



Richland County

COMMUNITY HEALTH IMPROVEMENT PLAN 2016-21



Public Health
Prevent. Promote. Protect.



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Message to Richland County

I am pleased to present the 2016-21 Richland County *Community Health Improvement Plan*. The plan is a combined effort by the Public Health Unit of Richland County Health and Human Services and our many community partners. Special thanks to the individuals on the Health Assessment and Wellness Coalition (HAWC), Richland FIT Coalition, the Richland County Children and Family Advocacy Council (RCCFAC), Richland County Health and Human Services Clinical Services Unit, and SWCAP's Behavioral Health Partnership Program for their contributions throughout the process.

The plan is intended to be a **call to action** and guide for all county stakeholders to take a leadership role in advancing community health. Each one of us may consider the amount of influence we have when it comes to everyday "health-impacting" choices. What will what we do as an individual, organization or business to strengthen community health? How are we helping our friends, co-workers, and neighbors gain easier access so that the right choice is obvious?

Simultaneously, I would also like us all to consider how we can be equally reaching the entire population of Richland County, especially those who are disadvantaged. This plan was written with considerations of health disparities in mind. Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." We need to be intentional in our efforts to remove the barriers and obstacles which get in the way of the best health opportunities for all.

The *Community Health Improvement Plan* includes goals, measureable objectives and action steps for the three priority areas identified by the results of the 2016 Community Health Needs Assessment completed by the HAWC's. They are:

- Overweight/Obesity prevention,
- Substance Abuse prevention and treatment
- Mental Health treatment

Thank you for the many ways you positively influence your friends, co-workers, and family every day. We look forward to working with you on implementing the plan.

Healthiest regards,

Rosetta Kohout, Richland County Health Officer

Richland County Health and Human Services

Acknowledgements

The following county health improvement plan was developed from data gathered by the HAWCs who worked together to complete the 2016 County Health Needs Assessment. The plan will benefit citizens, local organizations and policymakers within Richland County. Together, we aim to promote health, well-being, and self-sufficiency for all people of Richland County.

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Mission Statement

The mission of Richland County Public Health is to promote health and improve the quality of life of Richland County residents through the provision of a variety of public health programs based on primary prevention, early intervention, and health promotion.

Framework for Community Health Improvement

Richland County's Community Health Improvement Plan was written utilizing the Socio-Ecological Model approach to solving community health issues. According to this model, health is determined by the interactions between five levels of influence: individual, interpersonal, organizational, community, and public policy. This approach says that making changes at larger scale systems 'upstream' of an individual will impact the most amount of people and be more likely to be sustained. Behavioral changes are made possible by implementing environmental changes that will affect the individual. *Changes occurring at the organizational, community and public policy levels will have the broadest implications and provide the greatest opportunity for influencing health.*

Individual: An individual's knowledge, attitudes and beliefs that can alter every-day behavior.

Interpersonal: The relationships an individual has, including friends, family or other social groups which may influence health-related behavior.

Organizational: Schools, workplaces, and organizations that an individual identifies with. Organizations influence environments and policies that support individual healthy behaviors.

Community: Local ordinances, social norms and community organization can change environments and policies to promote healthy behaviors. Community members working with Organizations can make healthy choices easier in the community.

Public Policy: State and Federal legislation, media campaigns and local policies help to sustain societal changes that include healthy environments for current and future generations.

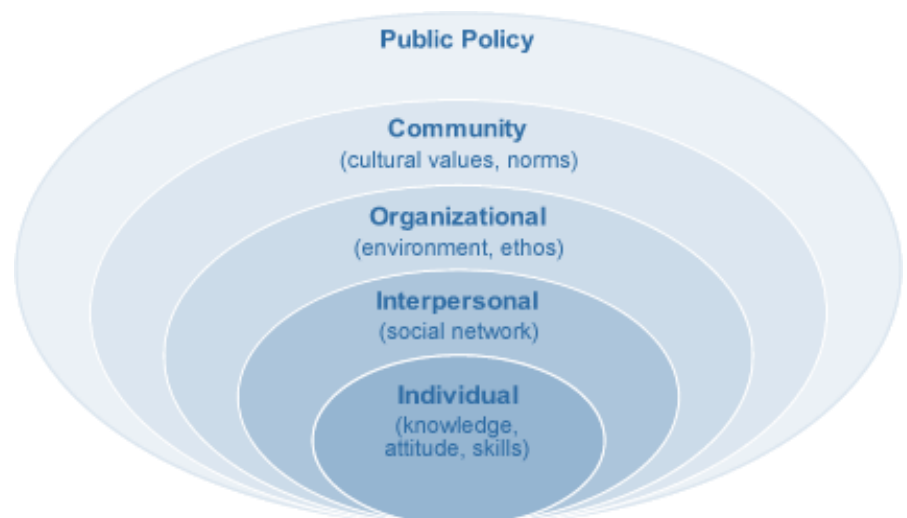


Fig 1. Socio-Ecological Model. McLeroy et al., 1988

Richland County's Community Health Improvement Plan also utilizes the Health Impact Pyramid approach. It remains clear that an individual's health is impacted by many different components: socioeconomic factors, context that determines default decisions, long-term protective interventions, clinical interventions, and education. By implementing change at multiple levels, an individual's health can be better impacted, and more of the community can be affected.

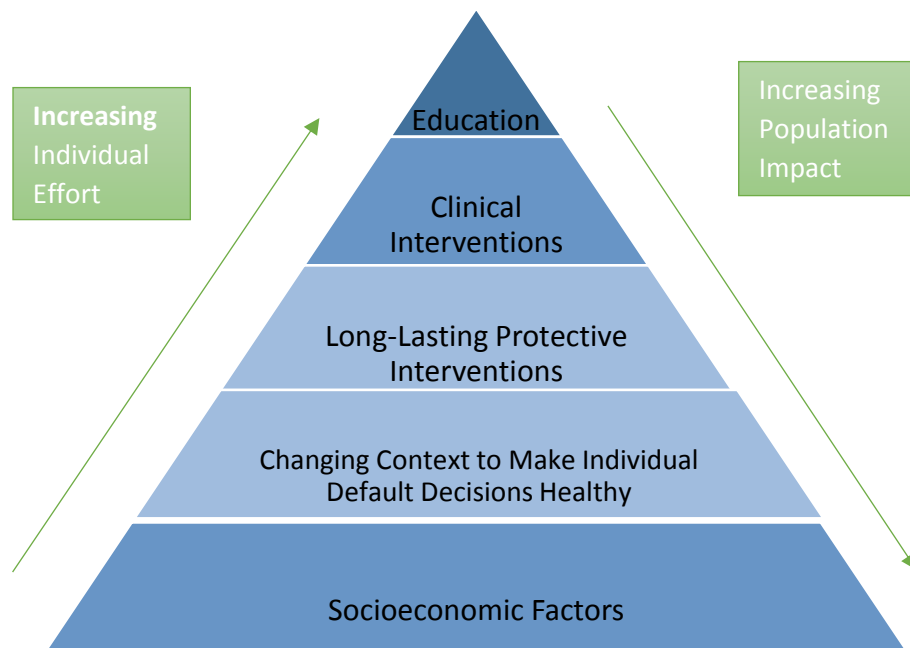


Fig 2. Health Impact Pyramid. Frieden, 2010

The Process of Community Change



The Strategic Prevention Framework process was used during the development of this plan. Steps in the process include the collection and analysis of data, prioritization of issues, identification of resources to address priorities, development of goals and strategies, implementation of strategies and evaluation of outcomes.

Seven Strategies for Community Change

There is strong a consensus in the field of Public Health that it takes a comprehensive response to become a healthier community. This plan is based upon the common sense theory that communities are more successful in achieving community-level change when the strategies are part of a comprehensive plan. There is no one silver bullet or single strategy to prevent overweight/obesity, substance abuse or mental health issues. It will take many strategies implemented together to change specific behaviors. Policy changes are the most cost effective and sustainable strategy to influence behavior changes. However, community readiness and education should precede the work on policies.

Below is a description of CADCA's seven strategies used by coalitions to create changes in the identified local conditions which influence behavior in communities.

I N D I V I D U A L E N V I R O N M E N T A L	Provide Information	Presentations/workshops/town hall meetings or PSAs/brochures/billboards/web-based communications
	Enhancing Skills	Workshops, seminars designed to increase skills: training, technical assistance, distance learning, strategic planning retreats, curricula development
	Providing Support	Creating opportunities to support people to participate(alternative activities, mentoring, referrals, support groups/clubs
	Enhancing Access/Reducing Barriers	Improving systems and processes to increase the ease, ability, and opportunity to utilize systems and services (assuring healthcare, childcare, transportation, housing, justice, education safety, special needs, cultural and language sensitivity)
	Changing Consequences	Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior – increasing public recognition for desired behavior, individual/business rewards, taxes, citations, fines, revocations
	Physical Design	Changing the physical design or structure of the environment to reduce risk or enhance protection (signage, lighting, outlet density, landscapes)
	Modifying/Changing Policies	Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (workplace initiative, law enforcement procedures and practices, public policy actions, systems change within government, communities, and organizations)

Determining Health Priorities

Health Priorities in Richland County were first defined by a quantitative Community Health Needs Assessment (CHNA) completed in 2016. The HAWCs (Health Assessment and Wellness Coalition) in our community were instrumental in the development of the survey instrument, survey distribution, data entry and data analysis. A one-page survey with Spanish translation was implemented to assess the community's greatest health needs. To be statistically representative of the county's population, 2000 surveys were mailed to random county residents' homes with a goal to receive at least 400 completed surveys. The Richland Hospital received 294 surveys by the deadline, giving a confidence level of 95% with a margin of error of 5.65%. However, 63% of initial respondents identified themselves as over the age of 62, leaving the younger demographic underrepresented. This was corrected for by weighing the results based on the percentage of each age bracket in the county. Using the CHNA, Overweight/ Obesity Prevention, Substance Abuse Prevention & Treatment, and Mental Health Treatment were identified among the current top health needs in Richland County.

Following the CHNA, qualitative data was collected by focus groups. HAWCs composed a list of stakeholders to invite, with broad coverage of community, business and health leaders from the county. While all demographics were covered, special care was taken to include representatives from underrepresented groups in the CHNA, including youth and Hispanic residents. Stakeholders were invited to attend one location where multiple focus groups could be conducted at once. Each group consisted of approximately 10 stakeholders, a HAWC member who acted as facilitator, and a note-taker. HAWC facilitators received proper training and used a standard script to lead all focus groups. Together, the various focus groups discussed the health needs identified by the CHNA and identified the local conditions (but why here?) lending an explanation to aid in the selection of strategies and next steps.

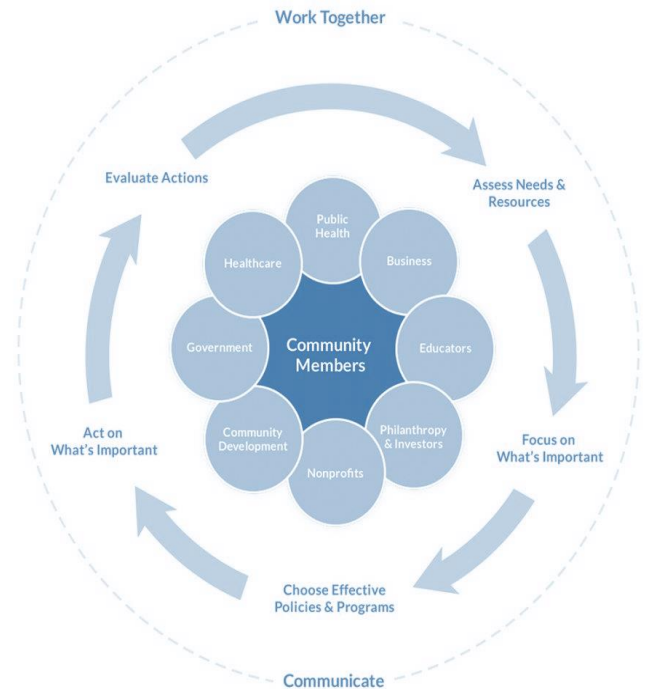


Fig 3. Community Change Process. University of Wisconsin Population Health Institute, 2012

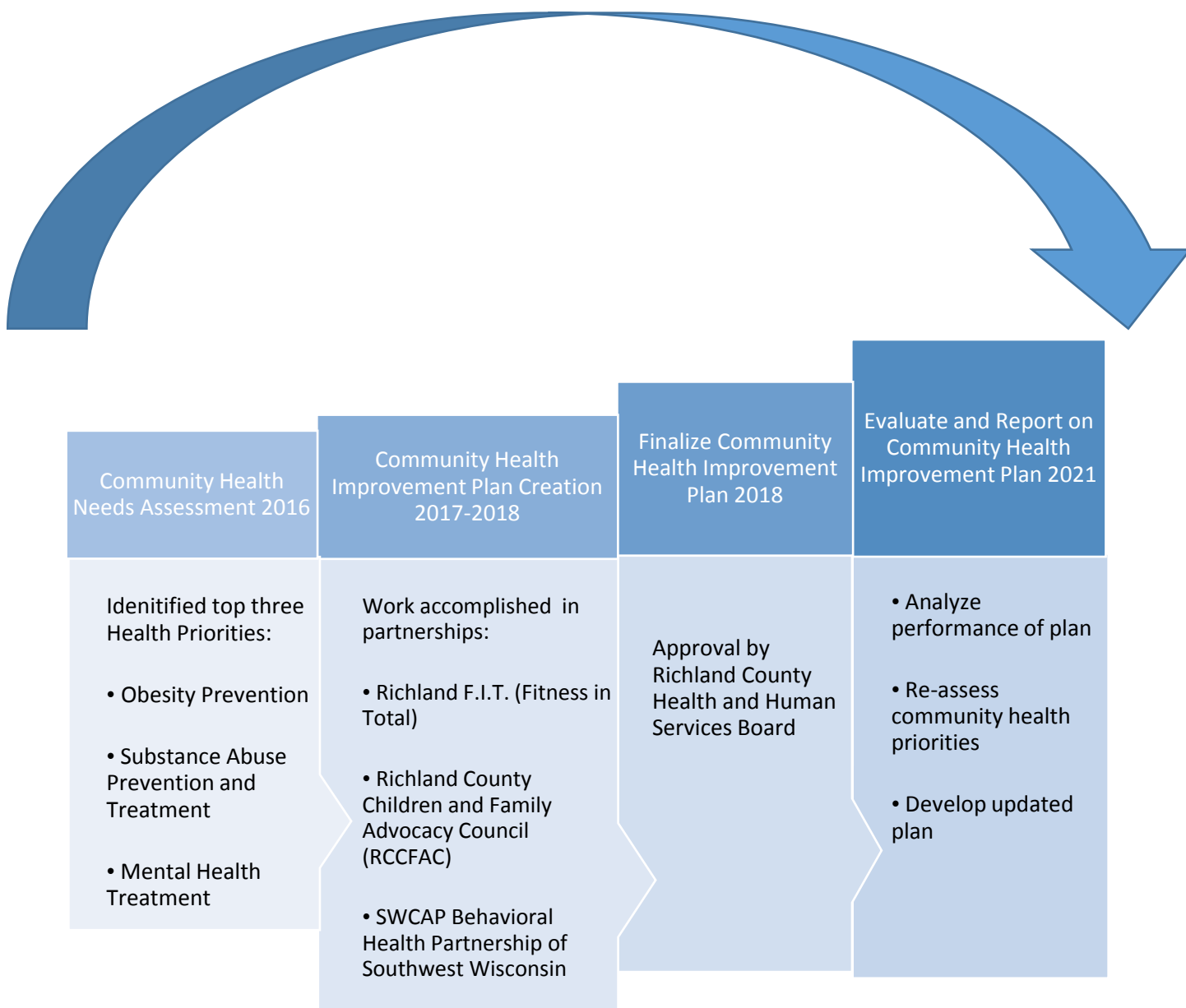


Fig 4. Process of Determining Health Priorities

Richland County Strengths and Assets

During a community led asset mapping meeting in October of 2017, Richland County residents identified key resources that have and will contribute to improving community health initiatives.

INDIVIDUALS

Larry Engel	Sharon Schmitz	Pedro Gomez
Jay Mueller	Mike Breininger	Ronaldo & Claudia Merlos
Sheila Troxel	Dwayne Fisher	Robin Cosgrove
Chuck Miller	Victim witness coordinator	Andrea Fields
Jose & Jenny Marroquin	Dawn Kiefer	Marty Clearfield
Paul Corcoran	Mick Cosgrove	Dale Bender
Janis Peterson	Henk Newenhouse	Spanish interpreters
Ron Fruit	Andy Wright	

INFORMAL NETWORKS

Southwest Partners	Rotary, Lions, KC's, Kiwanis (Service/ Fraternal)	Gap Fit-n-Fun
Multi-Cultural Center		Richland FIT
Richland County Children and Family Advocacy Council	Youth Rec Sports Leagues	Family Fun Nights
	Richland Parks Summer program	PATT, PTSA
Community Players	Youth groups	Salvation Army
Youth and Family Recreation Center, Family Crossroads	St. Vincents	Freedom from Smoking classes
	Crimestoppers	G.R.A.C.E
	Drug Take-Back Day	

INSTITUTIONAL ORGANIZATIONS

Richland Hospital	Community Village (Nursing homes)	RC Health and Human Services
Our House, Harvest Guest Home, Pine Valley	Paquette Center	Richland Medical Center
	Youth and Family Initiative	

Schmitt Woodland, Pine Valley (Assisted Living)	County and City governments	Senior Life Solutions
Agrace Hospice and Palliative Care	Hillsboro, Richland, Ithaca, Riverdale, Kickapoo, Weston (Schools)	Harmony House
Physicians willing to use MAT for addiction treatment	Fire Dept and EMTs	Passages- domestic violence agency
Thrifty White, Family Prescription, Walmart (Pharmacies)	Great Rivers 211	Churches
Law Enforcement	Trempealeau Inst. Mental Disease	Richland County Ministerial Association
Veteran's Services	Lutheran Social Services	SWCAP
State Mental Health Institute- Winnebago and Mendota	Tellurian	Ada James
Ricky Bishop- Independent Living Resource	Journey Mental Health	Symons
Joshua's House	Rogers Memorial Hospital	Home Health United Grief Counseling
Parole and Probation Officers	Child Protection Services	SW Tech
Senior Center	Free Clinic	UW-Richland
ARCW, Lifepoint	Commission on Aging	Recidivism, WRCO, Nova Video
Kinship	VARC, ADRC, Richland Center Taxi (Transportation Services)	UW-Extension
United Givers	Sobriety Court	
	Pharmacy Needle Exchange	Small Business Center- private counselors

Health Priority 1: Overweight/ Obesity Prevention



Vision statement: "Richland FIT is a group of community partners committed to improving health where it starts-- where we work, live, and play!"

Community partnerships for overweight/obesity prevention: In 2012, the Richland FIT (Fitness in Total) Coalition was developed through a four-year grant awarded by the University of Wisconsin Partnership Program. The coalition responded to an identified need to address the rate of childhood and adult obesity in the county. Together with partners from a variety of community sectors, a strategic action plan was developed along with vision and mission statements. The coalition is focused on four goal areas: to improve eating habits, to increase physical activity, to increase a holistic concept of health and to strengthen the capacity of the coalition. Richland County Public Health continued until March of 2017 to provide coordination services for the Richland FIT coalition.

During the project, a number of specific strategies were completed including the Mill Pond Community Garden, Food for Life cooking classes taught by Richland Medical Center physicians, Point of Purchase (restaurants, convenience stores, and food stand) project aimed at sellers, Farm to School (school based education and outreach) and the Farmers' Market (Food Share benefits eligible for purchase) were implemented. Each strategy is currently being sustained at varying levels through partnerships in the county in order to continue creating a measureable impact on the rate of overweight/obesity in the county.

As part of a sustainability plan, Richland FIT volunteers completed the Healthy WI Leadership Institute's Community Teams Program in June of 2017. Following the HWLI, Richland FIT was accepted into the three-year C.O.A.C.H. team program and will continue to focus sustainability of strategies, policy, system and environmental changes in the county. Richland County Public Health will participate as an equal partner with other key stakeholders in the process to address the rate of obesity in the county.

What can be done to prevent overweight/obesity?

Short-term	Who can lead this?	Medium-term	Long-term
More healthy foods and fewer unhealthy foods available at work, child care, school, food stand fundraisers, senior nutrition program, restaurants, grocery stores and in the community	Schools, UW Richland, G.R.A.C.E. workplaces, daycare providers, civic organizations, HHS	People have healthier eating habits throughout their lifespan	Fewer people are overweight and obese throughout the lifespan
Child care/preschools, worksites, and health care providers provide support to help mothers continue to breastfeed	Schools, UW Richland, workplaces, childcare providers	Mothers breastfeed for a longer duration	Fewer people are overweight and obese throughout the lifespan
More physical activity opportunities available at work, child care, school and in the community	Schools, Parks Department, Community Organizations, workplaces	People are more physically active throughout their lifespan	Fewer people are overweight and obese throughout the lifespan
Health care providers will screen, counsel, and refer people with high body mass index (BMI)	Clinic, Hospital, School Nurses	People with overweight and obesity are provided with opportunities to better manage their weight	Fewer people are overweight and obese throughout the lifespan
Cities make infrastructure changes to increase walkability and bike ability in the community	SW Partners, Bike the Pine, Friends of the Pine, Parks Department	Residents engage in active transportation methods throughout their lifespan	Fewer people are overweight and obese throughout the lifespan



Goal 1: Improve the eating habits of all residents in Richland County.

Readiness strategies: Policy implementation and sustaining what has been started takes time. The community must understand the need for the change and come to a shared understanding of their role in creating a healthier county.

Strategy 1: Providing Information	Provide information to county restaurants on the results of the Healthy Kids menu assessments (Medical College of WI grant). Provide sample policies, environmental assessments, and technical support to school districts, childcare centers, workplaces and civic organizations for strengthening wellness policies.
Strategy 2: Enhancing Skills	FIT Steering Committee and members participate from 2018 to 2021 on the Healthy Wisconsin Leadership Institute COACH team program to support leadership development.
Strategy 3: Providing Support	In partnership with another organization, implement an annual harvest and gleaning dinner/ event in the community. Work with the Richland County Breastfeeding Task Force to advocate for county work places to adopt policies to support Mothers who are breastfeeding.
Strategy 4: Enhancing Access/ Reducing Barriers	Provide reasonable examples of healthy choices/options for sale at concession stands, food stands, and food school fundraisers. Work towards Point of Purchase goals by working with two new local restaurants per year to add healthy options to the kids menu and healthy options to their overall menu. Work towards Point of Purchase goals by working with concession stands to add healthier options to their overall menu.
Strategy 5: Changing Consequences & Public Recognition	Publically recognize all organizations, individuals, childcare centers, and workplaces in the county who make changes to wellness policies. Publically recognize organizations and businesses who offer healthy choices/options where food is sold at concessions stands, restaurants, C-stores and grocery stores.
Strategy 6: Physical Design	Conduct nutrition assessments of non-traditional food retailers, analyze and follow up with potential changes.
Strategy 7: Modify Policies	Begin the process of policy change with school districts, childcare centers, workplaces and civic organizations in order to strengthen wellness policies. (to include language about local procurement of food and access to non-nutritive food in local schools, G.R.A.C.E. to adopt a policy about access to healthy choices in 100% of locations where fundraisers are held-possible phased in approach).

OBJECTIVE ONE	Data source
By December 2021, increase the percentage of PRESCHOOL children who are at a healthy weight from 28% to 32%.	Wisconsin WIC BMI Summary report
STRATEGIES <i>(Focus: those serving low-income and racially/ethnically diverse populations)</i>	
Child care/preschool programs will implement policy, systems, and/or environmental changes to INCREASE ACCESS TO HEALTHY FOODS.	Child care providers and preschool programs
Child care/preschool programs will implement policy, systems, and/or environmental changes to DECREASE ACCESS TO UNHEALTHY FOODS.	
Child care/preschool programs and worksites will implement policy, systems, and/or environmental changes to SUPPORT BREASTFEEDING MOTHERS.	
Child care/preschool programs implement policy, systems, and/or environmental changes to INCREASE ACCESS TO PHYSICAL ACTIVITY.	
Health care providers will screen, counsel and refer children with a HIGH BMI. <i>(Focus: those that serve a high proportion of patients who are uninsured or on Medical Assistance; racially/ethnically diverse patients; or infants/pregnant women)</i>	

Outcome measures
#meetings with healthcare providers, child-care programs
#information provided to childcare providers and worksites
#policy changes at childcare settings and worksites
#screenings, counseling sessions and referrals of high risk preschoolers

OBJECTIVES TWO, THREE and FOUR	Data source
By December 2021, the number of MIDDLE SCHOOL YOUTH who reported that they ate 1 or more vegetable(s) per day for seven days will increase from 41.9% to 46.9%.	Youth Risk Behavioral Survey
By December 2021, the number of HIGH SCHOOL YOUTH who reported that they ate 1 or more vegetable(s) per day for seven days will increase from 33.7% to 38.7%.	
By December 2021, reduce the percent of CHILDREN AND ADOLESCENTS who are obese to (2% from baseline).	TBD
STRATEGIES	
School districts will promote the importance of eating vegetables in school curriculum and food service programs. School districts will implement policy, systems, and/or environmental changes to INCREASE ACCESS and availability of fruits and vegetables a.	School District Wellness Policy
School districts will implement policy, systems, and/or environmental changes to DECREASE ACCESS to foods high in sodium, saturated fat, and/or added sugar.	School District Wellness Policy

School districts will implement policy, systems, and/or environmental changes to DECREASE ACCESS to unhealthy foods in before and after school fundraisers.	School District Wellness Policy
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Outcome measures

#meetings with school district representatives
#policy changes to school lunch menus
#system changes regarding nutrition educational material to students
#information provided to school districts
#policy changes with regard to before and after school food fundraisers and food stands

OBJECTIVE FIVE	Data source
By December 2021, the number of adult county residents who report a BMI of 30 (overweight/obese) will decrease from 31% to 26%. (Focus: low-income, food insecure families)	County Health Rankings
STRATEGIES	
Worksites will implement policy, systems, and/or environmental changes to INCREASE ACCESS TO HEALTHY FOODS AND DECREASE ACCESS TO UNHEALTHY FOODS in vending machines, catering, and on-site food services.	Workplace surveys
Work with SWCAP food disparities coalition to INCREASE ACCESS TO HEALTHY FOODS and decrease access to unhealthy foods.	SWCAP
Maintain a connection with Richland Area Farmers' Market to ensure the CONTINUATION OF EBT/SNAP/WIC. BENEFITS can be used at the market.	RAFM
Local healthcare providers will direct community benefit programs to promote events where HEALTHY EATING, PHYSICAL ACTIVITY AND MENTAL WELLBEING IS ENCOURAGED.	Healthcare Institutions
G.R.A.C.E will DIRECT PREVENTION FUNDING toward programs to support healthy eating, physical activity and chronic disease prevention.	G.R.A.C.E. Board of Directors
Work with partners to increase ACCESS TO AND PROMOTE EVIDENCE-BASED PREVENTION SERVICES , such as nutrition education and Diabetes Prevention Program, Cancer Clear and Simple (UW Carbone Cancer Center)	The Richland Hospital

Outcome measures

#meetings with local employers to present data and health consequences
#meetings with health disparities coalition
#meetings with local healthcare providers
#G.R.A.C.E implements cancer prevention policy for local food stand fundraisers
#information provided to county residents through evidence based programming. DEET and Cancer Clear and Simple.
#employers with a well workplace designation (development of measure in progress)
#data on use of EBT/SNAP/WIC at farmers market ensuring use

Goal 2: Increase physical activity of all residents in Richland County.

Readiness strategies to pave the way for change:

Strategy 1: Providing Information	Through social media, parent newsletters, the newspaper/newsletters, and radio promote the importance of physical activity and health benefits.
Strategy 2: Enhancing Skills	Encourage participation in monthly calls and webinars offered by healthTIDE's WACA organization.
Strategy 3: Providing Support	Maintain a partnership with SW Partners work on increasing access to outdoor activities such as Bike the Pine and Safe Routes to school. Work in collaboration with the Symons Recreational Complex to support the annual Ugly Sweater Fun Walk/Run held in December.
Strategy 4: Enhancing Access/ Reducing Barriers	Support the work of the Community Prosperity Alliance to advocate for an additional grocery store in Richland County.
Strategy 5: Changing Consequences & Public Recognition	Using social media and other media outlets publicly recognize organizations, workplaces and individuals who encourage/influence others to stay physically active.
Strategy 6: Physical Design	Work to support work with elected officials to complete the Safe Routes to School project.
Strategy 7: Modify Policies	Encourage adoption of organizational and workplace policy around physical activity.

OBJECTIVE ONE	Data source
By December 2021, the number of YOUTH who reported that they participated in 60 minutes of exercise per day for 5-7 days a week will increase from 57.9% to 62.9%.	YRBS
STRATEGIES	
School Districts will implement policy, systems, and/or environmental changes to INCREASE OPPORTUNITIES FOR PHYSICAL ACTIVITY.	School District Wellness Policy
The county and cities will develop plans and systems and secure funding to improve walkability or bike ability in the community to INCREASE ACTIVE TRANSPORTATION.	SW Partners

Outcome measures
#polices to support the increase of physical activity throughout the school day
#meetings with school district representatives
#grants secured to improve walkability or bike ability in the county. Safe Routes to School
#strategies implemented by community agencies

OBJECTIVE TWO	Data source
By December 2021, the number of adult county residents who report Physical inactivity will decrease from 19% to 14%. (Focus: among low-income residents and residents age 60 years or older)	County Health Rankings
STRATEGIES	
Worksites will implement policy, systems, and/or environmental changes to INCREASE OPPORTUNITIES FOR PHYSICAL ACTIVITY.	Worksites
The county and cities will develop plans and systems and secure funding to improve walkability or bike ability in the community to INCREASE ACTIVE TRANSPORTATION.	Parks Department Tracking (TBD)

Outcome measures
#polices to support the increase of physical activity throughout the school day
#meetings with school district representatives
#grants secured to improve walkability or bike ability in the county. Safe Routes to School
#participants in ADRC stepping on or Tai Chi program

Goal 3: Promote a holistic concept of fitness in total.

See Health Priority number three-Mental Health Treatment for goals, objectives and strategies to improve mental wellbeing and increase an understanding of holistic health.

Goal 4: Enhance the strength of the Richland F.I.T. coalition.

Readiness strategies to pave the way for change:

Strategy 1: Providing Information	Information will be provided to or presented to stakeholder organizations such as; G.R.A.C.E, SW Partners, and Elected Officials describing the role of Richland FIT coalition as an organization inspiring/influencing community change.
Strategy 2: Enhancing Skills	FIT Steering Committee members including a RCHHS Public Health representative will participate in the Healthy WI Leadership Institute's C.O.A.C.H Team program.
Strategy 3: Providing Support	By December 2021, be an active partner on the county-wide HAWCs to address the health needs of Richland county residents in a comprehensive approach.
Strategy 4: Enhancing	Ways to reduce/eliminate barriers to involvement on the coalition will be sought (language, childcare, transportation, etc...)

Access/ Reducing Barriers	
Strategy 5: Changing Consequences & Public Recognition	Using social media and other media outlets, Richland FIT will recognize organizations, individuals and groups who promote the 4 goals areas of the coalition.
Strategy 7: Modify Policies	Steering Committee members will sign Memorandum of Understanding documents outlining their roles and responsibilities in the effort to influence change policies Community agencies will increase offering of evidence-based prevention strategies

OBJECTIVE ONE	Data source
By September 30, 2021 increase internal capacity of the Richland FIT coalition by decreasing gaps in coalition infrastructure by 10%.	Coalition Survey
STRATEGIES	
Organize focus groups and 1:1 conversations in rural townships & unreached areas to collect stories of individuals most impacted by obesity/overweight.	
Collect and analyze data from 1:1 conversations to gain a clearer understanding of who is most affected.	
Conduct an environmental scan to better understand the community norms around priority areas.	
Provide monthly updates to all county media outlets and utilize sector connections on progress of community engagement efforts.	
Engage with health equity experts to develop a greater understanding of local gender, poverty and ESL issues and provide training.	
Identify underrepresented groups with a plan to recruit and have ways to reduce barriers for involvement (childcare, transportation or other).	

Outcome measures
#participants at meetings, especially underrepresented populations
#surveys distributed to coalition members
#environmental scans and dissemination of results
#presentations provided to raise awareness in the county
#MOU signed by Steering Committee and FIT coalition members indicating commitment

More on what can be done to prevent overweight/obesity

State, Tribal, Local, and Territorial Governments



- Ensure foods served in government facilities meet nutrition standards of the Dietary Guidelines for Americans.
- Strengthen licensing standards for early learning centers to include nutrition requirements for food served.
- Work with hospitals, early learning centers, health care providers and community organizations to implement breastfeeding policies.
- Ensure laboratories, businesses, health care, and community partners are prepared to respond to foodborne disease.
- Use incentives to attract grocery stores and farmers markets and use disincentives to discourage availability of unhealthy foods.

Businesses and Employers



- Increase the availability of healthy food through policies and programs.
- Adopt lactation policies that provide space and break time for breastfeeding employees and offer lactation management services and support.
- Provide nutrition information to customers, make healthy options and appropriate portion sizes, and limit marketing of unhealthy food to children.
- Reduce sodium, saturated fats, and added sugar and eliminate trans fats from products.
- Implement proper handling, preparation and storage practices.

Health Care Systems, Insurers, and Clinicians



- Use maternity care practices that empower new mothers to breastfeed.
- Screen for obesity by measuring body mass index and deliver care according to clinical practice guidelines for obesity.
- Assess dietary patterns, provide nutrition education and counseling, and refer people to community resources.

Learning Centers, Schools, Colleges, and Universities



- Implement and enforce policies to increase healthy foods in a la carte lines, school stores, and vending machines.
- Update cafeteria equipment to support healthier foods.
- Eliminate high-calorie, low-nutrition drinks from vending machines, cafeterias and school stores and provide greater access to water.
- Implement policies limiting marketing of unhealthy foods.
- Provide nutrition education.

Community, Non-Profit, and Faith-based Organizations



- Lead city, county and regional food policy councils to assess local community needs and expand programs that bring healthy foods like locally grown fruits and vegetables, to schools, businesses and communities.
- Implement culturally and linguistically correct social support for breastfeeding, such as marketing campaigns and support programs.

Individuals and Families



- Eat less by avoiding oversized portions, make half of the plate fruits and vegetables, make half of grains whole grain, switch to fat-free or low-fat milk, choose foods with less sodium, and drink water instead of sugary drinks.
- Balance intake and expenditure of calories to manage body weight.
- Breastfeed babies for the first 6 months after birth when able.
- Prevent foodborne illness by following safety practices- clean hands and surfaces, don't cross-contaminate, cook properly and chill.

Fig 5. Obesity/ Overweight Prevention and Treatment Strategies. National Prevention Council, 2011

Health Priority 2: Substance Abuse Prevention & Treatment

Since 2016, Richland County Public Health staff has worked in partnerships to mobilize county residents to address substance abuse. Five Town Hall meetings were organized in 2017 to present information and gain feedback from concerned county residents. During the initial meeting, county residents were asked to prioritize “What is the substance most misused in Richland County? How should we prioritize our work? (meth use, heroin use, misuse of Rx drugs, adult binge drinking and underage drinking). The large majority of residents were concerned with the rate of overdoses and deaths due to opiates and heroin use. Subsequent meetings were organized around the five pillars (law enforcement, prevention, treatment, workplace and harm reduction) approach to examine state recommendations, asset mapping (strengths) and coalition building for prevention.

Asset and resource mapping helped to build a shared vision for this health priority and a larger coalition to address the rate of substance abuse for all ages. Community partners worked to submit an application for SAMHSA’s Drug-Free Community ten-year support program.. During this process, 12 county sectors signed involvement agreements to work in addressing the rate of underage drinking and the misuse of Rx drugs.

The following represents excerpts from the Drug Free Communities grant narrative and the One-Year Action Plan.

History of prevention partnerships: The Richland County Children and Family Advocacy Council (RCCFAC), was formed in 2006 as a way to integrate two organizations working for several years to address the problems of substance abuse and child abuse/neglect in the county. During the next decade, there was a focus on organizing alternative activities and providing information to youth through educational programs. These included a New Year’s Eve roller skating party, an anti-drug coloring contest in the schools and the Counter Act program for county 5th graders. While these activities were well intentioned, substance abuse prevention rates were not being tracked, there is no way to know if the activities reduced the rate of youth substance abuse. However, there was a long held belief that the activities were making a difference in the county and that they should be continued. Table 1.

Table 1.

Timeline of RCCFAC and Major Activities

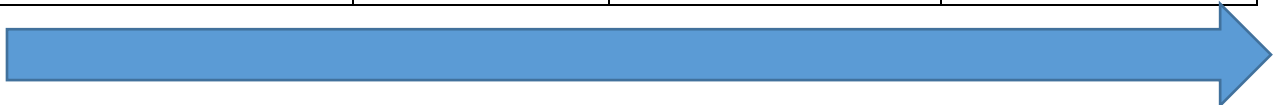
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	Substance free events												
Child Abuse Coalition merger	RCCFAC										Community Assessment		
Substance Abuse Coalition											Parents Who Host Sticker Shock Develop 5 Pillars Town Hall Meetings		

Mission Statement: “Engaging our communities in efforts to reduce child abuse and youth substance use. We will do this through education, raising awareness and by strengthening policies in order to create and maintain a safe and healthy environment for youth and families.” **Organizational structure:** The RCCFAC currently operates with a **President, Vice President, Secretary, Treasurer and FIVE Pillar Leaders (Harm Reduction, Treatment, Enforcement, Prevention and Business)**. Additionally, there are lead people responsible for carrying out the existing activities of the RCCFAC. The **President** works to develop the meeting agendas with the Board of Directors, facilitates the monthly meetings and

represents the organization in the county. The **Vice President** acts on behalf of the President in their absence. The **Treasurer** creates a monthly report, manages check disbursement and deposits. The **Secretary** takes the meeting minutes, sends out the meeting announcements and maintains the membership list. During 2017, following the 2016 Community Health Needs Assessment identifying substance abuse prevention as a top need, the Five Pillar groups were formed and leaders were selected to represent areas of focus.

What can be done to reduce substance abuse?

Short-term	Who can do this?	Medium-term	Long-term
Biannual alcohol age compliance checks at licensed liquor establishments. Bartenders and employees are trained as servers and sellers using evidence based programs	Local or state law enforcement together with undercover minors	Locations where alcohol is sold is no longer an access point for underage youth	The rate of underage drinking is decreased. Fewer people develop lifelong addictions
Community events adopt the 20 best practices for safety at community events. (Ex: servers don't sell to overly intoxicated patrons, wrist bands used, design of alcohol sales area is restricted, prices are strategically set for alcohol)	Event organizers volunteers both supported by community organizations and elected officials	Fewer law enforcement problems (costs to taxpayer) at community events resulting from alcohol consumption, county residents understand the purpose of changes.	The rate of underage drinking is decreased. Fewer people develop lifelong addictions, fewer accidents and incidents related to alcohol consumption
Strengthen alcohol and drug policies	School districts, workplaces civic organizations	Youth understand the consequences of alcohol and drug use,	The rate of underage drinking is decreased. Fewer people develop lifelong addictions
Alcohol free celebrations, events, parties and other opportunities are offered	Parents, civic organizations, schools, other adults, churches	Community understands the health consequences associated with underage alcohol use	The rate of underage drinking is decreased. Fewer people develop lifelong addictions
Alcohol advertising is limited or restricted in the county	Businesses, civic organizations who host fundraisers	Community is more engaged in the process of prevention	The rate of underage drinking is decreased. Fewer people develop lifelong addictions



Goal 1: Increase Community Collaboration

Readiness strategies to pave the way for change:

Strategy 1: Providing Information	Conduct Capacity Checklist. Share results & create plan to address gaps in infrastructure. Conduct a follow up Capacity Checklist.
Strategy 2: Enhancing Skills	Send RCCFAC members to AWY regional meetings, or statewide prevention conferences. Bring in AWY consultants to do sessions. Conduct 1:1 conversations with each member, sector representatives to assess members' interest, training needs and potential contributions. Create an orientation checklist and training packet for RCCFAC members. Develop job descriptions to strengthen leadership. Organize a youth prevention team with representation from both county school districts and provide training.
Strategy 3: Modify Policies	Assess and update RCCFAC roles and responsibilities organizational structure and bylaws aligning with 12 month action plan, and adopt policies for members.
Strategy 4: Changing Consequences and Public Recognition	Create a web based system (website, blog, Mail Chimp) for communicating progress and recognizing members.
Strategy 5: Providing Support	Establish an epidemiological workgroup (Epi Workgroup) to oversee evaluation of 12 month Action Plan.

OBJECTIVE ONE	Data source
By September 30, 2021 increase internal capacity of the RCCFAC by decreasing gaps in coalition infrastructure by 10%.	Capacity Checklist

Outcome measures
#organizational structure or lead person that can be identified
#partnerships in the work of prevention
#partners regularly involved in planning and implementing prevention services
#level of cultural competence skills among members
#members who can describe purpose/mission of collaboration
#members who use data for planning and decision making
#grants pursued and acquired

Strategy 1: Providing Information	<p>Organize focus groups and 1:1 conversations in rural townships & unreached areas to collect stories of individuals most impacted by substance abuse. Collect and analyze data from 1:1 conversations to gain a clearer understanding of who is most affected.</p> <p>Conduct an environmental scan to better understand the community norms around priority areas (social hosting and prescribing practices).</p> <p>Provide monthly updates to all county media outlets and utilize sector connections on progress of community engagement efforts.</p>
Strategy 2: Enhancing Skills	Engage with health equity experts to develop a greater understanding of local gender, poverty and ESL issues and provide training to RCCFAC.
Strategy 3: Enhancing Access & Reducing Barriers	Identify underrepresented groups with a plan to recruit and have ways to reduce barriers for involvement (childcare, transportation or other).

OBJECTIVE TWO	Data source
By September 29, 2021 countywide engagement will increase from one to at least two members from each of the 12 sectors and one person from an underrepresented (Hispanic or African American) population.	RCCFAC membership list

Outcome measures
#one on one conversations
#members participating

Goal 2: Reduce Youth Substance Abuse

Underage alcohol use: readiness strategies to pave the way for change in **SOCIAL ACCESS**.

Strategy 1: Providing Information	<p>Conduct youth-led presentations to civic organizations, township elected officials, parent/ teacher organizations, 4-H clubs, school clubs, at Counter Act parent night and other community gatherings to educate the community on Wisconsin's new state wide Social Host Law.</p> <p>Publish information in the newspaper, on the radio and school district newsletters regarding WI Social Host Law and results of 2017 YRBS.</p>
Strategy 2: Enhancing Skills	<p>Conduct a Town Hall meeting focused on providing tips for parents on how to talk to kids about alcohol and keep youth alcohol free at social events.</p> <p>Send youth prevention team leaders to the Annual Youth Summit near Milwaukee for prevention skills training specifically to implement the Sticker Shock campaign.</p>

	Widely share SAMHSA video on locking up refrigerators which store beer with civic organizations and parent groups.
Strategy 3: Providing Support Enhancing Protective Factors/ Reducing Risk	<p>Raise funds to purchase and provide law enforcement with a breathalyzer for use at events held on school properties.</p> <p>Send Law Enforcement to Alcohol Policy Seminar to learn about new state Social Host Law.</p>
Strategy 4: Enhancing Access/ Reducing Barriers	Provide refrigerator locks for parents throughout the county in order to better monitor alcohol supply.
Strategy 5: Changing Consequences & Public Recognition	<p>Recognize parents who sign a pledge stating they will not provide alcohol to youth.</p> <p>Law enforcement increases patrols on grad/ prom events to respond to underage drinking parties and complaints.</p>
Strategy 6: Physical Design	<p>Implement the “Parents Who Host Lose The Most” campaign to include yards signs widely visible throughout the county (dosage) on private property, banners on school properties, car window clings, billboards, radio PSAs, newspaper ads and information in the school newsletters.</p> <p>Implement the Sticker Shock campaign at county convenience stores.</p>
Strategy 7: Modify Policies	<p>Law Enforcement signs a MOU agreeing to have extra patrols grad/prom weekends to respond to underage drinking parties and complaints.</p> <p>Work with local Law Enforcement and elected officials to ensure that the new state Social Host Ordinance is being enforced.</p> <p>Event organizers adopt county ordinance for the sales and service of alcohol at community events on public property.</p>

OBJECTIVES ONE and TWO	Data source
By September 30, 2021 reduce the percentage of YOUTH who report getting alcohol from social sources from 19% to 14%.	YRBS
By September 30, 2021 the number of HIGH SCHOOL YOUTH who reported drinking alcohol prior to the age of 13 will decrease from 28.6% to 23.6%.	

Outcome measures
#school code violations
#law enforcement underage drinking citations
#fridge locks distributed
#information and/or ads provided via social media, newspaper and radio outlets

#town hall meetings or community education events held
#yard signs and banners posted PWHLTM campaign
#safe prom pledges signed
#sticker shock posters posted at retailers
#breathalyzers purchased for county/city law enforcement
#MOUs signed by law enforcement to increase enforcement during Prom and grad parties

UNDERAGE ALCOHOL USE: readiness strategies to pave the way for change to **RETAIL ACCESS.**

Strategy 1: Providing Information	Provide education to licensed liquor establishments in the county regarding the legal consequences of selling alcohol to youth (ie Dram Shop laws). Web-based communication to parents on youth alcohol trends.
Strategy 2: Enhancing Skills	Provide retailer education on how to check IDs. Obtain a scholarship from the AWY to send local Law Enforcement to learn about alcohol age compliance checks as a best practice.
Strategy 3: Providing Support	Provide signage to licensed liquor establishments warning customers under 21 that they will not be served. Partner with local Law Enforcement to provide Responsible Beverage Server Training to all county licensed establishments.
Strategy 4: Enhancing Access/ Reducing Barriers	Work with retailers, event organizers to ensure all employees and volunteers are checking IDs.
Strategy 5: Changing Consequences & Public Recognition	Recognize publically those businesses that are compliant with the law. Recognize events and establishments who implement ID policy.
Strategy 6: Physical Design	Provide "We ID" signs to local retailers.
Strategy 7: Modify Policies	Routine Compliance checks are established. Countywide policy mandating checking IDs if under 40.

OBJECTIVE THREE

Data source

By September 30, 2021 increase countywide alcohol age compliance checks from 0 to a minimum of 1.	LE data
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Outcome measures
#retailers contacted via letter or 1:1 conversations
#law enforcement trained
#level of local law enforcement engagement in strategy
#youth trained as undercover buyers
#media messages disseminated to support retail access strategy
#event servers and sellers trained
#surveys of retailers distributed
#We ID signs distributed
#policies implemented mandating ID checking for buyers under 40
#law enforcement who attend Alcohol Policy seminar

TOBACCO USE: readiness strategies to pave the way for change to limit access and availability of tobacco products and increase access to treatment.

Strategy 1: Providing Information	<p>Reach out to tobacco retailers at least four times per year on proper identification checking and state statutes pertaining to tobacco sales.</p> <p>Meet with behavioral health providers on the benefits of integrating nicotine replacement therapy into their treatment practices.</p> <p>Meet with property managers and residents about the benefits of smoke-free housing to increase engagement.</p>
Strategy 2: Enhancing Skills	<p>Train stakeholders and professionals working in the behavioral health setting on how to integrate nicotine replacement therapy into their services through an onsite staff training or free online 6 credit CEU course.</p>
Strategy 3: Providing Support	<p>Provide free retailer education through witobaccocheck.org and in-person, onsite options.</p> <p>Conduct meetings with school leaders to update comprehensive tobacco/nicotine-free policies, provide model language, and help with signage.</p>
Strategy 4: Enhancing Access/ Reducing Barriers	<p>Increase QuitLine outreach through community events and public housing resident meetings.</p> <p>Target First Breath outreach to pregnant women and their families through all family-focused Richland County Health Department services and community events.</p>
Strategy 5: Changing Consequences & Public Recognition	<p>Conduct Youth Tobacco compliance checks each year to ensure retailers are complying with Wisconsin Statutes for tobacco sales.</p> <p>Publicly acknowledge and thank retailers who keep youth safe by refusing sales to incentivize and promote responsible sales practices.</p>

Strategy 6: Physical Design	A multi-unit housing complex will change and publicize their tobacco policy.
Strategy 7: Modify Policies	<p>Conduct policy assessment for all Richland County school districts.</p> <p>At least one Richland County tobacco/nicotine-free policy to comprehensively protect youth.</p> <p>At least one Richland County multi-unit housing complex will implement a new smoke-free housing policy.</p>

OBJECTIVE FOUR	Data source
By December 2021, the number of county adults who report smoking tobacco products will decrease from 16% to 14%.	County Health Rankings

OBJECTIVES FIVE, SIX and SEVEN	Data source
By December 2021, the number of HIGH SCHOOL YOUTH who reported cigarette use will decrease from 9.4% to 7%.	YRBS
By December 2021, the number of HIGH SCHOOL YOUTH who reported smokeless tobacco use will decrease from 7.3% to 5%.	
By December 2021, the number of HIGH SCHOOL YOUTH who reported E-cigarette use will decrease from 10.1% to 8%.	

Outcome measures
#retailers and healthcare providers contacted
#presentations conducted to youth, parents, housing managers and residents
#training sessions provided to stakeholders and professionals
#Quitline and First Breath programs conducted
#retailers who attend training sessions
#youth based tobacco use prevention started and policies implemented by youth
#tobacco compliance checks conducted
#retailers recognized for refusing youth tobacco sales
#school policy on youth tobacco use strengthened
#new smoke free housing policies implemented

MARIJUANA USE: readiness strategies to pave the way for change:

Strategy 1: Providing Information	<p>Provide education and information to county residents regarding the health consequences of youth marijuana use. Intentionally focus education effort to address the change in rate from 9th (10%) to 10th (20.6%)</p> <p>Present current youth marijuana rates in appropriate manner to County residents.</p> <p>Conduct a community forum or/and town hall meeting and couple with increased enforcement, will result in a lower rate of use/misuse of marijuana.</p>
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Strategy 2: Enhancing Skills	<p>Implement the evidence based Strengthening Families Program which can help families in conflict or those that present certain risk factors for adolescent drug use—such as parental support for drugs—to achieve certain reductions in risky, multi-use behavior.</p> <p>Implement a “comprehensive” long-term, school-based marijuana prevention program (including social refusal skills). All Stars or/and Life Skills.</p> <p>Implement a school-based intervention program, such as Keepin’ It R.E.A.L., which can be effective in the promotion of antidrug norms and the acquisition of effective decision-making skills and communication skills. The program is “from youth for youth” and teaches participants resistance strategies that are important among peers.</p> <p>Organize a youth prevention team of leaders to provide peer to peer strategies. (leadership development).</p>
Strategy 3: Providing Support	Promote activities and services of schools, churches, parent organizations and other agencies that provide safe alternative activities, education, treatment or enforcement.
Strategy 4: Enhancing Access/ Reducing Barriers	<p>Implement a county wide youth curfew to reduce youth crime and drug use.</p> <p>Implement Drug Free Zones around school buildings to represent a space where children can play without encountering drug users and dealers. (within a thousand feet of a school, and the integrity of the zone can be reinforced by laws that impose severe penalties for drug use or sale within such zones). Drug-free school zones are most effective when the school, parents, police, and local citizens work together and use publicity to promote the project.</p>
Strategy 5: Changing Consequences & Public Recognition	Recognize youth who pledge to stay substance free.
Strategy 6: Physical Design	Work with Crime-stoppers to implement anonymous texting tip line to report youth Marijuana use.
Strategy 7: Modify Policies	<p>Assess school policies monitoring and enforcing marijuana use at school.</p> <p>Implement school policy requiring minimum of 2 canine (Rambo) drug checks per year.</p>

OBJECTIVE EIGHT and NINE	Data source
By December 30, 2021 the number of county HIGH SCHOOL YOUTH who reported ever using Marijuana will decrease from 21.3% to 16.3%.	YRBS
By December 30, 2021 the number of county HIGH SCHOOL YOUTH who reported using Marijuana before age 13 will decrease from 3.1% to 2%.	

Outcome measures

#information and education provided to on dangers of youth marijuana use

#presentations conducted regarding data and health consequences
#youth involved in preventing youth marijuana use
#promotion of substance free activities for youth
#tip line developed with Crime Stoppers
#policies regarding drug dog visits (2 per year)
#recognition provided to youth who stay substance free

NON-RX DRUG USE: readiness strategies to pave the way for change:

Strategy 1: Providing Information	<p>Conduct Red Ribbon Week Proclamations from county Townships, cities (Richland Center, Ithaca, and Cazenovia).</p> <p>Conduct a comprehensive media campaign “Dose of Reality” to educate county residents of the dangers of misusing prescription drugs.</p> <p>Set up a countywide viewing of “Straight Forward” video.</p> <p>Provide staffed informational tables at multiple community events (school orientation, sporting events, and county fair).</p> <p>Offer presentations to local senior centers, retirement homes and other interest groups.</p> <p>Place articles and op-ed in newspapers, church bulletins, and on website on Drug Take Back Day and lock box locations.</p>
Strategy 2: Enhancing Skills	<p>Meet with local providers to share data and learn current prescribing practices.</p> <p>Healthcare providers champion will offer lunch & learn to prescribers at local healthcare organization to educate on best practices and current drug trends in the community.</p>
Strategy 3: Providing Support	<p>Send coalition members to Annual Prevention Training on prescription best practice.</p> <p>Conduct countywide Naloxone training for county residents, law enforcement, EMTs, healthcare providers.</p>
Strategy 4: Enhance Access/ Reduce Barriers	<p>Conduct Drug Take Back Day events in rural townships and remote areas of the county.</p> <p>Translate drug box information and maps into Spanish.</p>
Strategy 5: Change Consequences & Public Recognitions	<p>Work with local school district to modify school policy to change consequences for students caught with medications.</p> <p>Host recognition event to honor parents, youth, and schools participating in RCCFAC prevention activities.</p>
Strategy 6: Physical Design	<p>Secure lock boxes on school field trips.</p>

	Conduct Rx Drug Lock Box distribution at pharmacies, hotels, clinics, senior centers (meal sites), realtors, vets, chiropractors, and dentists.
Strategy 7: Modify/ Change Policy	<p>Work with local school district to improve and update school policy related to students and Rx medications.</p> <p>Local healthcare organization formally adopts state recommended protocol for responsible prescribing practices and discarding unused medications.</p>

OBJECTIVE TEN	Data source
By September 30, 2021 reduce hospital and ER visits for ages 12-20 due to prescription drug abuse from 24 to 20.	WISH Opioid Data Module

Outcome measures
#participants at Naloxone training events
#lock boxes distributed
#pounds of medications collected at Take Back Days
#participants at community education events
#Dose of Reality campaign materials distributed
#healthcare providers trained on prescribing practices

METHAMPHETAMINE USE: readiness strategies to pave the way for change:

Strategy 1: Providing Information	<p>Conduct focus groups, one-on-one interviews, and key informant interviews to understand the local conditions relative to Meth use in the county.</p> <p>Increase training and education countywide regarding the signs of Meth use and addiction.</p> <p>Disseminate WI DHS Fast Facts on Methamphetamine countywide.</p> <p>Work with the recovery community to disseminate personal stories regarding effects of use.</p>
Strategy 2: Enhancing Skills	<p>Working with retailers to increase awareness of ingredient purchases related to Meth production.</p> <p>Provide training to coalition members for recognizing the signs of Meth use.</p>
Strategy 3: Providing Support	<p>Increase access to peer support groups. (NA, faith based and NAMI Chapter)</p> <p>Working with PD to create policy requiring education on recognizing Meth signs and neutralizing Meth threats.</p> <p>Recognize businesses that are supportive of individuals in recovery by providing incentives.</p> <p>Advocate for resources in rural areas (Sober living).</p>

Strategy 4: Enhancing Access/ Reducing Barriers	Maintain a Drug Endangered Children program or committee. Expand the number of safe and sober living options. Increase access to recovery coaches to provide services in the community.
Strategy 5: Changing Consequences & Public Recognition	Help share stories of Meth use to gain acceptance of recovery within the public and reduce stigma. Expand best-practice diversion and rehabilitation programs to incorporate family interventions. Increase Treatment Alternatives and Diversion (TAC) grant funding to provide support to develop and maintain diversion programs.
Strategy 6: Physical Design	Establish and maintain medication disposal sites. Provide and maintain a needle collection exchange program.
Strategy 7: Modify Policies	Create or update drug free workplace policies. Support and promote the importance of policies related o pseudoephedrine sales to decrease illegal possession.

OBJECTIVE ELEVEN	Data source
By December 30, 2021 reduce the rate of adult Methamphetamine use in Richland County from “meth is a growing problem” to “meth is less of a problem”.	County Sheriff and Richland Center Police Chief (Key informant interview with rural law enforcement)

Outcome measures
#information provided to county residents meth use education
#interviews and focus groups conducted
#peer support groups in county
#retailers implemented policies related to pseudoephedrine sales
#needle exchange programs

OBJECTIVE TWELVE	Data source
By December 30, 2021 the number of county high school youth who report using Methamphetamine will decrease from 1.2% to 0%.	YRBS

Outcome measures
#DITEP sessions offered in the county for school officials and drug use recognition
#education sessions provided to county residents
#access to treatment and support for youth who want to recover

More on what can be done to prevent tobacco abuse

State, Tribal, Local, and Territorial Governments



- Implement comprehensive tobacco prevention and control programs, including tobacco free policies and paid media advertising.
- Work with the FDA to enforce the Tobacco Control Act.
- Implement policies and programs to reduce youth access to tobacco.
- Balance ceremonial use of tobacco with protection of people from secondhand smoke.

Businesses and Employers



- Provide employees and dependents with access to free or reduced cessation support and encourage utilization.
- Provide evidence-based incentives to increase tobacco cessation.
- Comply with sale, distribution, advertising and promotion restricts of tobacco.
- Make work sites tobacco free.
- Provide smoke free commercial or residential property.

Health Care Systems, Insurers, and Clinicians



- Implement evidence-based recommendations for tobacco use and provide health effects information.
- Implement provider reminder systems for tobacco use treatment.
- Reduce or eliminate patient out-of-pocket costs for cessation therapy.

Learning Centers, Schools, Colleges, and Universities



- Promote tobacco free environments.
- Restrict the marketing and promotion of tobacco products to youth.

Community, Non-Profit, and Faith-Based Organizations



- Work with local policymakers to implement tobacco prevention and control programs.
- Implement effective media campaigns, including raising awareness of tobacco cessation resources.

Individuals and Families



- Quit using tobacco and ask their health care provider or call 1-800-QUIT-NOW for cessation support.
- Teach children about the health risks of tobacco.
- Make homes smoke free to protect themselves and family members from secondhand smoke.
- Refrain from supplying underage youth with tobacco.

Fig 6. Tobacco Abuse and Treatment Strategies. National Prevention Council, 2011

More on what can be done to prevent drug & alcohol abuse

State, Tribal, Local, and Territorial Governments



- Maintain and enforce the age 21 minimum legal drinking age, limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in vehicles of people convicted of alcohol impaired driving.
- Create or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including those allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis, and other infections associated with drug use.

Businesses and Employers



- Implement policies for the provision of SBIRT or offer alcohol and substance abuse counseling through employee assistance programs.
- Include substance use disorder benefits in health coverage and encourage employees to use services.
- Implement training programs for owners, managers and staff to increase knowledge and skills related to responsible beverage service.

Health Care Systems, Insurers, and Clinicians



- Identify and screen patients for excessive drinking using SBIRT, use provider reminders for SBIRT, and evaluate the effectiveness of alternatives for providing SBIRT like the phone or internet.
- Identify, track and prevent inappropriate prescribing of drugs and integrate monitoring into electronic health record systems.
- Implement evidence-based guidelines for prescribing opioids in emergency departments and restrict long-acting opioids for acute pain.
- Train providers on safe opioid prescribing and institute accountability to ensure compliance.

Learning Centers, Schools, Colleges, and Universities



- Adopt policies and programs to decrease alcohol and drug use on campuses.
- Create programs for reducing drug abuse and excessive alcohol like student assistance or support groups.

Community, Non-Profit, and Faith-Based Organizations



- Support and enforce alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse, including prescription misuse, and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness related to proper storage and disposal of prescription medications.

Individuals and Families



- Avoid binge drinking, use of illicit drugs or the misuse of prescription medications and seek help from clinicians for substance abuse disorders.
- Safely store and dispose of prescription medications and do not share them with others.
- Avoid driving if drinking alcohol or after taking any drug that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure they cannot access alcohol in the home.

Fig 7. Drug and Alcohol Abuse and Treatment Strategies. National Prevention Council, 2011

Health Priority 3: Mental Health Treatment

Clinical Services, a unit of Richland County Health and Human Services together with the new initiative, SWCAP's Behavioral Health Partnership Program will work together to improve behavioral health in our county.

What can be done to improve mental health?

Short-term	Who can do this?	Medium-term	Long-term
Partners in Richland County holds a mental health summit	Community partners	Community partners, including school-linked partners, refer youth to the appropriate community resources	Fewer suicide attempts in youth
Stigma associated with mental illnesses is reduced through public awareness	NAMI Chapter, SWCAP, HHS	People who have mental health concerns seek treatment and adhere to treatment	Adults with mental illness experience a reduction in symptomatic days
Primary care providers and schools screen and/or treat people for mental illnesses	Healthcare providers, school nurses, guidance counselors	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
People understand how to navigate the mental health system and what to expect	SWCAP, Healthcare providers, HHS	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
Mental health services are available that meet the needs of the community	The Richland Hospital-Senior Life Solutions, school districts, SWCAP, HHS	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
Providers, faith communities, and community agencies are trained in youth mental health first aid	Healthcare providers, school nurses, guidance counselors, SWCAP	Community members recognize mental illnesses and are able to assist youth in getting professional help	Communities have the capacity to promote and protect mental health

Goal: Maintain partnerships to increase access to mental health treatment.

Readiness strategies paving the way for change:

Strategy 1: Providing Information	Support for Mental Health First Aid training, WISE Wisconsin, stigma reduction and mental health awareness efforts and outreach. Targeted strategies to support healthcare settings, law enforcement and employers to change their environments with regard to stigma and acceptability. Provide information to county residents regarding the evidence based recovery programs and a future sober living/housing facility
Strategy 2: Enhancing Skills	Provide training to recovery coalition members
Strategy 3: Providing Support	Support efforts to organize a NAMI Chapter, Narcotics Anonymous and Smart Recovery
Strategy 4: Enhancing Access/ Reducing Barriers	Conduct asset/strengths mapping activities and compile results made available to county residents. Direct county residents to online resource guide/tool.
Strategy 5: Changing Consequences & Public Recognition	Provide opportunities for people in recovery to share their stories, specifically regarding their first drug of initiation.
Strategy 6: Physical Design	Support for establishing a sober housing opportunity in the county.
Strategy 7: Modify Policies	Establish a data sharing policy among agency partners.

OBJECTIVE ONE	Data source
By December 2021, the number of adult county residents who reported poor mental health days will decrease from 3.6 to 2.6. (Focus: among low-income residents and residents age 60 years or older)	County Health Rankings
STRATEGIES	
The county and cities will develop plans and systems and secure funding to increasing the availability for county residents in need to receive mental health treatment services.	
Community agencies will increase offering of evidence-based prevention strategies to improve mental well being.	
Partner with SWCAP Behavioral Health Partnership to facilitate recovery services in the county.	

Outcome measures
#classes or sessions offered to support mental health awareness
#individual website hits
#presentations to advocate for mental health treatment services or Recovery Pathways offered in the county

OBJECTIVE TWO, THREE and FOUR	Data source
<p>By December 30, 2021 to increase acceptance countywide of Mental Health struggles and reduce stigma.</p> <p>By December 30, 2021 to increase availability of mental health services through primary healthcare providers, peer support and network development.</p> <p>By December 30, 2021, reduce wait list for mental health and substance abuse treatment by 10%.</p>	SWCAP data
STRATEGIES	
Create a communications plan to increase community engagement around mental health treatment services and aimed at reducing stigma.	
Conduct listening sessions in underserved areas of the county.	
OBJECTIVES FIVE, SIX, SEVEN and EIGHT	Data source
<p>By December 2021, the number of MIDDLE SCHOOL YOUTH who reported ability to resist peer pressure will increase from 83.1% to 88.1%.</p> <p>By December 2021, the number of MIDDLE SCHOOL YOUTH who reported sad and hopeless feelings will decrease from 28.1% to 23.1%.</p> <p>By December 2021, the number of HIGH SCHOOL YOUTH who reported ability to resist peer pressure will increase from 76.3% to 81.3%.</p> <p>By December 2021, the number of HIGH SCHOOL YOUTH who reported sad and hopeless feelings will decrease from 26.9% to 21.9%.</p>	YRBS
STRATEGIES	
Promote existing youth programs and activities	
Engage Ministerial Association and Civic Organizations in process of addressing youth data.	
Provide training to law enforcement in evidence based youth suicide prevention. (de-escalation techniques).	
#Increase participation in DHS crisis stabilization programs.	

Outcome measures
#presentations, information or education sessions provided to reduce stigma
#information and/or education to inform county residents of recovery

More on what can be done to improve mental health prevention



Fig 8. Mental Health Prevention and Treatment Strategies. National Prevention Council, 2011

Commonly Used Abbreviations

AWY	Alliance for Wisconsin Youth
CHNA	Community Health Needs Assessment
CHR	County Health Rankings
DEC	Drug Endangered Children
DHS	Department of Health Services
DPI	Department of Public Instruction
EMT	Emergency Medical Technician
ER	Emergency Room
ESL	English as a Second Language
FDA	Food and Drug Administration
FIT	Fitness in Total
GRACE	Greater Richland Area Cancer Elimination
HAWC	Health Assessment and Wellness Coalition
HIV	Human Immunodeficiency Virus
MOU	Memorandum of Understanding
PSA	Public Service Announcement
RCCFAC	Richland County Children and Family Advocacy Council
RCHHS	Richland County Health and Human Services
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SWCAP	Southwestern Wisconsin Community Action Program
US	United States
UW	University of Wisconsin Affiliate
WI	Wisconsin
WISH	Wisconsin Interactive Statistics on Health

YRBS

Youth Risk Behavior Survey

Citations

Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *American journal of public health*, 100(4), 590-595.

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health education quarterly*, 15(4), 351-377.

National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Applying the Strategic Prevention Framework (SPF)*. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>.

University of Wisconsin- Madison School of Public Health. *Wisconsin Health Atlas 2018*. <https://www.wihealthatlas.org/obesity/findings>.

University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2013*. <http://www.countyhealthrankings.org>.

2016

Richland County Area Community Health Needs Assessment (CHNA)



Purpose

The purpose of the Community Health Needs Assessment is to identify and prioritize the health and wellness needs of individuals in Richland County and the surrounding areas.

- With the passage of the Patient Protection and Affordable Care Act (ACA), IRS Code 501(r)(3) all non-profit hospitals are required to conduct Community Health Needs Assessments
- Wisconsin State Statutes Chapter 251.05 requires local health departments to conduct community health needs assessments. Additional local public health requirements in community health assessment and planning are found in Administrative Rules Chapter DHS 140.04.

In order to better assess the communities we serve, the following organizations partnered to complete the assessment.



Public Health
Prevent. Promote. Protect.

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During the late summer and fall of 2015 Richland County Public Health's Local Health Officer and The Richland Hospital's Director of Marketing began to discuss strategies to partner to conduct a combined community health assessment and improvement plan. In January 2016, **H**ea**l**th **A**ssessment and **W**ellness **C**ommission (**H.A.W.C.**) was established to create and oversee the process of assessing our community's health and wellness needs.

Members of this commission included:

- Chris Drea
Richland Hospital, Director of Marketing
- Marianne Stanek
*Richland County Health and Human Services - Public Health,
County Health Officer*
- Chelsea Wunnicke
UW Extension, Richland County Family Living Agent
- Dr. David May
Richland Hospital, Medical Chief of Staff
- Cindy Chicker
Richland Hospital, Assistant Administrator
- Shawn Tjossem
Richland School District, School Psychologist
- Jarred Burke
Richland School District, District Administrator
- Betsy Roesler
*Richland County Public Health, Richland F.I.T.
(Fitness In Total) Health and Wellness Coordinator*



HAWC Timeline

JANUARY

- Members selected for 2016 **H**ealth **A**ssessment and **W**ellness **C**ommission (H.A.W.C.).
- HAWC meets and approves a timeline and plan to solicit input from persons who represent the broad interests of the community.
 - Mail surveys to a random sample of Richland County residents.
 - Conduct focus groups.
 - Gain a better understanding of survey findings.
 - Ensure respondent gaps identified in the survey were represented.

FEBRUARY

- Promote HAWC to public. (Appendix A)
 - The Richland Hospital, Inc. ran ads in the local newspapers and shoppers.
 - Members of HAWC went on the WRCO (local radio station) Morning Show.
 - The Richland Hospital, Inc. added a slide to their website and posts on their social media sites (Facebook and Twitter) providing more information about HAWC and the upcoming need for public input with regard to the upcoming survey.
- Promote upcoming survey and educate the public about CHNA and what it will be used for.
 - The Richland Hospital, Inc. ran ads in the local newspapers and shoppers.
 - Members of HAWC went on the WRCO (local radio station) Morning Show.
 - UW-Extension, Family Living Agent, Chelsea Wunnicke featured a large display at the Women's Health Fair in Richland Center.
 - The Richland Hospital, Inc. added a slide to their website and posts on their social media sites (Facebook and Twitter) providing information about HAWC and the need for public input with regard to the upcoming survey.

MARCH

- 2016 Community Health Needs Assessment Survey distributed to randomly generated addresses in Richland County. (Appendix B)
 - UW Extension worked to create and translate the survey before mailing.
 - Richland County Public Health made copies of the survey.
 - The Richland Hospital Inc. created a business reply envelope to include with the surveys.
 - Richland Hospital volunteers prepared the mailing.

APRIL – MAY

- Survey responses entered into a database by Richland Hospital staff.
- Survey results analyzed (Appendix C)
- Focus Group event developed to get more information on the data unearthed with the survey.

JUNE

- Focus Groups held.
- HAWC reviewed all data accumulated.

AUGUST – SEPTEMBER

- Draft report with data collected.
- Evaluate secondary data to be added.

OCTOBER

- Results of the assessment presented to the governing bodies.

JANUARY – MARCH 2017

- Create Community Health Improvement Plan based on the needs assessment.
- Begin to work on the plan's objectives.

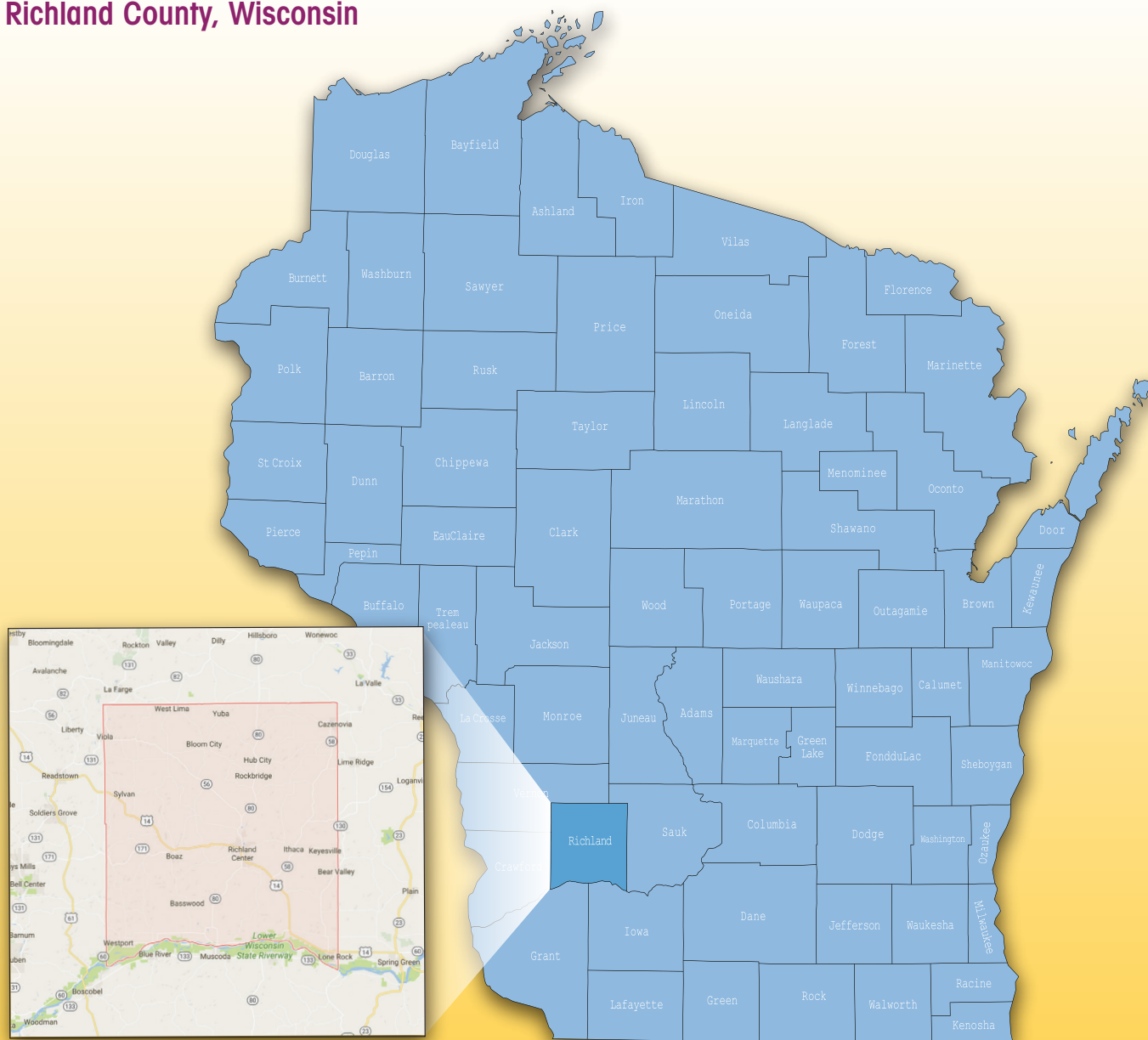


Socio-Demographic Profile

A socio-demographic profile of Richland County is presented in Attachment D. Some things to note related to planning for meeting community health needs includes the following:

- The overall population of Richland County is projected to remain very stable, with negligible (.79%) decline projected over the next five years.
- The residents of the market area are projected to age significantly in the next 5 years.
 - In 2016, residents age 20 - 35 made up 16.5% of the total population. In 2021, the same group is projected to make up 15.1% of the total population.
 - In 2016, people age 60 and older make up 27.2% of the total population. In 2021, the same group is projected to make up 30.3% of the total population.

Richland County, Wisconsin



Richland County Area Asset Analysis – Primary Area Health Resources

The Richland Hospital, Inc. is the only hospital in Richland County. It joins one primary medical clinic, one mental health facility, and Health and Human Services in caring for people in this area. There is a free clinic, but it is not a Federally Qualified Health Center.

Richland Hospital Overview

The Richland Hospital, Inc. is a 25-bed Critical Access hospital in Richland Center, WI (Richland County, WI). It serves persons who are representative of the population of Richland County. A higher percentage of the population served is elderly; this is due to the fact that persons 65 years of age and older are hospitalized at nearly three times the overall rate. The hospital offers: inpatient, outpatient, swing bed, surgery, emergency services, rehabilitation services, medical imaging, pharmacy, laboratory, and specialty services.

The Richland Hospital, Inc., owns and operates two Rural Health Clinics. One is located in Spring Green, WI (Sauk County, WI) and the other is located in Muscoda, WI (Grant County, WI). The clinics provide primary medical care and preventative wellness care.

The Richland Hospital, Inc. defines its primary market area as:

- 53518 Blue River
- 53556 Lone Rock
- 53573 Muscoda
- 53581 Richland Center
- 53588 Spring Green

These areas are designated as the primary market based on the geographic location of the hospital and its two affiliated clinics. According to Intellimed, the Richland Hospital has an overall inpatient market share of 41% and outpatient market share of 30% in these zip codes. No other healthcare provider providing the same services had a market share as high or higher than Richland Hospital. (*Intellimed combines statewide healthcare data from Wisconsin Hospital Association in a web based support engine that allows us to analyze our market.*) Appendix E

It is important to note that residents from this Primary Market Area do seek services in surrounding communities as well as in Madison, WI and LaCrosse, WI. Equally important to note is that residents outside the Primary Area seek healthcare services from the Richland Hospital.



The Richland Hospital, Inc. (top) Muscoda Health Center (lower left) and Spring Green Medical Center (lower right).



Richland County Health & Human Services Overview

The Public Health Unit of Richland County Health and Human Services provides regularly scheduled immunization and HealthCheck clinics, maternal child health, communicable disease prevention and control, environmental health, and other primary prevention programs and services.

The Clinical Services Unit of Health & Human Services provides outpatient mental health therapy, alcohol and drug counseling, intoxicated driver assessments and psychiatric services for adolescents and adults. In addition, Clinical Services provides mental health case management services for children and adults, coordinated services teams for children and families, follow up for mental health commitments and guardianship cases and provides oversight of adult protective services.

The Economic Support Unit has the responsibility to determine eligibility and case manage financial assistance programs such as FoodShare, Healthcare, Child Care, and Energy Assistance.

The Children's Services Unit is responsible for Child Protection, Juvenile Justice, Birth to Three, Children's Long Term Support, and Foster Care and Kinship.

Richland County's ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as an access point for publicly-funded long term care.



Data Collection Methodology

At early meetings of the HAWCs it was determined by consensus to collect CHNA data in 3 ways. The commission envisioned this as a 3-legged stool that would support our recommendations of the top health needs.

1

Secondary Data

Purpose: understand the health environment & documented realities.

HAWC members curated published & private health data.

2

Community Survey

Purpose: collect opinions that can statistically represent Richland County.

Mailed to randomly generated residence addresses in Richland County.

3

Stakeholder Focus Groups

Purpose: multi-sector stakeholders review the results of the community survey and prioritize needs.

Focus groups were by invitation only.

Richland County's Health Needs

Quantitative Data - Community Survey

(Survey sample: Appendix B) - The strategy of conducting a community survey was agreed upon by the HAWCs from the beginning. The sentiment being, "If we want to know what the greatest health needs of the community are, we should ask them." HAWC member, UW-Extension Family Living Agent, Chelsea Wunnicke took the lead in developing the survey instrument, distribution strategy, and data entry & analysis procedure. She consulted with Dr. David Trechter from UW-River Falls/UW-Extension Survey Center on all aspects of the community survey.

To develop the instrument, the HAWCs reviewed questionnaires used by other CHNA processes in Wisconsin. Revisions and input by all HAWC members were integrated into the final instrument. The desirability of a 1-page survey that would have a Spanish translation option was primary.

The HAWCs also appreciated the ability to collect both strength and needs data in the areas of health and community. The survey instrument was reviewed by Dr. Trechter, along with the distribution plan. It was determined that to be statistically representative of Richland County's adult population, 400 surveys would need to be returned. To facilitate these returns, 2000 surveys were mailed to randomly generated residents of Richland County at their homes.

The Richland Hospital purchased the list of addresses through Marc Publishing. Surveys were printed at Richland County Public Health and the mailing was assembled and paid for by The Richland Hospital utilizing bulk mailing. Self-addressed envelopes with the postage paid permit were included. As surveys were mailed back to The Richland Hospital, they were entered into an online survey software (Qualtrics, managed by UW-Extension) by one hospital staff member.

Upon the deadline for return, the hospital received and entered 294 surveys. This gave a confidence level of 95% with a margin of error of 5.65%. No reminders or follow-up for unreturned surveys was conducted. Wunnicke completed data analysis of the community survey and presented results to the HAWC. (Full Report: Appendix C)

Initial review of the data revealed weak representation by the lower age demographics. 63% of the respondents identified themselves as over age 62. Wunnicke consulted with Dr. Trechter on how to analyze the data given this age skew. He recommended a procedure to weight the results based on the actual percentage of each age bracket in the Richland County adult population. This would allow the responses of the lower age brackets to be weighted higher and the responses of the 62+ age demographic to be weighted less heavily to correct for the age skew.



Quantitative Data - Community Survey *continued*

Before this process, the top Community Health Needs were:

1. Alcohol & drug abuse prevention
2. Obesity/overweight prevention
3. Understanding care & insurance/cost of care
4. Ability to get mental health care
5. Alcohol & drug abuse treatment
6. Ability to get dental care
7. Ability to get emergency and primary health care

After completing the process of re-weighting the results based on age of respondent, the top health needs were:

1. Alcohol & drug abuse prevention
2. Obesity/overweight prevention
3. Alcohol & drug abuse treatment
4. Understanding care & insurance/cost of care
5. Ability to get mental health care
6. Access to affordable healthy food
7. Ability to get dental care

Additionally, the survey asked respondents to measure Top Community Health Strengths, Social Strengths, and Social Issues. Following are the findings from those questions.

- Each respondent was asked to check the 5 top community health strengths. Following are the top 5:
 - Ability to get emergency medical care.
 - Ability to get primary health care.
 - Opportunities to be active.
 - Ability to get dental care.
 - Community resources / support.
- Each respondent was asked to select the 3 greatest social strengths from a list of 9. Following are the top 3:
 - Education.
 - Environment.
 - Public and personal safety.
- Each respondent was asked to select the 3 most pressing social issues from a list of 9. Following are the top 3:
 - Jobs and economy.
 - Household Financial Stability.
 - Housing.

A short demographic section rounded out the survey.



*We need
your
feedback!*

Community Health Needs Assessment *continued*

Qualitative Data - Focus Groups

After discussing various strategies for completing focus groups, the commission decided to invite stakeholders to a single location for one evening. Multiple focus groups were conducted simultaneously after a large group orientation & complimentary meal.

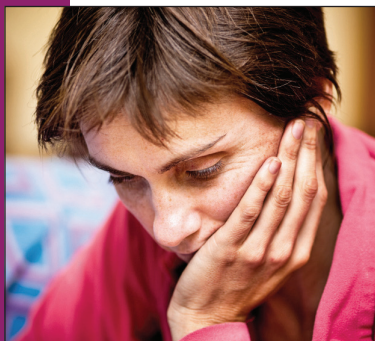
To compose the list of stakeholders to invite, all HAWC members contributed names to a spreadsheet and an email invitation with RSVP was sent. The goal was to get broad coverage of community, business, and health leaders and to cover all demographics. Special care was taken to invite those who could represent voices that may not have been included in the community survey: the younger adult age demographics and Hispanic residents. (Appendix F)

Focus groups were facilitated by HAWC members who reviewed training documents and agreed upon a standard script. Focus groups were asked to respond to the top health needs identified in the Community Survey. Each focus group included approximately 10 stakeholders along with the facilitator and a recorder/note-taker.

The following bullets summarize discussions heard under each issue that stood out :

• Mental Health

- High cost of court ordered placements to the county.
- Untreated mental health issues often result in substance abuse.
- Limited access to local services and treatment, specialty care, and lack of transportation to available services.
- Limited law enforcement training available.
- Lack of acceptance of mental health as a health issue.
- Need for additional, trained foster parents and respite care.
- Lack of understanding about prevention and treatment services available through Health and Human Services.
- Access may be based on insurance coverage or means.
- Lack of resources for at-risk kids.
- Need for peer counseling.



• Alcohol and drug abuse

- Alcohol is a cultural norm. No community mindset for change.
- Puts children at risk.
- Concern about increased use of opioids.
- Transient nature of families affected by drug abuse and lack of resources for children.
- Need for counseling and recognition as a disease.
- Connection back to mental health or an earlier traumatic experience.
- Lacking local data about teen drug and alcohol use.



• Obesity and overweight

- Youth sports are becoming increasingly specialized which limits participation.
- Increased screen time (television, computers, smart phones, tablets, video games) promotes a sedentary lifestyle.
- Motivation.
- Lack of time and busy families result in limited family meals.
- Limited access to healthy food choice vs. easy access to unhealthy, cheaper food.
- Schools no longer provide home economics and cooking skills development.
- Cultural norms (slowly changing). Community efforts are good. Schools could do more to promote physical activity.
- Confusion about what constitutes good nutrition and understanding food labels.





Secondary Data

The **2016 County Health Rankings** report that:

- Richland County's adult obesity rate is higher than the Wisconsin statewide average.
- There are less exercise opportunities in Richland County than the statewide average.
- Richland County's rate of alcohol impaired driving deaths is higher than the statewide average.
- Richland County has less than half the mental health providers per capita than the statewide average.

Richland County is a Federally Designated Mental Health Professional Shortage Area (HPSA) according to the **Wisconsin Department of Health Services Division of Public Health Wisconsin Primary Care Office**. HPSAs have significant shortages of psychiatrists, a significant percent of the population below poverty, and a lack of mental health resources in the surrounding area.

The **Wisconsin Public Health Profiles** reflect data on certain population characteristics, natality, mortality, morbidity, local health departments, long term care, and hospitalizations. According to Richland County's profile there were 24 alcohol related and 11 drug related hospitalizations in Richland County in 2013. In 2014 there were 19 alcohol related and 7 drug related hospitalizations in Richland County.

Richland County's **Public Health Profiles** also includes data from the Wisconsin Department of Transportation Division of Motor Vehicles Traffic Accident Database. Data for Richland County includes 11 alcohol related crashes with 7 citations for operating while intoxicated in 2013 and 7 alcohol related crashes with 6 citations for operating while intoxicated in 2014.

Wisconsin's Epidemiological Profile on Alcohol and Other Drug Use, 2014 presents data on use and misuse of alcohol and other substances. The document's key findings include:

- Many types of injury, death, and criminal behavior have been linked to the use of alcohol and other drugs.
- Since at least 2000, Wisconsin's rate of alcohol abuse and dependence have been higher than in the United States as a whole, and Wisconsin has a consistently higher arrest rate for operating a motor vehicle while intoxicated.
- Wisconsin has more than three times the national rate of arrests of other liquor law violations and the highest rate in the nation of self-reported drinking and driving.
- Nearly on one-quarter of suicide deaths are estimated to be alcohol related, and Wisconsin's suicide rate has increased in recent years and has remains higher than the national rate.
- Wisconsin's age-adjusted rate of drug related deaths increased from 2004 to 2006 and then leveled off, but has been increasing again since 2010. In 2012, the rate was nearly double that of 2004.
- The most prevalent category of drugs mentioned on death certificates in 2012 was "other opioids" by itself or in combination with other drugs.
- As of 2012, Wisconsin adults continue to have the highest rate of binge drinking in the nation and the highest rate of binge drinking among women of childbearing age as well.
- Alcohol consumption patterns among high school students have been improving. Early initiation of the use of alcohol and binge drinking among Wisconsin's teens was below the national average in 2013.
- As a whole, patterns of illicit drug use in Wisconsin mirror what is happening nationally. The use of prescription drugs for non-medical purposes is a serious problem. 15% of high school students reported illicit use of prescription drugs at some point in their lives.

Obesity, Nutrition, and Physical Activity in Wisconsin published in 2008 reports that:

- Wisconsin's obesity rate ranked the 16th highest in the nation in 2006 with nearly 27% of Wisconsin adults considered obese and about 65% considered overweight.
- 46% of the women participating in the Women Infants and Children (WIC) program are either overweight or obese prior to their pregnancy.
- One in four Wisconsin high school students are overweight or obese and 29% of the two-through-four year old children participating in WIC are overweight or obese.

Conclusion

The Health Assessment and Wellness Commission believes that the 2016 CHNA satisfactorily collected the health needs of the Richland County community. The process of analyzing secondary data, gathering input from key informants at focus groups, and conducting a random sample of Richland County residents via the mailed survey was designed to triangulate the actual health needs of the community. The HAWC members brought a diverse set of skills and perspectives to the analysis of these three data sets. Evaluating the results for both the strength of the need and the practicality of a community response, the HAWCs determined that the top health needs to be addressed in the community health improvement plan are:

- Substance abuse prevention & treatment.
- Overweight/obesity prevention & treatment.
- Mental health care.

The process undertaken for the 2016 CHNA has been documented so that it may be reviewed and improved for the CHNAs that will be completed by these organization in the future.

This report was compiled and written by: Chris Drea, Marianne Stanek, and Chelsea Wunnicke




Appendix A: Promotional Pieces

Appendix A: Image 1

Educate and Promote Survey

Richland Hospital





- In color: 7 Facebook posts.
- In black / white: 6 newspaper ads that ran twice each. Newspapers included: Viola Epitaph, Richland Center Shopping News, Richland Observer, Boscobel Dial, Muscoda Progressive, and Reedsburg Independent.



The Richland Hospital, Inc., Richland County Health and Human Services, Richland County UW-Extension, and Richland School District have partnered to collaboratively conduct a Community Health Needs Assessment (CHNA). The purpose is to create a resource that identifies and prioritizes the health and wellness needs of Richland County. Using this CHNA, we will develop an implementation plan that addresses the community needs identified.

The week of March 14, 2016, a random sampling of Richland County residents will be receiving a survey via mail. Your opinion is important to us! **Please take 10 minutes to complete and return the survey in the enclosed postage-paid envelope by March 31, 2016.** Your participation is voluntary, confidential, and greatly appreciated!


H.A.W.C. Health Assessment & Wellness Commission



Appendix A: Promotional Pieces *continued*

Appendix A: Image 2

UW-Extension Display: Richland County Family Living Agent Display at Women's Health Fair March 2016.



***Have you seen
me?***

***If you received a survey in the mail
with this graphic, please fill it out
and return it! **Your input matters.*****

***We are the H.A.W.C.s tasked with assessing
community health needs and making a plan
to improve wellness in Richland County.***

H.A.W.C.= Health Assessment and Wellness Commission
All nonprofit hospitals and public health departments are required to conduct periodic health needs assessments. By working together and involving other community groups, we hope to generate the best plan for our community.

Get involved!

- If you received a survey in the mail, complete it and send it back.
- Offer to share your opinion in a focus group.
- Be ready to work on the plan once community health needs are identified.

The H.A.W.C. Plan...

January: 2016 Health Assessment and Wellness Commission members established.





March: 2016 Community Health Needs Survey distributed to randomly generated addresses in Richland County.

April-May: Survey results analyzed and Focus Group topics and locations to be established.

June-July: Focus groups held in Richland County.

October: Results of the needs assessment presented to governing bodies.

January 2017: Create Community Health Improvement Plan based on the needs assessment and begin work on the plan's objectives.





Appendix B: Image 1

Survey Introductory Letter (English)



Dear Community Member,

You are receiving this survey because ***your opinion is important to us!*** Richland County HAWCs (Health Assessment and Wellness Commission) is an advisory committee comprised of key stake holders in the community. We are tasked with gathering information about Richland County's health needs every 3 years. This survey is an important piece of the picture. Results will be used to make a Health Improvement Plan to address pressing health needs and guide community activities for the coming years.

In order for the results to truly represent Richland County, it is important that each questionnaire be returned. Your participation is voluntary but would be greatly appreciated. Please take 10 minutes to **complete and return the survey** in the enclosed postage-paid envelope by **March 31, 2016**.

Richland County Public Health, Richland County UW-Extension, The Richland School District, and The Richland Hospital are working together to administer this survey. Your response will be treated in a completely confidential manner. We will combine all responses, and the results will be available in summarized form only. Your name will not be associated with your responses to survey questions. Please do not write your name on the questionnaire or return envelope.

Thank you very much for participating in this important community effort!

HAWC members

Marianne Stanek-Richland County Public Health	Chris Drea- The Richland Hospital
David May- The RMC & Richland Hospital	Shelly Anders- The Richland School District
Chelsea Wunnicke-Richland County UW Extension School District	Shaun Tjossem- The Richland School District
Jarred Burke-The Richland School District	

Appendix B: Sample Cover Letters and Surveys *continued*

Appendix B: Image 2

Survey (English)

Richland County Community Health Survey 2016

Please take a few minutes to complete the survey below. The purpose of this survey is to determine community strengths and weaknesses. The results of this survey will be used to address community needs.

1) Please check Richland County's top five community health strengths (only check 5)

- | | |
|--|--|
| <input type="checkbox"/> Ability to get Dental Care | <input type="checkbox"/> Community Resources/Support |
| <input type="checkbox"/> Ability to get Emergency Medical Care | <input type="checkbox"/> Access to Affordable Healthy Foods |
| <input type="checkbox"/> Ability to get Primary Health Care | <input type="checkbox"/> Opportunities to be Active |
| <input type="checkbox"/> Ability to get Mental Health Care | <input type="checkbox"/> Obesity/Overweight Prevention Resources |
| <input type="checkbox"/> Alcohol & Drug Abuse Prevention | <input type="checkbox"/> Falls Prevention |
| <input type="checkbox"/> Alcohol & Drug Abuse Treatment | <input type="checkbox"/> Dementia Care |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Understanding Care & Insurance/Cost of Care |

2) Please check the five most important health concerns in Richland County (only check 5)

- | | |
|--|--|
| <input type="checkbox"/> Ability to get Dental Care | <input type="checkbox"/> Community Resources/Support |
| <input type="checkbox"/> Ability to get Emergency Medical Care | <input type="checkbox"/> Access to Affordable Healthy Foods |
| <input type="checkbox"/> Ability to get Primary Health Care | <input type="checkbox"/> Opportunities to be Active |
| <input type="checkbox"/> Ability to get Mental Health Care | <input type="checkbox"/> Obesity/Overweight Prevention Resources |
| <input type="checkbox"/> Alcohol & Drug Abuse Prevention | <input type="checkbox"/> Falls Prevention |
| <input type="checkbox"/> Alcohol & Drug Abuse Treatment | <input type="checkbox"/> Dementia Care |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Understanding Care & Insurance/Cost of Care |

3) Please check the three greatest social strengths in Richland County (only check 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food Security | <input type="checkbox"/> Jobs and Economy |
| <input type="checkbox"/> Education | <input type="checkbox"/> Household Financial Stability | <input type="checkbox"/> Community & Social Support |
| <input type="checkbox"/> Public Safety & Personal | <input type="checkbox"/> Environment | <input type="checkbox"/> Transportation |

4) Please check the three most pressing social issues in Richland County (only check 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food Security | <input type="checkbox"/> Jobs and Economy |
| <input type="checkbox"/> Education | <input type="checkbox"/> Household Financial Stability | <input type="checkbox"/> Community & Social Support |
| <input type="checkbox"/> Public & Personal Safety | <input type="checkbox"/> Environment | <input type="checkbox"/> Transportation |

5) Comments or other health problems that should be addressed:

Gender: ☐ Female ☐ Male

Age: ☐ 18-24 ☐ 25-44 ☐ 45-62 ☐ 62 years+

Are there children 18 and younger in your household? ☐ Yes ☐ No

Household Income: ☐ under \$25,000 ☐ \$25,000-\$49,999 ☐ \$50,000-\$74,999 ☐ \$75,000-\$99,999 ☐ \$100,000-\$149,999 ☐ \$150,000 and over **Household Size:** Number of People in Household

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Primary Language: ☐ English ☐ Spanish ☐ Other

*****Please return completed survey in the enclosed stamped self addressed envelope*****



Appendix B: Image 3

Survey Introductory Letter (Spanish)



Estimado Miembro de la Comunidad,

¡Usted está recibiendo esta encuesta porque **su opinión es importante para nosotros!** HAWCs (Comisión de Evaluación de Salud y Bienestar) del Condado de Richland Richland es un comité consultor compuesto de participantes de interés principales en la comunidad. Es nuestra tarea conseguir información sobre las necesidades de salud del Condado de Richland cada 3 años. Esta encuesta es una parte muy importante de nuestra meta. Los resultados serán usados para hacer un Plan de Mejoría de Salud para abordar asuntos urgentes y guiar actividades comunitarias para los años que vienen.

Para que los resultados verdaderamente representan el Condado de Richland, es muy importante que nos devuelva cada encuesta. Su participación es voluntaria pero se lo agradeceríamos mucho. Por favor ocupe 10 minutos para **completar y devolver la encuesta** en el sobre pre-pagado con nuestra dirección adjunto a más tardar el **31 de marzo del 2016**.

Richland County Public Health, Richland County UW-Extension, The Richland School District y The Richland Hospital están trabajando juntos para administrar la encuesta. Su respuesta será tratada de manera completamente confidencial. Combinaremos todas las respuestas y los resultados estarán disponibles por un sumario solamente. Su nombre no será relacionado con sus respuestas a las preguntas de la encuesta. Por favor no escriba su nombre en la encuesta ni el sobre para devolver.

¡Muchas gracias por participar en este esfuerzo comunitario importante!

Miembros de HAWC

Marianne Stanek-Richland County Public Health	Chris Drea- The Richland Hospital
David May- The RMC & Richland Hospital	Shelly Anders- The Richland School District
Chelsea Wunnicke-Richland County UW Extension	Shaun Tjossem- The Richland School District
Jarred Burke-The Richland School District	

Appendix B: Sample Cover Letters and Surveys *continued*

Appendix B: Image 4

Survey (Spanish)

Encuesta de Salud en la Comunidad del Condado de Richland 2016

Por favor ocupe unos minutos para completar la encuesta abajo. El propósito de esta encuesta es determinar los puntos fuertes y debilidades de la comunidad. Los resultados de esta encuesta serán usados para abordar necesidades comunitarias.

1) Por favor marque los mejores cinco puntos fuertes de la salud en la comunidad del condado de Richland (solo marque 5)

- | | |
|---|--|
| <input type="checkbox"/> Facilidad para conseguir Cuidado Dental | <input type="checkbox"/> Apoyo/Recursos Comunitarios |
| <input type="checkbox"/> Facilidad para conseguir Atención Médica de Emergencia | <input type="checkbox"/> Acceso a Comidas Saludables Económicas |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Primaria | <input type="checkbox"/> Oportunidades de ser Activo |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Mental | <input type="checkbox"/> Recursos de Prevención de Obesidad/Sobrepeso |
| <input type="checkbox"/> Prevención del Abuso de Alcohol y Drogas | <input type="checkbox"/> Prevención de Caídas |
| <input type="checkbox"/> Tratamiento de Alcohol y Drogas | <input type="checkbox"/> Cuidado de Demencia |
| <input type="checkbox"/> Prevención de Heridas | <input type="checkbox"/> Comprendiendo el Cuidado & Seguros/Costo de Cuidado |

2) Por favor marque las cinco preocupaciones de salud más importantes en el condado de Richland (solo marque 5)

- | | |
|---|--|
| <input type="checkbox"/> Facilidad para conseguir Cuidado Dental | <input type="checkbox"/> Apoyo/Recursos Comunitarios |
| <input type="checkbox"/> Facilidad para conseguir Atención Médica de Emergencia | <input type="checkbox"/> Acceso a Comidas Saludables Económicas |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Primaria | <input type="checkbox"/> Oportunidades de ser Activo |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Mental | <input type="checkbox"/> Recursos de Prevención de Obesidad/Sobrepeso |
| <input type="checkbox"/> Prevención del Abuso de Alcohol y Drogas | <input type="checkbox"/> Prevención de Caídas |
| <input type="checkbox"/> Tratamiento de Alcohol y Drogas | <input type="checkbox"/> Cuidado de Demencia |
| <input type="checkbox"/> Prevención de Heridas | <input type="checkbox"/> Comprendiendo el Cuidado & Seguros/Costo de Cuidado |

3) Por favor marque los tres puntos fuertes sociales más importantes en el Condado de Richland (Solo marque 3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alojamiento | <input type="checkbox"/> Seguridad de Comida | <input type="checkbox"/> Trabajos y Economía |
| <input type="checkbox"/> Educación | <input type="checkbox"/> Estabilidad Financiera del hogar | <input type="checkbox"/> Apoyo Comunitario y Social |
| <input type="checkbox"/> Seguridad Pública y Personal | <input type="checkbox"/> El Medioambiente | <input type="checkbox"/> Transporte |

4) Por favor marque los tres asuntos sociales más urgentes en el Condado de Richland (solo marque 3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alojamiento | <input type="checkbox"/> Seguridad de Comida | <input type="checkbox"/> Trabajos y Economía |
| <input type="checkbox"/> Educación | <input type="checkbox"/> Estabilidad Financiera del hogar | <input type="checkbox"/> Apoyo Comunitario y Social |
| <input type="checkbox"/> Seguridad Pública y Personal | <input type="checkbox"/> El Medioambiente | <input type="checkbox"/> Transporte |

5) Comentarios u otros problemas de salud que deben ser abordados:

Género: ☐ Femenina ☐ Masculino

Edad: ☐ 18-24 ☐ 25-44 ☐ 45-62 ☐ 62 años+

¿Hay niños de edad 18 o menos en su hogar? ☐ Sí ☐ No

Ingresos del Hogar: ☐ menos de \$25,000 ☐ \$25,000-\$49,999 ☐ \$50,000-\$74,999 ☐ \$75,000-\$99,999 ☐ \$100,000-\$149,999 ☐ \$150,000 y más **Tamaño del hogar:** Número de personas En el Hogar

Etnicidad: ☐ Hispano o Latino ☐ No Hispano ni Latino

Raza: ☐ Indio Americano/Nativo de Alaska ☐ Asiático ☐ Negro o Afro Americano
☐ Nativo Hawaiano/De las Islas Pacíficas ☐ Blanco ☐ Otro

Lenguaje Principal: ☐ Inglés ☐ Español ☐ Otro



Initial Report

Last modified 03/21/2016















1. Richland County's Top 5 Community Health Strengths				
#	Answer		Response	%
1	Ability to get Dental Care	<div></div>	165	59%
2	Ability to get Emergency Medical Care	<div></div>	243	86%
3	Ability to get Primary Health Care	<div></div>	238	85%
4	Ability to get Mental Health Care	<div></div>	46	16%
5	Alcohol & Drug Abuse Prevention	<div></div>	15	5%
6	Alcohol & Drug Abuse Treatment	<div></div>	15	5%
7	Injury Prevention	<div></div>	24	9%
8	Community Resources/Support	<div></div>	129	46%
9	Access to Affordable Healthy Foods	<div></div>	94	33%
10	Opportunities to be Active	<div></div>	169	60%
11	Obesity/Overweight Prevention Resources	<div></div>	21	7%
12	Falls Prevention	<div></div>	22	8%
13	Dementia Care	<div></div>	66	23%
14	Understanding Care & Insurance/Cost of Care	<div></div>	43	15%
Total Responses			281	

Appendix C: Final Survey Report *continued*

Initial Report

Last modified 03/21/2016

2. The 5 Most Important Health Concerns in Richland County

#	Answer		Response	%
1	Ability to get Dental Care		107	38%
2	Ability to get Emergency Medical Care		103	37%
3	Ability to get Primary Health Care		105	37%
4	Ability to get Mental Health Care		114	41%
5	Alcohol & Drug Abuse Prevention		129	46%
6	Alcohol & Drug Abuse Treatment		111	40%
7	Injury Prevention		36	13%
8	Community Resources/Support		80	28%
9	Access to Affordable Healthy Foods		102	36%
10	Opportunities to be Active		49	17%
11	Obesity/Overweight Prevention Resources		120	43%
12	Falls Prevention		35	12%
13	Dementia Care		92	33%
14	Understanding Care & Insurance/Cost of Care		119	42%

Total Responses	281
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3. The 3 Greatest Social Strengths in Richland County

#	Answer		Response	%
1	Housing	<div></div>	76	27%
2	Education	<div></div>	161	58%
3	Public & Personal Safety	<div></div>	139	50%
4	Food Security	<div></div>	64	23%
5	Household Financial Stability	<div></div>	19	7%
6	Environment	<div></div>	142	51%
7	Jobs and Economy	<div></div>	47	17%
8	Community & Social Support	<div></div>	102	37%
9	Transportation	<div></div>	43	16%










Total Responses	277
-----------------	-----

Appendix C: Final Survey Report *continued*

Initial Report

Last modified 03/21/2016




4. The 3 Most Pressing Social Issues in Richland County

#	Answer		Response	%
1	Housing		113	41%
2	Education		62	23%
3	Public & Personal Safety		48	17%
4	Food Security		41	15%
5	Household Financial Stability		158	57%
6	Environment		40	15%
7	Jobs and Economy		213	77%
8	Community & Social Support		49	18%
9	Transportation		81	29%





Total Responses	275
-----------------	-----






5. Gender

#	Answer		Response	%
1	Female		143	49%
2	Male		133	46%
3	Did not answer		14	5%
	Total		290	100%

6. Age

#	Answer		Response	%
1	18-24		1	0%
2	25-44		24	9%
3	45-62		75	26%
4	62+		186	63%
5	Did not answer		7	2%
	Total		293	100%

7. Are There Children 18 or Younger in Your Household?








#	Answer		Response	%
1	Yes		27	9%
2	No		230	81%
3	Did not answer		28	10%
	Total		285	100%

Appendix C: Final Survey Report *continued*

Initial Report

Last modified 03/21/2016




8. Household Income

#	Answer		Response	%
1	Under \$25,000		58	20%
2	\$25,000-\$49,999		96	33%
3	\$50,000-\$74,999		57	19%
4	\$75,000-\$99,999		26	9%
5	\$100,000-\$149,999		27	9%
6	\$150,000 and over		6	2%
7	Did not answer		24	8%
	Total		294	100%

9. Household Size: Number of People in Household

No answer = 48 responses
1 = 16 responses
2 = 31 responses
3 = 1 response
4 = 2 responses

10. Ethnicity

#	Answer		Response	%
1	Hispanic or Latino		3	1%
2	Not Hispanic or Latino		237	82%
3	Did not answer		50	17%
	Total		290	100%



11. Race

#	Answer		Response	%
1	American Indian/Alaska Native		0	0%
2	Asian		0	0%
3	Black or African American		0	0%
4	Native Hawaiian/Pacific Islander		1	0%
5	White		283	97%
6	Other		1	0%
7	Did not answer		7	2%
	Total		292	100%

12. Primary Language

#	Answer		Response	%
1	English		288	98%
2	Spanish		0	0%
3	Did not answer		5	2%
	Total		293	100%

Appendix D: Richland County Demographics

[illegible]

Appendix E: Richland Hospital Market Share Analysis



Appendix E: Image 1

Richland Hospital Inpatient Market Share Data from Intellimed

Market Share										
INTELLIMED Market Share Profile System										
Period: 2016 1st Quarter, 2015 4th Quarter, 2015 3rd Quarter, 2015 2nd Quarter, Zip Code: 5 Selected Elapsed: 00:00:06										
11/2/2016 Page 1 of 2 WI State Limited: Q03D-Q16A										
Facility	Volume			% of Facility Total			Percentage of Report Total			
	Cases	Days	Charges	Cases	Days	Charges	Cases	Cum.	Days	Charges
The Richland Hospital Inc	882	2,665	10,943,909	100.00%	100.00%	100.00%	40.91%	40.91%	28.96%	16.69%
Uw Hospital and Clinics	404	2,244	24,508,045	100.00%	100.00%	100.00%	18.74%	59.65%	24.38%	37.37%
Mentor Hospital	193	871	9,713,305	100.00%	100.00%	100.00%	8.95%	68.60%	9.46%	14.81%
St Mary's Hospital	190	927	8,184,507	100.00%	100.00%	100.00%	8.81%	77.41%	10.07%	12.48%
Sauk Prairie Memorial Hospital	185	382	3,786,168	100.00%	100.00%	100.00%	8.58%	85.99%	4.15%	5.77%
Gundersen Health System	91	490	3,044,722	100.00%	100.00%	100.00%	4.22%	90.21%	5.32%	4.64%
Upland Hills Health Inc	48	117	571,334	100.00%	100.00%	100.00%	2.23%	92.44%	1.27%	0.87%
Winnebago Mental Health Institute	26	265	296,032	100.00%	100.00%	100.00%	1.21%	93.65%	2.88%	0.45%
Vernon Memorial Healthcare	22	46	473,348	100.00%	100.00%	100.00%	1.02%	94.67%	0.50%	0.72%
Gundersen Boscobel Area Hospital and Clinics	20	53	323,531	100.00%	100.00%	100.00%	0.93%	95.59%	0.58%	0.49%
Mayo Clinic Health System - Franciscan Healthcare in La Crosse	15	68	297,238	100.00%	100.00%	100.00%	0.70%	96.29%	0.74%	0.45%
Southwest Health Center	15	208	440,015	100.00%	100.00%	100.00%	0.70%	96.99%	2.26%	0.67%
Reedsburg Area Medical Center	14	31	191,742	100.00%	100.00%	100.00%	0.65%	97.63%	0.34%	0.29%
Select Specialty Hospital - Madison	9	267	1,477,988	100.00%	100.00%	100.00%	0.42%	98.05%	2.90%	2.25%
Aurora Medical Center in Summit	5	18	82,978	100.00%	100.00%	100.00%	0.23%	98.28%	0.20%	0.13%
St Clare Hospital and Health Services	5	40	119,918	100.00%	100.00%	100.00%	0.23%	98.52%	0.43%	0.18%
Grant Regional Health Center	4	11	26,020	100.00%	100.00%	100.00%	0.19%	98.70%	0.12%	0.04%
Uw Health Rehabilitation Hospital	4	25	82,236	100.00%	100.00%	100.00%	0.19%	98.89%	0.27%	0.13%
Mendota Mental Health Institute	3	350	358,450	100.00%	100.00%	100.00%	0.14%	99.03%	3.80%	0.55%
Gundersen St Joseph's Hospital and Clinics	2	4	66,320	100.00%	100.00%	100.00%	0.09%	99.12%	0.04%	0.10%
Libertas Center	2	29	49,624	100.00%	100.00%	100.00%	0.09%	99.21%	0.32%	0.08%
Lifecare Hospitals of Milwaukee	2	45	150,819	100.00%	100.00%	100.00%	0.09%	99.30%	0.49%	0.23%
Mercy Hospital and Trauma Center	2	6	99,249	100.00%	100.00%	100.00%	0.09%	99.40%	0.07%	0.15%
Rogers Memorial Hospital - Brown Deer	2	9	29,226	100.00%	100.00%	100.00%	0.09%	99.49%	0.10%	0.04%
Aurora St Luke's Medical Center	1	1	29,479	100.00%	100.00%	100.00%	0.05%	99.54%	0.01%	0.04%
Beloit Health System	1	2	48,024	100.00%	100.00%	100.00%	0.05%	99.58%	0.02%	0.07%
Columbus Community Hospital	1	8	56,675	100.00%	100.00%	100.00%	0.05%	99.63%	0.09%	0.09%
Divine Savior Healthcare	1	2	18,831	100.00%	100.00%	100.00%	0.05%	99.68%	0.02%	0.03%

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Appendix E: Richland Hospital Market Share Analysis *continued*

Appendix E: Image 2

Richland Hospital Ambulatory Market Share Data from Intellimed

<div> <div>11/2/2016</div> <div>Page 1 of 2</div> <div>WI State Limited: Q03D-Q16A</div> </div>									
<div> <div>Ambulatory Market Share</div> <div>INTELLIMED Market Share Profile System</div> <div>Period: 2016 1st Quarter, 2015 4th Quarter, 2015 3rd Quarter, 2015 2nd Quarter, Zip Code: 5 Selected Elapsed: 00:00:04</div> </div>									
Facility	Volume		Percentage of Hospital Total		Percentage of Report Total		CPT	Cum. Cases	Charges
	Cases	CPT	Cases	Charges	CPT	Charges			
Uw Hospital and Clinics	1,346	2,209	100.00%	100.00%	31.11%	34.02%	31.11%	31.11%	34.02%
The Richland Hospital Inc	1,291	1,569	100.00%	100.00%	29.84%	24.16%	29.84%	60.96%	24.16%
Sauk Prairie Memorial Hospital	342	438	100.00%	100.00%	7.91%	6.74%	7.91%	68.86%	6.74%
Meriter Hospital	201	359	100.00%	100.00%	4.65%	5.53%	4.65%	73.51%	5.53%
Gundersen Health System	161	242	100.00%	100.00%	3.72%	3.73%	3.72%	77.23%	3.73%
Madison Surgery Center Inc	133	229	100.00%	100.00%	3.07%	3.53%	3.07%	80.31%	3.53%
St Mary's Hospital	121	161	100.00%	100.00%	2.80%	2.48%	2.80%	83.10%	2.48%
Surgery and Care Center	116	197	100.00%	100.00%	2.68%	3.03%	2.68%	85.78%	3.03%
Upland Hills Health Inc	98	107	100.00%	100.00%	2.27%	1.65%	2.27%	88.05%	1.65%
Davis Duehr Surgery Center	94	161	100.00%	100.00%	2.17%	2.48%	2.17%	90.22%	2.48%
Surgicenter of Greater Madison	83	233	100.00%	100.00%	1.92%	3.59%	1.92%	92.14%	3.59%
Novamed Surgery Center of Madison Lip	62	73	100.00%	100.00%	1.43%	1.12%	1.43%	93.57%	1.12%
Gundersen Boscobel Area Hospital and Clinics	61	87	100.00%	100.00%	1.41%	1.34%	1.41%	94.98%	1.34%
Pain Centers of Wisconsin - Sauk Prairie	52	178	100.00%	100.00%	1.20%	2.74%	1.20%	96.19%	2.74%
Vernon Memorial Healthcare	24	49	100.00%	100.00%	0.55%	0.75%	0.55%	96.74%	0.75%
Mayo Clinic Health System - Franciscan Healthcare in La Crosse	21	28	100.00%	100.00%	0.49%	0.43%	0.49%	97.23%	0.43%
Southwest Health Center	21	21	100.00%	100.00%	0.49%	0.32%	0.49%	97.71%	0.32%
Gundersen St Joseph's Hospital and Clinics	15	22	100.00%	100.00%	0.35%	0.34%	0.35%	98.06%	0.34%
Reedsburg Area Medical Center	15	23	100.00%	100.00%	0.35%	0.35%	0.35%	98.40%	0.35%
Uw Health Transformation Surgery Center LLC	10	26	100.00%	100.00%	0.23%	0.40%	0.23%	98.64%	0.40%
Pain Centers of Wisconsin - Fort Atkinson	8	11	100.00%	100.00%	0.18%	0.17%	0.18%	98.82%	0.17%
St Clare Hospital and Health Services	8	10	100.00%	100.00%	0.18%	0.15%	0.18%	99.01%	0.15%
Mid Bluff Medical Center	7	8	100.00%	100.00%	0.16%	0.12%	0.16%	99.17%	0.12%
Grant Regional Health Center	6	9	100.00%	100.00%	0.14%	0.14%	0.14%	99.31%	0.14%

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Appendix F: Focus Group Participants

Allan Abarca	Community Member
Angie Alexander	Pine Valley Healthcare
Dottie Behling	Community Member
Keith Behling	Greater Richland Area Cancer Elimination
Mallory Bender	Richland Medical Center
Dale Bender	Southwest Partners
Mike Breininger	Southwest Partners
Jackie Carley	Schmitt Woodland Hills
Amanda Coorough	Richland County Health and Human Services, Children's Services
Myranda Culver	Richland County Health and Human Services
Kay Cunningham	Richland County Health and Human Services, Public Health
Becky Dahl	Aging and Disability Resource Center / Southwest Partners
Kristin Duhr	Community Member
Dawn Elliott	DNA / Impress to Progress
Patrick Elliott	Wallace, Cooper, and Elliott Insurance
Leonard Fry	Kinship
Rebecca Furbish	Tourism / DNA
Becky Gomez	Neighborhood House Services of Southwest Wisconsin / Multi-Cultural Outreach Program
Susan Hallett	Neighborhood House Services of Southwest Wisconsin
Gretchen Kanable	Richland School District
Chad Kanable	Richland County Sheriff's Department
Dawn Kiefer	Richland Observer
Jeanetta Kirkpatrick	Richland County Board
David Knoche	Agrace Hospice
Kristine Lockwood	AmeriCorps Farm to School
Pedro Gomez Lopez	Multi-Cultural Outreach Program
Robin Lynch	Daycare Provider
Patrick Metz	Richland County Health and Human Services
Kim Mindham	Passages, Inc.
Dr. Jenny Myszkowski	Richland Medical Center
Doug Olsen	Kickapoo Schools
Beverly Pittman Burns	Passages, Inc.
Linda Post	Harlan's Furniture
Susan Price	Kinship
Bill Reinke	Neighborhood House Services of Southwest Wisconsin
Cindy Riley	Richland Hospital
Bruce Roesler	Richland Hospital
Danielle Sander	UW-Extension
Cathryn Scott	Independent Living Services
Donald Seep	Richland County Board
Dr. Robert Smith	Richland Medical Center / Richland Area Geriatric Assessment
Linda Stadler	Richland Hospital / Richland Area Rotary Youth Soccer
Sheila Troxel	Wallace, Cooper, and Elliott Insurance
Meredith Wallace	Ithaca School District
Dr. Kevin Whitney	Richland Medical Center
Melody Wiinamaki	Richland Schools
Emily Zorea	Brewer Public Library

