



Douglas County, Wisconsin Community Health Improvement Plan 2017

Douglas County Public Health / December 2017

Table of Contents

Letter to the community and acknowledgements	2
Community Health Improvement Plan Methodology	3
Douglas County Health Focus Priority Areas	4
Health Focus Priority Area #1: Mental Health	5
Health Focus Priority #2: Alcohol and Other Drugs	6
Health Focus Priority #3: Tobacco Use and Exposure	7
Conclusion	8



Letter to the Community and Acknowledgements

Dear Friends,

The Douglas County Community Health Improvement Plan (CHIP) is a culmination of work completed in partnership with the Douglas County Community Health Assessment Steering Committee. This process began in 2016 with a Community Health Assessment (CHA) by documenting the health needs, areas of concern, and strengths in our community. The CHA report can be found on the Douglas County website by clicking on the following link:

<http://www.douglascountywi.org/DocumentCenter/View/8116>

The Public Health Accreditation Board defines a Community Health Improvement Plan as a “Long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health.”

“Today’s experience and exposures influence tomorrow’s health.” This is a key concept of the Life Course Framework to help build protective factors and reduce risk factors in our community. The health priorities identified by the CHA include mental health, alcohol and other drug abuse prevention and tobacco prevention.

The CHIP is a community plan to address these health priorities and supports our mission to promote the health, safety and wellbeing of individuals and families.

Sincerely,

Kathy Ronchi RN, BSN
Health Officer
Douglas County Department of Health and Human Services

Community Health Improvement Plan Methodology

Health departments are required to conduct a Community Health Assessment (CHA) at least every five years. In 2016, Douglas County began collaborating on the community health assessment process with Essentia Health. The purpose of the CHA is to evaluate the status of health in Douglas County. CHA data is then used to identify goals for the improvement of health over the next three years and to develop a working plan for the county to achieve these goals. This plan is called the Community Health Improvement Plan (CHIP).

The Community Health Assessment report can be accessed by the following link:

<http://www.douglascountywi.org/DocumentCenter/View/8116>

Through the compilation of data through various sources throughout the CHA report, the steering committee analyzed the data, prioritized the health needs and selected three focus areas for developing goals. Over the next three years, strategies for community health improvement will be implemented and evaluated.

The following report will lay out implementation strategies with objectives, partnerships, goals and evaluation measures for the Douglas County CHIP for the next three years (2017-2019). The steps listed below are how the development of the plan has come about.

1. Collaborate with stakeholders and community members
 - Include broad participation from the community
 - Actively involve stakeholders throughout the process
2. Assess needs & resources
 - Collect and analyze community health data
 - Include data to analyze health disparities
 - Examine underlying determinants of health
 - Include themes identified by the stakeholders and the community
 - Identify community assets and resources
3. Prioritize strategic issues
 - Identify community health priorities
 - Align the local health improvement plan with state and national priorities
 - Summarize and disseminate the results of the assessment to the community
4. Action plan for impact
 - Engage partners to plan and implement strategies
 - Choose effective evidence-based strategies
 - Have multi-level approaches to change, including policy approaches
 - Develop a detailed action plan
5. Implement Strategies
 - Use a work plan to actively track progress
 - Provide ongoing updates to the community
6. Evaluate Efforts
 - Evaluate and monitor the process and the outcomes/indicators
 - Revise the action plan based on evaluation results



Health Focus Areas Selected for 2017-2021



Mental
Health



Alcohol and
Other Drugs



Tobacco Use
and Exposure

Health Priority Focus #1: Mental Health

DEFINITION

- “Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (World Health Organization, 2001). “Mental health is the foundation for well-being and effective functioning for an individual and community. It is more than the absence of mental illness; it is a resource vital to individuals, families and societies” (British Columbia, Ministry of Health, 2007).

REASONS FOR CHOSEN HEALTH PRIORITY (data below taken from the CHA report)

- This was the number one response on the community health survey for the question, “What needs to be improved to make Douglas County healthier?”
- 1 in 5 adults in the U.S. experiences mental illness in a given year (That is over 63 million people)
- In Douglas County, 29% of adults have been told by a health professional that they have had anxiety or panic attack and 23 % of adults have been told by a health professional that they have depression (Bridge to Health Survey)
- Approximately 20% of the population experiences a mental health problem during a one-year period
- Mental health issues are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse; factors that can lead to chronic disease, injury and disability.
- Hospitalizations for mental health disorders over 400 per year
- Children in poverty in Douglas County is 21% (contributes to adverse childhood events = toxic stress)
- Lack of mental health providers and services, ratio is 1 mental health provider to 910 people

GOALS

- Improve mental health and well being in Douglas County

OBJECTIVES/ACTION STEPS

- Partner with, support and participate in the Mental Health Coordinated Community Response Group (MHCCR). The priorities of this group are: Increase awareness about mental health issues, support training by coordinating and/or providing trainings for mental health providers or families or community members/professionals, improve access by being a finding access to meet the needs of all individuals, and enhance options by advocating for the specialized services and providers needed for all people and their families that are affected by mental illness.
- Increase education on the importance of physical activity as important for mental health
- Increased awareness and education on the importance of mental health in infants and children

STAKEHOLDERS/COMMUNITY PARTNERS

- Douglas County Department of Health and Human Services
- Local Healthcare Providers
- Local schools
- Local higher education institutions
- Law enforcement
- NAMI of Douglas County (National Alliance on Mental Health)
- Faith communities
- Fostering Futures
- Human Development Center
- CASDA (The Center Against Sexual and Domestic Abuse)
- WI Medical Home Initiative
- Lutheran Social Services
- Local State Representatives
- North Country Independent Living
- Tradewinds Residence
- Challenge Center
- Harbor House
- Creative Counseling Group

EVALUATION TOOLS

- MHCCR team evaluations
- Wisconsin Family Health Survey
- County Health Rankings
- WI DHS Profile for Douglas County
- Increased services available
- Bridge to Health Survey

Health Priority Focus #2: Alcohol and Other Drugs

DEFINITION

- Alcohol and other drug use means any use of a substance, or uses of substances, that results in negative consequences. This includes a broad array of mood-altering substances that include, but are not limited to, alcohol, prescription substances, and illegal mood-altering substances. Negative consequences or unhealthy uses include, but are not limited to, operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalizations, heavy drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other alcohol-attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol- or drug-related crimes (e.g., property crimes, violent crimes). (Source = Healthiest Wisconsin 2020)

REASONS FOR CHOOSING FOCUS (data below taken from the CHA report)

- This was the number one response on the community health survey for the question, "What are the top three current problems in Douglas County?"
- The Wisconsin Department of Health Services' (DHS) State Health Officer has issued a Public Health Advisory, in response to the use and abuse of opioids, including heroin and prescription painkillers.
- There has been a surge in use of prescription drugs for non-medical purposes
- Methamphetamine cases in Douglas County from 2013-15 = 239, heroin cases from 2013-15 = 102
- Excessive drinking is 24% in Douglas County

GOALS

- To decrease the negative impact of drugs and alcohol in Douglas County

OBJECTIVES/ACTION STEPS (data below taken from the CHA report)

- Partner and support the "AODA (Alcohol and Other Drugs) Community Coalition of Douglas County"
- Two project focuses for the coalition: Community Awareness and Family and Loved Ones Informational Packets
- Increased education to seniors about safe medication storage and disposal
- Increased education to youth about the dangers of drugs and alcohol (Too Good for Drugs Program)
- Increase awareness in the community about the opioid crisis and prevention education

STAKEHOLDERS/COMMUNITY PARTNERS

- Local healthcare providers
- Local schools
- Local higher education institutions
- Local law enforcement
- Douglas County Department of Health and Human Services
- AIDS Resource Center of WI
- Human Development Center
- Faith Communities
- Community members
- Rural Opioid Research Project (UW Madison)
- WI Opioid Task Force
- Northwoods Coalition

EVALUATION TOOLS

- Wisconsin Youth Risk Behavior Survey
- County Health Rankings data
- WI Epidemiological Profile on Alcohol and Other Drug Use
- Too Good for Drugs program evaluations
- Evaluations/surveys from community awareness events

Health Priority Focus #3: Tobacco Use and Exposure

DEFINITION

- Eliminating tobacco use and exposure means improving health by preventing tobacco abuse, promoting tobacco dependence treatment, protecting all people from exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities. This is accomplished by partnering with state and local leaders to implement a research-based comprehensive tobacco prevention and control plan. (Source = Healthiest Wisconsin 2020)

REASONS FOR CHOOSING THIS FOCUS (data below taken from the CHA report)

- Tobacco use and exposure represent the leading overall cause of death in the U.S. and Wisconsin.
- In Douglas County, 1 out of 5 adults or 20% of adults smoke
- 23% of pregnant women in Douglas County smoke and this is above the state rate of Smoking during pregnancy rate is high at
- 13% of youth report e-cigarette use (E-Cigarette Use is Surpassing Conventional Cigarette Use)
- 20% or 1 in 5 of WI youth report using some form of tobacco product
- 21% of WI high school youth report living in homes where others smoke
- Nearly 7,000 people die annually from illnesses directly related to smoking and approximately 751 die from illnesses and fires indirectly related to smoking, for a total of 7,717 annual deaths in Wisconsin. (Source: WI Dept of Health Services)
- Tobacco use also costs Wisconsin approximately \$4.5 billion annually in health care expenses and lost productivity (Source: WI Dept of Health Services)

GOALS

- To reduce the use of and exposure to tobacco products in the community

OBJECTIVES/ACTION STEPS

- Participate in and support the Northwest WI Tobacco Free Coalition and their projects and initiatives
- Promote and increase education to pregnant and post partum women about the negative health effects of tobacco use
- Promote and increase education to pregnant and post partum women about resources for smoking cessation
- Increase education to youth and adults on the dangers and negative health effects of e-cigarettes
- Increase education on the negative health effects of second hand smoke
- Increased education on the science of addiction and promoting positive behaviors to improve health
- Support the Lethal Lure Campaign (campaign that educates the community about the harms menthol and flavored tobacco products)
- Inform and educate policy makers on the health dangers of e-cigarettes

STAKEHOLDERS/COMMUNITY PARTNERS

- Local healthcare providers
- WIC (Women, Infants and Children) of Douglas County
- Northwest WI Tobacco Free Coalition
- American Lung Association
- Local schools
- Local higher education institutions
- State representatives
- Northwestern High School FACT (Fighting Against Corporate Tobacco) group
- St. Louis County (MN)
- WI Quit Line

EVALUATION TOOLS

- Wisconsin Youth Risk Behavior Survey
- Wisconsin Youth Tobacco Survey
- County Health Rankings
- Bridge to Health Survey
- TOBWIS.org (online tobacco prevention resource)

Conclusion

Thank you so much for taking the time to review the Community Health Improvement Plan for Douglas County. The benefits of this plan (as identified by the Centers for Disease Control) are:

- Improved organizational and community coordination and collaboration
- Increased knowledge about public health and the interconnectedness of activities
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements

This plan is important in making decisions within the community to make Douglas County a healthier and a better place to live, work and play. The decisions on the top focus areas of this community health improvement plan have been based on priorities of the community as they align with the Wisconsin State Plan.

Please join us in improving the health of Douglas County Wisconsin!

Respectively Submitted,

Cynthia Freeberg RN, BSN

Public Health Nurse

Douglas County Department of Health and Human Services

Kathy Ronchi RN, BSN

Health Officer

Douglas County Department of Health and Human Services





2016

Douglas County, WI Community Health Assessment Data Report



Douglas County
Department of Health and
Human Services
12/1/2016

Table of Contents

Introduction.....	2-3
Letter to the Community.....	4
Acknowledgements.....	5
Community Health Survey and Results.....	6-10
Douglas County Population Data.....	11-14
County Health Rankings Data.....	15-20
Bridge to Health Survey 2015.....	21
University of Wisconsin Population Health Institute: Health of Wisconsin 2016 Report Card.....	22
Healthiest Wisconsin 2020 Health Focus Areas and Data.....	23
1. Adequate, appropriate and safe food and nutrition.....	24
2. Alcohol and other drug use.....	25-29
3. Chronic disease prevention and management.....	30
4. Communicable disease prevention and control.....	31-32
5. Environmental and occupational health.....	33-34
6. Healthy growth and development.....	35-36
7. Injury and violence.....	37
8. Mental health.....	38-39
9. Oral health.....	40-41
10. Physical activity.....	42-43
11. Reproductive and sexual health.....	44
12. Tobacco use and exposure.....	45-46
Development of the Community Health Improvement Plan.....	47-48
Conclusion.....	49
Sources.....	50



Introduction

Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions affecting their residents. This process has been referred to as the "Community Health Improvement Process," named partly due to the resulting health status changes in a community and the people who live there.

Local health departments are required by Wisconsin State Statutes Chapter 251.05 to:

- *Regularly and systematically collect, assemble, analyze, and make available information on the health of the community; including statistics on health status, community health needs, and epidemiological and other studies of health problems.*
- *Develop public health policies and procedures for the community.*
- *Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.*
- *Submit data, as requested, to the local public health data system established by the department.*

In conjunction with this, local health departments are required to provide ten essential services by Wisconsin statute 250.03 which are as follows:



10 Essential Services

Monitor the health status of populations to identify and solve community health problems

Investigate and diagnose community health problems and health hazards

Inform and educate individuals about health issues

Mobilize public and private sector collaboration and action to identify and solve health problems

Develop policies, plans and programs that support individual and community health efforts

Enforce statutes and rules that protect health and ensure safety

Link individuals to needed personal health services

Assure a competent public health workforce

Evaluate effectiveness, accessibility, and quality of personal and population based health services

Provide research to develop insights into and innovative solutions for health problems

According to Public Health Accreditation Standard 1.1, public health departments are to “participate in or lead a collaborative process resulting in a comprehensive community health assessment”.

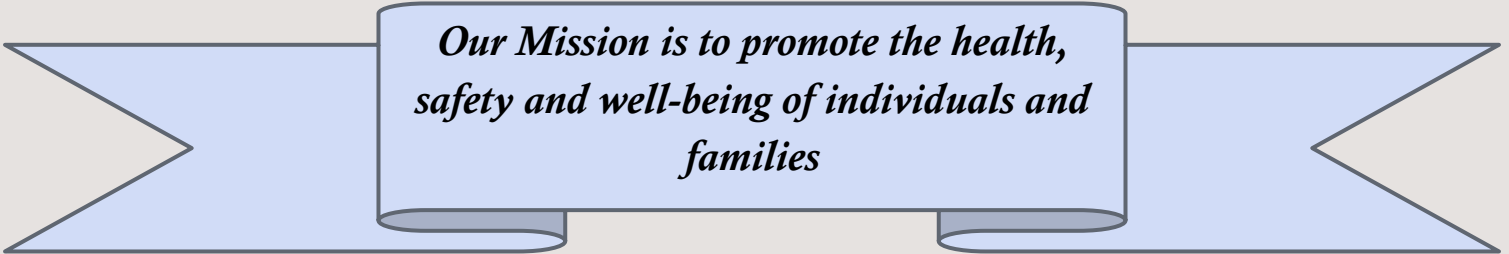
The purpose of the community health assessment is to learn about the community, the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.

The Douglas County Community Health Assessment is framed around the 12 health focus areas of the state plan called *Healthiest Wisconsin 2020*.

Community data is compared to the national *Healthy People 2020* and *Healthiest Wisconsin 2020* goals. These reports can be found at <https://www.healthypeople.gov/> and <http://dhs.wisconsin.gov/hw2020/>

A community health assessment is a collaborative process; therefore, a team of community representatives (Steering Committee, page 5) was formed to:

- Review health conditions and their modifiable risk factors that affect community residents.
- Identify community strengths and resources that can be built upon to address given health conditions.
- Prioritize health conditions that affect residents.
- Develop goals, measurable objectives, and implementation strategies to address the top health priorities.
- Incorporate health-plan goals and strategies into day-to-day activities of community partners.
- Annually review progress on goals, objectives, and strategies.



*Our Mission is to promote the health,
safety and well-being of individuals and
families*

Dear Residents of Douglas County,

Thank you for your participation in making Douglas County a healthier place to live. Our goal in presenting this data report is to help residents be informed about our strengths and areas of concern that impact our health individually and our community as a whole.

“Today’s experience and exposures influence tomorrow’s health.” This is a key concept of the Life Course Framework used to help build protective factors and reduce risk factors in our community. By looking at data we can identify trends and risk factors that are negatively impacting the health of our community. Only then can we develop effective strategies aimed at improving health outcomes.

This report was done as a collaborative effort with community partners and the Douglas County Community Health Assessment Steering Committee.

Thank you for taking the time to look at the data compiled as we move forward to making Douglas County a healthier place to live, work and play.

Sincerely,

Kathy Ronchi, RN, BSN

Health Officer

Public Health Unit

Douglas County Department of Health and Human Services



Acknowledgements

Thank you to all the members of the steering committee with their involvement in the process of the community health assessment!



2016 Steering Committee Members:

Rev. Barb Certa-Werner, Harbor House and Superior Ministerium

Bethany Crail, Community Member, Daycare owner

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Lyndi Sakuray, Northern Waters Parish Nurse

Pat Schanen, Douglas County Department of Health and Human Services

Jan Stevens, Northern Waters Parish Nurse

Charlotte VanderVenter, St. Luke's Mariner Medical Clinic



Community Health Survey

The Steering Committee decided it was important to gather feedback from Douglas County residents on what healthy living in Douglas County meant to them. The Steering Committee met to develop the content and formulate distribution ideas for a community health survey.

The survey consisted of six questions:

1. Are you a Douglas County Resident? If so, what is your zip code
2. What is your age range? (age ranges listed)
3. You are: Male or Female
4. What three things need to be improved to make Douglas County healthier?
5. What are the top three current problems in Douglas County that negatively impact health?
6. What are the top three current strengths in Douglas County that help improve health?

All three questions provided answers for respondents to select, as well as a section to write in further comments. The survey was available online via Survey Monkey and was available on the Douglas County website. A QR code was developed for mobile access on smartphones. Paper copies were also available to the community at the Government Center, Essentia Health and some health fairs. A full copy of the survey can be found in Appendix A. The following four pages include a summary of answers given by the community on the survey.



**Even the University of Superior
Yellow Jacket mascot took the
survey!**

The Community Health Assessment Survey was distributed throughout the community by several different venues.

There were 554 responses during the time the survey was open!

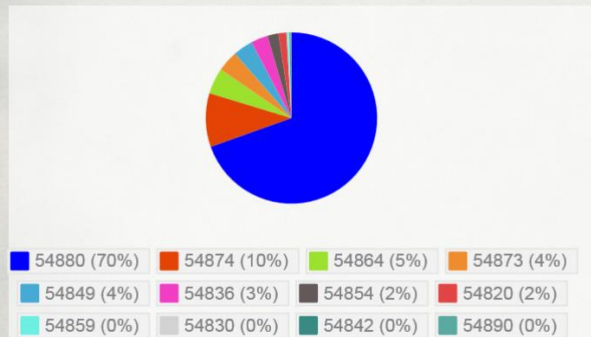
The next three pages lay out the questions on the survey and the results of the responses.

Douglas County Community Health Assessment

CHA Survey Results

May 3, 2016

Compiled by: Kathy Ronchi

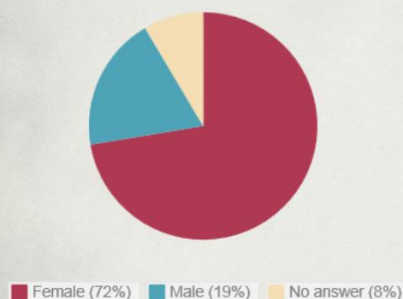


Response by Zip Code

554 Responses!

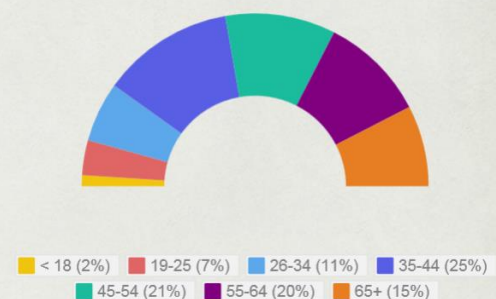
The CHA survey was open from April 7th through April 29th, 2016. The Survey Monkey link was available on the Douglas County Website and Facebook Page. Paper copies were distributed at health fairs, the government center and hospital.

The majority of responses were by females



Age range of responders

The CHA survey was shared among college students, senior citizens and families of all ages and socioeconomic situations.



The top three responses for what needs to be improved to make Douglas County healthier were:

1. Mental Health
2. Alcohol and Other Drug Prevention
3. Physical Activity and Exercise

Other written in comments included:

- Affordable, quality housing
- Young family retention
- Public transportation
- Services for teenagers (counseling, activities, volunteer opportunities)
- Public awareness of services and supports
- Fixing roads
- Early education of nutrition, exercise, AODA use/abuse/effects
- Better ambulance service in county
- Access to senior citizen services
- Elderly resources
- Geriatric education
- Drug prevention
- Need to get people to work, there are many jobs open
- More places to run or walk off streets
- Affordable health care
- Supportive services
- Hazardous waste disposal options
- County roads
- Crappy food at food shelves
- Affordable dental care
- Community gardens
- Youth prevention/intervention programs
- Warming shacks at cross country trails
- Family counseling (trauma)
- Trauma informed practices in all services sectors
- Social media
- Parenting programs

Top Three Improvements Needed

Mental Health
Alcohol and Other Drug Prevention
Physical Activity and Exercise

ANSWER CHOICES AND RESPONSES

<i>Mental Health.....</i>	<i>.50.09%</i>
<i>Alcohol and other drug prevention.....</i>	<i>48.42%</i>
<i>Physical activity and exercise.....</i>	<i>39.85%</i>
<i>Access to affordable healthy food.....</i>	<i>31.66%</i>
<i>Equal access to healthcare.....</i>	<i>24.21%</i>
<i>Oral and dental health.....</i>	<i>16.57%</i>
<i>Child development programs.....</i>	<i>16.01%</i>
<i>Tobacco prevention.....</i>	<i>12.29%</i>
<i>Family planning and sexual health.....</i>	<i>11.73%</i>
<i>Chronic illness prevention.....</i>	<i>10.61%</i>
<i>Other.....</i>	<i>8.94%</i>

Injury and Violence prevention

Workplace Safety and wellness programs

Infectious disease prevention

Immunizations and health screenings

Top 3 Current Problems**Alcohol and Drug Abuse****Poverty****Unhealthy Behaviors**

The top three responses for what are the top three current problems in Douglas County:

1. Drug and Alcohol use and abuse
2. Poverty
3. Unhealthy behaviors (ex: smoking, overeating, drinking)

Other written in comments included:

- Braid and internet
- Underemployment
- Transportation for seniors
- Dental
- Prevent problems
- Crappy food at food shelves
- Living wage jobs that can support a family
- One dental office that accepts Badger Care
- No medical services in rural areas
- Heroin and drug use
- Monopoly of health care providers
- Cost of necessary medications
- High deductible medical insurance
- Cost of living, taxes
- Preparing healthy, home cooked foods
- Too much gaming/inactivity
- Isolation and dark/long winters
- Affordable home maintenance/improvement programs for older homes and neighborhoods

ANSWER CHOICES AND RESPONSES

<i>Drug and alcohol use and abuse.....</i>	<i>60.90%</i>
<i>Poverty.....</i>	<i>47.74%</i>
<i>Unhealthy behaviors.....</i>	<i>45.49%</i>
<i>Lack of mental health services.....</i>	<i>38.16%</i>
<i>Unemployment.....</i>	<i>19.74%</i>
<i>Lack of affordable housing.....</i>	<i>16.73%</i>
<i>Lack of youth mentoring, life skills.....</i>	<i>15.98%</i>
<i>Little or no family or community support.....</i>	<i>13.53%</i>
<i>Lack of health insurance.....</i>	<i>12.22%</i>
<i>Lack of health education.....</i>	<i>9.21%</i>
<i>Other.....</i>	<i>5.83%</i>

The top three current strengths in Douglas County from the survey results are:

1. Schools
2. Natural Resources
3. Community Organizations

Other written in comments included:

- Family living close by
- Osaugie Trail
- Community attitude/willingness/desire to make changes
- The Health Center
- Essentia Health Services
- YMCA
- Aldi grocery has affordable healthy food
- Nurses giving educational information at Superior hospital, educating the community
- Just Kids Dental
- Not sure
- Not much left anymore

Top 3 Strengths

Schools

Natural Resources

Community Organizations

ANSWER CHOICES AND RESPONSES

<i>Schools.....</i>	<i>68.12%</i>
<i>Natural Resources.....</i>	<i>59.20%</i>
<i>Community Organizations.....</i>	<i>44.78%</i>
<i>Supportive Services.....</i>	<i>33.02%</i>
<i>Healthcare and Public Health Services.....</i>	<i>23.91%</i>
<i>Communities and Neighborhoods.....</i>	<i>20.68%</i>
<i>Low crime rates.....</i>	<i>13.47%</i>
<i>Improved Health Awareness.....</i>	<i>10.06%</i>
<i>Businesses, job opportunities.....</i>	<i>5.88%</i>
<i>Diverse population.....</i>	<i>5.12%</i>
<i>Other.....</i>	<i>2.66%</i>

Douglas County Population Data

The population make-up and distribution of an area also influences factors of health. Douglas County is in the Western Region on Wisconsin and is the most northwestern county in Wisconsin. The population of Douglas County in 2010 was 44,159. The population estimate done on July 1, 2015 was 43,601. There is one city and 22 combined towns and villages. There is a combination of city and rural areas that make up beautiful Douglas County.



Race and Ethnicity

<http://www.census.gov/data.html>

- 93% of the Douglas County population is Caucasian
- 2% American Indian or Alaskan Native
- 1% Black or African American
- 1% Asian
- <1% Native Hawaiian or Pacific Islander
- 3% Two or More Races
- 1% Hispanic or Latino

U.S. Census Bureau Quick Facts for Douglas County:

<https://www.census.gov/quickfacts/table/PST045215/55031,55>

<http://www.census.gov/quickfacts/table/PST045215/55,00>

Note: 2015 numbers are estimates

Where we live, who are parents are, our race, our socioeconomic status, and the physical environment all have a role in a person's health status and choices. Here are some facts that give a picture of the make-up of Douglas County.

Population	Douglas County	Wisconsin
Population estimates 7/1/15	43,601	5,771,337
Population, Census 2010	44,159	5,687,289
Age and Sex		
Persons under age 5 (2015)	5.1%	5.9%
Persons under age 5 (2010)	5.9%	6.3%
Persons under age 18 (2015)	20.3%	22.4%
Persons under age 18 (2010)	21.4%	23.6%
Persons 65 years of age and older (2015)	16.9%	15.6%
Persons 65 years of age and older (2010)	14.4%	13.7%
Female persons (2015)	50.0%	50.3%
Female persons (2010)	50.0%	50.4%
Population Characteristics		
Veterans (2010-2014)	4,057	381,940
Foreign born persons (2010-2014)	1.9%	4.8%

U.S. Census Bureau Quick Facts continued:

Housing	Douglas County	Wisconsin
Housing units (2015)	22,901	2,657,231
Owner occupied housing unit rate (2010-2014)	67.9%	67.3%
Median value to owner-occupied housing units (2010-2014)	\$130,500	\$165,800
Median gross rent (2010-2014)	\$691.00	\$776.00
Families and Living Arrangements		
Households (2010-14)	18,598	2,299,107
Persons living in households (2010-14)	2.28	2.43
Language other than English spoken in the home (age 5+) (2010-14)	3.2%	8.7%
Education		
High school graduate or higher, persons age 25 years+ (2010-14)	93.2%	91.0%
Bachelor's Degree or higher, persons age 25 years+ (2010-14)	21.9%	27.8%
Health		
With a disability, under age 65 (2010-14)	10.5%	8.2%

U.S. Census Bureau Quick Facts Continued:

Economy	Douglas County	Wisconsin
In civilian labor force, total population age 16yrs+ (2010-14)	65.1%	67.1%
In civilian labor force, female population age 16 years+ (2010-14)	63.3%	63.5%
Transportation		
Mean travel time to work in minutes (2010-14)	21.1	21.9
Income and Poverty		
Median household income, in 2014 dollars (2010-14)	\$44,956	\$53,357
Per capita income in past 12 months in 2014 dollars (2010-14)	\$24,821	\$28,340
Persons in poverty (2010)	13.9%	12.1%
Geography		
Population per square mile, 2010	33.9	105.0
Land area in square miles, 2010	1,304.14	54,157.80

County Health Rankings

www.countyhealthrankings.org

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

There are several sources where data is gathered from that will formulate a complete snapshot of the health-related needs in our community. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. They believe “America can become a nation where getting healthy, staying healthy, and making sure our children grow up healthy are top priorities.” They have a vision of an “America where we all strive together to build a national Culture of Health that enables all in our diverse society to lead healthy lives, now and for generations to come.”

The goals of the program are to:

- *Build awareness of the multiple factors that influence health*
- *Provide a reliable, sustainable source of local data to communities to help them identify opportunities to improve their health*
- *Engage and activate local leaders from many sectors in creating sustainable community change, and*
- *Connect & empower community leaders working to improve health.*

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003. The County Health Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

**Douglas County's
Overall Health
Ranking is:**

54

**Out of 72 Counties in
Wisconsin**

2016 County Health Rankings and Roadmaps data:

Health Outcomes represent how healthy counties are within the state. The ranks are based on how long people live and how healthy people feel while alive.

Rank = 54 out of 72

*Blank boxes indicate that data was not available

Health Outcomes	Douglas County 2016	Douglas County 2011	Wisconsin	Top U.S. Performers
Length of Life (rank = 53)				
Premature Death	6700	7092	6000	5200
Quality of Life (rank = 59)				
Poor or fair health	14%	14%	15%	12%
Poor physical health days (in past 30 days)	3.7	4.3	3.7	2.9
Poor mental health days (in past 30 days)	3.5	3.5	3.7	2.8
Low birthweight (<2500 grams)	6%	5.9%	7%	6%
Additional Health Outcomes (not included in ranking)				
Premature age-adjusted mortality (# of deaths among residents under age 75 per 100,000 population (age-adjusted))	350		300	270
Child mortality (# of deaths among children under age 18 per 100,000)	40		50	40
Infant mortality (# of all infant deaths (within 1 yr.), per 1,000 live births)	6		6	5
Frequent physical distress	11%		11%	9%
Frequent mental distress	11%		11%	9%
Diabetes prevalence	9%	8%	9%	9%
HIV prevalence (Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population)	48	46	113	41
Communicable disease (Number of reportable cases per 100,000 population)	859		803	
Self-inflicted injury hospitalizations	212		96	

Health Factors represent four measures that influence the health of the county.

Rank = 55 out of 72

1. Health Behaviors Rank = 68	Douglas County 2016	Douglas County 2011	Wisconsin	Top U.S. Performers
Adult Smoking	19%	27%	17%	14%
Adult Obesity	32%	29%	29%	25%
Physical inactivity	25%	22%	22%	20%
Access to exercise opportunities	70%		81%	91%
Excessive drinking	24%	27%	23%	12%
Alcohol impaired driving deaths	47%		38%	14%
Sexually transmitted infections (Number of newly diagnosed chlamydia cases per 100,000 population)	448	327	412	134
Teen births	29	32	26	19
Additional Health behaviors (not included in overall ranking)				
Food insecurity	13%		12%	11%
Limited access to healthy foods	6%		5%	2%
Drug overdose deaths	11		14	8
Drug overdose deaths modeled (Range of drug poisoning deaths per 100,000 population)	10.1-12.0		15.1	6.1-8.0
Motor vehicle crash deaths	12	18	11	9
Insufficient sleep (% of adults who report fewer than 7 hours of sleep on average)	31%		31%	28%
Smoking during pregnancy	23%	21%	14%	
Drug arrests	191		27,733	
Motor vehicle rash occupancy rate (Motor vehicle crash occupancy rate per 100,000 population)	39	35	42	
On-road motor vehicle crash-related ER visits	572	369	578	
Off-road motor vehicle crash-related ER visits	158	111	65	

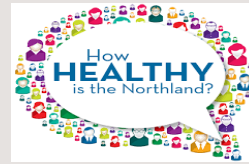
2. Clinical Care Rank = 54	Douglas County 2016	Douglas County 2011	Wisconsin	Top U.S. Performers
Uninsured	10%	11%	11%	11%
Primary care physicians	3,130:1	2,929:1	1,220:1	1,040:1
Dentists	2,300:1		1,590:1	1,340:1
Mental health providers	910:1	43,936:0	590:1	370:1
Preventable hospital stays	59	64	48	38
Diabetic monitoring	89%	91%	90%	90%
Mammography screening	62%	77.2%	71%	71%
Additional clinical care (not included in overall ranking)				
Uninsured adults	12%	11%	13%	13%
Uninsured children	4%		5%	5%
Other primary care providers	1,900:1		1,219:1	866:1
No recent dental visits (% of the population age 2+ that did not have a dental visit in the past year)	40%	30%	26%	
Did not get needed healthcare (within past yr.)	5%	2%	2%	
Childhood immunizations	62%		71%	

3. Social and Economic Factors, Rank = 45	Douglas County 2016	Douglas County 2011 (as available)	Wisconsin	Top U.S. Performers
High school graduation	89%	90%	88%	93%
Some college	70%	64%	67%	72%
Unemployment	5.7%	8.1%	5.5%	3.5%
Children in poverty	21%	17%	18%	13%
Children in single-parent households	38%	37%	31%	21%
Violent crime (Number of reported violent crime offenses per 100,000 population)	183	189	255	59
Injury deaths (# of deaths due to injury per 100,000 population)	70		65	51
Additional social and economic factors (not included in overall ranking)				
Median household income	\$46,500	\$45,788	\$52,600	\$61,700
Children eligible for free lunch	43%	30%	35%	25%
Homicides	0		3	2
Reading proficiency	39%		36%	
W-2 enrollment	55		19,511	
Poverty (Percentage of population living below the Federal Poverty Line (FPL))	14%		13%	
Older adults living at home	32%		30%	
Hate crimes	0		1	
Injury hospitalizations	851		830	
Fall fatalities 65+	81		115	

4. Physical Environment, Rank = 38	Douglas County 2016	Douglas County 2011 (as available)	Wisconsin	Top U.S. Performers
Air pollution (particulate matter)	11.2		11.5	9.5
Severe housing problems	12%		15%	9%
Driving alone to work	81%	80%	80%	71%
Long commute – driving alone	26%		26%	15%

Bridge to Health Survey 2015

www.bridgetohealthsurvey.org



The following information has been obtained from the Bridge to Health Survey.

Bridge to Health Survey has been an important source of data on the health status of adults in northeastern Minnesota and Douglas County, Wisconsin for nearly two decades. The Survey was first conducted in 1995 and again in 2000, 2005, and 2010. Due to strong support among community and health organizations, another survey was conducted in 2015.

The major impetus for conducting the survey is a lack of local information on important indicators of health status. The repetitive nature of the survey process allows for comparisons of the health status of the region's population over time.

The Bridge to Health Surveys are designed to gather population-based health data on adult residents in Northeastern Minnesota and Northwestern Wisconsin (total population approximately 395,000).

Conducting the Bridge to Health Survey has been a collaborative effort involving organizations representing public health, tribal health services, hospitals, clinics, non-profit agencies, health plans, foundations, and educational institutions.

How Survey Results Have Been Used

The goal of the survey is to provide information that will enable organizations and communities to better understand the health of the region's population. Area organizations have utilized survey data in a number of ways, i.e., program planning, development of new programs/services, advocacy, evaluation, and fundraising. The ability to have the data by gender, age, educational status, poverty level, and geography assists in targeting specific populations.

Here are a few examples of how the Bridge to Health Survey results has been utilized:

- County health departments have utilized the data to formulate community health plans and develop health improvement priorities for individual counties and communities.
- Bridge to Health data reported high rates of tobacco use in the region. Numerous groups in the region used the data for tobacco prevention and cessation initiatives and passing local ordinances for local clean indoor air ordinances.
- The Lake Superior Community Health Center utilized data showing high rates of the uninsured in northwestern WI to advocate for a federally qualified health center in Superior WI. Funding was awarded and the clinic opened in 1998.
- Local hospitals used the data to evaluate existing programs and identify health improvement opportunities, such as improving cancer and cardiac preventive screenings.
- The data helped to leverage a \$25,000 grant from the Robert Wood Johnson Foundation to sponsor a conference on alcohol and tobacco intervention strategies in March 1999. Over 500 adults and youth attended.
- Area media have utilized the Bridge to Health data when reporting on local health issues.

Douglas County Data from the Bridge to Health Survey 2015 is used throughout the rest of this report.

University of Wisconsin Population Health Institute:
School of Medicine and Public Health



Health of Wisconsin Report Card: December 2016

<https://uwphi.pophealth.wisc.edu/programs/match/healthiest-state/report-card/2016/index.htm>

Life Stage	Health Grade	Health Disparity Grade
Infants (less than 1 year of age)	C	D
Children and young adults (ages 1-24)	B	D
Working-age adults (ages 25-64)	B	C
Older Adults (age 65+)	B-	D
All ages	B-	D

Definition of Health Disparity: “Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups.”

Executive Summary from the webpage above:

The Health of Wisconsin Report Card measures the state’s progress towards meeting two overarching goals of the Healthiest Wisconsin 2020 State Health Plan: (1) to improve health for all and (2) to eliminate health disparities.

As part of its mission to translate research for policy and practice, the University of Wisconsin Population Health Institute has prepared the Health of Wisconsin Report Card, providing all Wisconsinites with a useful assessment of the state’s health. The first Health of Wisconsin Report Card was released in 2007; updated versions were prepared in 2010 and 2013.

Wisconsin’s grade for overall health has remained the same since 2007 – a B-. The health disparities grade has changed, however, from a C- in 2010, to a D in 2013 and 2016. This change indicates that Wisconsin needs to do more to reduce health disparities. As with the previous versions, the Health of Wisconsin Report Card 2016 draws attention to weaknesses in efforts across Wisconsin to promote the health of all residents.

With the exception of working-age adults, Wisconsin’s death rates have fallen for every age group examined in the report. However, death rates in other states also continue to improve. Thus, Wisconsin’s improvement did not result in a higher grade, as our progress has not outpaced other states.

Since 2013, progress in many areas may lead to reduced disparities in the future, including improvements in: • Death rates among children living in rural counties • Death rates for working-age and older adults with a level of education equal to high school or less • Death rates for female older adults • The number of unhealthy days for working-age adults with lower levels of educational attainment (equivalent to some college or technical school or less) and those of Asian or Hispanic/Latino race/ethnicity • The number of unhealthy days for all older adults

Despite these improvements in death rates and quality of life measures for Wisconsin, substantial gaps remain between the healthiest and least healthy subgroups in the state’s population. These gaps result in an overall health disparity grade of D. Engaging Wisconsin communities, leaders and partners across sectors statewide will be necessary to reach the State Health Plan goals of improved health for all and the elimination of health disparities.

*For the entire report, go to the website listed above.

Healthiest Wisconsin 2020: Everyone Living Better, Longer

www.dhs.wisconsin.gov/hw2020



Healthiest Wisconsin 2020 focuses more on prevention than treatment, addressing the leading causes of illness, injury, disability, and death, and shares a set of core values including fairness and justice, partnerships, and shared responsibility. It repeats an urgent call for upgrading and equitably supporting the public health infrastructure needed to keep each community healthy. To be the “Healthiest State”, Wisconsin must address these persistent disparities in health outcomes, and the social, economic, educational, and environmental inequities that contribute to them. No single government agency can simply “fix” problems of this complexity. Wisconsin’s public health departments today serve as conveners and advisors to diverse partnerships that include both public and private sectors, and as stewards of needed expertise and data. This plan also differs from previous plans. Rather than focusing exclusively on risk factors for death, it includes a new focus on the quality of life. Healthiest Wisconsin 2020 pays more attention on how health choices are influenced by skills and social relationships, economic and educational factors, the health care system, and the physical environment (health determinants). These are most effectively addressed by focusing on policies and systems in addition to individual choices.

The statutory requirement for every Wisconsin public health jurisdiction to create community health improvement plans provides an opportunity for many groups and community agencies to plan and act together locally.

Douglas County along with the other 73 counties in Wisconsin strive to follow the state’s plan,

“Healthiest Wisconsin 2020”

Vision: Everyone Living Better, Longer

Goals: Improve health across the life span and eliminate health disparities and achieve health equity

Mission: To assure conditions in which people can be healthy, and members of healthy, safe and resilient families and communities.

The *12 health focus areas of Healthiest Wisconsin 2020* listed below will be reviewed using Douglas County data

1. Adequate, appropriate, and safe food and nutrition

2. Alcohol and other drug use

3. Chronic disease prevention and management

4. Communicable disease prevention and control

5. Environmental and occupational health

6. Healthy growth and development

7. Injury and violence

8. Mental health

9. Oral health

10. Physical activity

11. Reproductive and sexual health

12. Tobacco use and exposure

Adequate, Appropriate, and Safe Food and Nutrition

Adequate and appropriate nutrition is a cornerstone for preventing chronic disease and promoting vibrant health. Regular and sufficient consumption of nutritious foods across the lifespan, including breast feeding Reduce the risk for chronic diseases and chronic health conditions such as obesity, diabetes type 2, cancer, heart disease and stroke. Includes ready and appropriate access to nutritious foods

Bridge to Health Survey 2015 Douglas County Data:

26.4% of people surveyed report that during the past 12 months, they were worried food would run out often or sometimes before they had money to buy more

Women, Infants and Children (WIC) 2016 data:

<http://www.northwest-csa.org/services/wic.htm>

- 936 enrolled in WIC, 867 participating
- Number enrolled in Fit Families = 47
- Percentage of infants are breastfed initially = 82.7%
- Percentage of infants are breastfed exclusively for 3 months = 36.4%
- Percentage of infants are breastfed for 1 year = 15.4%

Notes from WI High School Youth Risk Behavior Survey 2013 on Dietary behaviors:

Behavior	Percentage
Did not eat fruit or drink 100% fruit juices in one week prior to survey	3.6%
Did not drink milk	11.9%
Drank a serving of soda or pop	74.2%
Drank a serving of soda or pop two or more times per day	19.6%
Drank a serving of soda or pop three or more times per day	11.9%
Did not eat breakfast during the week before the survey	10.7%
Did not eat breakfast on all 7 days	58.9%

Alcohol and Other Drug Use

Consequences of alcohol or drug abuse include motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol and drug dependence; liver, brain, heart and other diseases; infection; family problems; and both nonviolent and violent crimes.

Bridge to Health Survey 2015 data:

Alcohol use	Douglas County	BTH Region
At least one drink in the last month	70.2%	67.2%
Binge drinkers (on one occasion: Men, 5+ drinks; Women, 4+ drinks)	39.2%	32.3%

County Health Rankings 2016 Douglas County Data:

Excessive drinking = **24%** (WI = 23%)

Alcohol-impaired driving deaths = **47%** (WI = 38%)

Notes from the WI High School Youth Risk Behavior Survey 2013:

Behavior	Percentage
Ever drank alcohol (1 drink on at least 1 day during their life)	65.9%
Drank alcohol before age 13 years	14.6%
Currently drank alcohol (within 30 days of survey)	32.7%
Usually obtained the alcohol they drank by someone giving it to them	34.7%
Drank 5 or more drinks of alcohol in a row	18.4%
Ever used marijuana	31.2%
Currently used marijuana (within 30 days of survey)	17.3%
Ever used cocaine	4.3%
Ever took prescription drugs without a doctor's prescription	14.9%
Ever used inhalants	5.9%
Were offered, sold, or given an illegal drug on school property	18.3%

Alcohol and Other Drugs Continued

WI Department of Health Services (DHS)

2016 Profile for Douglas County:

Hospitalizations in 2014:

<i>Age group</i>	<i>Alcohol related</i>	<i>Drug related</i>
TOTAL	43	20
18-44	11	17
45-64	31	0
Unknown	1	3

Alcohol and drug abuse as underlying or contributing cause of death (2014):

Alcohol = 10

Other drugs = 3

Methamphetamine Cases:

2013 = 33

2014 = 127

2015 = 79

<https://www.doj.state.wi.us/sites/default/files/dci/meth-map-12-31-15.pdf>

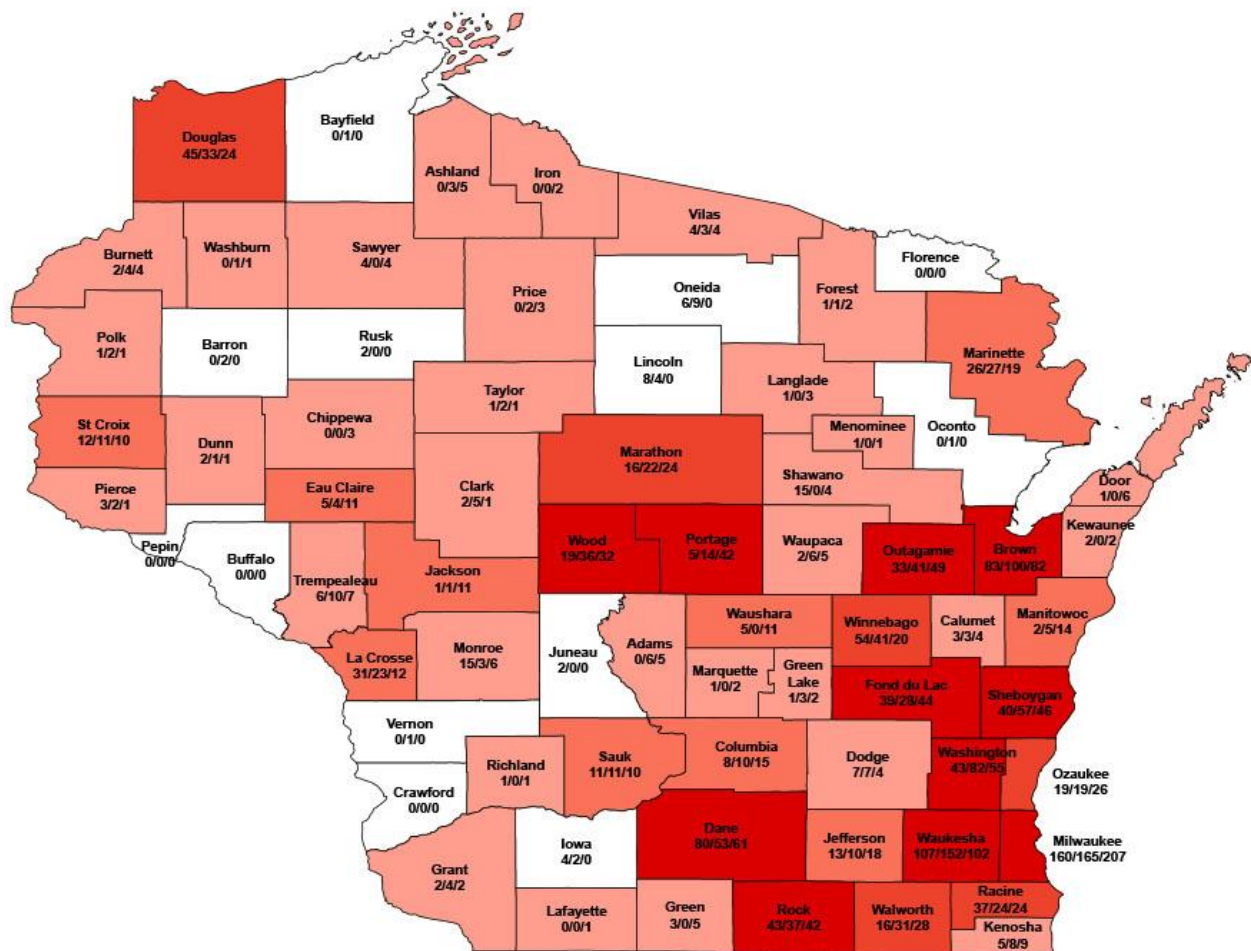
**Numbers based on cases analyzed by the WI State Crime Lab*

Data from the Wisconsin Department of Justice: <https://www.doj.state.wi.us/dci/heroin-awareness/cases-county>



Heroin Cases

Based on Cases in 2013/2014/2015



2015 Heroin Cases by County

- No Crime Lab Cases in 2015
- 1 - 9 Crime Lab Cases in 2015
- 10 - 19 Crime Lab Cases in 2015
- 20 - 29 Crime Lab Cases in 2015
- 30+ Crime Lab Cases in 2015

Year	Total Number of Cases	Number of Counties with Cases
2013	1061	57
2014	1133	53
2015	1141	59



Information Cutoff:
December 31, 2015

Numbers based on cases analyzed by the Wisconsin State Crime Laboratories

Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016

WI Department of Health Services and University of WI Population Health Institute

<https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf> (Go to link for the full report)

Here are highlights from the Executive Summary taken from the report link above:

- **Alcohol Use Remains High:** The per capita alcohol consumption rate in WI is 1.3 times higher than the national rate. The alcohol consumption rate for adults is 10 percentage points above the national rate (63% vs. 53%). Heavy drinking among adults is more common in Wisconsin than the nation as a whole. Wisconsin's rate of adult binge drinking (22%) is third highest across all states and U.S. territories. Wisconsin women of childbearing age consume alcohol at levels higher than their national peers.
- **Consequences of Alcohol Consumption Outpace National Rates:** Given Wisconsin's alcohol consumption patterns, it is not surprising that the rates at which Wisconsin experiences the consequences associated with alcohol use have also tended to be higher than national rates. Since 2008, rates of alcohol abuse and dependence have been higher in Wisconsin than the nation as a whole. Wisconsin's rate of death from alcohol-related liver cirrhosis has risen since 2008 as has the rate of alcohol-related deaths from causes other than liver cirrhosis. The latest available data show that Wisconsin has 1.2 times the national rate of arrests for operating while intoxicated and almost three times the national rate of arrests for liquor law violations. However, since 2010, Wisconsin's rate of alcohol-related motor vehicle deaths has been similar to the national rate.
- **Patterns of Other Drug Use Follow National Trends:** Across the country and in WI there has been a surge in the use of prescription drugs for nonmedical purposes. The misuse of these substances is most prevalent among young adults. In 2013-2014, 9% of Wisconsin adults age 18-25 reported using pain relievers for nonmedical purposes in the past year. Among high school students in 2013, 15% reported illicit use of prescription drugs at some point in their lives.
- **Deaths Due to Improper Drug Use Increase:** Wisconsin's age-adjusted rate of drug-related deaths increased from 2010 to 2015. Wisconsin's number of drug-related deaths has exceeded 500 in nine of the past 10 years. In 2015, 873 Wisconsin residents died as a direct consequence of illicit drug use. The most prevalent category of drug mentioned on death certificates for drug-related deaths in 2015 was "other opioids", by itself or in combination with other drugs. Heroin was the second most prevalent category and benzodiazepines were third. Wisconsin's rate of drug-related deaths is lower than the national rate.
- **Positive Trends Emerging:** Wisconsin's rate of drinking among high school students has decreased since 2005, as has the proportion of Wisconsin students who initiate alcohol use before age 13. Also decreasing steadily is the percentage of high school students who engage in binge drinking, now below the national rate. For the fifth year in a row, Wisconsin's rate of alcohol-related motor vehicle deaths was similar to the national rate after years of exceeding it. Wisconsin's rate of nonfatal injuries from alcohol-related crashes also has been declining steadily. While national rates for current and lifetime use of marijuana increased slightly in 2013, the Wisconsin rates decreased.
- **Five Areas of Focus:** Based on the data in this report, DHS and its community partners are committed to addressing the following substance use issues that impact the health and safety of all state residents.
 - Underage drinking (ages 12-20)
 - Adult binge drinking (ages 18-34)
 - Drinking among pregnant women
 - Drinking and driving (especially among people ages 16 to 34)
 - Opioid use for nonmedical purposes (with a focus on people ages 20-54)

Alcohol and Other Drugs Continued

Released September 27, 2016

<https://www.dhs.wisconsin.gov/news/releases/092716.htm>

Department of Health Services (DHS) Issues

Public Health Advisory on Opioid Crisis

Governor Scott Walker launches Task Force to address the use and abuse of heroin and prescription opioids

MADISON—The Wisconsin Department of Health Services' (DHS) State Health Officer has issued a Public Health Advisory, in response to the use and abuse of opioids, including heroin and prescription painkillers.

“Wisconsin has taken great strides in recent years to address the escalating problems relating to the misuse of opioids, but there is much more work to be done,” said DHS Secretary Linda Seemeyer. “Our data show opioid addiction is a public health crisis that is destroying lives and families across the state, and we will continue our commitment to reversing the trend and ending this epidemic.”

State Health Officer Karen McKeown notified local health departments of the Public Health Advisory on Friday. “This Advisory is another tool in our multi-faceted approach to addressing this crisis,” McKeown said. “We look forward to working with all of our partners to address this crisis and improve the health and safety of all Wisconsinites.”

The most recent data show opioid-related deaths topped 600 in 2015, for the second year in a row. Opioid-related deaths in Wisconsin tripled from 2003 to 2013, from 194 to 588. The number of people who die in Wisconsin from drug overdose now exceeds the number of those who die from motor vehicle crashes, suicide, breast cancer, colon cancer, firearms, influenza, or HIV.

Opioid abuse has been identified as a top priority in the State Health Improvement Plan. Additionally, DHS has been promoting opioid misuse prevention and treatment services, and recently announced the signing of a standing order to allow pharmacies to dispense naloxone, which reverses the effects of an overdose, without a prescription.

Chronic Disease Prevention and Management

Chronic diseases, such as heart disease, stroke, cancer, diabetes and arthritis, are among the most common and costly of health problems. Chronic diseases can be prevented or mitigated in many ways, including healthy diet and physical activity, eliminating tobacco use and substance abuse, screening, and disease management programs.

Bridge to Health Survey 2015 data:

Condition	Douglas County	BTH Region
High cholesterol	28.6%	30.9%
Diabetes	12.6%	10.4%
Heart trouble or angina	13.9%	11.7%
Stroke problems	4.5%	4.7%
High blood pressure	33.9%	33.7%
Asthma	11.9%	12.1%
Joint problems	32.3%	30.9%
Cancer	12.5%	10.0%

Cancer Screenings	Douglas County	BTH Region
Breast cancer (female 40+ years) Past 2 years	78%	76%
Cervical Cancer (female 18+ years) Past 3 years	65.3%	61.5%
Prostate cancer (male 50+years) Past year	47.1%	49.1%
Colorectal (male and female 50+years) Past 10 years	69.1%	67.8%

Cancer Incidence Data for Douglas County 2013 (# of cases)

From: Wisconsin Public Health Profiles 2016 for Douglas County

Female Breast = 13 Colorectal = 18 Lung and bronchus = 27

Prostate = 22 Other sites = 110

TOTAL = 190 cases of cancer

Communicable Disease Prevention and Control

Communicable disease prevention and control protect both individuals and entire populations. Effective immunizations have drastically reduced many, once common communicable diseases. Prompt identification and control of communicable diseases reduce illness and premature deaths, health costs, and absenteeism.

- All cases are tracked via the Wisconsin Electronic Disease Surveillance System (WEDSS).
- Sexually Transmitted Infections (STI's) remain a major public health challenge in Douglas County as well as Wisconsin and the nation. The Centers for Disease Control and Prevention (CDC) estimates approximately 20 million new infections occur each year with half of all new STI's occurring among young men and women ages 15 to 24 years with healthcare costs reaching \$16 billion.
- People with STI's are more likely to get HIV due to having similar risky behaviors, according to the CDC. While new cases of HIV were not identified in Douglas County, STI rates continue to climb. HIV testing has not been widely done in 2015. Outreach and education with the public as well as local clinics has led to expanded HIV testing by the Health Care Clinic and Aids Resource Center of Wisconsin, beginning in early 2016.
- Human Papillomavirus (HPV) is the most common sexually transmitted infection in the US according to the CDC. If left untreated, HPV can lead to cancer in males and females. In Douglas County, only 18% of adults between 19-26 years old have completed the vaccine series with just 3% of those male. HPV infections are not reported to health departments for tracking so the exact numbers are not known.

Data from the Douglas County Public Health Unit Board Reports and the Wisconsin Electronic Disease Surveillance System:

Sexually Transmitted Infections	2016	2015	2014	2013	2012	2011
Chlamydia	128	153	154	181	191	133
Gonorrhea	16	13	9	13	11	5
HIV/AIDS	1	0	0	2	1	1

Communicable Disease data for Douglas County continued:

Disease	2016	2015	2014	2013	2012	2011
Arboviral infection	2	6	0	2	0	0
Babesiosis	3	2	1	1	3	6
Blastomycosis	1	0	0	2	0	2
Campylobacteriosis	8	5	3	4	5	7
Cryptosporidium	4	6	6	4	4	2
E. Coli 0157:H7 and other E. coli	3	0	3	2	1	1
Ehrlichiosis/Anaplasmosis	33	27	17	25	16	31
Giardiasis	8	4	6	6	6	3
Haemophilus Inf B	1	1	1	1	1	0
Hepatitis A	1	1	0	2	1	0
Hepatitis B	7	8	1	4	10	3
Hepatitis C	28	47	50	45	50	41
Influenza associated hospitalizations	19	39	40	29	14	16
Legionella	2	2	1	0	2	1
Lyme disease	61	58	35	50	42	71
Hemorrhagic fever Ebola follow up	0	1	0	0	0	0
Meningitis viral	1	3	0	0	3	3
Meningitis Bacterial	0	0	1	0	0	0
Mycobacterial, non-TB	9	2	3	2	1	1
Parapertussis	0	1	8	0	7	1
Pertussis	9	30	8	0	26	2
Rocky Mountain spotted fever	0	0	1	0	0	0
Salmonella	2	7	5	4	4	7
Shigellosis	1	0	0	0	3	0
Strep Group A	1	4	1	1	1	1
Strep Group B	8	5	4	3	3	4
Strep pneumonia Invasive	5	3	5	6	4	2
Toxoplasmosis	2	1	0	0	1	1
TB active	1	0	1	1	1	0
TB prophylaxis	1	1	4	4	1	3
Varicella	5	5	0	0	14	0

Environmental and Occupational Health

Human health is affected in countless ways by the physical environments where we live and work, and by the quality of air, water and food. Foodborne illness remains a major cause of health problems and economic disruption. Major disparities in health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments.

Children's Elevated Blood Lead Levels for Douglas County

Lead poisoning can cause brain damage, resulting in learning disabilities and behavioral problems as well as other health effects. A common cause of exposure is lead paint in homes built before 1978. A blood lead level (BLL) greater than 5 micrograms per deciliter requires intervention. Interventions may include a home lead risk evaluation by an Environmental Health Specialist and health education by a Public Health Nurse.

(Source: Public Health Board Report numbers, Douglas County Department of Health and Human Services)

Blood Lead Level range	2011	2012	2013	2014	2015	2016
Children's BLL >5mcg/dL	5	6	15	11	6	16
Children's BLL >10mcg/dL	4	1	2	3	0	0

Environmental Health Investigations

(Source: Public Health Board Report numbers, Douglas County Department of health and Human Services 2015 Annual Board Report)

Investigations	2011	2012	2013	2014	2015	2016
Food or waterborne illness	11	5	19	3	7	
West Nile	0	1	1	1	2	
Animal bites	21	19	28	24	34	20
Air Quality issues	23	42	58	42	58	
Housing issues	30	30	43	42	42	
Animal/insects	27	29	29	25	37	
Consumer complaints	22	21	45	24	28	
Water Quality issues	31	10	88	104	111	

2015 Douglas County Environmental Health Profile:

<https://www.dhs.wisconsin.gov/publications/p0/p00719-douglas.pdf>

Air quality

Ozone = 0.0 (WI = 0.7)
(annual days above standard)

Particulate Matter 2.5 = 0.0
(WI = 0.1)
(annual days above standard)

Water Quality

Arsenic = 1.0mg/L (WI = 1.3)
(average concentration in ug/L)

Nitrate = 0.0mg/L (WI = 1.5)
(average concentration in mg/L)

Home Hazards

Carbon Monoxide = 10.3 (WI = 8.2)
(rate of ER visits per 100,000 people)

Childhood Lead Poisoning = 0.8% (WI = 4.5%)
(% with blood lead >5ug/L)

Birth Outcomes

Low Birth Weight = 6.8% (WI = 7.3%)
(% of births < 2500grams)

Preterm Birth = 8.8% (WI = 10.3%)
(% of births < 37 weeks gestation)

Health Indicators

HEAT STRESS = 17.5 (WI = 16.5)
(Rate of ER visits per 100,000 people)

LUNG CANCER = 62.8 (WI = 62.0)
(rate of cases per 100,000 people)

MELANOMA = 15.2 (WI = 18.4)
(rate of cases per 100,000 people)

ASTHMA = 462.0 (WI = 376.0)
(rate of ER visits per 100,000 people)

Healthy growth and development

Early growth and development have a profound effect on health across the life span. Developmental disabilities can often be mitigated if detected promptly.

Notes from the Douglas County Maternal and Child Health Profile (8/2015)

<https://www.dhs.wisconsin.gov/publications/p01083.pdf>



Douglas County: Health at a glance

1. Douglas County is classified as an urban county with 39% of its population considered rural
2. The prevalence of child poverty in Douglas County is about 20% higher than the prevalence in WI overall
3. The unemployment rate in Douglas County is 1.1 times the state average
4. In Douglas County, approximately 6 out of 10 children and youth with special health care needs have a medical home
5. The prevalence of infants born to mothers in Douglas County who smoked during pregnancy is about 90% higher than the WI statewide rate and 110% higher than the WI urban county rate.
6. In Douglas County, the rate of hospitalization for non-fatal injuries is higher than that of WI overall at 741 per 100,000 children 10-19 years.

Infants: (0-1 years)

1. Percent of Infants breastfed
 - Douglas County: 82.9%
 - Wisconsin = 82.6%
2. Percent of infant put to sleep on their backs
 - Douglas County: 78.1%
 - Wisconsin = 81.4%
3. Percent of infants born to mothers who smoked during pregnancy
 - Douglas County = 25.9%
 - Wisconsin = 13.7%

Women (18-44 years)

Percent of women with a preventive medical visit in the past year

- Douglas County = 68.1%
- Wisconsin = 68.0%

Children

1. Percent under 6 years receiving a developmental screening tool
 - Douglas County = 33.2%
 - Wisconsin = 33.7%
2. Percent of children (0-17 years) living in household where someone smokes
 - Douglas County = 26.3%
 - Wisconsin = 25.7%
3. Percent of children without special health care needs having a medical home
 - Douglas County = 66.9%
 - Wisconsin = 67.8%
4. Percent of children with special health care needs having a medical home
 - Douglas County = 60.5%
 - Wisconsin = 61.4%
5. Rate of hospitalization for non-fatal injuries per 100,000 children (10-19 years)
 - Douglas County = 741.1
 - Wisconsin = 408.8
6. Percent of adolescents (12-17 years) with a preventive medical visit in the past year
 - Douglas County = 80.6%
 - Wisconsin = 80.8%

Birth Data: Wisconsin Public Health Profiles: Douglas County 2016

<https://www.dhs.wisconsin.gov/publications/p4/p45358-2016-douglas.pdf>

Total Births 2014 = 431

Total Births 2015 = 414

Pregnancy Characteristics 2014

Delivery type:

- Vaginal after prev. cesarean = 15
- Other vaginal = 278
- Primary cesarean = 66
- Repeat cesarean = 52
- Vaginal vacuum = 18
- Forceps = 2

Prenatal Care Visits:

- No visits = 2
- 1-4 = 11
- 5-9 = 49
- 10-12 = 178
- 13+ = 188
- Unknown = 3

First Prenatal Care Visit:

- 1st Trimester = 353
- 2nd Trimester = 66
- 3rd Trimester = 8
- No visits = 2
- Unknown = 2

Maternal Characteristics 2014

Marital:

- Married = 227
- Not = 202
- Unknown = 2

Education:

- Elementary or less = 1
- Some high school = 39
- High school graduate = 187
- Some college = 187
- College graduate = 110
- Unknown = 2

Smoking:

- Smoker = 94
- Nonsmoker = 337

Teen Births:

- Age 15-17 = 5
- Age 18-19 = 21

Infant Characteristics 2014

Birthweight

<1,500 gm = 3

1,500 – 2,499gm = 17

2,500+gm = 411

Birth Order:

First = 174

Second = 133

Third = 80

Fourth or higher = 44

Reported congenital anomalies = 3

Injury and Violence

Injuries are the leading cause of death in Wisconsin residents 1-44 years of age, and are a significant cause of morbidity and mortality at all ages. The majority of these deaths are preventable.

Notes from WI High School Youth Risk Behavior Survey 2013 on unintentional injuries and violence:

Behavior	Percentage
Never or rarely wore a seat belt (when riding in a car driven by someone else)	8.3%
Rode with a driver who had been drinking alcohol (within 30 days of survey)	20.6%
Drove when they had been drinking alcohol (within 30 days of survey)	8.9%
Texted or e-mailed while driving a car or other vehicle (within 30 days of survey)	47.9%
Carried a weapon (within 30 days of survey)	14.4%
Carried a weapon on school property (within 30 days of survey)	3.2%
Were threatened or injured with a weapon on school property	4.3%
Were in a physical fight (within 12 months of survey)	22.4%
Did not go to school because they felt unsafe at school or on their way to or from school (within 30 days of survey)	5.8%
Were electronically bullied (within past 12 months of survey)	17.6%
Were bullied on school property (within past 12 months of survey)	22.7%
Experienced physical dating violence (within past 12 months of survey)	8.5%
Experienced sexual dating violence (within past 12 months of survey)	9.6%

Motor Vehicle Crashes (2014 data)

2016 WI Public Health Profiles: Douglas County

Type	Persons Injured	Persons Killed
All crashes	217	6
Alcohol-related	16	1
With citation for OWI	16	0
With citation for speeding	15	0
Motorcyclist	8	0
Bicyclist	4	0
Pedestrian	5	0

Mental Health

Approximately 20 percent of the population experiences a mental health problem during a one-year period. Mental health issues are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse; factors that can lead to chronic disease, injury and disability.

Notes from Bridge to Health Survey 2015:

	<i>Douglas County</i>	<i>BTH Region</i>
Have been told by a health professional that they have had anxiety or panic attack	28.6%	28.6%
Have been told by a health professional that they have depression	23%	25.2%
Have been told by a health professional that they have other mental health problems.	9.9%	8.1%
Had any screening for mental health issues within the past year	21.6%	19.7%
Have never been screened	59.4%	60.5%
Report frequent mental distress (14 or more poor mental health days in the past 30 days)	11.4%	12.8%
Always get the social and emotional support they need	35.3%	33.1%
Rarely or never get the social and emotional support they need.	9.2%	12.9%
During the past 12 months, they failed to seek or delayed seeking help for mental health problems.	18.7%	16.5%
Report thought of suicide during the last year	2.3%	7.0%

Notes from WI High School Youth Risk Behavior Survey 2013:

<i>Behavior</i>	<i>Percentage</i>
Felt sad or hopeless (almost every day for 2 or more weeks in a row that they stopped doing some usual activities)	24.6%
Seriously considered attempting suicide	13.2%
Made a plan about how they would attempt suicide during the 12 months before the survey.	12.1%
Attempted suicide more or more times during the 12 months before the survey	6.0%
Attempted suicide that resulted in an injury, poisoning or overdose that had to be treated	2.5%

WI DHS 2016 Profile for Douglas County: Hospitalizations for Mental Disorders in 2014

Total = 412

Age: Under 18 = 78

18-44 = 71

45-64 = 118

65+ = 26

Mental Health in WI

<https://www.dhs.wisconsin.gov/stats/fhs-mentalhealth-infographic.htm>

The Wisconsin Family Health Survey is a statewide random-sample telephone survey of all household residents, including children. This survey includes topics such as health insurance coverage, health status, health problems, and use of health care services. Recent reports have focused on health insurance coverage topics.

This page presents an infographic based on Family Health Survey data for 2014.

Mental Health in Wisconsin

Wisconsin Family Health Survey, 2015 Release

1 in 5 adults in the U.S. experiences mental illness in a given year.¹



That is over 63 million people.

The 2014 Wisconsin Family Health Survey includes a number of questions about mental health and mental health care. Family Health Survey estimates indicate that 10% of Wisconsin residents received mental health services in the past year.

Of those who received mental health services:



61% were female and 39% were male.



18% were children under the age of 18.

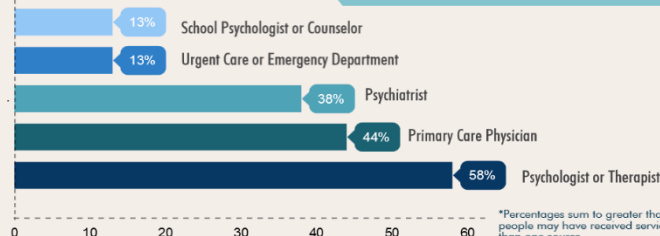


61% of adults, ages 18 to 64, were employed.



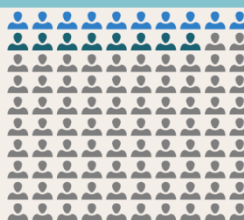
85% were satisfied with the mental health care they received.

Where do people go for mental health services?*



*Percentages sum to greater than 100% since people may have received services from more than one source.

Depression and Anxiety*



10% of Wisconsin residents have been diagnosed with depression. 8% have been diagnosed with anxiety.

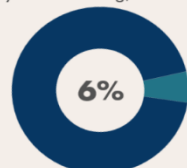
That is enough people to fill Lambeau Field more than 9 times.



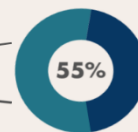
*Anxiety includes those diagnosed with post-traumatic stress disorder (PTSD). Depression and anxiety diagnosis groups are not mutually exclusive. An estimated 5 percent of Wisconsin residents have been diagnosed with both depression and anxiety.

Mental Health-Related Activity Limitations*

The Family Health Survey includes questions about activity limitations due to one's mental health. These include being prevented from working/going to school, having difficulty running errands alone, having trouble eating/dressing/bathing/using the toilet, and having serious difficulty concentrating, remembering, making decisions, and/or having periods of confusion.



While only a small proportion of adults were reported to have at least one of these mental health-related activity limitations in the past year...



...over half of those reported to have a mental health-related activity limitation did not receive any mental health services in the past year.

*Reported only for adults 18 years of age and older.

1. <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>

See Technical Notes for methods, question wording, and additional analysis information.
For information on the Family Health Survey: <https://www.dhs.wisconsin.gov/stats/familyhealthsurvey.htm>
For information on mental health resources in Wisconsin: <https://www.dhs.wisconsin.gov/mh/dandex.htm>

Wisconsin Department of Health Services
Division of Public Health
Office of Health Informatics
P-01171 (Dec 2015)



Oral Health

Oral health means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects and other diseases that affect the mouth. Many diseases can start with oral symptoms, and many diseases beginning in the mouth can affect health in other parts of the body.

County Health Rankings Data on Dentists in Douglas County:

2,300:1

(Wisconsin = 1,590:1)

County Health Rankings Data for Douglas County

**No recent dental visit =
40%**

(Wisconsin = 26%)

Bridge to Health Survey 2015:

	<i>Douglas County</i>	<i>BTH Region</i>
Percent visited dental clinic within the past year	58.8%	65.5%

County Oral Health Wisconsin Surveillance System (COWSS) 2012

Douglas County Data

<https://www.dhs.wisconsin.gov/oral-health/cowss/index.htm>

% of total population on a public water supply (PWS), 2011	68.6%
% of population on a PWS with access to optimally fluoridated water, 2011	99.0%
# of schools eligible for Seal-A-Smile funding, 2010-11	8
# of schools funded by Seal-A-Smile program, 2010-11	6
# of Medicaid/Badger Care+ children (age 0-8) with at least one fluoride varnish application by a dental provider, SFY10	812
# of licensed dentists, 2011	18
Population to dentist ratio, 2012	2,453
% of adults with a dental visit in the past year, 2010	72.2%

Oral Health Continued

WI Department of Health Services

Healthy Smiles = Wisconsin's Third-grade Children (January 2014)

<https://www.dhs.wisconsin.gov/publications/p0/p00589a.pdf>

	2001-02	2007-08	2012-13
% of WI 3 rd graders with untreated decay	31%	20%	18%
With caries experience	60%	55%	53%
Needing early dental care	27%	17%	14%
Needing urgent dental care	4%	3%	3%
With dental sealants	47%	51%	61%

“Wisconsin’s Healthy Smiles/Healthy Growth survey of third-grade children revealed positive trends. Caries experience and untreated decay have decreased over previous surveys and the prevalence of dental sealants has increased. Through caries experience levels demonstrate that dental decay is still a problem for Wisconsin children, the decrease in caries experience suggests that prevention programs are working. The most visible prevention programs are the school-based dental sealant programs.”

Physical activity

Physical activity is a preventive factor for many adverse health conditions, such as heart disease, stroke, high blood cholesterol, depression and bone and joint disease. Changes in community design can encourage increased physical activity.

Bridge to Health Survey 2015 Douglas County data;

	<i>Douglas County</i>	<i>BTH Region</i>
Any physical activity in the past 30 days	80.7%	80.7%
Moderate or vigorous activity 3 or more days per week	24.2%	26.6%
Moderate activity 5 or more days per week	36.5%	36.3%
Vigorous activity 3 or more days per week	31.1%	29.8%
Barriers to Physical Activity (top 5):		
Lack of self-discipline	31.5%	25.7%
Program costs/fees	30.5%	24.8%
Lack of energy	25.3%	22.0%
Lack of time	27.1%	21.0%
Disability or illness	12.1%	13.4%

County Health Rankings 2016 DOUGLAS COUNTY DATA:

Adult Obesity = 32% (WI = see next page)

Physical Inactivity = 25% (WI = 22%)

Data from the Bridge to Health Survey 2015:

Health Measure	Douglas County	BTH Region
Overweight	42.0%	36.4%
Obese	32.9%	30.8%
No physical activity in past month	19.3%	19.3%

Wisconsin has the 19th highest adult obesity rate in the nation.

2015 Adult Obesity rate = 30.7%

Rank: 19 out of 51 states

<http://stateofobesity.org/states/wi/>

Wisconsin Childhood Obesity Rates (2014)

Women, Infants, and Children (WIC) participants aged 2-4 years old = 14.7%

- RANK = 21 out of 51 states

Ages 10 – 17 years = 13.4%

- RANK = 38 out of 51 states

Wisconsin 2015 Adult Obesity Rates

AGE

18-25 = 14.1%

26-44 = 31.8%

45-64 = 35.1%

65+ = 31.8%

RACE

White = 29.8%

Black = 41.6%

Latino = 33.4%

GENDER (2012)

Men = 29.6%

Women = 29.8%

Obesity-Related Health Issues (WI)

Disease	# of cases in 2010	# of projected cases in 2030
Diabetes	470,136	708,716
Hypertension	1,130,359	1,478,205
Heart Disease	347,847	1,379,761
Arthritis	1,124,133	958,720
Obesity-related Cancers	89,046	223,559

Reproductive and Sexual Health

Attention to policies and programs that support and foster reproductive and sexual health is needed to reduce rates of adolescent and unintended pregnancy, HIV and Sexually Transmitted Infections (STI). Health disparities are especially pronounced in these areas.

Data from WI High School Youth Risk Behavior Survey 2013:

Sexual Behavior	Percentage
Ever had sexual intercourse	35.3%
Had sexual intercourse before age 13 (for the first time)	2.6%
Had sexual intercourse with 4 or more persons (during their life)	9.8%
Were currently sexually active (at least 1 encounter within past 3 months)	25.6%
Did not use a condom (during last sexual intercourse of those that were sexually active)	37.5%
Did not use birth control pills (before last sexual intercourse to prevent pregnancy)	76.3%
Did not use an IUD or implant (before last sexual intercourse to prevent pregnancy)	96.7%
Did not use a shot, patch or birth control ring (before last sexual intercourse to prevent pregnancy)	92.2%
Did not use birth control pills, an IUD or implant, or a shot, patch or birth control ring (before last sexual intercourse to prevent pregnancy)	65.1%
Did not use both a condom during and birth control pills; an IUD or implant' or a shot, patch, or birth control ring (before last sexual intercourse)	86.0%
Did not use any method to prevent pregnancy (during last sexual intercourse)	10.7%
Drank alcohol or used drugs (before last sexual intercourse)	21.9%

Human Immunodeficiency Virus (HIV)

- Summary of the Wisconsin HIV/AIDS Surveillance Annual Review: New Diagnoses, Prevalent Cases, and Deaths Reported through December 31, 2015:

<https://www.dhs.wisconsin.gov/publications/p0/p00484.pdf>

Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) data book 2009-2011

<https://www.dhs.wisconsin.gov/publications/p0/p00740.pdf>

PRAMS is a system of collecting and monitoring self-reported maternal behaviors, conditions, and experiences that occur shortly before, during, and after pregnancy among women who deliver a live-born infant. The goals are to better understand how maternal behaviors and risk factors relate to and influence maternal and infant health outcomes; to help us understand factor underlying Wisconsin's Black/African American infant mortality rate; to collect population-based data of high quality not found in other data sources on topics related to successful pregnancy and healthy infancy; and to translate results into information for planning and evaluating public health programs and policy.

Tobacco Use and Exposure

Tobacco use and exposure represent the leading overall cause of death in the U.S. and Wisconsin and a major economic burden.

Notes from Bridge to Health Survey 2015:

Adult Tobacco Use	Douglas County, WI	BTH Region
Current smokers	18.8%	18.8%
Attempted to quit in the last year	42.9%	43%
Current smokeless tobacco use	3.9%	5.0%
Ever used e-cigarettes	19.4%	17.2%

County Health Rankings Douglas County data:

Adult Smoking = 19%

Smoking during pregnancy = 23%

Notes from WI High School Youth Risk Behavior Survey 2013:

Behavior	Percentage
Ever tried cigarette smoking	33.2%
Smoked a whole cigarette before age 13 years (for the first time)	6.6%
Currently smoked cigarettes (within 30 days of survey)	11.8%
Currently smoke cigarettes frequently (on 20 or more days before the survey)	4.3%
Smoked more than 10 cigarettes per day	9.8%
Currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	3.3%
Did not try to quit smoking cigarettes (in the past 12 months of those who currently smoked cigarettes)	54.4%
Currently used smokeless tobacco	8.0%
Currently smoked cigars	11.5%
Currently used cigarettes cigars or smokeless tobacco (within 30 days of survey)	19.9%

The 2016 Youth Tobacco Survey Information:

High School Fact sheet

<http://dhs.wisconsin.gov/tobacco>

E-Cigarette Use is Surpassing Conventional Cigarette Use

*Although the use of
conventional cigarettes has
been declining, e-cigarettes
have been gaining in
popularity*

E-Cigarette Use

2014 = 7.9%

2016 = 13.3%

Conventional Cigarettes

2014 = 10.7%

2016 = 8.1%

The Appeal of Flavors:

87.9% think they probably
would not or definitely
would not try an e-cigarette
if it did not have any flavor
such as mint, candy, fruit,
or chocolate

	<i>Currently use</i>	<i>Have ever used</i>
Tobacco Product	12.5%	31.6%
Cigarettes	8.1%	25.5%
E-cigarettes	13.3%	28.5%
Dual use (cigarettes and e-cigarettes)	6.0%	-
Smokeless Tobacco	4.4%	9.0%
Cigars	6.0%	18.7%

Second Hand Smoke Exposure

**20.8% live in homes where others
smoke**

**31.3% rode in a vehicle or were in the
home with someone who smoked
tobacco products in the past seven
days.**

Cessation

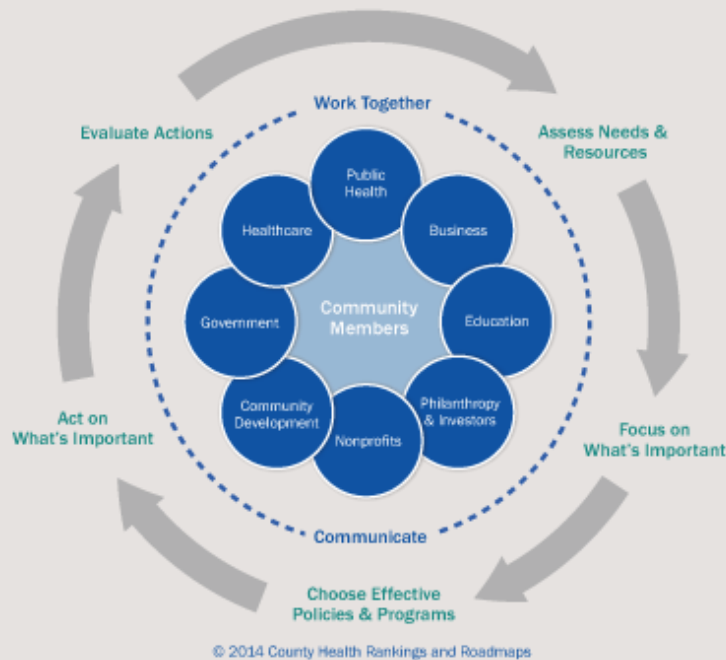
33.1% want to stop smoking

**55.5% attempted to quit smoking
at least once during the past 12
months.**

Development of the Community Health Improvement Plan (CHIP)

Through the compilation of data through various sources throughout this report, the steering committee will then analyze the data to then prioritize the areas that need improvement.

This will then become the Community Health Improvement Plan for Douglas County for the next 5 years (2016-2020). The steps listed below are how the development of the plan will come about.



1. Collaborate with Stakeholders and Community Members Throughout

- ☐ Include broad participation from the community
- ☐ Actively involve stakeholders throughout the process

2. Assess Needs & Resources

- ☐ Collect and analyze community health data
- ☐ Consider data to analyze health disparities
- ☐ Examine data on the underlying determinants of health
- ☐ Consider issues and themes identified by the stakeholders and the community
- ☐ Identify community assets and resources

3. Prioritize Strategic Issues

- ☐ Identify a set of priority community health issues to address
- ☐ Align the local health improvement plan with state and national priorities
- ☐ Summarize and disseminate the results of the assessment to the community

4. Action Plan for Impact

- ☐ Engage partners to plan and implement strategies
- ☐ Choose effective (evidence-informed) strategies
- ☐ Have multi-level approaches to change, including policy approaches
- ☐ Develop a detailed action plan

5. Implement Strategies

- ☐ Use a work plan to actively track progress
- ☐ Provide ongoing updates to the community

6. Evaluate Efforts

- ☐ Evaluate and monitor the process and the outcomes/indicators
- ☐ Revise the action plan based on evaluation results



Conclusion

Thank you so much for taking the time to review this wealth of data about Douglas County and Wisconsin. This report was compiled to give our community a snapshot of the health challenges and strengths in our county as well as across the state. This knowledge will help promote informed decision making and prioritization of goals that align with state and national health improvement strategies.

Our next step in 2017 is to develop the Community Health Improvement Plan (CHIP) that will tie in the priorities of the community while developing goals and strategies for healthy outcomes.

All of this we do in effort to make Douglas County a healthier place to live.

Respectfully Submitted,

Cynthia Freeberg RN, BSN
Public Health Nurse

Kathy Ronchi, RN, BSN
Health Officer
Douglas County Department of Health and Human Services



Sources

Bridge to Health Survey 2015: <http://www.bridgetohealth.org>

County Health Rankings: www.countyhealthrankings.org

County Oral health Wisconsin Surveillance System (COWSS) 2012: <https://www.dhs.wisconsin.gov/oral-health/cowss/index.htm>

Douglas County Department of Health and Human Services Health Services Division – 2015 Annual Report:
<http://www.douglascountywi.org/DocumentCenter/View/5102>

Healthiest Wisconsin 2020: <http://dhs.wisconsin.gov/hw2020/>

Healthy People 2020: <https://www.healthypeople.gov/>

The State of Obesity: <http://stateofobesity.org/states/wi/>

University of Wisconsin Population Health Institute: School of Medicine and Public Health:
<https://uwphi.pophealth.wisc.edu/programs/match/healthiest-state/report-card/2016/index.htm>

U.S. Census Bureau: <http://www.census.gov/data.html>

Wisconsin Department of Health Services 2016 Public Health Profiles:
<https://www.dhs.wisconsin.gov/publications/p4/p45358-2016-douglas.pdf>

Wisconsin Department of Health Services County Maternal and Child Health Profile:
<https://www.dhs.wisconsin.gov/publications/p01083.pdf>

Wisconsin Department of Health Services, Healthy Smiles = Wisconsin's Third-grade Children (January 2014):
<https://www.dhs.wisconsin.gov/publications/p0/p00589a.pdf>

Wisconsin Department of Health Services, Mental Health in Wisconsin: Wisconsin Family Health Survey:
<https://www.dhs.wisconsin.gov/stats/fhs-mentalhealth-infographic.htm>

Wisconsin Department of Justice:

<https://www.doj.state.wi.us/sites/default/files/dci/meth-map-12-31-15.pdf>

<https://www.doj.state.wi.us/dci/heroin-awareness/cases-county>

Wisconsin Environmental Public Health Tracking Program: <https://www.dhs.wisconsin.gov/publications/p0/p00719-douglas.pdf>

Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016:
<https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf>

Wisconsin, High School Youth Risk Behavior Survey, 2013: <https://nccd.cdc.gov/Youthonline/App/Results.aspx>

Wisconsin HIV/AIDS Surveillance Annual Review: <https://www.dhs.wisconsin.gov/publications/p0/p00484.pdf>

Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) data book 2009-2011:
<https://www.dhs.wisconsin.gov/publications/p0/p00740.pdf>

Wisconsin Tobacco Prevention and Control Program: <http://dhs.wisconsin.gov/tobacco>