Overall, there is a pattern of increased concern in the areas of Social and Mental Health of the community

Number of Confirmed Cases of Child Abuse & Neglect among Children



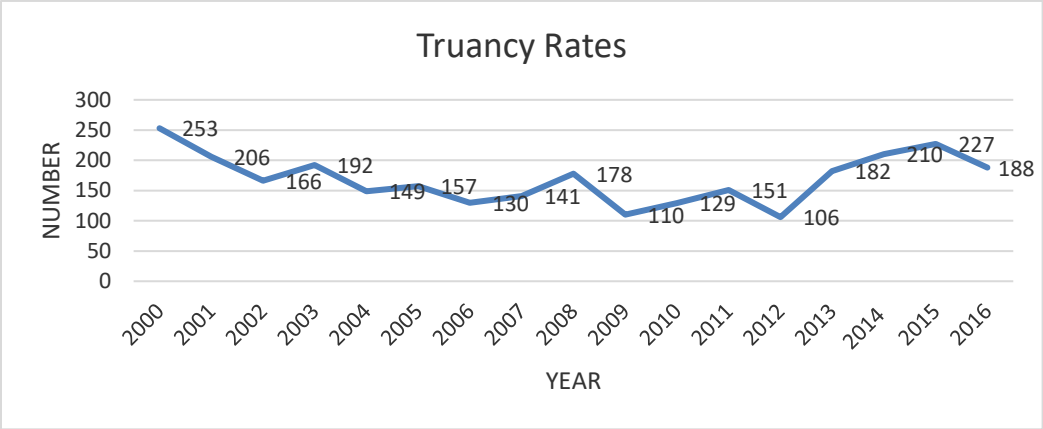
	2013	2014	2015	2016
Physical	182	181	183	173
Neglect	288	329	346	278
Sexual	183	176	205	163
Emotional	19	15	22	16



	2013	2014	2015	2016
Physical	12567	12468	12027	9694
Neglect	25610	27716	27974	16503
Sexual	5665	5466	5443	4554
Emotional	1097	1231	1158	801

eWiSACWIS. SM02X100 – Access Report (Enhanced) 2013-2016

Truancy Rates in Waukesha County



Waukesha County Adolescent & Family Division. 2016

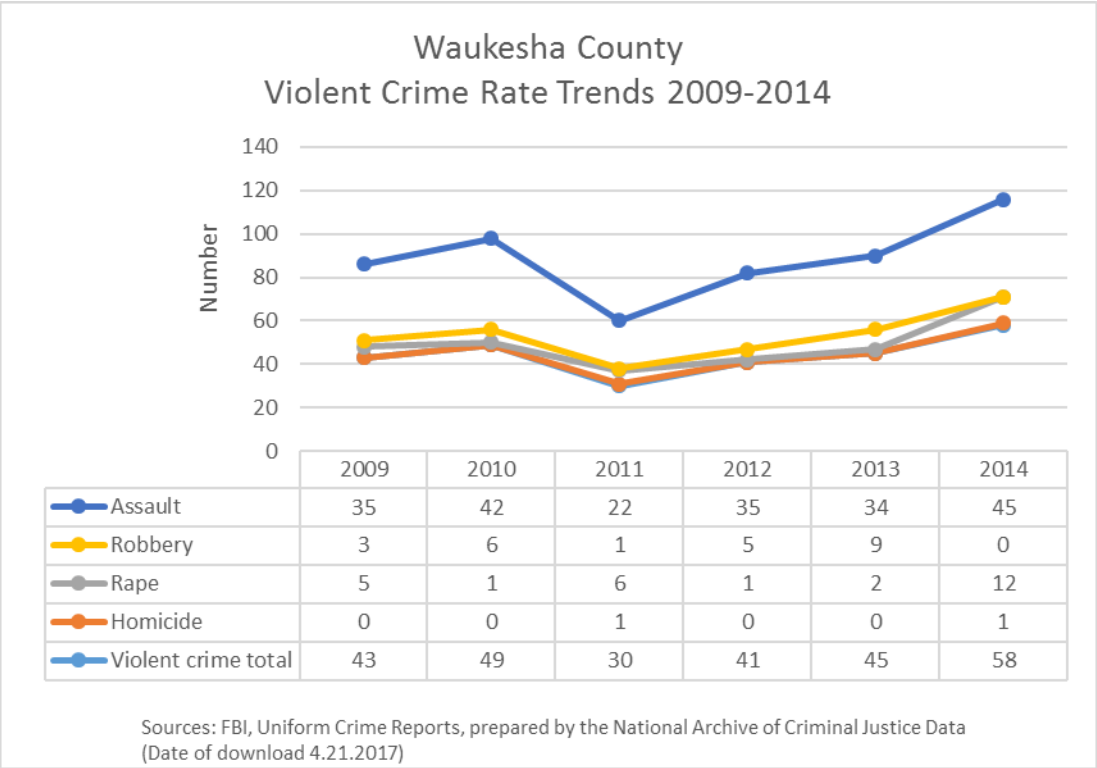
Waukesha County DHHS Clinical Services Division • Mobile Crisis Intervention Data 2016

Availability of Crisis Services		Total Calls	Assessments	Outcome of Assessment			
				Safety Plan	Voluntary Admission	Emergency Detention	Emergency Protective Placement
Monday-Friday 8am-9pm Weekends & Holidays 12pm-8pm	JAN	134	25	18	6	0	1
	FEB	168	42	29	6	6	1
	MAR	166	28	14	7	4	3
Mon—Fri, 8am-12am Weekends, 12pm-8pm	APR	178	21	6	5	5	5
8am-12am, 7 days/week	MAY	289	66	32	16	17	1
	JUN	277	98	33	19	42	4
Monday-Friday, 24/7 Weekends, 8am-12am	JUL	365	116	58	11	45	2
Monday-Friday 24/7, Weekends 6am-12am	AUG	405	118	53	21	43	1
	SEP	345	115	53	14	47	1
Monday-Friday 24/7, Weekends 5am-12am	OCT	369	122	47	16	57	2
	NOV	293	122	-	-	-	-
24/7, Seven days/week	DEC	255	103	-	-	-	-
		3,244	**976**	**343 (46%)**	**121 (16%)**	**266 (35%)**	**21 (3%)**

Notes:
Total Calls for July-October: Crisis workers documented Follow-Up Calls on crisis log, which contributed to the total calls. Once Avatar was implemented on 11/07/16, follow-up calls were documented separately from total calls.

Outcome of Assessment November & December: These outcomes are not tracked in Avatar, therefore, there is no process in place to calculate these totals.

02.06.17



	2009	2010	2011	2012	2013	2014
Assault	35	42	22	35	34	45
Robbery	3	6	1	5	9	0
Rape	5	1	6	1	2	12
Homicide	0	0	1	0	0	1
Violent crime total	43	49	30	41	45	58

Sources: FBI, Uniform Crime Reports, prepared by the National Archive of Criminal Justice Data (Date of download 4.21.2017)

Domestic Violence and Sexual Assault		
	2015	**2016**
Domestic Violence (unduplicated)		
Adults	694	669
Children	188	159
Total Domestic Violence	882	828
Sexual Assault (unduplicated)		
Adults	231	212
Children	36	36
Total Sexual Assault and Abuse	267	248

Women's Center Data

Adverse Childhood Experience (ACEs) is a traumatic experience, which occurs prior to the age of 18, such as child physical or sexual abuse, having an incarcerated household member, exposure to domestic violence or parental divorce. ACEs have been linked to a range of negative outcomes in adulthood.

ACEs in Wisconsin (2011-2012 data)

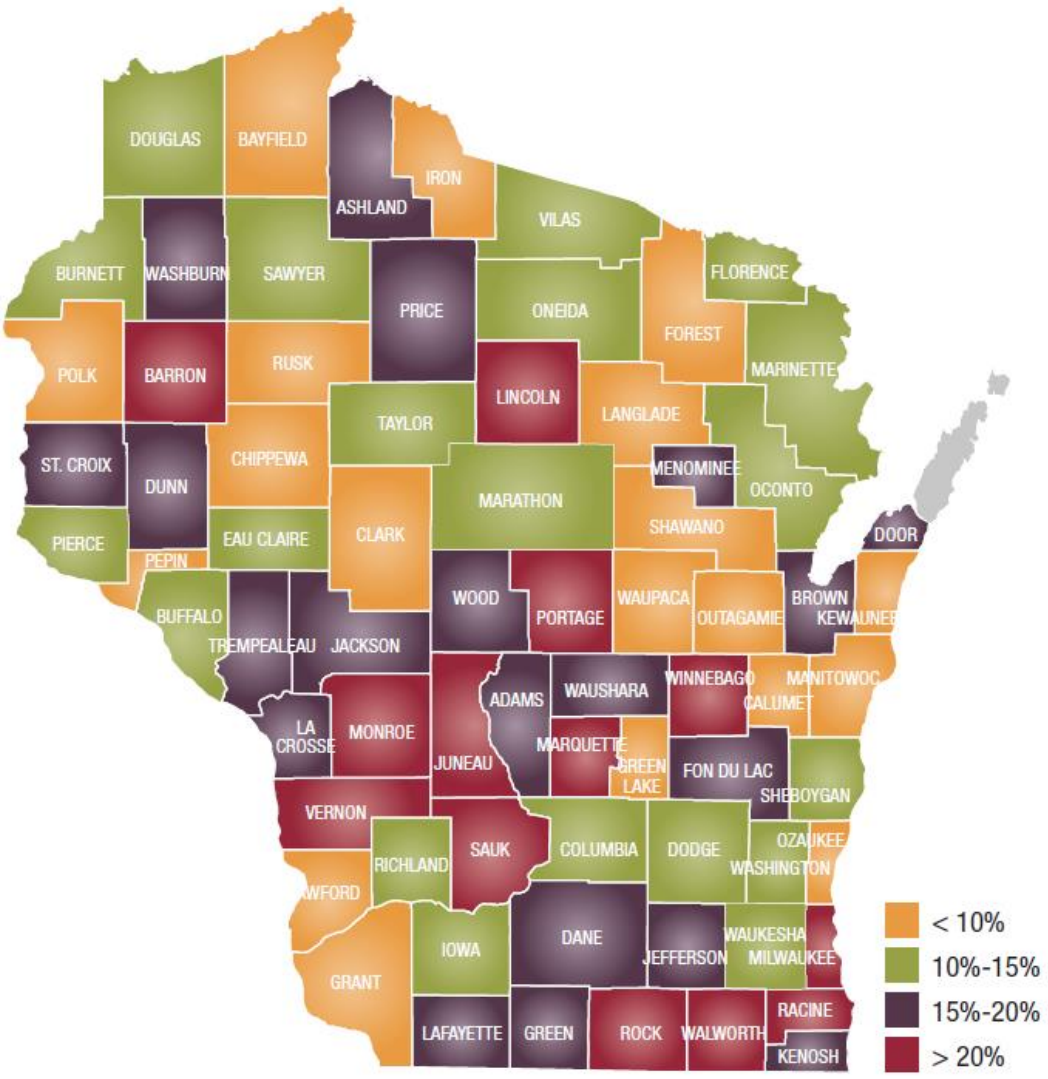


Figure 3. Prevalence of 4 or more ACEs in Wisconsin Counties

Children's Trust Fund Data

Category Eight-Maternal and Child Health

Definition of Category: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers is a critical indicator of increased risk for both mother and child.

Data Highlights:

- While child death rates have remained stable, infant mortality rates have improved, and both rates are lower than the State
- Waukesha County's Birth rate and Fertility Rate are lower in comparison to the State
- Adolescent pregnancy rate is much lower in Waukesha County compared to the State
- Waukesha County has less participation of eligible recipients who could receive WIC services in comparison to the state

Maternal and Child Health	Waukesha County 2013	Waukesha County 2014	Waukesha County 2015	Wisconsin 2015
Mortality				
Child Mortality Rate, Deaths 1-14 yrs. per 100,000 population	11.6	10.5	12	15.5
Infant Mortality, Deaths within 1st year per 1,000 live births	6	2.8	3.8	5.7
Post Neonatal (28-364 days) Mortality Rate per live births	1.9	0.5	0.8	1.7
Neonatal (<28 days) mortality Rate per live births	4.1	2.3	3	4
Birth rates				
Live birth Rate - Births per 1,000 population	9.4	9.9	9.4	11.6
Fertility Rates- Births per 1,000 Women Ages 15-44	55.2	57.9	55.2	61.8
Births to adolescents (10-17yrs.) - % of all births	0.4	0.4	0.1	1.1
Adolescent Pregnancy Rate (15-17 yrs.) - Births per 1,000 Females age 15-17 yrs.	2	1.9	0.6	6.6
Low Birth Weight - (Less than 2,500 grams)	6.3	5.7	5.6	7.3
Very low birth Weight - (Less than 1,500 grams)	1.1	0.8	1	1.3
Prenatal Care				
Entrance into Prenatal Care in 1st Trimester, % of total	85.3	86.5	85.3	75.5
Entrance into Prenatal Care in 3rd Trimester, % of total	2.1	2.4	2.4	3.8
No Prenatal Care, % of total	0.3	0.3	0.2	0.6
WIC Participation				
WIC recipients as % of those eligible	48.4	44.1	46.3	61

WISH, WIC Data

Category Nine-Death, Illness, and Injury

Definition of Category: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease).

Mortality may be represented by crude rates or age-adjusted rates, and by cause (i.e. disease, cancer or injuries). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease.

Data Highlights:

- The leading causes of deaths have changed slightly since the year 2000, with the biggest increases seen in Alzheimer's and suicide
- Crude rates for new cases of cancer are higher in Waukesha County than the State for most types of cancer
- Most mortality rates are stable or decreasing with the exceptions of the following which are increasing: Cervical Cancer, Alzheimer's, Unintentional Injuries, and Suicide
- There are significant racial/ethnic disparities identified in the mortality rates for Diabetes, Alzheimer's, Stroke, Heart Disease and Infant Mortality
- Hospitalizations and deaths due to Falls have been fairly stable, with Waukesha County better than the State in hospitalization rates, but worse in death rates

Leading causes of Death 2000 vs 2015		
Rank	**Year 2000 (# of deaths)**	**2015 (# of deaths)**
1	Heart Disease (858)	Cancer (753)
2	Cancer (638)	Heart Disease (677)
3	Stroke (215)	Accidents (229)
4	Accidents (141)	Stroke (174)
5	Chronic lower respiratory diseases (130)	Alzheimer's (170)
6	Influenza and pneumonia (83)	Chronic lower respiratory diseases (160)
7	Diabetes (81)	Influenza and pneumonia (82)
8	Alzheimer's (57)	Diabetes (73)
9	Nephritis/nephrosis (52)	Nephritis/nephrosis (66)
10	Chronic liver disease and cirrhosis (35)	Suicide (58)

New Cases of Cancer							
Primary site of Cancer	Waukesha County						Wisconsin
	2011		2012		2013		2013
	Cases	Rates	Cases	Rates	Cases	Rates	Rates
Female Breast	374	189.0	383	193.3	390	195.1	154.5
Prostate	334	173.3	286	147.9	271	140.6	124.1
Lung & Bronchus	258	66.0	264	67.4	287	73.1	70.9
Colorectal	191	48.9	173	44.2	175	44.6	43.1
Cervical	12	6.1	10	5.0	10	5.0	5.6
Other Sites	1,205	308.5	1,169	298.5	1,251	318.6	278.4
Total	2,376	608.2	2,293	585.6	2,384	607.1	534.6

Rates are Crude Incidence Rates per 100,000 population
Public Health Profiles 2014-2016

Age-Adjusted Mortality Rates*				
	Waukesha County			Wisconsin
Disease	2013	2014	2015	2015
All Causes	610.3	617.6	593.2	716.4
Cancers				
All Cancers	143.8	149.7	136.4	159.5
Lung Cancer	38.4	37.4	33.5	39.8
Breast cancer	11.3	11.6	8.9	10.2
Colorectal Cancer	11.9	10.6	8.7	12.8
Cervical/Uterus Cancer	1.3	2.4	4.4	4.1
Chronic Conditions/ Diseases				
Cardiovascular Disease	125.8	122.5	117.0	156.1
Stroke	28.5	25.5	30.5	35.6
COPD	29.6	32.3	28.1	39.3
Alzheimer's Disease	18.0	20.5	27.5	27.5
Diabetes Mellitus	16.6	14.8	12.8	19.4
Chronic Kidney Disease	14.1	11.1	11.7	13.7
Chronic Liver Disease	7.8	7.6	6.3	8.5
Other				
Unintentional Injuries	40.4	41.2	44.7	49
Suicide	13.1	10.7	14.3	14.6
Pneumonia/Influenza	15.9	16.9	13.8	14.2
Motor Vehicle Crashes	7	6	5.5	10

*All rates per 100,000 population
WISH Data

Waukesha County Deaths by Race/Ethnicity 2012-2015		
Race/Ethnicity	**Death Rate***	**Disparity**
Diabetes		
White	14	
Asian	18.1	1.3 times higher than White Rate
Non-Hispanic	14	
Hispanic	20.6	1.5 times higher than Non-Hispanic rate
Alzheimer's Disease**		
Non-Hispanic	20.6	
Hispanic	35.6	1.7 times higher than non-Hispanic rate
Stroke		
White	34.5	
Black	49.9	1.4 times higher than White rate
American Indian	46.6	1.4 times higher than White rate
Asian	48.7	1.4 times higher than White rate
Non- Hispanic	28.4	1.1 times higher than Hispanic rate
Hispanic	24.9	
Heart Disease		
White	124.1	1.8 times higher than Asian rate
Black	104	1.5 times higher than Asian rate
Asian	68.8	
Non-Hispanic	123.8	1.5 times higher than Hispanic rate
Hispanic	81.1	
Infant mortality		
White	3.5	
Black	4.4	1.3 times higher than White rate
Non-Hispanic	7.3	
Hispanic	10.8	1.5 times higher than non-Hispanic rate

*Age Adjusted Mortality Rate: Deaths per 100,000 population
**Data is 2011-2015
WISH Data

Hospitalizations 2014			
Cause of Hospitalization	**Waukesha County**		**Wisconsin**
	Cases	**Rate (per 1,000)**	**Rate (per 1,000)**
Total Hospitalizations	39,252	99.6	104.1
Preventable Hospitalizations	4,457	11.4	13.2
Injury-Related	3,182	8.1	8.6
Mental Disorders	2,129	5.4	6.6
Cancers	1,247	3.2	3.0
Coronary Heart Disease	1,023	2.6	2.8
Stroke	992	2.5	2.5
Pneumonia & Influenza	904	2.3	2.8
Alcohol-Related	768	1.9	1.8
Diabetes	389	1.0	1.3
Asthma	271	0.7	0.9
Drug-related	284	0.7	0.6

Public Health Profiles 2016

Fall Data by Age Group							
Age Groups	**Waukesha County**						**Wisconsin**
	2012		**2013**		**2014**		**2014**
	#	**Rate***	**#**	**Rate***	**#**	**Rate***	**Rate***
Fall-Related Hospitalizations							
Under 1	1	26.8	4	107.1	1	26.0	64.5
1-14	31	41.5	27	39.0	13	17.3	25.9
15-24	21	43.5	19	40.8	19	39.3	44.1
25-44	64	71.0	58	65.6	64	73.7	93.0
45-64	298	244.3	313	239.2	281	216.9	286.2
65-84	778	1,577.3	826	1,610.5	825	1,553.3	1,418.0
85+	630	6,490.2	659	6,932.5	601	5,793.3	5,660.6
Total	1,823	365.8	1,906	373.7	1,804	341.7	348.5
Fall-Related Deaths							
Under 1	0	0	0	0	0	0	0
1-14	0	0	0	0	0	0	0
15-24	1	2.1	0	0	1	2.1	0.9
25-44	1	1.1	1	1.1	0	0	1.8
45-64	7	5.9	3	2.0	11	8.0	6.5
65-84	43	88.3	35	68.8	40	76.3	62.7
85+	64	659.3	65	683.8	65	626.6	509.8
Total	116	33.8	104	54.5	117	41.5	21.6

*All rates are Age-Adjusted for Age Groups and per 100,000 population
WISH Data

Category Ten-Communicable Disease

Definition of Category: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments / materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or through the use of protective measures.

Data Highlights:

- Waukesha County has fairly high rates of pneumococcal and influenza vaccine among those age 65 and older
- The proportion of 2-year old's who have received all age appropriate vaccines continues to increase and is approaching the Healthy People 2020 goal of 80%
- There is an increasing number of children with vaccine personal conviction waivers, which when combined with noncompliant equals approximately 5,000 children that are not fully immunized
- Communicable diseases continue to increase, from 2013 to 2016, there was a 50% increase in the number of diseases investigated
    - Largest increases have been seen in STDs, Hepatitis B and C and some enteric diseases

Proportion of adults aged 65+ who have	Waukesha			WI
	2009	2012	2015	2013
Ever been immunized for pneumococcal pneumonia	74%	75%	73%	73%
Been immunized in the past 12 months for influenza	75%	64%	73%	55%

Community Health Survey

Proportion of 2-year old children who have	Waukesha			WI
	2014	2015	2016	2016
Received all age-appropriate vaccines (4:3:1:3:3:1:4)	72%	77%	77%	73%

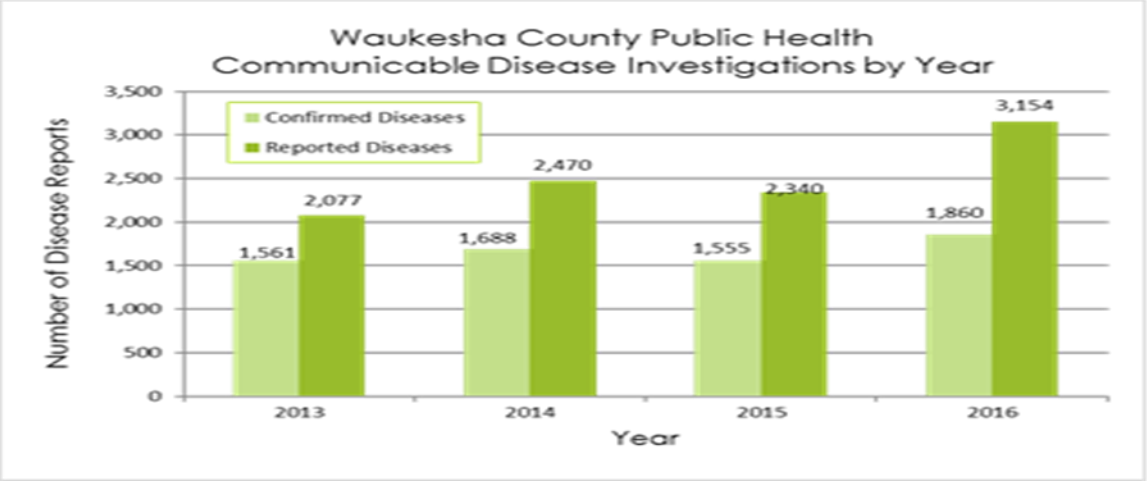
State of Wisconsin Data

Compliance with school immunization laws	School Year		
	2012-2013	2013-2014	2014-2015
Total Enrollment	73,984	72,889	76,598
% fully immunized for age	93%	93%	93%
% waivers	6%	6%	6%
# Health	261	271	266
# Religious	139	129	149
# Personal	3,711	3,714	4,076
% not compliant	1%	1%	1%

School Immunization Report

SELECTED REPORTABLE ACUTE AND COMMUNICABLE DISEASES WAUKESHA COUNTY 2012-2016					
Name of Diseases	**2012**	**2013**	**2014**	**2015**	**2016**
Enteric Diseases					
Campylobacteriosis	77	72	68	79	99
Cryptosporidiosis	10	14	10	8	19
E. coli , Shiga toxin-producing (STEC)	13	11	17	12	23
Giardiasis	32	18	21	14	25
Hepatitis A	5	3	0	1	0
Salmonellosis	68	43	50	47	59
Shigellosis	6	6	25	10	13
Vaccine Preventable Diseases					
Hepatitis B	12	16	13	14	23
Measles	0	0	1	0	0
Mumps	0	0	4	0	5
Pertussis	477	80	91	74	91
Rubella	0	0	0	0	0
Sexually Transmitted Diseases					
Chlamydia	591	661	621	630	788
Gonorrhea	85	78	69	75	113
HIV/AIDS	9	5	3	6	NA
Syphilis	7	5	6	3	18
Other Selected Reportable Diseases					
Hepatitis C	69	90	95	127	112
Influenza A, novel subtype	2	0	0	0	0
Influenza-Associated Hospitalization	190	179	282	161	101
Legionellosis	7	11	7	9	10
Lyme Disease*	43	54	31	45	43
Meningococcal Disease	0	0	0	2	0
Mycobaterial Disease (Non-TB)	103	80	82	73	85
Tuberculosis, Active	1	5	4	2	1
*Lyme Disease reporting guidelines changed 6/1/2012					
NA - Data not finalized at this time					

WEDSS data



WEDSS data

Category Eleven-Sentinel Events

Definition of Category: Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage or the introduction of globally transmitted infections. This category includes emerging issues such as the heroin/opiate epidemic.

Data Highlights:

- During the last 15 years, Waukesha County has experienced a large increase in the number of new or emerging disease threats that require a significant public health response. These threats pose significant risk to the health of Waukesha County residents and necessitate a rapidly evolving all-hazards public health response plan
- The Opiate and Heroin epidemic continues to grow at an alarming rate:
  - Hospital encounters involving opiates has increased, with the largest increase relating to Heroin, which has now surpassed the State rate
  - Neonatal Abstinence Syndrome and Ambulance runs utilizing naloxone have remained stable and similar to State rates
  - There was a sharp increase in deaths related to Heroin in 2012, and the numbers have remained high

New or Emerging Disease Threats that required Public Health Response since 2003		
Monkeypox	SARS	Pertussis
Rubella	Measles	Pandemic/Avian Flu
Ebola	Zika	Elizabethkingia
Hantavirus	Drug-resistant Tuberculosis	

Public Health Data

Opiate and Heroin Related Data								
	Waukesha						WI	
	2012		2013		2014		2014	
	#	Rate	#	Rate	#	Rate	#	Rate
Hospital Encounters involving opiates*	159	40.6	190	48.4	191	48.5	2,991	52.0
-involving Heroin specifically*	44	11.2	77	19.6	98	24.9	999	17.4
Neonatal Abstinence Syndrome**	31	8.0	37	10.0	33	8.5	583	8.7
Ambulance runs utilizing naloxone*	218	55.7	236	60.1	211	53.6	3,557	61.9

**crude rate per 100,000 population*
***crude rate per 1,000 live births*
Select Opioid-Related Morbidity and Mortality Data for Wisconsin November 2016

2008 – 2016 Drug Related Deaths by Manner, Age and Gender							
Year	Total number Drug Related Deaths	Accident	Suicide	Undetermined	Gender Male; Female	Age Range	Avg. Age
2008	37	27	6	4	21 M ; 16 F	17 – 77 yrs	39 yrs
2009	29	23	3	3	15 M ; 14 F	19 – 83 yrs	44 yrs
2010	42	29	10	3	21 M ; 21 F	20 – 74 yrs	44 yrs
2011	47	38	8	1	27 M ; 20 F	13 – 71 yrs	41 yrs
2012	59	49	7	3	39 M ; 20 F	20 - 82 yrs	41 yrs
2013	39	33	5	1	23 M ; 16 F	19 – 87 yrs	44 yrs
2014	50	40	5	5	33 M; 17 F	12-64 yrs	37 yrs
2015	49	39	7	3	26M; 23 F	20-94 yrs	43 yrs
2016 *(to date)*	41	36	4	1	32 M; 9 F	15 – 88 yrs	

Waukesha County Medical Examiners Data

2008 -2016 Drug Related Deaths by Substances Identified					
Year	Total number of Drug Related Deaths	Drug Related Deaths by Substance(s)			
		Total Heroin-related (alone or in combination)	Opioid Medications (alone or in combination)	Synthetic Opioids (non-prescription)	Other Drugs or Medications
2008	37	7	22		8
2009	29	3	20		6
2010	42	5	33		4
2011	47	6	35		6
2012	59	21	27/1*		10
2013	39	11	23**		5
2014	50	15	29		6
2015	49	20	23**		6
2016 *(adtl. data pending)*	41	15	19/1*	1	5

*One death in 2012 and one in 2016 involved injury sustained while under the influence of prescription opiate medication

**One opiate related death in 2013 and two in 2015 had morphine identified but it was undetermined whether it originated from a prescription or heroin metabolism

Waukesha County Medical Examiners Data

Waukesha County Gun-related deaths by age 2011-2013									
	Age Groups								TOTAL
	13-17	18-19	20-29	30-39	40-49	50-59	60-69	70+	
Gun-related deaths	2	3	6	10	11	17	16	9	74

WISH

Appendix B2

Community Themes and Strengths

The Community Themes and Strengths assessment answered the following questions:

- *What health and health-related issues are important to our community?*
- *What assets do we have that can be used to improve community health?*
- *How is the quality of life perceived in our community?*

The process by which this assessment was completed included the following:

1. Each CHIPP Steering Committee member was asked to brainstorm with members of their sector and ask the following questions:
    a. What specific health and health related issues are important to our community?
    b. Identify assets that our community has that can be used to improve community health.

2. Each CHIPP Steering Committee members was asked to fill out a survey asking specific questions about the Quality of Life in Waukesha County and ranking them on a Likert Scale (responses ranged from 1 to 5 with 5 being the most positive).

3. The Quality of Life survey was also distributed among the community and 379 citizens participated.

4. The CHIPP Steering Committee reconvened with the survey information summarized and the consultant facilitated a conversation utilizing a World Café and Carousel approach to identify themes

There was extensive time in evaluating the strengths and weaknesses facing the community in the following areas:

- Health System
- Community support for raising children
- Community support for older adults
- Jobs and the economy
- General perception of the quality of life in Waukesha County
- Networks and social supports
- Safety and social supports to fill community needs
- Specific assets that our community has to improve community health
- Significant health issues facing Waukesha County at this time

The detailed documentation from the process described above can be found below (including results from the survey).

Waukesha County
Community Themes and Strengths
April 12, 2017

Documentation of Participant Responses

Carousel Results: The following flip charts were populated with data from the surveys. CHIPP Steering Committee members added to each of the flip charts based upon their background and expertise. The team was also asked to underline items that were already on the flipchart if they felt strongly about certain phrases. Below is a summary of this data.

Our Health Care System – Hospitals, medical specialists, access, quality, costs, behavioral health, dental care (3.9 out of 5 on survey)	
Strengths: • Abundant options • Strong Healthcare system • Community centric • Large hospitals/systems • Great physicians • Close to Children's Hospital and Froedtert	Weaknesses: • Difficult to access • Very Expensive $$ • Lack of transportation • Need more resources for addition (at capacity at 16th St.) • Lack of affordable dental care • Shortage mental health providers • Few options if lack insurance • Crazy high deductibles • Takes months to get mental health services • Health literacy / appropriate utilization

Community Support for Raising Children – Safe, affordable childcare, school system, after school activities, recreational opportunities (4.28 out of 5 on survey)	
Strengths: • Above average schools • Lots of recreation and fun • Great recreational programs • Strong neighborhoods / caring communities	Weaknesses: • Drugs are a problem • Daycare costs are high • Lack of consistent daycare quality among childcare facilities • High quality daycare is largely unaffordable • More opportunities for affluent kids vs. kids in a lower socioeconomic position • Depends on where you live in the county • Diversion programs for young, 1st time offenders • Not enough treatment programs

Community Supports for Older Adults – Recreation and exercise opportunities, housing option, transportation options, meals, long-term care services) (3.77 out of 5 on survey)	
Strengths: • Waukesha County leadership strong supporters of services for seniors • ADRC (Aging Disability and Resource Center) does a great job • Excellent long-term care options	Weaknesses: • Very little transportation options if you don't drive • Costs are increasing- lack of affordable housing • Taxes too high for retirees • Daycare options / caregiver respite • Lack of reimbursement cost for services and support • Lack of affordable housing

Jobs and the Economy – Opportunities for employment and job advancement, "family-friendly" job culture, overall economic climate (3.74 out of 5 on survey)	
Strengths: • In this county, there are opportunities to really do whatever you want to • WCTC (Waukesha Area Technical College) • Opportunities surround the area • Unemployment is low- opportunities for jobs is high • Workforce development Center/available resources/funding for job training • Issue is on the political radar and receiving attention and support	Weaknesses: • Need transportation to jobs • Not enough affordable housing • Jobs with a "livable" wage are an issue (some say they are available) • Need more upper level positions • Opportunities for those with education (higher ed) not for those without • Qualifications/work ethic of potential employees

General perception of quality of life in Waukesha County (4.2 out of 5 on survey)	
Strengths: • I feel very safe • Good participation in community life and associations • Great outdoor recreation • Strong sense of community • Schools are great • Lots of green space for peaceful meditation • Good restaurants • Clean	Weaknesses: • Wish there was more diversity • Concerned about struggling families- are there enough resources? • Increased crime in areas • No senior center • Housing/homeless • Those at poverty level have a different view

Networks and Social Supports (3.75 out of 5 on survey)	
Strengths: • Strong faith community • Services are great if you know how to access them • HHS (Health and Human Services) does a great job coordinating services • Go thru the WCBA Resource Directory to find providers (mental health providers) • Strong partnership among community providers willing to address/work toward gaps in services • Grass roots groups	Weaknesses: • People don't know about support services • Need to increase awareness about mental health support groups • Need more supports for parents with special need children • Need more mental health services • Mental Health stigma

Safety and Social Supports to Fill Community Needs – Safe place to live, work and play, support networks for times of stress (neighbors, support groups, faith community, outreach, community organizations, etc.), adequate volunteers (4.06 out of 5 on survey)	
Strengths: • Good law enforcement • Neighbors looking out for one another • High use of "Next Door" • Strong community support for police • Strong partnerships	Weaknesses: • Increased drug concern • Level of safety depends upon the community

The CHIPP Steering Committee was also asked the following question and completed it during the carousel walk:

What specific assets (resources) does our community have that can be used to improve community health? (in no specific order)
• FQHC (Federal Qualifying Health Center- about 4 years old in Waukesha County) • Collaboration • Strong nonprofit willingness to collaborate • Strong nonprofits (began to list… including Interfaith, Easterseals, Salvation Army, Women's Center, Nami, Hope Center, James Place, LSS and many more!) • Educated and caring professionals • Health and Human Services Dept. • Medical Facilities/systems • Availability of supportive services • Funders/Foundations • Strong Faith base • Groups like "Your Choice" and Sophia, Strong Grassroots • Police/Fire • CHIPP • Schools • County and City Parks • WCTC • Alano Club (allows for recovery in a safe place) • Clubhouse (supports mental illness)

World Café Results:

The CHIPP Steering Committee broke up into four tables (approximately 4-5 per table). They were asked to discuss a specific question for 15 minutes. A table captain recorded the results. After the first 15-minute session, the table attendees were asked to move to another table and continue the conversation. The table captain stayed at their original table and shared the results from the first round. The World Café method allows for cross pollination of ideas.

After the second rotation, each table was asked to star * the three most important issues they see facing Waukesha County at this time. The summary from each table is below. The items that were * are highlighted in yellow. Table captains reported out to the full team.

Question: What are the most significant health issues and/or community conditions facing Waukesha County at this time?

Table 1	Table 2	Table 3	Table 4

Health Issues:
• Addiction/Substance Abuse
• Behavioral Health
• Chronic Conditions including:
  ○ Obesity
  ○ Diabetes
• Aging Population
  ○ Dementia
  ○ Isolation
• Sedentary lifestyles
• Communicable diseases
• Immunizations
 	
Community Conditions:
• Transportation
• Lack of services/Access/Knowledge (awareness of resources)
• Linking resources
• Aging Population-opportunities/events
• Respite-aging / special needs
• Age of people and chronic conditions
• Lack of cultural diversity
• Large geographical footprint impacting access
	Health Issues:
	• Increased prevalence of chronic conditions and risk factors
	• Increased drug and alcohol issues (across all age groups)
	• Increase suicide (youth and vets)
	• Increased mental health issues (2nd diagnosis of depression)
	• Increased communicable diseases
	• NAS (Neonatal alcohol syndrome)
	
	Community Conditions:
	• Sedentary lifestyle
	• Increased aging population
	• Eating health is an expensive option-not as convenient as fast food
	• Social media connectivity and don't disengage (from electronics)
	• Prescription Drugs:
	  ○ Expense of Rx Drugs $$
	  ○ Increase advertising of Rx drugs, increase use, increase side effects
	  ○ Be aware of Medicare/Medicaid coverage
	  ○ Trends toward decreasing coverage
	  ○ Lack of alternatives to Rx Drugs
		Health Issues and Community Conditions:
		• Substance use
		• Geographically challenging (transportation)
		• Perception of affluence
		• Increased need /care for aging population
		• Need for cultural diversity
		• Workforce shortage (skilled labor-all sectors) and transportation to jobs
		• Mental Illness / Substance abuse and the need for quiet greenspace for all ages/piazza!
			Health Issues and Community Conditions:
			• Drug issues/opioid use increasing
			• Mental Health issues:
			  ○ Impact on families and newborns
			  ○ Employment-ability to hold job
			• Transportation
			  ○ Jobs
			  ○ Elderly
			• Income & Equity-less ability to access resources
			• Healthcare worker shortage
			• Aging and elderly population increasing
			• Increase in chronic conditions
			  ○ Depression, anxiety, etc.
			  ○ Need for early intervention/prevention vs. testing after the problem

Finally, the CHIPP Steering Committee was asked to reflect on what they heard today.
What stood out to them?
What words are still ringing in your ears?
(* indicates the number of times the word was mentioned by Steering Committee members)

Mental Health ***
Substance Abuse ****
Chronic conditions
Elderly **
Drugs
Income & Equity
Lack of skilled workforce
Education- lack of knowledge of resources
Social media/screen time **
Prevention
Transportation

:

Appendix B3

Forces of Change

The Forces of Change assessment answered the following question:

- *What is occurring or might occur that affects the health of our community or the local public health system?*

The process by which this assessment was completed included the following:

1. Each CHIPP Steering Committee member was asked to brainstorm with members of their sector and ask the following questions:
    - What is occurring or might occur that affects the health of our community or the local public health system?
2. The team was instructed to specifically consider the following:
    a. Trends and patterns over time
    b. Factors that are discrete elements
    c. Events and one-time occurrences
3. The facilitator utilized a Consensus Workshop to conduct this assessment. This workshop emphasized individual brainstorm and "free think", small group discussion, and large group consensus.

The results of the Forces of Change Assessment can be found on the next page. After conducting the Forces of Change Workshop, during the follow-up meeting, the team discussed the Threats and Opportunities for each of the Forces of Change. The results for this discussion can be found on the following pages as well.

Forces of Change *(updated 3/9/2017)*

"What is occurring or might occur that affects the health of our community or the local public health system?"

February 8, 2017

Financial Instability	Workforce Gaps and Challenges	Environmental Changes	Culture and Societal Changes	Changes to Healthcare	Increased Substance Abuse	Increase in Behavioral Health	Political Influences	Transportation Challenges	Growing Aging Population
• Poverty & Alice • Poverty • Consumer Debt • Financial IL-literacy • Lack of Affordable housing • Rise in homelessness • Prevalence of low-wage jobs	• Re-employment • Long-term Unemployment & disengagement • Recruitment & Retention of a changing workforce	• Urbanization • Air quality / Water quality due to development • Aging infrastructure • Emerging Diseases	• Over-use / reliance on technology • Generation changes • Neighborhood breakdown • Obesity/Sedentary lifestyle • Immigration • Community Apathy • Breakdown of family- • Children inherit dysfunction • Families impacted by high ACES • Increasing opposition to fluoride in water • Increasing opposition to immunizations • Crisis in Foster Care (add'l 40 homes)	• Lack of healthcare workforce • Access to care • Affordable Care Act • Rising healthcare costs • A common EMR (electronic med. Record) • Families can't afford • Complex navigation	• Opiate/Drug Abuse • Changing attitude re: drug use • Substance Abuse • Prevention drugs kids • Availability of drugs • Babies born addicted • Detox Center	• Mental Health stigma • Mental Health young to elderly increasing • Behavioral Health-lack of providers	• Balancing reform & Incarceration • Federal & State Mandates • Funding/ Budget constraint • Resistance to pay rising public service $ • Polarization • Political Environment • Increasing preparedness mandates	• Variance of population density across the county • Can't be served by fractured transp. system • Need to bring potential employees to county for employment • A regional approach to resolve transp. challenges	• Aging population constraint on system • Increased aging population • Growing % of the population 85 years and older

Forces of Change
Threats and Opportunities
3/10/2017
(updated 3/31/2017)

Force	Threats	Opportunities to Create Positive Change in 1-3 Years
Financial Instability	Fastest growing sector is prevalence of low-wage jobs	Financial literacy is an opportunity to make change
Workforce Gaps & Challenges	Changing workforce	Recruitment/retention of a changing workforce
Environmental Changes	These are huge issues that need a large amount of resource and planning. (challenge to make significant change in 1-3 years)	
Culture and Societal Changes	• Breakdown of families • Changing generational dynamics	• Intergenerational opportunities • Obesity • Develop and build an inclusive community • Linking to solve complex issues together • Education on the importance of fluoride and immunizations
Changes to Healthcare	Access to healthcare a challenge	• Continue to increase access to medical and dental care • Complex navigation- we are resource rich but difficult to navigate
Increased Substance Abuse	• Culture of drinking • Substance availability	• Prevention • Availability of drugs • Babies born addicted • Community alternatives for detox and treatment
Increase in Behavioral Health	• Growing complexity and acuity of needs • Lack of providers	Mental Health stigma (also with substance abuse)

Political Influences	Extreme polarization	• Balance reform and incarceration:
		  ○ Drug Courts
		  ○ Same day access- find treatment immediately; improve linkage and access to services

Transportation Challenges	• Lack of access • Geography	• Regional approach to solving transportation challenges
Growing Aging Population	Demands on healthcare system	• Caregiver support • Healthy aging

Appendix B4

National Public Health Performance Standards Program (NPHPSP)

The Local Public Health System Assessment answered the following question:

- *What are the components, activities, competencies, and capacities of our local public health system?*
- *How are the 10 Essential Public Health Services being provided in our community? (the team utilized the NPHPSP to answer this question)*

The process by which this assessment was completed included the following:

1. Each CHIPP Steering Committee member was paired with another teammate to review specific sections of the National Health Performance Standards Program (NPHPSP) Final Report dated Spring 2011.
2. Each Essential Service was analyzed, presented by a pair of CHIPP Steering Committee members. This full report can be found in the PowerPoint presentation below. Each team presented the following:
   - Provide a description and key elements of the Essential Service.
   - How did Waukesha County Rate the way we did in 2009?
   - Why did we score the way we did in 2009?
   - Has anything major happened since 2009 that might change these scores?
   - Is there anything more the CHIPP Steering Committee should consider?
3. While team members were presenting, the rest of the CHIPP Steering Committee was taking notes identifying the strengths, challenges, and opportunities for each Essential Service.
4. After each Essential Service was reviewed, the consultant facilitated a reflective discussion to examine what had changed from the last CHIPP and where might the Steering Committee rank the importance of each Essential Service. (this information can be found in the summary document below).

NPHPSP Notes

Summary of CHIPP Team Notes
March 8 2017
'x' indicate number of times repeated by Steering Committee Members

Essential Service	Strengths	Challenges	Opportunities

1. Monitor Health Status to Identify Community Health Problems	• CHIPP completed community health assessment (xxx)
	  ○ More data collected in CHIPP process (x)
	• Greater community involvement in data collection(x)
	• Tracking trends over time
	• Health registries now EHR (xx)
	• Standardization(x)
	• Healthcare registry(x)
		• Getting everyone on-board
		• Health council dissolved
		• Mental health
		• No report card anymore (x)
		• Data reporting not uniform
		  ○ Gaps in data(x)
		• Getting information out
			• Data collection continues to evolve
			• Electronic Health Records (x)
			• More real-time data
			• GPS and geo coding (xxxx)
			• Data systems continue to improve
			• Technology

2. Diagnose and Investigate Health Problems and Health Hazards	• Combined resources
	• Collaboration between health (department and health systems (xxxx)
	  ○ Partners working together
	• Opportunity to "practice" with H1N1 (x)
	• Emergency Prep Drills(x)
	• ID and surveillance with disease system
	• Sharing protocols
	• Environmental health protocols
	• Strong protocols
	• Local partners (GE)
	• Strong rating in ID and surveillance
		• Shortage of staff/supplies (xx)
		• ER surge capacity
		  ○ Surge capacity(xx)
		  ○ Aging population- surges in epidemic could cause problems
		• Antibiotic resistant disease (xxx)
		• Increase in aging population (x)
		• Emerging disease
		• Global economy issues
		• English language services(x)
		• Data systems limitations (x)
		  ○ Data systems not integrated
		• Emergency response (x)
		• Local vs state response
			• Relationship with GE
			• Improve safety procedure
			• Translators needed (x)
			• Emergency response
			• Continue to collapse 911 system
			• Collaboration
			• Emerging diseases-global
			  ○ drills
			• Aging population
			• Handling of mass crisis (x)

Essential Service	Strengths	Challenges	Opportunities

3. Inform, Educate, and Empower People about Health Issues	• Social media (xx)
	  ○ Adapting to media changes
	• Resource rich coalitions (xxx)
	• Resource rich county but not all working together
	• Communication plan
	• Adaptation to the changes
		• Networks working together (x)
		• Duplicative resources
		• 211 effectiveness?
		• Not coordinated
		• Inconsistent valuation
		• Reaching the border communities
		• 211 capacity
		• Lack of community awareness
		• Artificial borders
		• No central repository (xx)
		• Collaborations(x)
		• Eval health education programs
		• Challenged to meet the changes as quickly as the changes occur
		• Adapting to a changing world
		• How to attract younger workforce
			• Grow Social Media to educate the public (xxxxx)
			  ○ With older boomers
			• Better use of resources
			  ○ Resource coalitions being created(x)
			• Test of communication plan
			• Infrastructure and knowledge of 211 (x)
			• Share data-centralized information
			• Fastest growing population is over 65

4. Mobilize Community Partnerships to Identify and Solve Health Problems	• Wealth of knowledge
	• Desire of engagement
	• Increased desire for partnership
	• Community engagement
	• Thriving Waukesha
	• Health center- no risk to collaborate
	• 16th street clinic- support from hospital
		• Less funding
		  ○ Strain on resources (x)
		• Need of mergers without duplication
		• Breaking barriers/risk for nonprofits
		• Segmentation including funders, NFP (regionally) (xxx)
		  ○ Segmented-regional
		• Results in issues building coalitions
			• Link for profit and nonprofit
			• More coalitions (x)
			  ○ Incentives could support collaboration
			• Measurement
			• Best practice examples
			  ○ Share experiences
			• Merging of similar organizations
			• Nonprofit vs. for profit
			• How to access services
			• Breaking down borders (real or perceived)
			  ○ Need to do more regionally

Essential Service	Strengths	Challenges	Opportunities

5. Develop Policies and Plans that Support Individual and Community Health Efforts	• Public engagement(x)
	• Available funding for preparation
	• Emergency Prep planning(x)
	• Same day access for crisis(xx)
	• Heroine Task Force(x)
	• Viewed as strong agency
	  ○ Well-managed
	• Public hearings(x)
	• CHIPP process(xx)
	• Electronic records
	• Overall strong- well managed
	• Hispanic community(x)
		• Constrained funding(xxx)
		  ○ Limited funding for non-prepared emergency (i.e. chronic disease)
		  ○ No funding for chronic disease
		• Large county- people "fall through the cracks"
		  ○ PHS doesn't provide services for all who need them
		• Reporting challenges(x)
		• Growing demand / decrease funding
		• Collaboration
		• Complex issues growing
		• Improve reporting
		  ○ Keeping everyone informed
			• Electronic Health Records(x)
			• CHIPP process
			  ○ Helps to identify weakness to prioritize
			• Population still has people who fall through the cracks of the system
			• Co-leading initiatives
			• Funding for non-preparedness efforts limited (pandemic)
			• Coordinate agencies
			• Prioritize health issues

6. Enforce Laws and Regulations that Protect Health and Ensure Safety	• More electronic/online resources(xx)
	• Collaboration among local law enforcement & county
	  ○ Improved laws
	• Increased law enforcement (??)
	• Mental health required assessments
	• State level statutes(x)
	• Translation resources
		• Fewer officers (xx)
		• Officer safety changes in federal law
		• Gov't bureaucracy (xx)
		• Traffic injuries associated with technology use
		• Changing political climate, impact on regulations
		  ○ Changes in federal laws(x)
		• Keeping up with changes in laws
		• No quarantine ordinance
		• No addl $ for Chap. 51
		• Opioid / heroine
		• Trafficking
		• Gaps in statutes(xx)
		• Inconsistencies in policies among municipalities (xx)
		• Environmental changes
			• Collaboration among counties (x)
			  ○ Collaboration between local/county/state levels
			• Multi-lang. for policies
			• "Bluetooth" only legislation
			• Mobile applications
			• Online resources available
			• E-cigs(x)
			• Massage parlors
			  ○ Slavery/prostitution
			• Drugs

Essential Service	Strengths	Challenges	Opportunities

7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise not Available	• Linkage
	• Large # of available resources(x)
	• CHIPP trained community navigators(x)
	• Same day access to MH services (x)
	• 16th street clinic opening(x)
	• Growing social media
	• Resources to underserved population
	  ○ Local PH dept. knew who underserved population was
	• Impact 211
	• Translators
	• Better tracking
	• Dental Coalition
	• Heroine/Opiate and other illicit drugs
		• Funding(x)
		• Not everyone is on-board
		• Need more ways to reach people who need resources
		  ○ Connecting people to resources
		  ○ Making the connections
		  ○ Awareness of providers
		  ○ Assess the services if they met needs
		• Coordinate delivery of services
		• Lack of data
		• Growing non-English population
		• Services limited outside of city of Waukesha
		• Limited transportation resources (xxx)
		• Needs of at-risk populations
		• Changing cultural needs
		• Mental health services for children
		• Identifying barriers to service (x)
		• Proper linkages(x)
			• Create better surveys
			• Use nonprofits
			• Find people where they are
			  ○ Homeless/undocumented
			• Transportation collaborative (x)
			• Heroine task force
			• Dental coalition
			• Volunteer training re: community navigators (x)
			• Emerging community collaborations
			• Bilingual staff(xx)
			• Identifying barriers to access
			  ○ Identify individuals with barriers
			  ○ Language barriers
			• Recognize diversity and cultural needs

8. Workforce Assessment, Planning and Development	• More pathways for careers
	• Nontraditional jobs
	• Well trained credentialed public health dept. (x)
	• Programs to improve nursing and CNA programs (xx)
	  ○ Increase on emphasis on CNA/RN workforce
	  ○ Increase emphasis on professions in healthcare
	  ○ HS CNA program
	• Apprenticeship programs (WCTC credits at HS level)
	• Career fairs
	• Increasing awareness re: HS across county
		• Staffing the workforce
		• Weak centralized database(xx)
		• Limited opportunities for nonprofits continuing education(x)
		• No centralized assessment (xx)
		• Large retirement of skilled workers (x)
		• Licensing restrictions (xx)
		• Need to keep people interested in the field of healthcare
		• Lifelong learning on-line
		• Adult leadership opportunities
		• Public Health/Academic collaborative leadership
			• More high schools have training
			• Online training (x)
			• Improve cultural understanding
			• Professionals working to the highest level of their credentials (x)
			• Model community diversity in workforce in general and leadership (x)
			• Leadership opportunities
			• Centralized data/assessment-sharing
			• Healthcare fairs
			• Workforce development

Essential Service	Strengths	Challenges	Opportunities

9. Evaluate Effectiveness, Accessibility and Quality of Personal and Population Based Health Services	• Regional HERC
	• Electronic Health records (x)
	• Trained community navigators (x)
	• Greater cultural focus on evaluation
	• CHIPP/collaboration (xx)
	• Regional collaboration
	• EPIC
	• WEDS
	• Research and development
	• Accessibility to data
	• Lots of new initiatives(x)
	  ○ Expanded adult dental health
	  ○ Heroine task force
	  ○ 16th street clinic
	  ○ Expanded mental health
		• Duplication of services
		• Tons of state data
		• Data availability
		  ○ Technology not accessing info
		  ○ Personal Health-quality measured, not shared
		  ○ Competitiveness of information
		  ○ Share info-non duplicative
		• Silos
		• Info on chronic disease
		• Collective Impact
			• Improved access to health care
			• Heroine task force
			• Standing research and data committee-county-wide (xxx)
			• Growth of collective impact
			• Reduce duplication of services
			• More integration
			  ○ Share data
			  ○ Fluid collaboration
			• Population Health
			• Evidence based best practices
			• Community surveys
			  ○ Population health
			  ○ Quality of care

10. Research for New Insights and Innovative Solutions to Health Problems	• Data rich(xxx) • Willingness to share • Academic linkages	• What are we doing? • Collaboration plan implementation • Funding (xxxx) • Fail and take risks • Collaboration without implementation • Funding from labor intensive • Need for action	• Better implementation after collaboration ○ People come together but we need action • Look for innovative practices • Higher learning • Share in risks • Monitor best practices(x) • Foster innovation and services • Need more research done

Initial Thoughts: Key themes: what's different from the last CHIPP

- Improved access to care
- Technology
- Increased community readiness to collaborate
- Changes in secondary and post-secondary education- focus on health profession curriculum

Rankings : (we asked Steering Committee to star (*) their top 3 priorities based on NPHPSP presentation)

- Opportunities:
  - Inform, Educate, and Empower People about Health Issues
  - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Not Available
  - Mobilize Community Partnerships to Identify and Solve Health Problems
  - Workforce Assessment, Planning and Development

Priorities

On a scale of 1-10, what is the importance of addressing (through increased emphasis or resources) the model standard to our public health system? Prioritize the importance of the model standards based upon what you learned today. (1 being most important).

Essential Service	Rank (we asked Steering Committee to star (*) their top 3 priorities based on NPHPSP presentation)
Monitor Health Status to Identify Community Health Problems	
Diagnose and Investigate Health Problems and Health Hazards	X
Inform, Educate, and Empower People about Health Issues	XXXXXXX
Mobilize Community Partnerships to Identify and Solve Health Problems	XXXXXX
Develop Policies and Plans that Support Individual and Community Health Efforts	
Enforce Laws and Regulations that Protect Health and Ensure Safety	X
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Not Available	XXXXXXX
Workforce Assessment, Planning and Development	XXXXXX
Evaluate Effectiveness, Accessibility and Quality of Personal and Population Based Health Services	XX
Research for New Insights and Innovative Solutions to Health Problems	XXX

Summary- red person identified 5 priorities/ One person ranked them 1-10, the top 3 are indicated above)

Appendix C

Prioritization of Health Issues

At the conclusion of the four assessments (reference Appendix B), the CHIPP Steering Committee began the task of examining all of data and developed a process to surface the top strategic health priorities. The strategic health priorities identified should be critical to the success of the local public health systems to meet the vision of improved community health.

Process:
June 2017: Prior to attending this meeting, the CHIPP Steering Committee was asked to review all of the data from the four assessments. As mentioned earlier, the CHIPP is data-driven and the selection of the strategic health priorities for the community must be grounded in data.

The goal of this meeting was to surface the top six strategic health priorities and then gather input (on these priorities) from the community at large.

The Steering Committee *initially* identified six strategic health priorities based on an evaluation of the entire assessment process. (reference Appendix C for a full explanation of the decision-making process).
This team defined the parameters of a strategic health priority to include the following:

- Importance and forward thinking
- Consequence if we don't address the issue
- Reveal what is important using data
- Do we have the capacity to deal with the issue?
- Is it measurable and can we identify outcomes?
- Is it something the local health system can address
- Non-duplicative- if there is a collaborative team in the community, don't want to duplicate; rather partner
- Impacts a large number of people
- Is it in alignment with state and local health priorities

Once all the community health assessment data had been gathered and compiled, the Steering Committee identified a set of strategic issues. The Steering Committee was asked to consider all of the assessment results, the themes that had already been noted, identified assets, observations, forces of change, and the vision.

Steering Committee members were asked to answer the question: *What factors identified in the assessment findings must be addressed in order to achieve the vision?*

The identified strategic issues were:

Alcohol	Communicable Disease
Healthcare Navigation (Managing Chronic Disease)	Mental Health
Nutrition & Physical Activity	Opiates

The team also discussed several key "overarching" issues that they felt should be considered within each strategic health priority. These issues continued to surface during each assessment phase.

The "overarching" issues included:

Access and Transportation Challenges	Aging Population
Workforce Gaps and Challenges	Impact of Poverty
Culture and Societal Changes	

Appendix C1

Gathering Community Input

The team developed infographics for each of the six strategic health priorities to articulate the most important considerations for each. Infographics were developed to include the overarching issues and top 10 leading causes of death.

The team also utilized a PowerPoint presentation, a survey and a community feedback session (held August 9th) to gather input from the Waukesha County Community.

A survey was developed that asked community members to weight their strategic health priorities by assigning a dollar value to each priority area. Each community member had $100.00 to divide among the six strategic health priorities (they could divide it as they wish- put all of their money on one strategic area or divide it among several).

Over 970 community members participated in the survey and/or the community event held on August 9th.

Below is a copy of the paper survey. The online (electronic) version was identical.

By Completing this Brief Exercise, You Will Help Determine the Health-Related Priority Focus Areas for Waukesha County Over the Next 4 Years

Your participation in this short exercise will influence the Waukesha County Community Health Improvement Plan and Process (CHIPP) Steering Committee on where to invest resources over the next 4 years to address health-related issues in Waukesha County.

The CHIPP Steering Committee is representative of healthcare, government, nonprofits, business, education, faith-based organizations, and consumers in Waukesha County. The Committee has recently conducted wide-ranging efforts to gather local data and assess the most important healthrelated issues in the county. **The results have helped identify Six Priority Areas as the most pressing health-related issues in Waukesha County today:**

Alcohol
Communicable Diseases
Healthcare Navigation / Managing Chronic Conditions
Mental Health
Nutrition & Physical Activity
Opiates / Heroin

⇨ **To help us determine the Top 3 health-related priority focus areas for Waukesha County, please take 1-2 minutes to complete the following exercise.**

EXERCISE INSTRUCTIONS: Imagine you have been given $100 to invest in solving the priority healthrelated issues currently impacting Waukesha County. **How would you invest your dollars?** On the following Budget Worksheet, allocate your $100 by indicating your investment in a single focus area, or by spreading your investment among 2–6 focus areas. $10 is the least amount of investment for one focus area. Your final dollar investment will total $100.

BUDGET WORKSHEET EXERCISE:

Health-related Focus Area	Dollars Invested
Alcohol	$_____
Communicable Diseases	$_____
Healthcare Navigation / Managing Chronic Conditions	$_____
Mental Health	$_____
Nutrition & Physical Activity	$_____
Opiates / Heroin	$_____
Other *(please indicate)* _____	$_____
	TOTAL = $ 100

THANK YOU for helping the CHIPP Committee determine the Top 3 priority health-related priority areas in Waukesha County for the next 4 years. Community input will be collected through this survey 7/12–8/30/17
If you would prefer to complete this survey online, go to:

For more information, go to: https://www.waukeshacounty.gov/chipp

To help gauge the level of importance by target groups, share your demographic information (optional)

See Side 2 ↘

Waukesha County Health-Related Focus Areas Exercise
Side 2

To help gauge the level of importance by target groups, share your demographic information (optional)

Your municipality:

- ❑ Big Bend Village
- ❑ Brookfield City
- ❑ Brookfield Town
- ❑ Butler Village
- ❑ Chenequa Village
- ❑ Delafield City
- ❑ Delafield Town
- ❑ Dousman Village
- ❑ Eagle Town
- ❑ Eagle Village
- ❑ Elm Grove Village
- ❑ Genesee Town
- ❑ Hartland Village
- ❑ Lac La Belle Village
- ❑ Lisbon Town
- ❑ Menomonee Falls Village
- ❑ Merton Town
- ❑ Merton Village
- ❑ Mukwonago Town
- ❑ Mukwonago Village
- ❑ Nashotah Village
- ❑ New Berlin City
- ❑ North Prairie Village
- ❑ Oconomowoc City
- ❑ Oconomowoc Lake Village
- ❑ Oconomowoc Town
- ❑ Ottawa Town
- ❑ Pewaukee City
- ❑ Pewaukee Village
- ❑ Summit Town
- ❑ Sussex Village
- ❑ Vernon Town
- ❑ Lannon Village
- ❑ Wales Village
- ❑ Waukesha City
- ❑ Waukesha Town
- ❑ I don't know
- ❑ Other

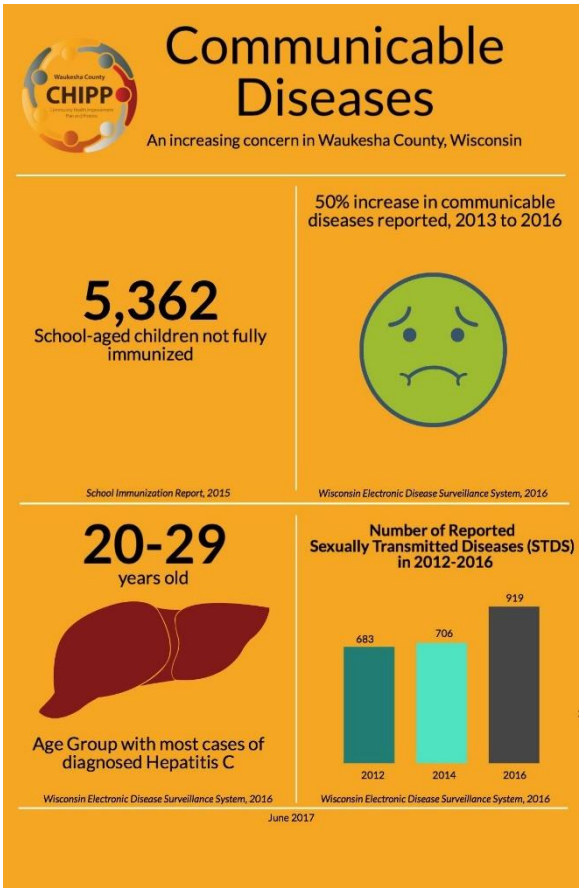
Your gender:

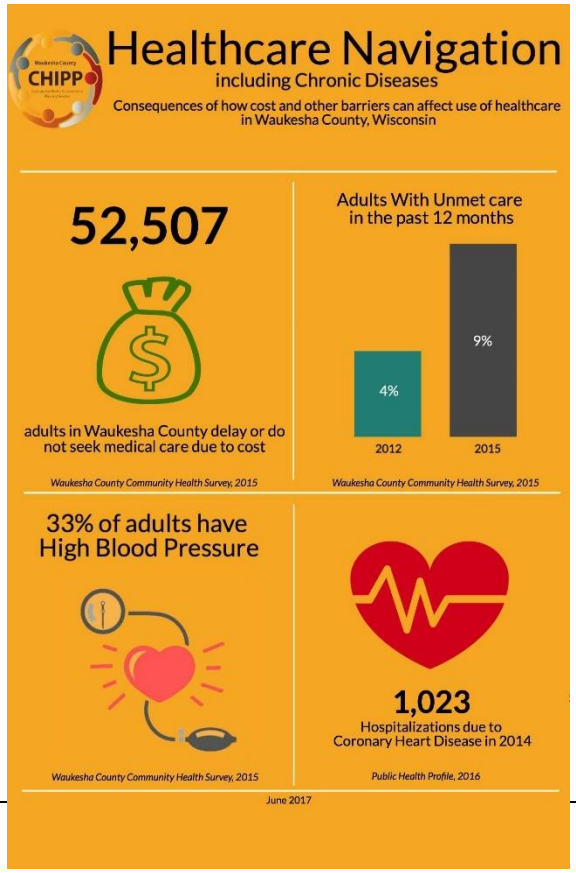
- ❑ Female
- ❑ Male

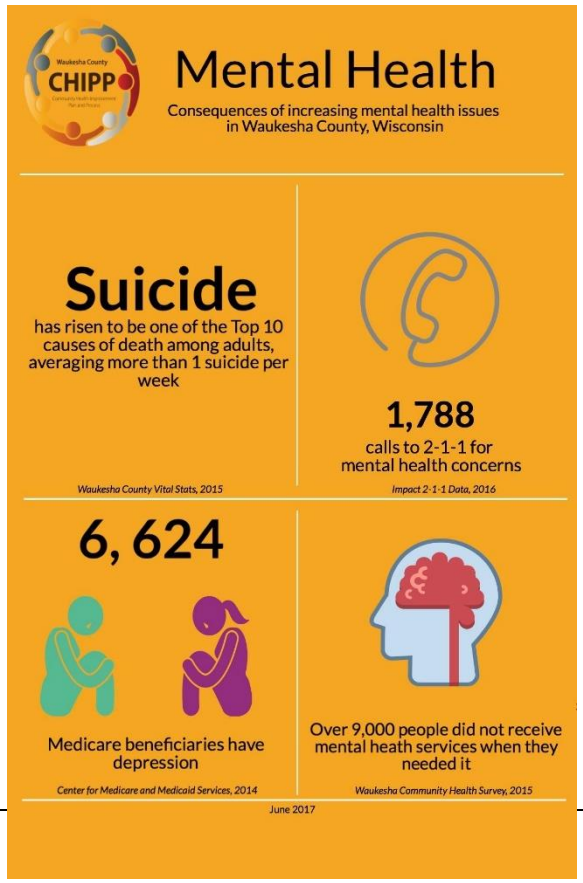
Your age:

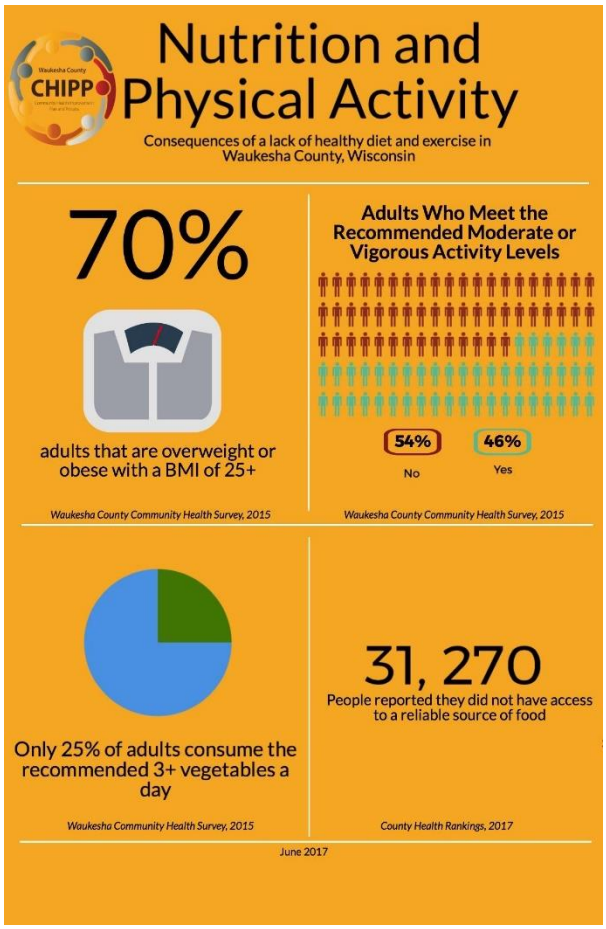
- ❑ 18-29 yrs
- ❑ 30-39 yrs
- ❑ 40-49 yrs
- ❑ 50-59 yrs
- ❑ 60-69 yrs
- ❑ 70+

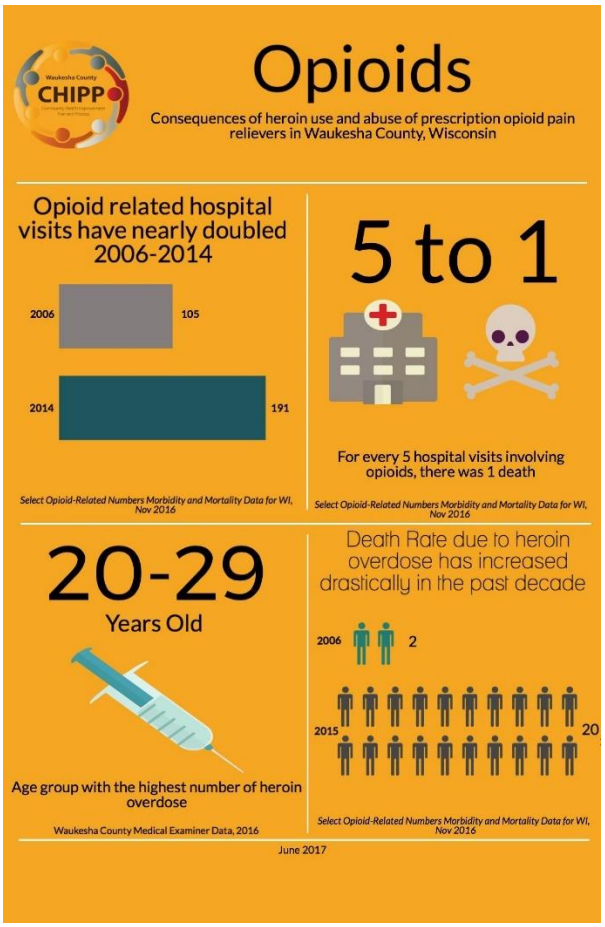
Strategic Health Issue Infographics

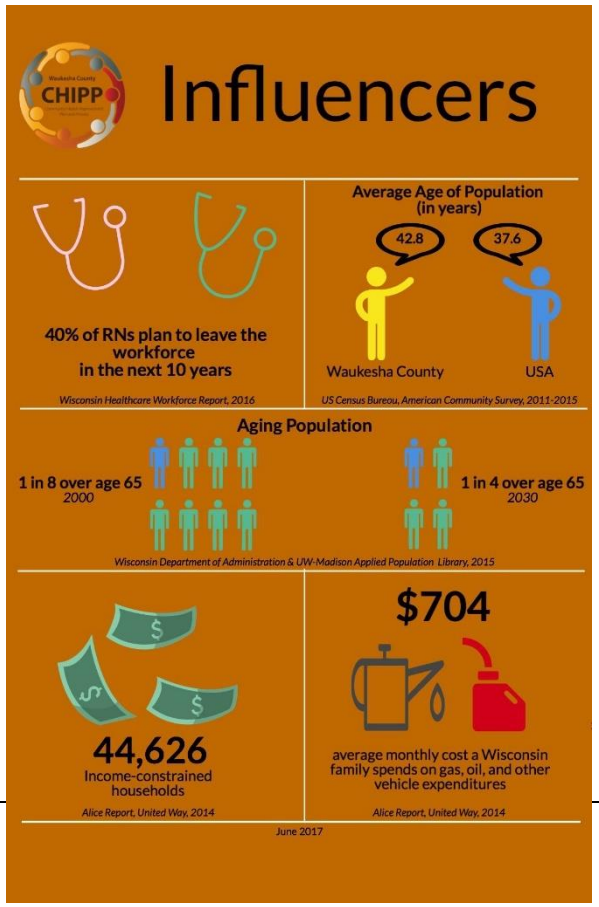







Nutrition and Physical Activity
Consequences of a lack of healthy diet and exercise in Waukesha County, Wisconsin
70%
adults that are overweight or obese with a BMI of 25+
Waukesha County Community Health Survey, 2015
Adults Who Meet the Recommended Moderate or Vigorous Activity Levels
54%
No
46%
Yes
Waukesha County Community Health Survey, 2015
Only 25% of adults consume the recommended 3+ vegetables a day
Waukesha Community Health Survey, 2015
31, 270
People reported they did not have access to a reliable source of food
County Health Rankings, 2017
June 2017


Opioids
Consequences of heroin use and abuse of prescription opioid pain relievers in Waukesha County, Wisconsin
Opioid related hospital visits have nearly doubled 2006-2014
2006
105
2014
191
Select Opioid-Related Numbers Morbidity and Mortality Data for WI, Nov 2016
5 to 1
For every 5 hospital visits involving opioids, there was 1 death
Select Opioid-Related Numbers Morbidity and Mortality Data for WI, Nov 2016
20-29
Years Old
Age group with the highest number of heroin overdose
Waukesha County Medical Examiner Data, 2016
Death Rate due to heroin overdose has increased drastically in the past decade
2006
2
2015
20
Select Opioid-Related Numbers Morbidity and Mortality Data for WI, Nov 2016
June 2017


Influencers
40% of RNs plan to leave the workforce in the next 10 years
Wisconsin Healthcare Workforce Report, 2016
Average Age of Population (in years)
42.8
Waukesha County
37.6
USA
US Census Bureau, American Community Survey, 2011-2015
Aging Population
1 in 8 over age 65
2000
1 in 4 over age 65
2030
Wisconsin Department of Administration & UW-Madison Applied Population Library, 2015
44,626
Income-constrained households
Alice Report, United Way, 2014
$704
average monthly cost a Wisconsin family spends on gas, oil, and other vehicle expenditures
Alice Report, United Way, 2014
June 2017

Top Ten Causes of Death in Adults
1. Cancer
2. Heart Disease
3. Accidents
4. Stroke
5. Alzheimer's
6. Chronic Lung Disease
7. Flu/Pneumonia
8. Diabetes
9. Kidney Disease
10. Suicide
Waukesha Community Health Survey, 2015
June 2017

Appendix C2

Community Survey Process Details and Results

Community Input: Online and On-Site Paper Surveys July/August 2017

As part of an overall assessment process to identify priorities for the community health improvement plan, the CHIPP Steering Committee identified a number of strategies to obtain input from community members. This section describes the results of this widely disseminated survey.

PROCESS

Two approaches to gather quantitative community input on potential health priorities were conducted in July and August 2017: an online survey and paper surveys were made available to community members. In addition, the team held a community feedback session in August. The surveys were identical in content, and each survey included background information on the process, the vision for a healthier Waukesha County, and contact information.

Online surveys: The online survey was made available on the Waukesha County Public Health Division website (www.waukeshacounty.gov/chipp) on July 12th, and the link was removed on August 30th. The availability of the link was disseminated through: the CHIPP Steering Committee (some of which forwarded on the information to others or shared in their communications); the County Executive's newsletter; the main Waukesha County government website; approximately 13 media outlets; intranet communication (all Waukesha County employees).

On-site paper surveys: A number of CHIPP Steering Committee members made paper surveys available through their sites and programs. In addition, presentations were made to Oconomowoc Memorial Hospital Advocates and the Waukesha Memorial Hospital Advocates.

August 9, 2017 Community Feedback Session: The CHIPP Steering Committee hosted a community feedback session with full size posters and presentations. Although the attendance was limited, it was well publicized through the media. It is likely that many community members opted for the on-line survey rather than attending the session in the afternoon.

RESULTS

A total of 973 people responded to the surveys – 94% of them responded online and 6% responded on paper. Less than 1% attended the Community Forum.

The gender of the online respondents identified as 72% Female, 28% Male, and under 1% Other. The largest subgroup of respondents was in the 50-59 age range (26%). Most of the respondents (67%) were somewhere between 40-69.

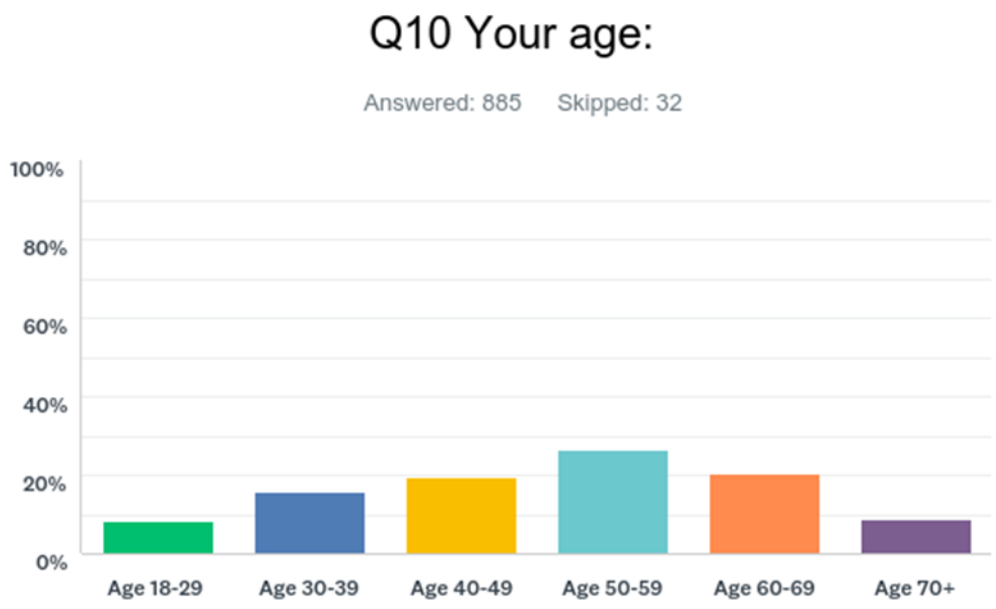
Nearly 28% of the online respondents were from the City of Waukesha. The second and third most frequently identified locations were the City of Brookfield (8.1%) and other (8.0 %). The remainder of the respondents were distributed across the county.

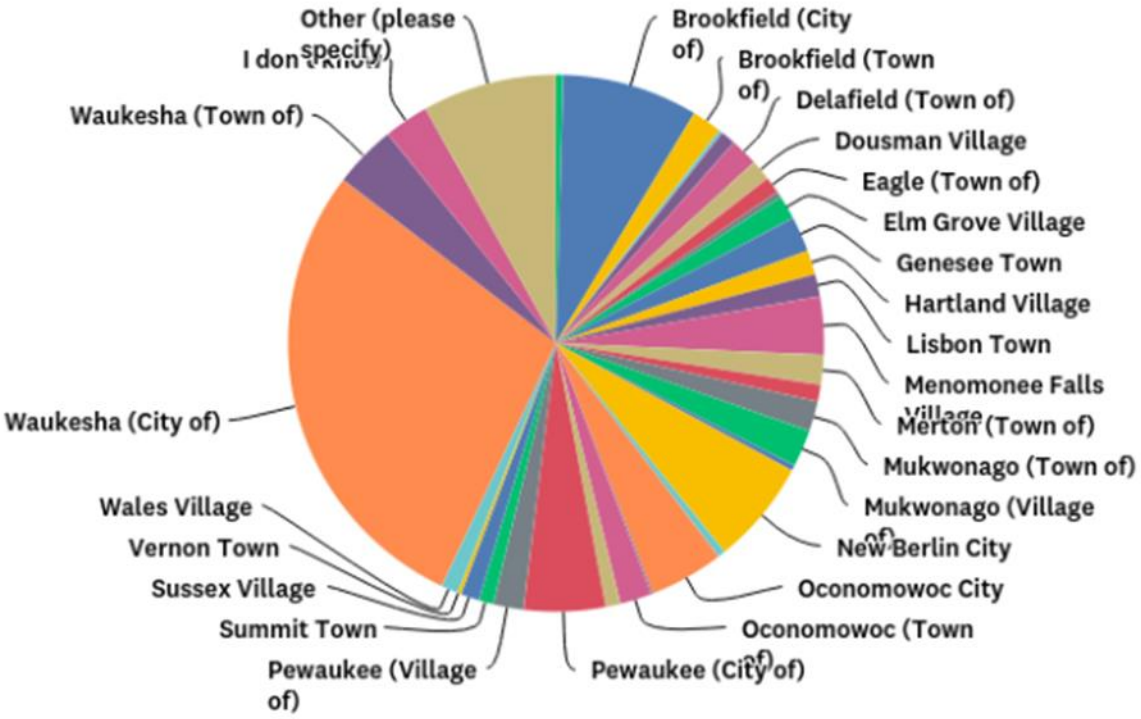
Overall, the highest-ranked strategic health priority was Opiates closely followed by Mental Health. The remaining priorities were ranked very closely together in this order: Alcohol, Healthcare Navigation, and Nutrition & Physical Activity. Communicable Diseases and "Other" were further behind. The ranking was weighted based upon how much money the community member "invested" in the health priority.

A detailed description of the results is below.

Summary of Survey Results

	Age	Alcohol		Communicable Diseases		Healthcare Navigation/Mg. Chronic Disease		Mental Health		Nutrition & Physical Activity		Opiates		Other *	
		Number of Responses	Total Dollars via Survey	Number of Responses	Total Dollars via Survey	Number of Responses	Total Dollars via Survey	Number of Responses	Total Dollars via Survey	Number of Responses	Total Dollars via Survey	Number of Responses	Total Dollars via Survey	Number of Responses	Total Dollars via Survey
$10		264	$2,640	313	$3,130	281	$2,810	95	$950	252	$2,520	104	$1,040	13	$3,432
$20		217	$4,340	93	$1,860	172	$3,440	259	$5,180	146	$2,920	221	$4,420	14	$3,038
$30		104	$3,120	21	$630	69	$2,070	222	$6,660	70	$2,100	215	$6,450	6	$624
$40		15	$600	5	$200	21	$840	113	$4,520	21	$840	108	$4,320	4	$60
$50		14	$700	8	$400	17	$850	89	$4,450	15	$750	98	$4,900	3	$42
$60		1	$60	1	$60	4	$240	17	$1,020	4	$240	21	$1,260	1	$1
$70		3	$210	0	$0	0	$0	12	$840	2	$140	9	$630	0	$0
$80		0	$0	0	$0	0	$0	5	$400	2	$160	10	$800	0	$0
$90		1	$90	0	$0	0	$0	7	$630	0	$0	4	$360	1	$1
$100		1	$100	0	$0	4	$400	11	$1,100	3	$300	16	$1,600	3	$3
Subtotal		620	$11,860	441	$6,280	568	$10,650	830	$25,750	515	$9,970	806	$25,780	45	$7,201
Oconomowoc Memorial Hospital Advocates	70 (mean age) 42 responses		$730		$210		$400		$1,000		$600		$1,100		
Waukesha Memorial Hospital Advocates	50 (mean) 10 responses		$150		$50		$70		$420		$0		$310		
8/9/2017 Community Event	4 responses		$130		$20		$20		$10		$60		$130		
Grand Total			$12,870		$6,560		$11,140		$27,180		$10,630		$27,320		$7,201


Q10 Your age:
Answered: 885 Skipped: 32
100%
80%
60%
40%
20%
0%
Age 18-29
Age 30-39
Age 40-49
Age 50-59
Age 60-69
Age 70+



The CHIPP Steering Committee would like to thank all of the individuals who took the time to share their opinions through the survey and all of the individuals and organizations who made the survey available across the county.

Media Communications with the Community

There were several articles in the paper sharing the CHIPP process with the community and inviting their engagement.

Below are examples of articles that were written throughout the 8-month timeframe.

July 26, 2017

County seeks input on top three health priorities

By Hannah Weikel

Freeman Staff
WAUKESHA — Residents can voice their opinion on what top three health issues are affecting Waukesha County through the Waukesha County Community Health Improvement Plan and Process Steering Committee.
The committee is trying to narrow down the six health issues that have already been identified — alcohol, communicable disease, healthcare navigation, mental health, nutrition along with physical activity and opiates — in order to determine priorities for the county's health improvement plans for the next four years.

County residents can either go to an open house on Aug. 9 at the Waukesha County Expo Center or go online before Aug. 30 to submit their choices.
Online participants are asked to allocate a dollar amount between $10 and $100, using $10 increments, for each of the six health issues on a "Budget Worksheet." The participant can also elect to skip one of the issues altogether.
"Utilizing our resources as efficiently as possible to improve the overall health of county residents is the goal," said Paul Decker, chair of the Waukesha County Board. "We will continue to address all needs as best we can despite the constraints we face."
The open house will be held from 3 p.m. to 5 p.m. at the Waukesha County Expo Center, 1000 Northview Road, Waukesha. The interactive voting process takes between 15 and 20 minutes, according to the release.
The committee is currently gathering answers that will go toward an assessment of community health in Waukesha County, a process that occurs every five years through systematic collection and analysis of
- health-related data under the direction of the Department of Health and Human Services.

In the 2012 survey, the top three categories were access to care, alcohol and other drug use, and mental health. For men who responded, the top three issues were access to care, economics and alcohol and drugs. For responding women, top issues were access to care, mental health and alcohol and drug use.
Access to healthcare is a growing concern in the U.S. as Democrats and Republicans are at odds over Obamacare repeal and how health care will look in the future.

For more information or to submit your vote, visit http://www.waukeshacounty.gov/chipp.

Wednesday, 07/26/2017 Pag.A01 Copyright 0 2017 Conley Group. All rights reserved
7/26/2017http://waukeshafreeman.wi.newsmemory.com/ee/_nmum/_default_bb_include_inframe.ph... 7/26/2017

September 23, 2017

Opiates, mental health top county's health concerns

WAUKESHA The Waukesha County Community Health Improvement Plan & Process Steering Committee has released the results of a cross-sector examination of health priorities, which showed that opiates, mental health and nutrition/physical activity are the top three issues that will be tackled by focus groups in the next four years.

The CHIPP analysis occurs every five years in Waukesha County through community- gathered data. After the top priorities are identified, special teams create action plans to make a measurable impact in those problem areas.

Teni Phillips of SJD Consulting LLC, who facilitated the steering committee in their analysis, said she didn't think it was surprising that opiates and mental health were at the top of all health issues. Opiates have become a national epidemic since the last CHIPP analysis was done and many Waukesha County residents are painfully aware of the toll the narcotic can take on local communities.

Opiate-related hospital visits nearly doubled from 105 in 2006 to 191 in 2014. The death rate due to heroin overdose has also increased drastically from two in 2006 to 20 in 2015, according to a CHIPP PowerPoint.

The issues were narrowed from six; alcohol use, communicable diseases, health care navigation/managing chronic conditions, mental health, opiates and nutrition/ physical activity.

Phillips said a report will be released with further details on the committee's findings. The last CHIPP report showed that mental illness, opiate use and navigating the health care system topped the public's concerns.

Hannah Weikel, Freeman Staff

Saturday, 09/23/2017 PagA04 Copyright 0 2017 Conley Group. All rights reserved

Opiates, Mental Health, nutrition and physical activities top Waukesha County health priorities

Milwaukee Published 11:07 a.m. CT Sept. 25, 2017

Opiate use has been identified as one of the top three health issues in Waukesha County. (Photo: Pixabay.com)

Opiates, mental health and nutrition and physical activity are the top health priorities Waukesha County should deal with through 2021, under an assessment of community health in the county by the county community health improvement plan & process steering committee.

The CHIPP Process occurs every five years in Waukesha County through systematic collection and analysis of health-related data.

Initial local data examined through the CHIPP process identified six key health-related issues affecting Waukesha County: alcohol, communicable diseases, healthcare navigation/managing chronic disease, mental health, nutrition and physical activity, and opiates.

To narrow the strategic priority areas from six to three, the committee used a formal, data-driven process with set criteria to rank the strategic priority areas and narrow them down. Written survey responses received from almost 1,000 community members throughout the county helped inform the decision-making process.

Following a national CHIPP process model, next steps for the Waukesha County CHIPP are to develop action teams to address each of the top three priority areas by the development and implementation of action-oriented improvement plans.

Plans will include an assessment of the collective effect of organizations that currently provide services and resources within Waukesha County relative to opiates, mental health, and nutrition and physical activity. Action teams will work toward making measurable effects to improve the community's health within these areas by 2021.

The CHIPP steering team includes representatives from key sectors of the community: healthcare, government, nonprofits, business, education, faith-based organizations and consumers. The team will provide the overarching leadership to this strategic health improvement process for Waukesha County over the next four years. The Waukesha County Public Health Department takes a lead role in ensuring community health assessments occur within a five-year cycle and that action is taken to improve health-related priorities within Waukesha County.

Appendix D

Health Priority Objectives Scoring Sheet

After the Community Input was analyzed, the CHIPP Steering Committee had a final meeting in September to identify the top three strategic health issues. To finalize the selection of the strategic health issues, the committee followed this process:

1. Each CHIPP Steering Committee member filled out a criteria ranking grid for the strategic health priorities prior to the September meeting.
2. As a team, the CHIPP Steering Committee reviewed each criterion to ensure a common understanding.
3. The CHIPP Team Members were asked to review their ranking in light of the discussion of the criterion and then their ranking was turned in to the CHIPP co-chair.
4. The co-chair averaged the ranking for each criterion and each strategic health issue.
5. The top three issues are highlighted below along with the responses of the rankings by the CHIPP Steering Committee.
6. A reflection conversation was facilitated after selecting the top three strategic health issues.

Ranking of issues using criteria-based approach									
Strategic Health Issue	***Committee Rankings (June Meeting)***	***Public Survey Results***	***Meets the CHIPP Vision***	***Community Readiness for Action***	***Community Capacity for Action***	***Likelihood of affecting change as a collaborative coalition***	***Magnitude of consequence if nothing is done***	*TOTAL SCORE*	***Rank***
Rating Scale for Criteria	1=lowest 6= highest	1=lowest 6= highest	1=lowest 6= highest	1=lowest 6= highest	1=lowest 6= highest	1=lowest 6= highest	1=lowest 6= highest		
Alcohol	**2**	**4**	**2.5**	**2**	**2**	**2**	**3**	**17.5**	**5**
Communicable Diseases	**1**	**1**	**1**	**1**	**1**	**1**	**1.5**	**7.5**	**6**
Healthcare Navigation (Managing Chronic Disease)	**3**	**3**	**2.5**	**3**	**3**	**3**	**1.5**	**19**	**4**
Mental Health	**4**	**5**	**5**	**5**	**5**	**5**	**5**	**34**	**2**
Nutrition & Physical Activity	**5**	**2**	**4**	**4**	**4**	**4**	**4**	**27**	**3**
Opiates	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**42**	**1**

Appendix E

Next Steps Toward Implementation

October-December 2017: The CHIPP Steering Committee selected Action Team co-chairs and participants for the action teams for the three strategic health priorities. The Action Teams will be called Community Health Action Teams (CHAT).

October 2017: The CHIPP Steering Committee attended a 4-hour workshop with a consultant who has international experience in coalition building. The intent was to continue to build understanding of best practices in collective initiatives.

January-September 2018: The Action Teams formed and began their work. Action Team chairs were trained to use a uniform methodology to examine additional data to identify root causes and also engage community coalitions to participate in this work. All of the Action Teams presented an action plan to the CHIPP Steering Committee for approval in July 2018.

October 2018: The CHIPP Steering Committee and Action Teams presented the community plan to the public on October 2, 2018. The presentation can be viewed at: https://www.waukeshacounty.gov/chipp

September 2018-December 2021: The action teams will implement their plans, collect data, and improve their process if necessary. Periodic check-in with the CHIPP Steering Committee will be expected and adjustments will be made if necessary.

Appendix F

Nutrition & Physical Activity Action Plan

Waukesha County 2017-2021 CHIPP Action Plan for

- ☐ **Opiate Use**
- ☐ **Mental Health**
- **X Nutrition & Physical Activity**

Date created _6/19/18_____ CHIPP approval date _____

THE OVERARCHING GOAL: Improved physical activity and nutrition.

The community challenge we are trying to solve:

1) Increase the amount of adults who consume the recommended **3+ vegetables a day**

2) Increase percent of adults who meet the recommended moderate or vigorous **activity levels**

3) Reduce the percent of adults that are overweight or obese with a **BMI of 25+**

OBJECTIVE #1					
Increase the amount of adults who consume the recommended 3+ vegetables a day.					
Reference/evidence reviewed:	Washington/Ozaukee County's "Harvest of the Month" program Beneficial Bites – ADRC program in Barron County				
Output will influence: X Individual or family unit X Organizations & institutions X Community & systems	**Output impacts:** ☐ Access/transportation X Aging population X Culture/societal challenges X Poverty/ALICE households ☐ Workforce gaps/challenges	**General plan of approach:** X Provide information X Enhance skills ☐ Provide support ☐ Access/barriers	☐ Change consequences ☐ Physical design		
Action Plan					
Activity/Tactic	**Start Date**	**Resources needed**	**Lead Agency**	**Collaborators**	**Process data**
Highlight fruit/vegetable of the month - Engage with local business community to engage in campaign	1/1/19	Design and print resources, web site support, social media campaign support, program participants	ADRC, ProHealth Care	YMCAs of Waukesha County, Froedtert Health, Local Grocery Stores, School Districts, Local Businesses	

PERFORMANCE MEASURES (How we can prove we are making a difference)		
Short term indicators (6-18 months)	**Source of data**	**How frequently measured**
# of participating Community partners	Lead agencies	Quarterly
Long term indicators (2-4 years)	**Source of data**	**How frequently measured**
Increase the amount of adults who consume the recommended 3+ vegetables a day from 25% to 30% by Dec. 31, 2021.	Waukesha County Community Health Survey	Survey conducted every 3 years

OBJECTIVE #2

Increase percent of adults who meet the recommended moderate or vigorous activity levels.
Reduce the percent of adults that are overweight or obese with a BMI of 25+.

Reference/evidence reviewed:	Walk with a Doc program Fit in the Parks programming

Output will influence:	**Output impacts:**	**General plan of approach:**	
X Individual or family unit	☐ Access/transportation	X Provide information	☐ Change consequences
☐ Organizations & institutions	X Aging population	X Enhance skills	☐ Physical design
X Community & systems	X Culture/societal challenges	☐ Provide support	
	X Poverty/ALICE households	X Access/barriers	
	☐ Workforce gaps/challenges		

Action Plan

Activity/Tactic	**Start Date**	**Resources needed**	**Lead Agency**	**Collaborators**	**Process data**
Fit in the Parks (June – August)	June 1, 2019	Facilities/Locations for programs, program participants, program instructors	Waukesha County Parks	City parks, YMCAs of Waukesha County, ProHealth Care, Froedtert Health	
Walking for Wellness (April, May, September, October)	April 1, 2019	Facilities/Locations for programs, program participants, program instructors	Waukesha County Parks	City parks, YMCAs of Waukesha County, ProHealth Care, Froedtert Health	
Winter Wellness (November - March)	Nov. 1, 2019	Facilities/Locations for programs, program participants, program instructors	Waukesha County Parks	City parks, YMCAs of Waukesha County, ProHealth Care, Froedtert Health	

PERFORMANCE MEASURES (How we can prove we are making a difference)		
Short term indicators (6-18 months)	**Source of data**	**How frequently measured**
Participation in programs - # of programs offered - # of attendees	Waukesha County Parks, Lead agencies	Quarterly
Long term indicators (2-4 years)	**Source of data**	**How frequently measured**
Increase percent of adults who meet the recommended moderate or vigorous activity levels from 46% to 50% by Dec. 31, 2021.	Waukesha County Community Health Survey	Survey conducted every 3 years
Reduce the percent of adults that are overweight or obese with a BMI of 25+ from 70+% to 68% or fewer by Dec 31, 2021	Waukesha County Community Health Survey	Survey conducted every 3 years

Opiates Action Plan

Waukesha County Heroin Task Force 2018

Date created: July 2018

THE OVERARCHING GOAL: The overall goal of the Waukesha Co Heroin Task Force is to reduce the impact of the opioid epidemic in Waukesha County through implementing a collective impact approach across three priority areas:

1. Despite our efforts, the opioid epidemic in Waukesha Co continues to worsen
2. Opioid use among older adults is a concern in Waukesha Co
3. Too many children are impacted by prenatal drug use in Waukesha Co

Priority Area #1: Despite our efforts, the opioid epidemic in Waukesha Co continues to worsen

OBJECTIVE 1.1: Workplace Pillar: Increase awareness among key stakeholders related to the opioid epidemic, specifically with employers and the business community

Measures: Number of articles published in local and regional news outlets; Number of businesses that received naloxone training; Number of businesses that received HR and legal training

Increase knowledge and awareness in the Waukesha County business community of opioid issues affecting the broader workforce and equip employers with the education and tools they need to address the issues in their businesses

- Host one training on HR/legal related to opioid issues in the workplace
- Host two trainings on naloxone administration and how to identify drug use in the workplace
- Hold a series of three informational and educational events for 120 Waukesha County employers
- Co-author a multi-article series that informs a broad audience of employers of opioid issues in the workplace and resources available to them and their staff
- Author a multi-article series in the Freeman and BizTimes geared towards informing employers of opioid issues and providing information on local resources

OBJECTIVE 1.2: Treatment Pillar: Increase access to MAT and improve quality of Medication Assisted Treatment (MAT) services provided in Waukesha County

Measures: Criteria for evidence-based practice for MAT established; Methodology for evaluating community MAT providers against criteria defined; Routes of distribution to reach target audience determined; List of MAT providers aligning with criteria created; Patients and families seeking MAT services for opioid use disorders are referred to providers on list – 211 referrals; Providers whose MAT services did not align with criteria

Improve access to evidence-based Medication Assisted Treatment (MAT) services for opioid use disorders in Waukesha County

- Create a list of MAT providers in Waukesha County who align with evidence-based practice in their treatment of opioid use disorders
- Inform MAT providers / public of the list and promote its use. Support MAT providers in aligning their services with evidence-based practices by providing information and resources
- Provide information on Evidence based practices to providers
- MAT prescribers will receive support to align their practices with EBP including assistance in connecting with available resources
- Supply Evidence based practices - MAT services info to those that may not have it

OBJECTIVE 1.3: Law Enforcement Pillar: Reduce barriers to prevent overdose, focusing on the increased utilization of Naloxone

Measures: Number of departments carrying Naloxone; Number of officers trained; Department of Correction policy change

- Encourage all police departments within the County to carry Naloxone
- Continue to provide training in the administration of Naloxone to law enforcement
- Encourage DOC to allow agents to carry Naloxone
- DOC policy change

OBJECTIVE 1.4: Law Enforcement Pillar: Promote the use of Act 33 where applicable, where successful completion of a deferred prosecution agreement (DPA) results in reduced charges for those who have been "aided" in a drug overdose. Utilize pre-charge diversion to target low-risk offenders with opioid use disorders

Measures: track cases eligible for Act 33 and pre-charge diversion

- Continue to identify cases eligible for Act 33 & pre-charge diversion
- Act 33 mandates completion of treatment in exchange for reduced charges

OBJECTIVE 1.5: Law Enforcement Pillar: Promote education and training on the Prescription Drug Monitoring Program (PDMP) for law enforcement, prosecutors, and DOC agents.

Measures: Number of training sessions held and number of professionals trained

- Conduct training for law enforcement, prosecutors, & DOC agents on the use of the PDMP

OBJECTIVE 1.6: Law Enforcement Pillar: Support ongoing Crisis Intervention Team (CIT) training for law enforcement **Measures: Track number of trainings and number of officers trained**
• Continue to advertise available CIT trainings • Secure state & federal grant opportunities to provide CIT team training

OBJECTIVE 1.7: Harm Reduction Pillar: Establish a needle exchange program in Waukesha County **Measure:** Program established and data related to number of needles exchanged tracked
• Establish a needle exchange program in Waukesha County

Priority Area #2: Opioid use among older adults is a concern in Waukesha Co

OBJECTIVE 2.1: Reduce the number of older adults who are impacted by misuse of medications **Measures:** Consumer surveys; PDMP data on the number of opioid prescriptions in Waukesha County; ICD10 data
Reduce the number of polypharmacy incidents (as recorded by area hospitals, using identified ICD10 codes) by 5% the first year, 10% year two and 15% year three. Implement a multi-pronged consumer education strategy aimed at informing individuals, care-givers and others about the danger of mixing drugs and other substances • Educate community members about risks of older adults mixing medications • Implement special packaging for opiates in Waukesha County • Engage pharmacists, health care and other key stakeholders in the project

Priority Area #3: Too many children are impacted by prenatal drug use in Waukesha Co

OBJECTIVE 3.1: Drug Affected Infants Pillar: Increase awareness, education, and quality care for pregnant and newly parenting women, infants, and families struggling with substance use disorders and recovery

Measures: Printed material distribution tracked; Social Media exposure tracked

Increase the community's overall knowledge regarding pregnancy, substance use, and infants with prenatal drug exposure

- Implement community awareness campaign utilizing printed and social media

OBJECTIVE 3.2: Drug Affected Infants Pillar: Increase community support services for pregnant and newly parenting women

Measures: Work group established; referrals to community resources tracked

Provide educational collaboration with Waukesha Comprehensive Treatment Center (WCTC) to encourage pregnant/newly parenting women receiving MAT to access additional community resources

- Create work group among key stakeholders
- Reduce barriers that may impede women WCTC also accessing health care community services

OBJECTIVE 3.3: Drug Affected infants: Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) for pregnant women in Waukesha County

Measures: Number of training sessions held; Number of professionals trained; Number of women screened tracked

- Host three training sessions to train a total of 45 professionals working with pregnant women
- Expand the number of pregnant women screened for opioid use disorder

OBJECTIVE 3.4: Drug Affected infants: Increase access to MAT and other services for incarcerated pregnant and newly parenting women

Measures: Meetings with Waukesha County jail and materials distributed tracked

Working with Waukesha County Jail, increase awareness of MAT and mother/infant attachment best practice

- Invite and encourage DAI workgroup attendance by a Waukesha County Jail staff member
- Discuss gaps/concerns noted re: incarcerated pregnant/post-datum/newly parenting women with Waukesha County Jail staff.

OBJECTIVE 3.5: Drug Affected infants: Implement a peer coaching program for pregnant and post-partum women

Measures: DAI meeting minutes**;** protocol developed

- As a DAI pillar, learn about peer coaching program
- Determine feasibility of program
- Establish peer coaching program protocols
- Working through the HTF, explore feasibility of program and secure funding

Mental Health Action Plan

Waukesha County 2017-2021 CHIPP Action Plan for

- **Mental Health: Suicide Reduction**

Date created _____**6/7/18**_____ **CHIPP approval date** _____

Describe the community challenge *(this includes three things: what's the problem, what are you trying to change, and target population that you are impacting):*Scaling up evidence-based mental health practices in prevention, stigma reduction, and access to **reduce death by suicide** and improve the economic, social, and overall health across generations in Waukesha County.

1) Lack of knowledge & skills regarding mental health and wellness vs. illness

2) Lack of assistance with system navigation to connect people to services

3) Services that do not promote hope, resiliency & recovery

<table>
<tr><th colspan="4">Outcome Statement #1</th></tr>
<tr><td colspan="4">Increased Hope and Knowledge of Recovery</td></tr>
<tr><td>Reference/evidence reviewed:</td><td colspan="3">Evidence-based education: Columbia Suicide Severity Rating Scale (CSSRS); Question, Persuade, Refer (QPR); Mental Health First Aid. Best practice education: Crisis Intervention Training; Compassion Resilience.</td></tr>
<tr><td>Output will influence:
• Individual or family unit
• Organizations & institutions
• Community & systems</td><td>Indirectly impacts:
• Access/transportation
• Aging population
• Culture/societal challenges
• Poverty/ALICE households
• Workforce gaps/challenges</td><td colspan="2">General plan of approach:
• Provide information
• Enhance skills
• Provide support
• Provide Resources
• Change consequences
• Physical design</td></tr>
</table>

Action Plan for Outcome #1				
Activity/Strategy	**Start Date**	**Lead Agency**	**Collaborators**	**Resources Needed**
Parent Peer Mentor who will assist school-based families, with youth under 18, with system navigation	Sept 2018	NAMI Waukesha	Arrowhead, Elmbrook and Oconomowoc School Districts	Funding Staffing Training
Sharing best practices in system navigations to promote the expansion to other school systems	Sept 2019	NAMI Waukesha	NAMI, Parent Peer Mentors, and local school districts	Funding Staffing Training

Outcome 1: Performance Measures (How can we prove we are making a difference) **Please add the target % to the indicator statement.** ***(note, the target percent is not the indicator)***			
Short term Indicators	**Source of Data**	**Data Collection Method**	**How Frequently Measured**
80% of families referred will engage in person or via phone with the parent peer mentor employed by NAMI.	Parent Peer Mentor, Program Participants, School Counselors	Parent Peer Mentor Phone Logs Parent Peer Mentor Notes School Districts will keep a log of referrals	When families engage (CHIPP Trimester Data - March 20, July 17, Nov 20)
Intermediate Indicators	**Source of Data**		**How Frequently Measured**
65% of families that engage with the parent peer mentor will be connected to support and services that meet their needs.	Parent Peer Mentor data collection - warm handoff or elbow partner	Parent Peer Mentor Phone Logs Parent Peer Mentor notes	When service is provided (CHIPP Trimester Data - March 20 , July 17, Nov 20
Long Term Indicators	**Source of Data**		**How Frequently Measured**
80% of participating families are confident that they can access ongoing support and effective services that will assist with continued stabilization and address crisis as it happens.	Program Participants Perception Survey Results	Survey to gauge self-report of confidence	3 and 12 months after initial engagement with services. Data will be shared with Districts by NAMI (CHIPP Trimester Data - March 20, July 17, Nov 20)

Outcome Statement #2				
Increased efficacy: Comfortable accessing help for themselves or others.				
Reference/evidence reviewed:				
Output will influence: • Individual or family unit • Organizations & institutions • Community & systems	**Indirectly impacts:** • Access/transportation • Aging population • Culture/societal challenges • Poverty/ALICE households • Workforce gaps/challenges	**General plan of approach:** • Provide information • Enhance skills • Provide support • Access/barriers	• Change consequences • Physical design	

Action Plan for Outcome #2				
Activity/Strategy	**Start Date**	**Lead Agency**	**Collaborators**	**Resources Needed**
Provide Education Opportunities for the Community: CSSRS, QPR, Youth Mental Health First Aid (YMHFA), Crisis Training	1/1/2019	Suicide Awareness & Prevention Task Force (Currently, 100 people that have been collaborating)	WCDHHS QPR Trainers YMHFA Trainers NAMI Waukesha School Districts Faith-based Communities Eras Senior Network People with lived experience Other nonprofits 211	Funding Facilities for training Program Participants: Mental Health Professionals, Medical Professionals, Faith Leaders, Employers, Youth Orgs, Gun Shop Owners, School Staff, Senior Centers, Veteran Orgs, other community groups and members

Outcome 2: Performance Measures (How can we prove we are making a difference) **Please add the target % to the indicator statement.** ***(note, the target percent is not the indicator)***			
Short term Indicators	**Source of Data**	**Data Collection Method**	**How Frequently Measured**
90% of people participating in education will understand the available resources for Waukesha County residents for mental health services.	Program Participants	Survey	At the conclusion of the program
75% of people participating in education will report increased knowledge regarding the warning signs of suicide	Program Participants	Survey	At the conclusion of the program
Intermediate Indicators	**Source of Data**		**How Frequently Measured**
Long Term Indicators	**Source of Data**		**How Frequently Measured**
60% of survey respondents utilized what they learned if they needed to help someone in need of mental health supports.	Program Participants	Survey	1 year after the conclusion of program

Outcome Statement #3				
Strengthen access and delivery of suicide care				
Reference/evidence reviewed:	**Zero Suicide Technical Assistance resources and in-person training**			
Output will influence: • Individual or family unit • Organizations & institutions • Community & systems	**Indirectly impacts:** • Access/transportation • Aging population • Culture/societal challenges • Poverty/ALICE households • Workforce gaps/challenges	**General plan of approach:** • Provide information • Enhance skills • Provide support • Access/barriers	• Change consequences • Physical design	

Action Plan for Outcome #3				
Activity/Strategy	**Start Date**	**Lead Agency**	**Collaborators**	**Resources Needed**
Provide Education Opportunities for Medical and Mental Health Professionals: Zero Suicide	6/21/18	WCDHHS	NAMI Waukesha Elmbrook School District DHS Prevent Suicide Wisconsin	Funding Team training/certification Marketing Materials
Establish Zero Suicide Planning Team	7/31/18	WCDHHS	NAMI Waukesha Elmbrook School District DHS	Team members
Establish Zero Suicide implementation team	9/30/18	WCDHHS	Planning Team	Team members
Complete year 1 Zero Suicide technical assistance	6/21/2018	WCDHHS	Implementation Team Prevent Suicide Wisconsin	Marketing Materials

Outcome 3: Performance Measures (How can we prove we are making a difference) **Please add the target % to the indicator statement.** ***(note, the target percent is not the indicator)***			
Short term Indicators	**Source of Data**	**Data Collection Method**	**How Frequently Measured**
60% of WCDHHS staff complete workforce survey to measure growth and knowledge between pre and post-test.	survey	online tool	pretest and post-test in year one
Intermediate Indicators	**Source of Data**		**How Frequently Measured**
100% of mobile crisis team members will be trained and report that they feel comfortable in the Columbia Suicide Severity Rating Scale	attendance	logs	annually
Long Term Indicators	**Source of Data**		**How Frequently Measured**
100% of WCDHHS Clinical Therapists will be trained and report that they feel comfortable in Collaborative Assessment and Management of Suicidality (CAMS).	attendance	logs	**initial and upon onboarding of new hires**

Waukesha County

Health Status Assessment

May 11, 2017

A special thank you to the CHIPP Data Subcommittee!

Data Subcommittee Members

- *Jerry Braatz*
- *Julianne Davan*
- *Benjamen Jones*
- *Dan Michaels*
- *Terri Phillips*
- *Ron Pupp*
- *John Schiraj*
- *Jean Schultz*
- *Kristin Silva*
- *Monica Thakur*
- *Sarah Ward*

Community Health Status Assessment
Core Indicator Lists

Category One – Demographic Characteristics

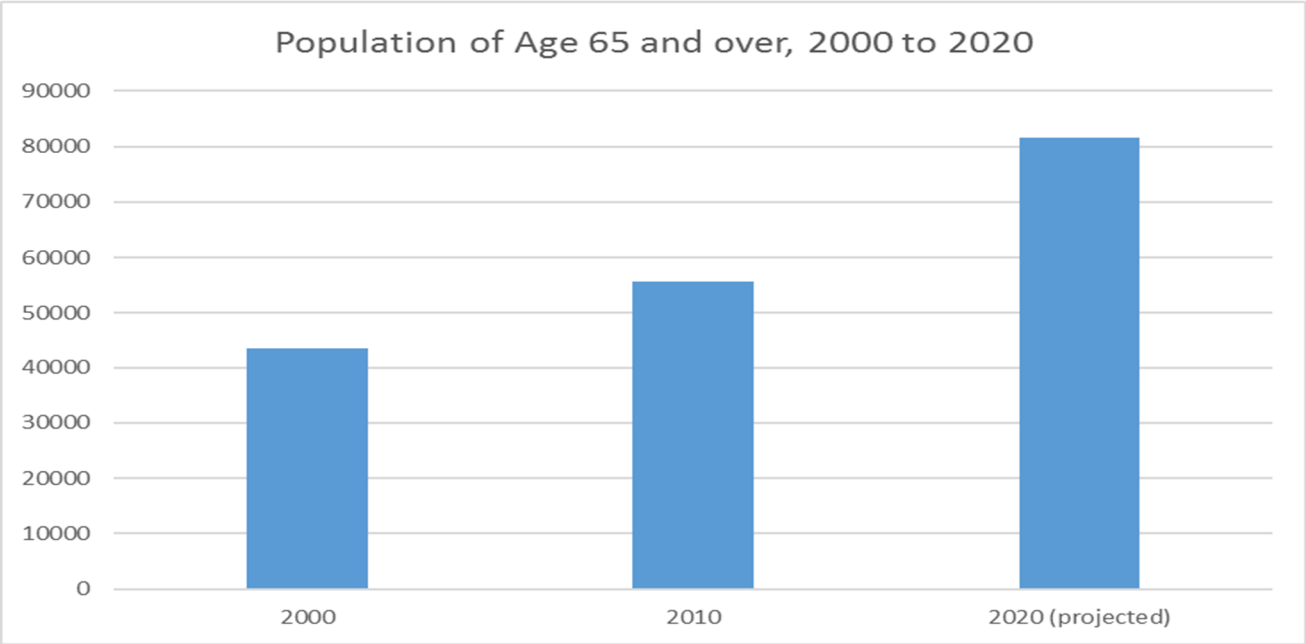
Definition of Category**:** Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, and the rate of change in population density over time, due to births, deaths and migration patterns.

Data Highlights:

- Population percent growth change declined in Waukesha County between 1990 and 2010. Projections for 2020 show a similar trend
- The slowing population growth is due to a decline in natural increase (number of births minus number of deaths) that is not being offset by strong migration into the county
- Between 1990 and 2010, the White population grew at a much smaller growth rate than minority populations. This decline is projected to continue
- The population of age 65 and over will make up almost 25 percent of the county's population by 2030. There are more women than men in this age group due to the fact that women are living longer than men

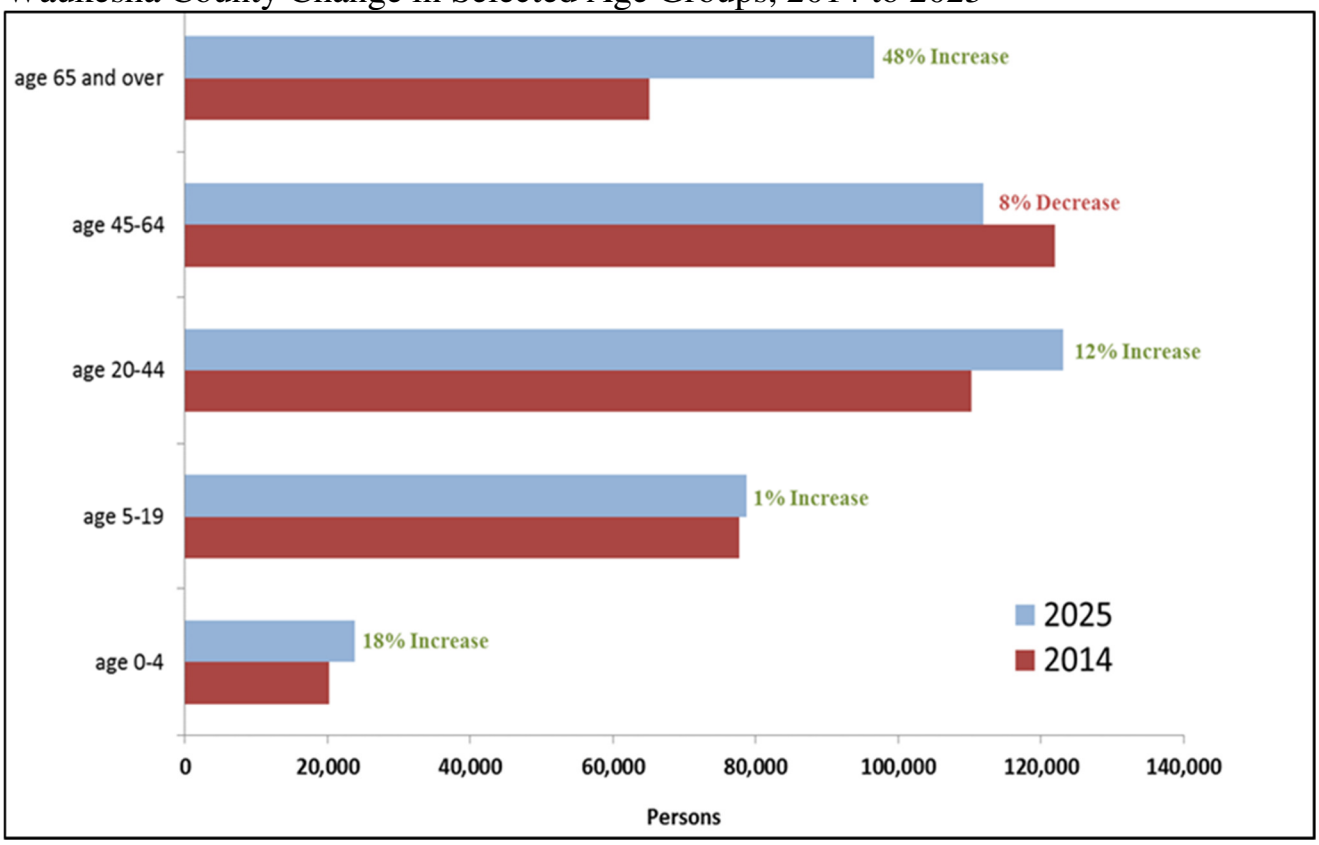
Demographics	Waukesha		WI
	#	%	%
Age Group			
Under 5	20,425	5.2	6.0
5 to 14	51,889	13.2	12.9
15 – 19	26,958	6.8	6.8
20 – 44	109,641	27.8	31.8
45 – 64	122,313	31.1	27.8
65 – 74	33,798	8.6	8.0
75 and older	28,849	7.3	6.7
Total	393,873	100.0	100.0
Gender			
Males	193,441	49.1	49.7
Females	200,432	50.9	50.3
Race			
White	365,833	92.9	86.5
Black or African Am.	5,605	1.4	6.3
American Indian or Alaska Native	730	0.2	0.9
Asian	11,662	3.0	2.5
Hispanic or Latino	17,660	4.5	6.3
Native Hawaiian or other Pacific Islander	119	0.03	0.02
Some other race/ 2 or more races	9,924	2.5	3.8

US Census data – 2015 American Community Survey

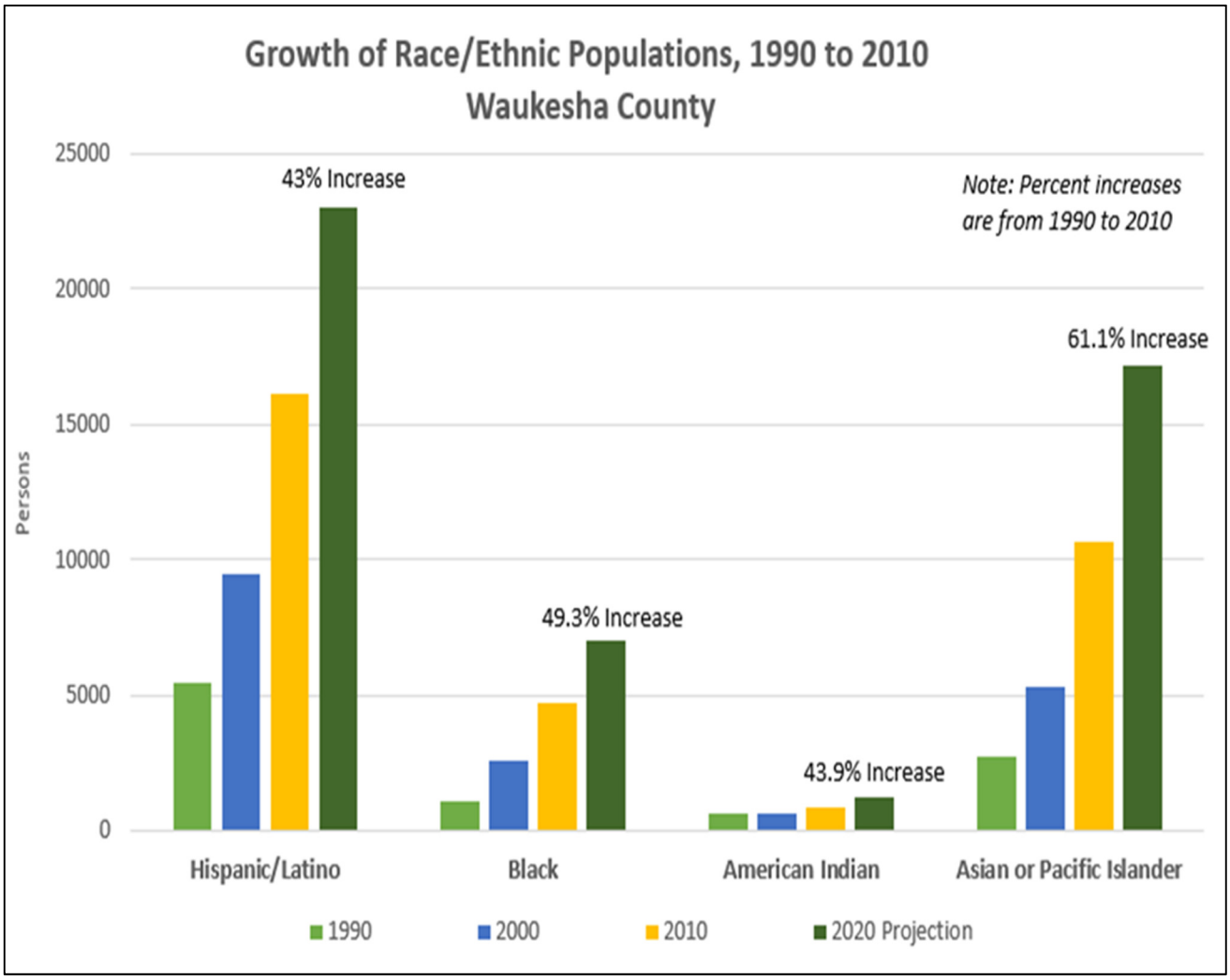


US Census data

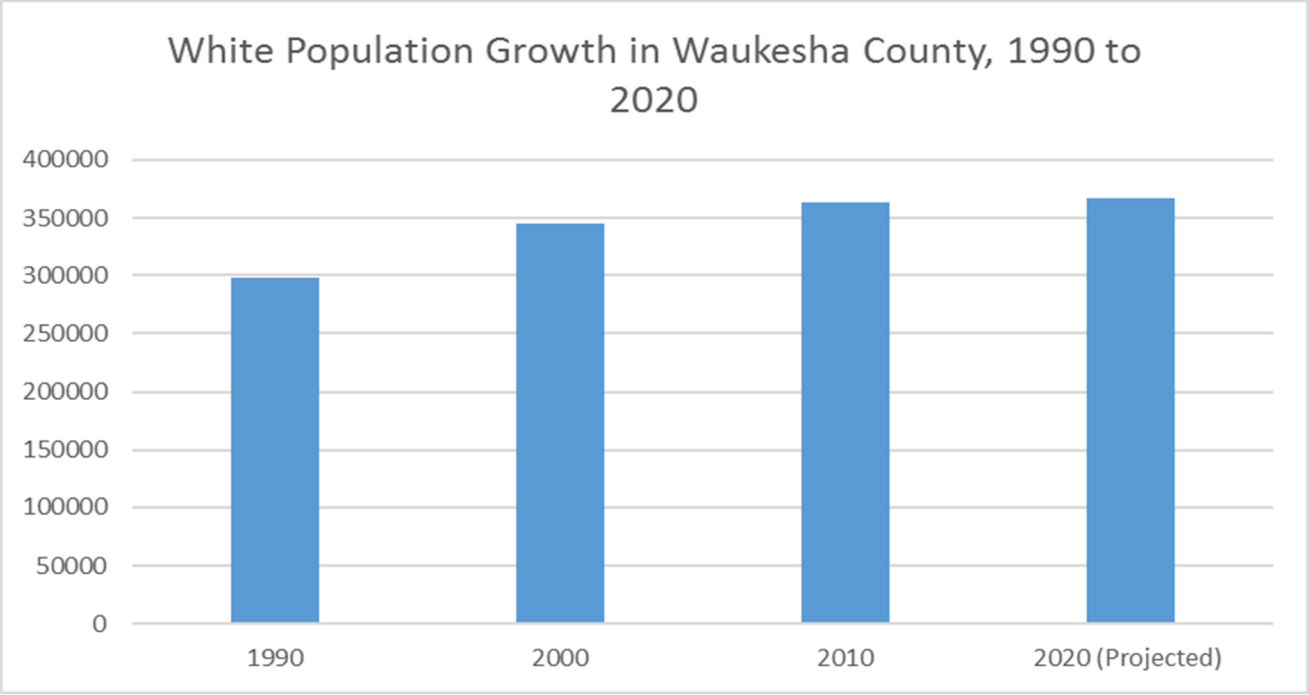
Waukesha County Change in Selected Age Groups, 2014 to 2025



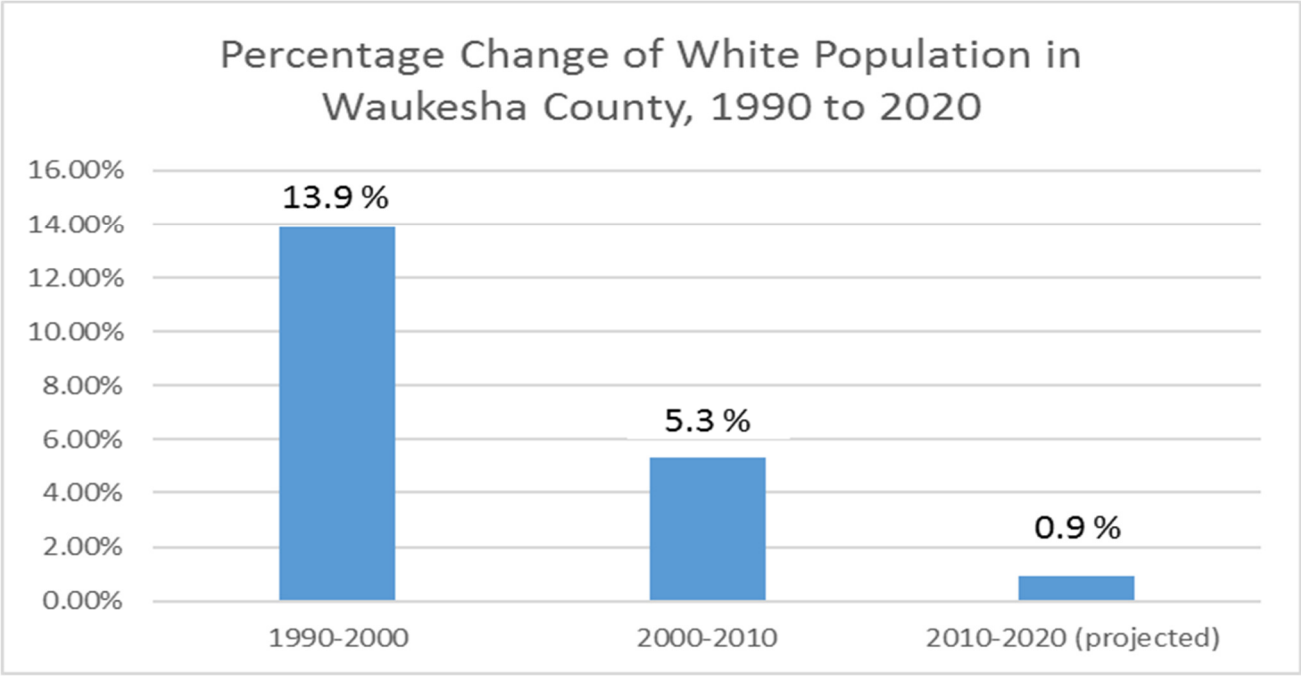
US Census data



US Census data



US Census data



US Census data

Community Health Status Assessment
Core Indicator Lists

Category Two - Socioeconomic Characteristics

Definition of Category: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Data Highlights:

- The Waukesha County 2015 unemployment rate and median household income is similar to 2010 but food stamp percentage has gone up significantly
- Poverty rate has increased slightly since 2010 but remains lower than the state average
- High school graduation and bachelor degree rates in Waukesha County are higher than the state average
- Certain areas of the county have high rates of people living in poverty or ALICE range

Socioeconomic Measures	Waukesha County		WI
	2010	2015	2015
Income and Employment			
% Unemployed	4.8%	4.2%	6.3%
Median Household Income	$75,064	$76,545	$53,357
% Households Receiving Food Stamps/SNAP*	2.5%	5.2%	12.9%
Poverty			
% of Children Living in Poverty	6.5%	6.8%	17.8%
% Age 18-64 Living in Poverty	4.6%	4.7%	12.4%
% Age 65+ Living in Poverty	4.0%	5.0%	7.7%
Education			
% Persons aged 25 and Older with Less than a High School Education	5.0%	4.3%	9.0%
% High School Graduate or Higher	95.0%	95.7%	91.0%
% Bachelor's Degree or Higher	39.2%	41.2%	27.8%
Household			
% Single Parent Families	18.7%	18.6%	29.4%
% Households with Language other than English	7.1%	7.4%	8.7%
% Households with No Vehicle Available	3.9%	4.2%	7.1%
Number Homeless		765	18,883
% Subsidized Housing per Total Number of Households		2.6%	4.7%
Other			
% with a Disability	8.4%	9.8%	11.7%
% of Persons without Health Insurance	4.6%	4.3%	7.9%

*eligibility criteria changed in this time period

US Census: 2006-2010, 2008-2010, 2011-2015 American Community Survey
Affordable Housing Online

Community Health Status Assessment

Core Indicator Lists

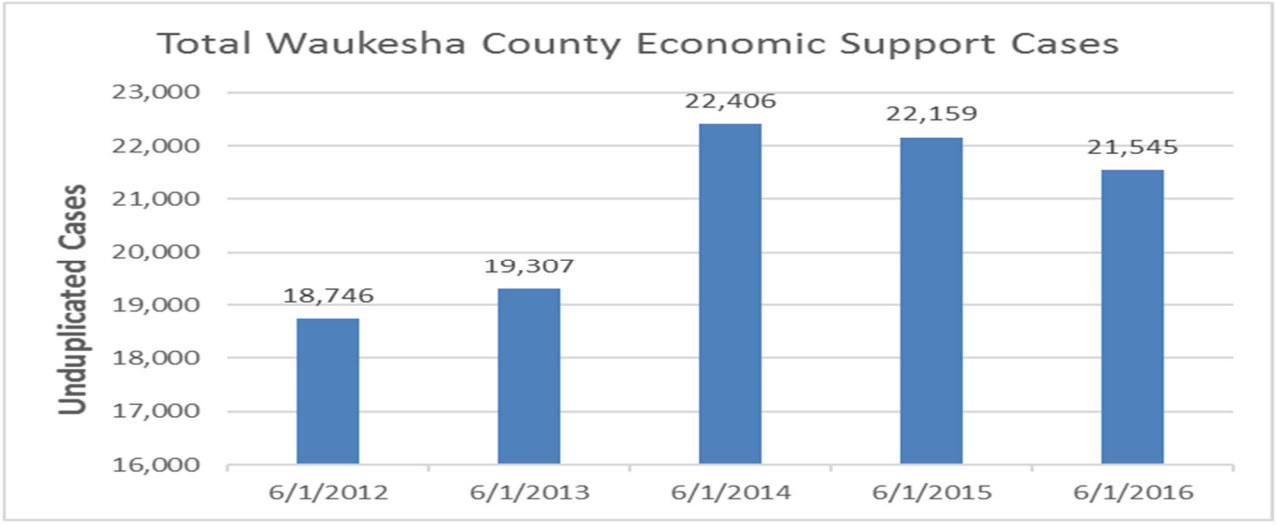
ALICE is an acronym that stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, comprising of households with income above the Federal Poverty Level but below the basic cost of living. The ALICE rate for the State of Wisconsin stands at 42%. In Waukesha County the rate is 29% (6% poverty and 23% ALICE population). The ALICE population are employed, but many of the jobs do not pay enough to afford the basics of housing, child care, food, health care and transportation.

ALICE Report - Waukesha County, 2014

Town	Total Households	% ALICE & Poverty*
Big Bend	470	28%
Brookfield	14,557	22%
Brookfield Town	2,716	35%
Butler	863	52%
Chenequa	238	11%
Delafield	2,892	31%
Delafield Town	2,873	14%
Dousman	926	34%
Eagle	676	25%
Eagle Town	1,212	17%
Elm Grove	2,263	13%
Genesee	2,613	15%
Hartland	3,602	36%
Lac La Belle	106	16%
Lannon	497	40%
Lisbon	3,797	35%
Menomonee Falls	14,539	31%
Merton	1,036	11%
Merton Town	2,922	16%
Mukwonago	2,991	36%
Mukwonago Town	2,885	16%
Muskego	9,220	26%
Nashotah	577	22%
New Berlin	16,612	28%
North Prairie	807	20%
Oconomowoc	6,278	34%
Oconomowoc Lake	216	20%
Oconomowoc Town	3,335	23%
Ottawa	1,422	17%
Pewaukee	5,451	23%
Pewaukee Village	3,910	40%
Summit	1,685	20%
Sussex	3,880	29%
Vernon	2,843	20%
Wales	1,013	23%
Waukesha	28,466	41%
Waukesha Town	3,493	25%

* Alice/Poverty level is below $25,392 for single adult and $66,840 for family of four

United Way



Waukesha County HHS Data

Free and Reduced Lunch School Lunch		
School Year	**Number of free and reduced lunch**	**% of free and reduced lunch**
2011-2012	10,526	16.6%
2012-2013	11,537	18.3%
2013-2014	11,675	18.6%
2014-2015	11,235	18.1%
2015-2016	10,903	17.6%

Wisconsin Department of Public Instruction

Food Insecurity				
	Waukesha			WI
	2012	2013	2014	2014
% food insecure	9%	9%	8%	12%

County Health Rankings

Community Health Status Assessment
Core Indicator Lists

Category Three - Health Resource Availability

Definition of Category: This domain represents factors associated with health system capacity, including both the number of licensed medical providers and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of health care and prevention services.

Data Highlights:

- The availability of primary care, mental health and dental providers in Waukesha County exceeds Wisconsin State averages (as expressed in rate per 100,000 population)
- The aging/retiring healthcare workforce, combined with increasing demands of caring for the aging population (silver tsunami) poses significant challenge
- Unmet medical and dental care appears to be increasing. Seventeen percent of respondents reported medical care was not received due to cost concerns

Healthcare Providers			
	Waukesha County		Wisconsin
	Number	Rate per 100,000 population	Rate per 100,000 population
Primary Care Physicians	600	151.85	90.6
Mental Health Providers	768	194.3	170.7
Dentists	342	86.26	64

Community commons

Waukesha County Medical Facilities		
	Facilities	Beds
Hospitals	5	737
Nursing Homes	18	1,876
Federally Qualified Health Center	1	N/A

AHD.com, DHS.wisconsin.gov

State of Wisconsin Healthcare Workforce			
	Turnover Rate	**Vacancy Rate**	**Projected national demand for 2014-2025**
CNAs	23%	10.1%	+34.0%
Lab Tech	18.6%	5.5%	
RN	13.4%	6.2%	
RNs planning to leave workforce within 10 years	40%		

WHA workforce report

Community Health Status Assessment
Core Indicator Lists

Medicare Costs		
	Waukesha County	Wisconsin
Total Medicare Costs	$385 Million	$5.1 Billion
Per Capita Costs	$8,202	$8,102
Average Hierarchical Condition Category (HCC) Score	0.93	0.95
Average Beneficiary Age	72	71

http://medicare-usage.healthgrove.com

Health Information and Services			
		2012	**2015**
Unmet care in last 12 months			
	Medical care	4%	9%
	Dental care	9%	12%
	Mental Health care	<1%	3%
Did Not Receive Care Needed due to Cost			
	Medical care	n/a	17%
	Prescription	8%	8%
Primary Source of Health Information			
	Doctor	40%	47%
	Internet	28%	30%
	Myself/Family member in health field	9%	6%

Community Health Survey

Community Health Status Assessment
Core Indicator Lists

Category Four - Quality of Life

Definition of Category: Quality of Life (QOL) is a construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators research has shown to be related to determinants of health and community-wellbeing, other valid dimensions of QOL include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

Data Highlights:

- A 2017 community survey indicates broad belief that the quality of life in Waukesha County is quite good. Scores on a five-point scale ranged from a low of 3.48 (regarding all resident's ability to improve the community) to 4.28 (regarding suitability to raising children). Mean score from all responses is 3.86 out of 5.0
    - Areas on concern point to drug use, transportation, awareness of services and affordability
- Individual perception of overall health has remained essentially unchanged since 2012
- Concern for personal safety has remained essentially unchanged since 2012. In general, bullying has diminished overall, with the largest decrease expressed in verbal bullying

2017 Survey "Perception of Quality of Life in Waukesha County" (N=379)

Quality of Life Measure	**Score (1 least satisfied, 5 most satisfied)**
Persons satisfied with the quality of life in Waukesha County	4.20
Adults satisfied with the health care system in the community	3.90
Persons who believe Waukesha County is a good place to raise children	4.28
Persons who believe Waukesha County is a good place to grow old	3.77
Persons who feel there is sufficient economic opportunity in Waukesha County	3.74
Persons who feel Waukesha County is safe place to live	4.06
Persons who feel there are adequate networks of support in Waukesha County	3.76
Persons who believe all individuals and groups have the opportunity to contribute and participate in the community's quality of life	3.66
Persons who feel that all residents can make the community a better place to live	3.48
Persons who believe there is an active sense of civic responsibility and engagement	3.74
Key areas of concern as expressed in narrative comments	
Community concern over drug activity and substance abuse	
Transportation for seniors	
Lack of awareness around available services in the community	
Lack of affordable housing for lower and middle class families and those on fixed incomes	
Lack of awareness around mental health services	
Economic opportunity restricted	

Community Health Status Assessment
Core Indicator Lists

Health and Safety		
	2012	**2015**
Overall Health		
Rate health as fair or poor	10%	11%
Personal Safety in Waukesha County		
Afraid for personal safety	4%	4%
Pushed, Kicked, Slapped or Hit	1%	3%
Had at Least One Safety Issue	4%	5%
Children in Household and Bullying		
Experienced Some form of Bullying (past 12 months)	18%	14%
Verbally Bullied	18%	14%
Physically Bullied	5%	2%
Cyber Bullied	3%	4%

Community Health Survey

Community Health Status Assessment
Core Indicator Lists

Category Five - Behavioral Risk Factors

Definition of Category: Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and significant morbidity and mortality later in life.

Data Highlights:

- Percentage of adults that are overweight or obese continues to increase and has surpassed the State, whereas exercise has decreased
- Percentage of adults with high blood pressure, high blood cholesterol and diabetes continues to increase
- Screenings and routine procedures have stayed relatively stable

Behavioral Risk Factors	Waukesha County			WI
	2009	2012	2015	2014/2015
Substance Use and Abuse				
Tobacco use (past 30 days)	17%	17%	13%	17.3%
Binge drinking (past 30 days)	27%	22%	29%	22.9%
Lifestyle				
Overweight or Obese	63%	65%	70%	66.0%
Fruit Intake (2+ servings/day)*	68%	65%	65%	62.1%
Vegetable Intake (3+ servings/day)*	30%	29%	25%	76.0%
Recommended Moderate or Vigorous Activity	53%	47%	46%	52.8%
Health Conditions in Past 3 years				
High Blood Pressure	22%	26%	33%	29.6%
High Blood Cholesterol	24%	25%	26%	36.1%
Diabetes	6%	7%	9%	8.4%
Asthma (current)	9%	8%	8%	9.6%
Screenings				
Pap Smear (18-65, within past 3 years)	89%	83%	82%	76.6%
Mammography (50+, within past 2 years)	76%	77%	78%	77.0%
Colonoscopy (50+, within past 10 years)*	62%	59%	62%	75.9%
Routine Procedures				
Routine checkup (2 yrs. Ago or less)	84%	85%	85%	83.6%
Dental checkup (past year)	74%	75%	76%	70.1%
Eye Exam (past year)	41%	49%	55%	
Cholesterol Test (past 4 years)	82%	79%	84%	77.5%

2015 Community Health Survey, 2014-2015 Wisconsin BRFSS
**Risk factor measured differently for State*

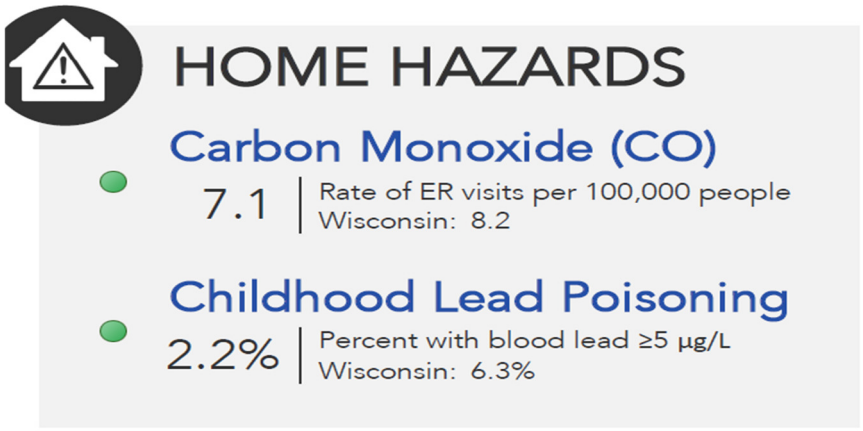
Community Health Status Assessment
Core Indicator Lists

Category Six - Environmental Health Indicators

Definition of Category: The physical environment directly impacts health and quality of life. Clean air and water, as well as safe home and yard environments, are essential to physical health. Exposure to environmental substances, such as lead, increases risk for preventable disease.

Data Highlights:

- Waukesha County rates well in the category of Home Hazards
  - Emergency Room visits due to carbon monoxide is lower that the State rate
  - The percent of children with elevated blood lead levels is much lower than the State percent
- While Waukesha County rates very well on Ozone air quality, it is higher than the State for Particulate Matter
- Waukesha County has higher rates of Arsenic in its water, but lower Nitrates when compared to the State
- While animal bite incidents have a remained fairly stable, more animals positive for Rabies have been found lately



Waukesha County Environmental Health Profile 2015

Waukesha County Environmental Health Profile 2015

Waukesha County Environmental Health Profile 2015

Animal Bites and Rabies				
	2012	**2013**	**2014**	**2015**
Animal Bites	675	584	638	617
Rabies submissions	175	133	134	156
# positive			4	1
# inconclusive	7	9	7	8

Waukesha County Environmental Health Data

Community Health Status Assessment
Core Indicator Lists

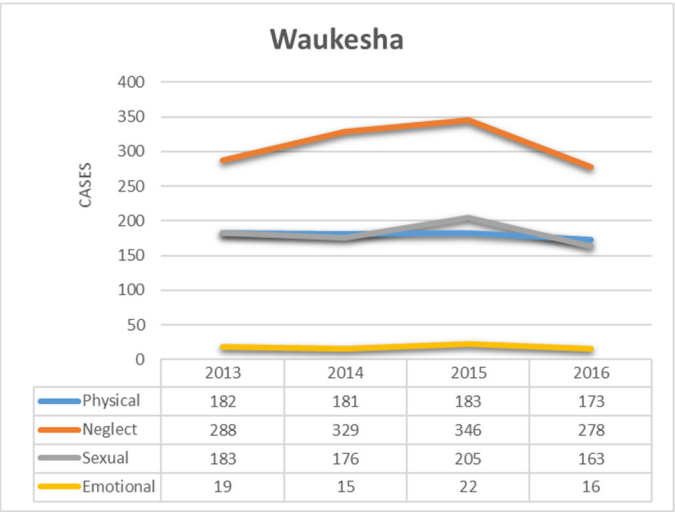
Category Seven - Social and Mental Health

Definition of Category: This category represents social and mental factors and conditions which directly or indirectly influence overall health status which contribute to individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by child maltreatment, access to mental health care, school attendance and exposure to violence within the home and within the community.

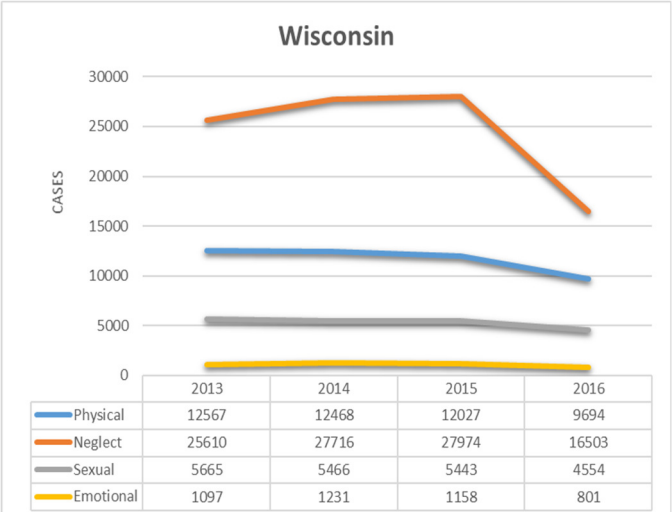
Data Highlights:

- Child Protection Service data represents all screened in cases of maltreatment in Waukesha over a period of four years. State data is included for comparison purposes
    - Trend lines are similar for County and State data. In Waukesha there are similar numbers of physical abuse and sexual abuse cases whereas at the State physical abuse exceeds sexual abuse
    - Child abuse data reflects a flat trend line for physical, sexual and emotional abuse, whereas there has been a decline in the numbers of neglect cases in the past year when compared to the previous 3 years
- There has been a trend toward higher numbers of truants within the county over the past 4 years. Barring a slight decrease in 2016, current patterns of truancy are consistent with rates in the early 2000s
- Mobile Crisis Services were expanded in 2016. There has been a general trend toward increase calls and increased assessments over the course of the year
- Violent crime rates are trending upward in all areas measured (assault, robbery, rape and homicide)
- Overall, there is a pattern of increased concern in the areas of Social and Mental Health of the community

Number of Confirmed Cases of Child Abuse & Neglect among Children



	2013	2014	2015	2016
Physical	182	181	183	173
Neglect	288	329	346	278
Sexual	183	176	205	163
Emotional	19	15	22	16

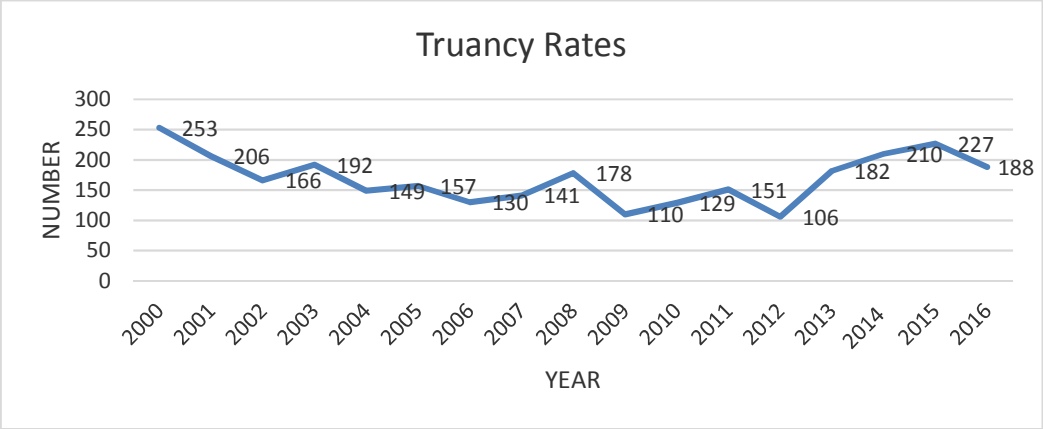


	2013	2014	2015	2016
Physical	12567	12468	12027	9694
Neglect	25610	27716	27974	16503
Sexual	5665	5466	5443	4554
Emotional	1097	1231	1158	801

eWiSACWIS. SM02X100 – Access Report (Enhanced) 2013-2016

Community Health Status Assessment
Core Indicator Lists

Truancy Rates in Waukesha County



Waukesha County Adolescent & Family Division. 2016

Waukesha County DHHS Clinical Services Division • Mobile Crisis Intervention Data 2016

Availability of Crisis Services		Total Calls	Assessments	Outcome of Assessment			
				Safety Plan	Voluntary Admission	Emergency Detention	Emergency Protective Placement
Monday-Friday 8am-9pm Weekends & Holidays 12pm-8pm	JAN	134	25	18	6	0	1
	FEB	168	42	29	6	6	1
	MAR	166	28	14	7	4	3
Mon—Fri, 8am-12am Weekends, 12pm-8pm	APR	178	21	6	5	5	5
8am-12am, 7 days/week	MAY	289	66	32	16	17	1
	JUN	277	98	33	19	42	4
Monday-Friday, 24/7 Weekends, 8am-12am	JUL	365	116	58	11	45	2
Monday-Friday 24/7, Weekends 6am-12am	AUG	405	118	53	21	43	1
	SEP	345	115	53	14	47	1
Monday-Friday 24/7, Weekends 5am-12am	OCT	369	122	47	16	57	2
	NOV	293	122	-	-	-	-
24/7, Seven days/week	DEC	255	103	-	-	-	-
		3,244	**976**	**343 (46%)**	**121 (16%)**	**266 (35%)**	**21 (3%)**

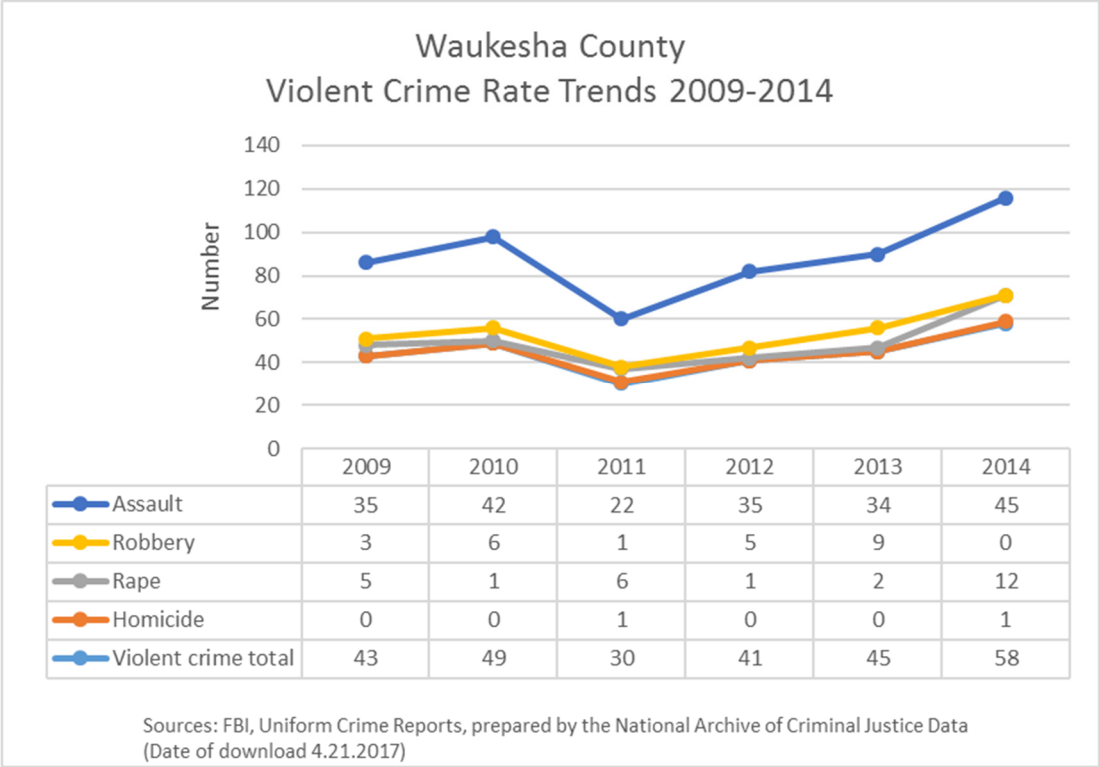
Notes:
Total Calls for July-October: Crisis workers documented Follow-Up Calls on crisis log, which contributed to the total calls. Once Avatar was implemented on 11/07/16, follow-up calls were documented separately from total calls.

Outcome of Assessment November & December: These outcomes are not tracked in Avatar, therefore, there is no process in place to calculate these totals.

02.06.17

WCHHS Mental Health Clinic Data

Community Health Status Assessment
Core Indicator Lists



	2009	2010	2011	2012	2013	2014
Assault	35	42	22	35	34	45
Robbery	3	6	1	5	9	0
Rape	5	1	6	1	2	12
Homicide	0	0	1	0	0	1
Violent crime total	43	49	30	41	45	58

Sources: FBI, Uniform Crime Reports, prepared by the National Archive of Criminal Justice Data (Date of download 4.21.2017)

Domestic Violence and Sexual Assault		
	2015	**2016**
Domestic Violence (unduplicated)		
Adults	694	669
Children	188	159
Total Domestic Violence	882	828
Sexual Assault (unduplicated)		
Adults	231	212
Children	36	36
Total Sexual Assault and Abuse	267	248

Women's Center Data

Adverse Childhood Experience (ACEs) is a traumatic experience, which occurs prior to the age of 18, such as child physical or sexual abuse, having an incarcerated household member, exposure to domestic violence or parental divorce. ACEs have been linked to a range of negative outcomes in adulthood.

ACEs in Wisconsin (2011-2012 data)

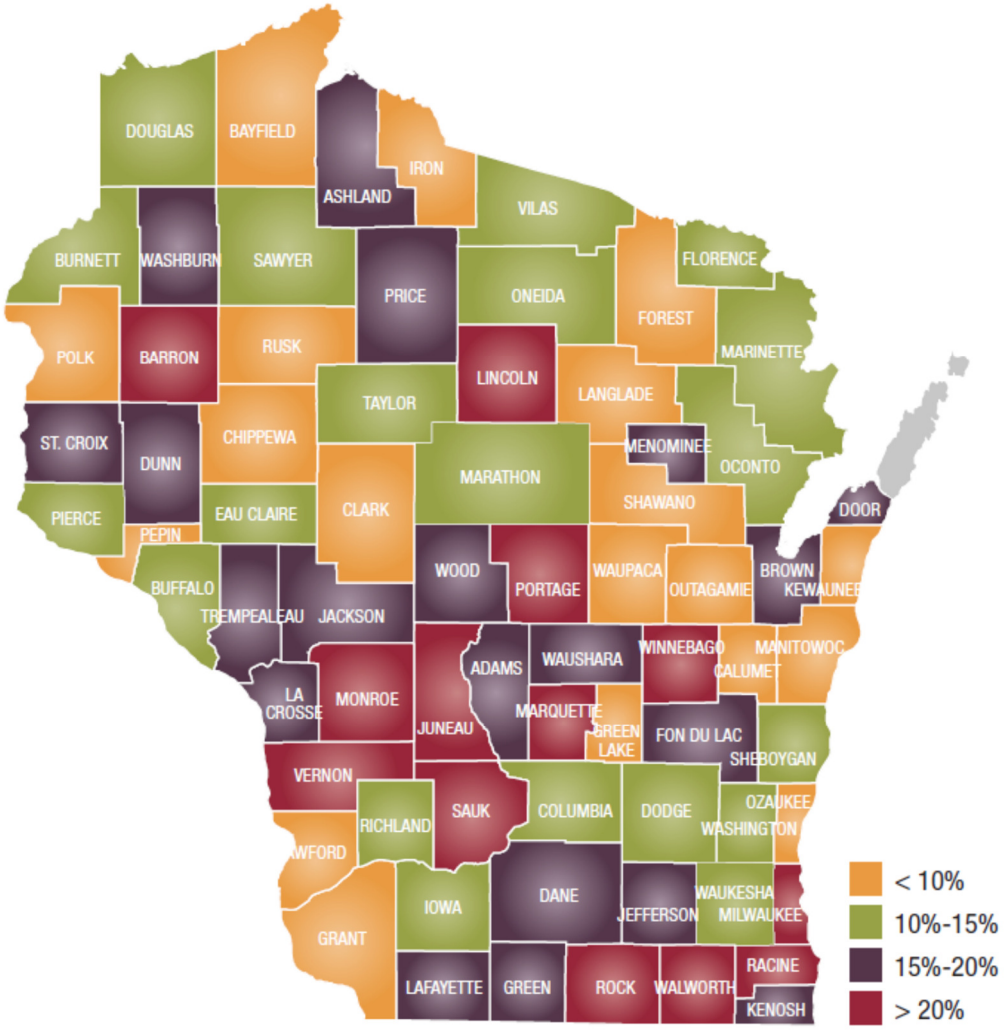


Figure 3. Prevalence of 4 or more ACEs in Wisconsin Counties

Children's Trust Fund data

Community Health Status Assessment
Core Indicator Lists

Category Eight - Maternal and Child Health

Definition of Category: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers is a critical indicator of increased risk for both mother and child.

Data Highlights:

- While child death rates have remained stable, infant mortality rates have improved, and both rates are lower than the State
- Waukesha County's Birth rate and Fertility Rate are lower in comparison to the State
- Adolescent pregnancy rate is much lower in Waukesha County compared to the State
- Waukesha County has less participation of eligible recipients who could receive WIC services in comparison to the state

Maternal and Child Health	Waukesha County			Wisconsin
	2013	2014	2015	2015
Mortality				
Child Mortality Rate, Deaths 1-14 yrs. per 100,000 population	11.6	10.5	12	15.5
Infant Mortality, Deaths within 1st year per 1,000 live births	6	2.8	3.8	5.7
Post Neonatal (28-364 days) Mortality Rate per live births	1.9	0.5	0.8	1.7
Neonatal (<28 days) mortality Rate per live births	4.1	2.3	3	4
Birth rates				
Live birth Rate - Births per 1,000 population	9.4	9.9	9.4	11.6
Fertility Rates- Births per 1,000 Women Ages 15-44	55.2	57.9	55.2	61.8
Births to adolescents (10-17yrs.) - % of all births	0.4	0.4	0.1	1.1
Adolescent Pregnancy Rate (15-17 yrs.) - Births per 1,000 Females age 15-17 yrs.	2	1.9	0.6	6.6
Low Birth Weight - (Less than 2,500 grams)	6.3	5.7	5.6	7.3
Very low birth Weight - (Less than 1,500 grams)	1.1	0.8	1	1.3
Prenatal Care				
Entrance into Prenatal Care in 1st Trimester, % of total	85.3	86.5	85.3	75.5
Entrance into Prenatal Care in 3rd Trimester, % of total	2.1	2.4	2.4	3.8
No Prenatal Care, % of total	0.3	0.3	0.2	0.6
WIC Participation				
WIC recipients as % of those eligible	48.4	44.1	46.3	61

WISH, WIC Data

Community Health Status Assessment
Core Indicator Lists

Category Nine - Death, Illness, and Injury

Definition of Category: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease).
Mortality may be represented by crude rates or age-adjusted rates, and by cause (i.e. disease, cancer or injuries). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease.

Data Highlights:

- The leading causes of deaths have changed slightly since the year 2000, with the biggest increases seen in Alzheimer's and suicide
- Crude rates for new cases of cancer are higher in Waukesha County than the State for most types of cancer
- Most mortality rates are stable or decreasing with the exceptions of the following which are increasing: Cervical Cancer, Alzheimer's, Unintentional Injuries, and Suicide
- There are significant racial/ethnic disparities identified in the mortality rates for Diabetes, Alzheimer's, Stroke, Heart Disease and Infant Mortality
- Hospitalizations and deaths due to Falls have been fairly stable, with Waukesha County better than the State in hospitalization rates, but worse in death rates

Leading causes of Death 2000 vs 2015		
Rank	**Year 2000 (# of deaths)**	**2015 (# of deaths)**
1	Heart Disease (858)	Cancer (753)
2	Cancer (638)	Heart Disease (677)
3	Stroke (215)	Accidents (229)
4	Accidents (141)	Stroke (174)
5	Chronic lower respiratory diseases (130)	Alzheimer's (170)
6	Influenza and pneumonia (83)	Chronic lower respiratory diseases (160)
7	Diabetes (81)	Influenza and pneumonia (82)
8	Alzheimer's (57)	Diabetes (73)
9	Nephritis/nephrosis (52)	Nephritis/nephrosis (66)
10	Chronic liver disease and cirrhosis (35)	Suicide (58)

WISH

Community Health Status Assessment
Core Indicator Lists

New Cases of Cancer							
Primary site of Cancer	Waukesha County						Wisconsin
	2011		2012		2013		2013
	Cases	Rates	Cases	Rates	Cases	Rates	Rates
Female Breast	374	189.0	383	193.3	390	195.1	154.5
Prostate	334	173.3	286	147.9	271	140.6	124.1
Lung & Bronchus	258	66.0	264	67.4	287	73.1	70.9
Colorectal	191	48.9	173	44.2	175	44.6	43.1
Cervical	12	6.1	10	5.0	10	5.0	5.6
Other Sites	1,205	308.5	1,169	298.5	1,251	318.6	278.4
Total	2,376	608.2	2,293	585.6	2,384	607.1	534.6

Rates are Crude Incidence Rates per 100,000 population
Public Health Profiles 2014-2016

Age-Adjusted Mortality Rates*				
	Waukesha County			Wisconsin
Disease	**2013**	**2014**	**2015**	**2015**
All Causes	610.3	617.6	593.2	716.4
Cancers				
All Cancers	143.8	149.7	136.4	159.5
Lung Cancer	38.4	37.4	33.5	39.8
Breast cancer	11.3	11.6	8.9	10.2
Colorectal Cancer	11.9	10.6	8.7	12.8
Cervical/Uterus Cancer	1.3	2.4	4.4	4.1
Chronic Conditions/ Diseases				
Cardiovascular Disease	125.8	122.5	117.0	156.1
Stroke	28.5	25.5	30.5	35.6
COPD	29.6	32.3	28.1	39.3
Alzheimer's Disease	18.0	20.5	27.5	27.5
Diabetes Mellitus	16.6	14.8	12.8	19.4
Chronic Kidney Disease	14.1	11.1	11.7	13.7
Chronic Liver Disease	7.8	7.6	6.3	8.5
Other				
Unintentional Injuries	40.4	41.2	44.7	49
Suicide	13.1	10.7	14.3	14.6
Pneumonia/Influenza	15.9	16.9	13.8	14.2
Motor Vehicle Crashes	7	6	5.5	10

*All rates per 100,000 population
WISH Data

Community Health Status Assessment
Core Indicator Lists

Waukesha County Deaths by Race/Ethnicity 2012-2015		
Race/Ethnicity	**Death Rate***	**Disparity**
Diabetes		
White	14	
Asian	18.1	1.3 times higher than White Rate
Non-Hispanic	14	
Hispanic	20.6	1.5 times higher than Non-Hispanic rate
Alzheimer's Disease**		
Non-Hispanic	20.6	
Hispanic	35.6	1.7 times higher than non-Hispanic rate
Stroke		
White	34.5	
Black	49.9	1.4 times higher than White rate
American Indian	46.6	1.4 times higher than White rate
Asian	48.7	1.4 times higher than White rate
Non- Hispanic	28.4	1.1 times higher than Hispanic rate
Hispanic	24.9	
Heart Disease		
White	124.1	1.8 times higher than Asian rate
Black	104	1.5 times higher than Asian rate
Asian	68.8	
Non-Hispanic	123.8	1.5 times higher than Hispanic rate
Hispanic	81.1	
Infant mortality		
White	3.5	
Black	4.4	1.3 times higher than White rate
Non-Hispanic	7.3	
Hispanic	10.8	1.5 times higher than non-Hispanic rate

*Age Adjusted Mortality Rate: Deaths per 100,000 population
**Data is 2011-2015
WISH Data

Community Health Status Assessment
Core Indicator Lists

Waukesha County Medical Examiner
Suicide Death Statistics
2005 - 2017

Category	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*	2017**
Asphyxia	--	2	--	1	--	2	--	--	--	--	2	3	2
Carbon Monoxide	3	1	1	--	4	3	1	2	1	1	2	4	--
Drowning	--	--	1	1	--	--	--	--	--	--	--	--	--
Fall	--	--	1	--	1	--	--	--	1	2	--	--	--
Fire	--	2	--	1	--	--	--	--	--	--	1	--	--
Gunshot/Shotgun Wound	17	14	18	15	18	25	17	24	27	23	30	23	10
Hanging	6	3	6	5	8	14	9	14	14	9	10	6	1
Incised Wounds	--	--	2	--	1	--	2	1	1	1	1	3	--
Ingestion	4	5	12	8	3	7	7	7	5	5	7	4	--
Inhalation	--	--	--	--	--	3	1	1	3	1	2	--	--
Motor Vehicle	1	--	--	--	1	1	--	--	--	3	--	--	--
Pedestrian VS Train	--	3	--	--	--	--	2	1	2	--	1	2	--
Sharp Force Injury	--	1	--	--	1	2	--	--	--	--	1	--	--
Total	**31**	**31**	**41**	**31**	**37**	**57**	**39**	**50**	**54**	**45**	**57**	**45**	**13**

Demographics	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*	2017**
Male	24	22	30	22	28	40	29	42	44	34	45	34	11
Female	7	9	11	9	9	17	10	8	10	11	12	10	2
Age 19 years and under	2	3	1	1	1	6	5	3	1	3	4	2	1
Ages 20-40	10	11	15	9	10	14	12	11	9	10	14	6	2
Ages 41-64	13	10	18	9	18	28	16	27	34	25	31	24	8
Ages 65 and above	6	7	7	12	8	9	6	9	10	7	8	12	2

*2016 data is based on completed death certificates as of 5/22/2017. Totals may or may not increase once all cases are no longer pending.

**2017 data is based on completed death certificates as of 5/22/17.

Medical Examiner Data

Community Health Status Assessment
Core Indicator Lists

Hospitalizations 2014			
Cause of Hospitalization	**Waukesha County**		**Wisconsin**
	Cases	**Rate (per 1,000)**	**Rate (per 1,000)**
Total Hospitalizations	39,252	99.6	104.1
Preventable Hospitalizations	4,457	11.4	13.2
Injury-Related	3,182	8.1	8.6
Mental Disorders	2,129	5.4	6.6
Cancers	1,247	3.2	3.0
Coronary Heart Disease	1,023	2.6	2.8
Stroke	992	2.5	2.5
Pneumonia & Influenza	904	2.3	2.8
Alcohol-Related	768	1.9	1.8
Diabetes	389	1.0	1.3
Asthma	271	0.7	0.9
Drug-related	284	0.7	0.6

Public Health Profiles 2016

Fall Data by Age Group							
Age Groups	**Waukesha County**						**Wisconsin**
	2012		**2013**		**2014**		**2014**
	#	**Rate***	**#**	**Rate***	**#**	**Rate***	**Rate***
Fall-Related Hospitalizations							
Under 1	1	26.8	4	107.1	1	26.0	64.5
1-14	31	41.5	27	39.0	13	17.3	25.9
15-24	21	43.5	19	40.8	19	39.3	44.1
25-44	64	71.0	58	65.6	64	73.7	93.0
45-64	298	244.3	313	239.2	281	216.9	286.2
65-84	778	1,577.3	826	1,610.5	825	1,553.3	1,418.0
85+	630	6,490.2	659	6,932.5	601	5,793.3	5,660.6
Total	1,823	365.8	1,906	373.7	1,804	341.7	348.5
Fall-Related Deaths							
Under 1	0	0	0	0	0	0	0
1-14	0	0	0	0	0	0	0
15-24	1	2.1	0	0	1	2.1	0.9
25-44	1	1.1	1	1.1	0	0	1.8
45-64	7	5.9	3	2.0	11	8.0	6.5
65-84	43	88.3	35	68.8	40	76.3	62.7
85+	64	659.3	65	683.8	65	626.6	509.8
Total	116	33.8	104	54.5	117	41.5	21.6

*All rates are Age-Adjusted for Age Groups and per 100,000 population
WISH Data

Community Health Status Assessment
Core Indicator Lists

Category Ten - Communicable Disease

Definition of Category: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments / materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or through the use of protective measures.

Data Highlights:

- Waukesha County has fairly high rates of pneumococcal and influenza vaccine among those age 65 and older
- The proportion of 2 year olds who have received all age appropriate vaccines continues to increase and is approaching the Healthy People 2020 goal of 80%
- There is an increasing number of children with vaccine personal conviction waivers, which when combined with noncompliant equals approximately 5,000 children that are not fully immunized
- Communicable diseases continue to increase, from 2013 to 2016, there was a 50% increase in the number of diseases investigated
    - Largest increases have been seen in STDs, Hepatitis B and C and some enteric diseases

Proportion of adults aged 65+ who have				
	Waukesha			WI
	2009	2012	2015	2013
Ever been immunized for pneumococcal pneumonia	74%	75%	73%	73%
Been immunized in the past 12 months for influenza	75%	64%	73%	55%

Community Health Survey

Proportion of 2-year old children who have				
	Waukesha			WI
	2014	2015	2016	2016
Received all age-appropriate vaccines (4:3:1:3:3:1:4)	72%	77%	77%	73%

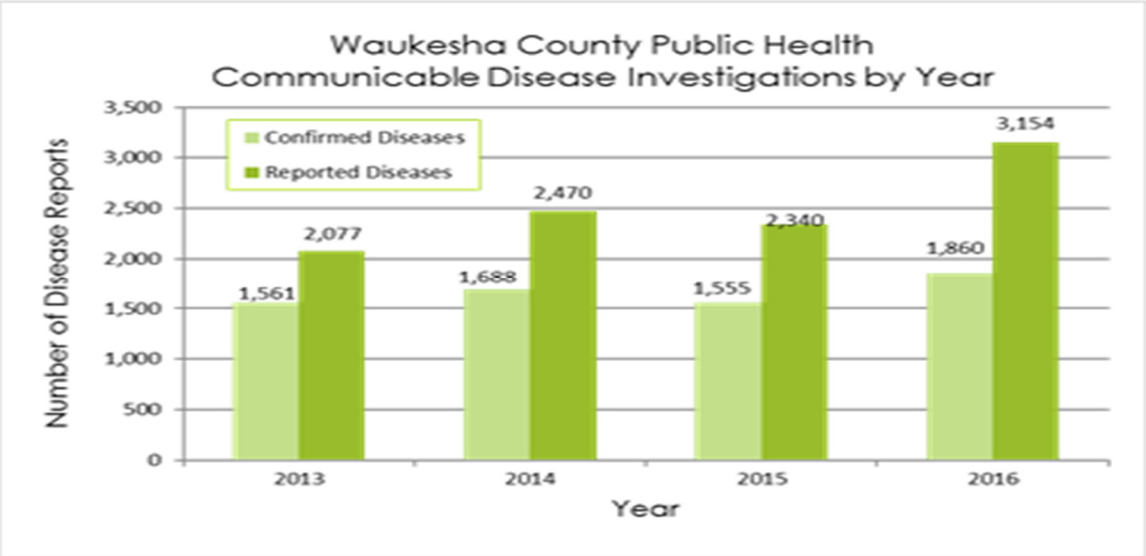
State of Wisconsin Data

Compliance with school immunization laws			
	School Year		
	2012-2013	2013-2014	2014-2015
Total Enrollment	73,984	72,889	76,598
% fully immunized for age	93%	93%	93%
% waivers	6%	6%	6%
# Health	261	271	266
# Religious	139	129	149
# Personal	3,711	3,714	4,076
% not compliant	1%	1%	1%

School Immunization Report

SELECTED REPORTABLE ACUTE AND COMMUNICABLE DISEASES WAUKESHA COUNTY 2012-2016					
Name of Diseases	**2012**	**2013**	**2014**	**2015**	**2016**
Enteric Diseases					
Campylobacteriosis	77	72	68	79	99
Cryptosporidiosis	10	14	10	8	19
E. coli , Shiga toxin-producing (STEC)	13	11	17	12	23
Giardiasis	32	18	21	14	25
Hepatitis A	5	3	0	1	0
Salmonellosis	68	43	50	47	59
Shigellosis	6	6	25	10	13
Vaccine Preventable Diseases					
Hepatitis B	12	16	13	14	23
Measles	0	0	1	0	0
Mumps	0	0	4	0	5
Pertussis	477	80	91	74	91
Rubella	0	0	0	0	0
Sexually Transmitted Diseases					
Chlamydia	591	661	621	630	788
Gonorrhea	85	78	69	75	113
HIV/AIDS	9	5	3	5	3
Syphilis	7	5	6	3	18
Other Selected Reportable Diseases					
Hepatitis C	69	90	95	127	112
Influenza A, novel subtype	2	0	0	0	0
Influenza-Associated Hospitalization	190	179	282	161	101
Legionellosis	7	11	7	9	10
Lyme Disease	43	54	31	45	43
Meningococcal Disease	0	0	0	2	0
Mycobaterial Disease (Non-TB)	103	80	82	73	85
Tuberculosis, Active	1	5	4	2	1

WEDSS data



WEDSS data

Community Health Status Assessment
Core Indicator Lists

Category Eleven - Sentinel Events

Definition of Category: Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage or the introduction of globally transmitted infections. This category includes emerging issues such as the heroin/opiate epidemic.

Data Highlights:

- During the last 15 years, Waukesha County has experienced a large increase in the number of new or emerging disease threats that require a significant public health response. These threats pose significant risk to the health of Waukesha County residents and necessitate a rapidly evolving all-hazards public health response plan
- The Opiate and Heroin epidemic continues to grow at an alarming rate:
    - Hospital encounters involving opiates has increased, with the largest increase relating to Heroin, which has now surpassed the State rate
    - Neonatal Abstinence Syndrome and Ambulance runs utilizing naloxone have remained stable and similar to State rates
    - There was a sharp increase in deaths related to Heroin in 2012, and the numbers have remained high

New or Emerging Disease Threats that required Public Health Response since 2003		
Monkeypox	SARS	Pertussis
Rubella	Measles	Pandemic/Avian Flu
Ebola	Zika	Elizabethkingia
Hantavirus	Drug-resistant Tuberculosis	

Public Health Data

Opiate and Heroin Related Data								
	Waukesha						WI	
	2012		2013		2014		2014	
	#	Rate	#	Rate	#	Rate	#	Rate
Hospital Encounters involving opiates*	159	40.6	190	48.4	191	48.5	2,991	52.0
-involving Heroin specifically*	44	11.2	77	19.6	98	24.9	999	17.4
Neonatal Abstinence Syndrome**	31	8.0	37	10.0	33	8.5	583	8.7
Ambulance runs utilizing naloxone*	218	55.7	236	60.1	211	53.6	3,557	61.9

*crude rate per 100,000 population

**crude rate per 1,000 live births

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

Community Health Status Assessment
Core Indicator Lists

2008 – 2016 Drug Related Deaths by Manner, Age and Gender							
Year	**Total number Drug Related Deaths**	**Accident**	**Suicide**	**Undetermined**	**Gender Male; Female**	**Age Range**	**Avg. Age**
2008	37	27	6	4	21 M ; 16 F	17 – 77 yrs	39 yrs
2009	29	23	3	3	15 M ; 14 F	19 – 83 yrs	44 yrs
2010	42	29	10	3	21 M ; 21 F	20 – 74 yrs	44 yrs
2011	47	38	8	1	27 M ; 20 F	13 – 71 yrs	41 yrs
2012	59	49	7	3	39 M ; 20 F	20 - 82 yrs	41 yrs
2013	39	33	5	1	23 M ; 16 F	19 – 87 yrs	44 yrs
2014	50	40	5	5	33 M; 17 F	12-64 yrs	37 yrs
2015	49	39	7	3	26M; 23 F	20-94 yrs	43 yrs
2016 *(to date)*	41	36	4	1	32 M; 9 F	15 – 88 yrs	

Waukesha County Medical Examiners Data

2008 -2016 Drug Related Deaths by Substances Identified					
Year	**Total number of Drug Related Deaths**	**Drug Related Deaths by Substance(s)**			
		Total Heroin-related (alone or in combination)	**Opioid Medications (alone or in combination)**	**Synthetic Opioids (non-prescription)**	**Other Drugs or Medications**
2008	37	7	22		8
2009	29	3	20		6
2010	42	5	33		4
2011	47	6	35		6
2012	59	21	27/1*		10
2013	39	11	23**		5
2014	50	15	29		6
2015	49	20	23**		6
2016 *(adtl. data pending)*	41	15	19/1*	1	5

*One death in 2012 and one in 2016 involved injury sustained while under the influence of prescription opiate medication

**One opiate related death in 2013 and two in 2015 had morphine identified but it was undetermined whether it originated from a prescription or heroin metabolism

Waukesha County Medical Examiners Data

Waukesha County Gun-related deaths by age 2011-2013									
	Age Groups								TOTAL
	13-17	18-19	20-29	30-39	40-49	50-59	60-69	70+	
Gun-related deaths	2	3	6	10	11	17	16	9	74

WISH

Community Health Status Assessment
Core Indicator Lists

References

Affordable Housing Online
Affordable Housing Online serves low income renters in the U.S. with the most complete and up-to-date info on low income housing, affordable housing, affordable apartments, subsidized housing, Public Housing and Section 8 Housing Choice Voucher (HCV) waiting list information. https://affordablehousingonline.com/

The American Hospital Directory (AHD.com)
The American Hospital Directory provides data and statistics about more than 7,000 hospitals nationwide. AHD.com® hospital information includes both public and private sources such as Medicare claims data, hospital cost reports, and commercial licensors. AHD data is evidence-based and derived from the most definitive sources.
www.ahd.com

Community commons
Community Commons is a place where data, tools, and stories come together to inspire change and improve communities. They provide public access to thousands of meaningful data layers that allow mapping and reporting capabilities so people can thoroughly explore community health.
www.communitycommons.org

Community Health Survey
The Waukesha County Community Health Survey provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Waukesha County residents.
https://www.waukeshacounty.gov/uploadedFiles/Media/PDF/Health_and_Human_Services/Public_Health/WC_Comm_Health_Survey_2015_Summary.pdf

County Health Rankings
The annual *County Health Rankings* measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play.
http://www.countyhealthrankings.org/app/wisconsin/2016/rankings/waukesha/county/outcomes/overall/snapshot

DHS.wisconsin.gov
An internal report from the Division of Health Services of Wisconsin.

Medicare usage data from HealthGrove
HealthGrove is a health site that uses semantic technology to deliver deep insights via data-driven articles, visualizations and research tools providing health data.
http://medicare-usage.healthgrove.com

Community Health Status Assessment
Core Indicator Lists

Public Health Data
Internal data from Waukesha County Public health

Public Health Profiles 2014-2016
Public Health Profiles are published annually and provide concise health and demographic information about each county in Wisconsin.
https://www.dhs.wisconsin.gov/stats/phprofiles/waukesha.htm

School Immunization Report
School Immunization Reports list data from each school regarding the number of students who are update with vaccines, in process, or have waivers from vaccines.

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

United Way
Internal data from United Way

US Census data
The U.S. Census Bureau is the leading source of quality data about the nation's people and economy.
https://www.census.gov/

US Census data – 2015 American Community Survey
The American Community Survey is the premier source for information about America's changing population, housing and workforce.
https://www.census.gov/programs-surveys/acs/

Waukesha County Adolescent & Family Division. 2016
Internal data from Waukesha County adolescent & Family Division

Waukesha County Environmental Health Profile 2015
Environmental Health Profiles are summary reports of the environmental health data and provide a snapshot of a county's environmental health.
https://www.dhs.wisconsin.gov/publications/p0/p00719-waukesha.pdf
Waukesha County HHS data
Internal data from Waukesha County Waukesha County Health and human Services

Waukesha County Medical Examiners Data
Internal data from Waukesha County Medical Examiner

WCHHS Mental Health Clinic Data
Internal data from Waukesha County Health and Human Services Mental Health Clinic

WEDSS data
The Wisconsin Electronic Disease Surveillance System (WEDDS) is a secure, web-based

system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters.

WHA workforce report
The Wisconsin Hospital Association's Healthcare Workforce Report is based on data collected by WHA in its Annual Personnel Survey. This survey is a tool that collects data from all WHA member hospitals. The Personnel Survey collects workforce information to better track, analyze, and understand workforce issues that affect Wisconsin hospitals.
http://www.wha.org/pdf/2016workforcereport.pdf

WIC Data
Internal data from Wisconsin's women Infant and Children program

Wisconsin BRFS 2014-2015
The Wisconsin Behavioral Risk Factor Survey (BRFS) is a telephone survey that addresses a variety of topics, such as behaviors related to smoking, alcohol use, physical activity and overweight; prevalence of chronic diseases such as diabetes, asthma and hypertension; and receipt of recommended cancer and cholesterol screening tests.
https://www.dhs.wisconsin.gov/stats/brfs.htm

Wisconsin Department of Public Instruction
Internal data from the Wisconsin Department of Instruction.

WISH
The Wisconsin Interactive Statistics on Health (WISH) site gives information about health indicators (measures of health) in Wisconsin. WISH uses protected databases containing Wisconsin data from a variety of sources.
https://www.dhs.wisconsin.gov/wish/index.htm

Women's Center Data
Internal data from the Women's Center of Waukesha County. The Women Center provide safety, shelter, and support to women and their families affected by domestic violence, sexual assault and abuse, and to facilitate their development.
http://twcwaukesha.org/

eWiSACWIS. SM02X100 – Access Report (Enhanced) 2013-2016