

Community Health Improvement Plan

2012-2016



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Executive Summary

The vision of the state of Wisconsin's health plan, *Healthiest Wisconsin 2020*, is "Everyone Living Better, Longer". The state's health plan includes two main goals: 1) improve health across the lifespan, and 2) eliminate health disparities and achieve health equity. The plan's mission is to assure conditions in which people can be healthy, and members of healthy, safe and resilient families and communities.

In alignment with *Healthiest Wisconsin 2020*, Wisconsin Administrative Code for the Department of Health Services requires, via Chapter HFS 140.04, that local health departments "participate in community health assessment; collect, review and analyze data on community health; and undertake case-finding to identify population groups, families and individuals at high risk of illness, injury, disability or premature death." The Community Health Improvement Plan (CHIP) occurs every five years and is a locally based initiative that identifies local health concerns and develops health priorities that link local initiatives to state and national health priorities aimed at achieving shared visions of public health.

Under the leadership of the Douglas County Department of Health and Human Services, and assisted by a consulting epidemiologist, Theresa Morton, the Douglas County CHIP Steering Committee was developed in February 2011 by invitation to community stakeholders. Seeking to build from the experience of the Douglas County 2008-2012 CHIP, and to align with *Healthiest Wisconsin 2020*, the Steering Committee worked to develop the Douglas County 2012-2016 CHIP with the shared vision of "A healthy Douglas County is achieved when all residents have access to healthy and safe living, leverage local resources and build sustainable community partnerships that include serving all residents". The Steering Committee completed a Community Themes and Strengths Assessment, Community Health Survey, Forces of Change Assessment and Community Health Data Assessment. After completion of all assessments and using the input provided by the community at large in the Community Health Survey, the Steering Committee ranked health focus areas numerically based on set criteria. Two health focus areas for the Douglas County 2012-2016 CHIP were identified:

- Alcohol and Other Drug Use
- Physical Activity and Adequate, Appropriate and Safe Food and Nutrition

It is the intention of the Douglas County 2012-2016 CHIP Steering Committee to meet periodically throughout the five year period of the CHIP implementation to provide feedback to the two health focus area subcommittees, evaluate effectiveness, monitor progress and modify the CHIP as needed.

Purpose and Scope

Wisconsin Administrative Code for the Department of Health Services requires, via Chapter HFS 140.04, that local health departments "participate in community health assessment; collect, review and analyze data on community health; and undertake case-finding to identify population groups, families and individuals at high risk of illness, injury, disability or

premature death.” The Community Health Improvement Process (CHIP) occurs every five years and is described as:

- A locally based initiative
- Identifying local factors causing health concerns
- Recognizing community assets and resources
- Addressing local health priorities
- Linking to state and national priorities
- Mobilizing community resources to improve the health of residents

The purpose of the CHIP is to:

- Form and strengthen partnerships
- Increase community awareness
- Tap innovative ideas
- Integrate isolated efforts...build on existing services
- Conserve resources...prevent duplication of efforts
- Develop comprehensive strategies that will work in the community

The CHIP process should include participation and feedback from representatives of the community, community leaders and individuals interested in and committed to creating a healthier community. The Douglas County CHIP was aligned with the state of Wisconsin’s health plan, *Healthiest Wisconsin 2020*, and includes measurable health objectives with evidence based outcomes.

The vision of *Healthiest Wisconsin 2020* is “Everyone Living Better, Longer”. The state’s health plan includes two main goals: 1) improve health across the lifespan, and 2) eliminate health disparities and achieve health equity. The plan’s mission is to assure conditions in which people can be healthy, and members of healthy, safe and resilient families and communities. The plan includes pillar objectives as well as 12 unique health focus areas. Components of the *Healthiest Wisconsin 2020* plan were integrated into the Douglas County 2012-2016 CHIP by:

- Review of vision and mission
- Alignment of the Community Health Data Assessment with 12 health focus areas
- Review of objectives within health focus areas selected for the CHIP

Methods

The Douglas County 2012-2016 CHIP Steering Committee was developed in February 2011. An invitation letter for participation on the Steering Committee was sent out on behalf of the Douglas County Department of Health and Human Services (DCDHHS). Membership was selected based on previous membership in the Douglas County 2008-2012 CHIP and expanded interest of agencies throughout the jurisdiction. Leadership at DCDHHS and a consulting epidemiologist, Theresa Morton, jointly led the organization and facilitation of the Steering Committee. Members of the Steering Committee represent DCDHHS, hospital and health care, school district, Douglas County law enforcement, City of Superior Police Department, UW Extension Program, mental health and crisis centers, disability resources, aging resources,

nutrition resources, faith-based community and senior services. Monthly Steering Committee meetings were held to guide the CHIP and its development. The process selected for development of the CHIP followed a modified version the National Association of City and County Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. The MAPP framework is used to apply strategic thinking to prioritize public health issues and identify resources to address them. The methods utilized to cultivate the CHIP included:

- Vision and Mission Statement Development
- Community Themes and Strengths Assessment
- Community Health Survey
- Forces of Change Assessment
- Community Health Data Assessment

Vision and Mission Statement Development

By using group brainstorming to describe characteristics of a “Healthier Douglas County”, Steering Committee members collectively identified common concerns and desires for a healthy county as well as motives for participation on the Steering Committee. The group then formulated the following vision and mission statements for the Douglas County 2012-2016 CHIP:

Vision Statement

- A healthy Douglas County is achieved when all residents have access to healthy and safe living, leverage local resources and build sustainable community partnerships that include serving all residents.

Mission Statement

- This vision will be achieved by utilizing all available resources and building sustainable partnerships that serve all residents.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment gauges the importance of health to the community, perceptions on quality of life and areas for community health improvement. Additionally, the Community Themes and Strengths Assessment has two main purposes: 1) Steering Committee members become more vested in the process when they have a sense of ownership and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process. And 2), the themes and issues identified offer insight into the information uncovered during the other assessments and opinions that are formulated. During the assessment, Steering Committee members were divided into small groups and discussed the following questions:

- What are the top three most significant barriers to improving the health of Douglas County?
- What makes you most proud of Douglas County?
- What assets exist in the community that can help achieve a healthy Douglas County?

Information was reported out to the larger group and the following common themes were identified:

Significant Barriers to Improving Health of Douglas County

- Cultural attitudes
- Lack of accurate health education
- Weather
- Unemployment and poverty
- Lack of funding to support health
- Transportation
- Availability of healthy choices
- Lack of community and family supports; social isolation
- Access
- Drug and alcohol abuse

Community Pride and Existing Assets to Achieve Health in Douglas County

- Educational system
- Smoke-free restaurants
- Natural resources
- Tourism industry
- Community partners, services and organizations
- Health care
- Connected communities
- Low crime rate
- Opportunities for networking
- Increasing diversity
- Healthier Douglas County Coalition

Community Health Survey

The Steering Committee felt it was important to gather feedback from Douglas County residents on what a “Healthier Douglas County” meant to them. A subgroup of the Steering Committee was convened to develop the content and formulate distribution ideas for a community health survey. The survey was kept to three questions written to the sixth-grade reading level and was targeted at adult residents of Douglas County (see Appendix A for a copy of the survey):

- What three things need to be improved to make Douglas County a healthier place to live and work?
- What are the top three strengths in Douglas County that help improve health?
- What are the top three problems in Douglas County that decrease health?

All three questions provided answers for respondents to select, as well as a field to write in a response. In order to ascertain information from all demographic groups in Douglas County, the Steering Committee formulated a plan to reach out to organizations, stakeholders, partners and businesses representing the following target population groups:

- Older adults
- Individuals with disabilities

- Families with children
- Low socio-economic status
- Minority groups
- Young adults, including college students
- Rural residents

The Steering Committee identified groups to reach out to for distribution of the survey and individual Steering Committee members made requests to groups for their support and participating in rolling out the survey and collecting responses. Surveys were distributed in paper format and an electronic version of the survey was created using Survey Monkey with a link to the electronic survey placed on multiple websites throughout the county. Many organizations noted the website of the electronic survey in newsletters they distributed to their contacts or members. The survey was available for completion for the entire month of July. A total of 672 responses were received to the Community Health Survey. Seventy-six percent of the survey responses were received via the electronic survey. The below is a summary of survey responses:

What three things need to be improved to make Douglas County a healthier place to live and work?

Response	Percent Responding
Alcohol and other drug use	28%
Food and nutrition	18%
Fitness information and places for fitness (like parks and gyms)	16%
Tobacco and cigarette use	14%
Oral and dental health	13%
Chronic illness (like diabetes, heart disease and obesity)	12%
Mental health	12%
Injury and violence prevention	9%
Family planning and sexual health	8%
Healthy and safe workplaces and homes	8%
Infectious diseases (like flu and sexually transmitted diseases)	5%
Other	5%
Health care for pregnant women and children	4%

“Other” responses included:

- Not enough information about what is going on/available
- Care for elderly
- Immunizations for children and elderly
- Health care for college students
- Health care for all
- Health care for those with preexisting conditions
- Insurance for low income
- Affordable health care insurance
- More rideable/designated spaces for bicyclists
- More paved shoulders for safe walking and biking
- Connect all biking/walking trails
- More crossing lights
- Slow down traffic
- Better roads
- Employment
- Lowering taxes
- Gambling help
- Remove gambling machines from public spaces, bars, restaurants
- Healthy marriages/divorce prevention
- Nutrition information
- YMCA open on Sundays
- More services for homeless and threatened teens
- Prevention of teen problems/sex

- More daycare programs for low income individuals
- Better schooling for children with special needs Low income housing
- Harsher penalties for drunk drivers
- Atmosphere and tourism
- Animal walk park

What are the top three strengths in Douglas County that help improve health?

Response	Percent Responding
Smoke-free restaurants	41%
Natural resources (city/county parks, Lake Superior, forests)	27%
Schools (public, private, technical college, university)	23%
Health care and public health system	16%
Kind and helpful community and neighbors	15%
Low crime rate	11%
Strong community clubs and organizations	9%
Tourism industry	5%
Diverse population	2%
Other	1%

“Other” responses included:

- Services currently provided are a strength
- United Way
- Planned Parenthood
- Private schools
- Parks and trails
- Get neighbors together
- Free immunizations for children through public health
- Keep streets clean

What are the top three problems in Douglas County that decrease health?

Response	Percent Responding
Unemployment	29%
Drug and alcohol abuse	26%
Lack of health insurance	18%
Poverty	18%
Funding for health care services	10%
Not a lot of healthy choices (food and fitness)	8%
Weather	8%
Lack of mental health services	7%
Traditions and normal ways of doing things	6%
Access to health services and information	5%
Little or no family or community support	5%
Transportation	5%
Other	4%
Myths or untrue information on health	2%

“Other” responses included:

- Overweight people
- Lack of opportunities for people with disabilities to be social and physically active
- Poor nutrition
- Lack of motivation/ambition to change unhealthy habits/Laziness
- Lifestyle choices and social norms
- YMCA closed on Sundays
- Tobacco use
- Lack of alcohol and other drug abuse services
- Dependence on medications
- Need inpatient treatment programs
- Lack of education
- Environmental – oil, benzene exposure, etc.
- No follow through with child protection services
- Gas prices
- Abuse of welfare
- Taxes
- Cash assistance when needed
- Removing needed services
- Unresponsive doctors
- Health care and mental health providers denying patients due to owed bills
- Lack if information provided to renters
- Dusty roads
- Texting/cell phone use while driving
- More options for single mothers

- Teen/underage problems, teen pregnancy
- No assistance for troubled teens
- Drug dealers targeting children
- Need family support groups for children with disabilities
- Spiritual poverty
- Tickborne diseases

Forces of Change Assessment

A Forces of Change Assessment helps to answer the following questions:

- What is occurring or might occur that affects the health of Douglas County?
- What specific threats or opportunities are generated by these occurrences?

Forces are broad, all-encompassing occurrences that include trends, events and factors. A trend is a pattern over time, such as migration in and out of a community. A factor is a discrete element, such as a community's rural setting, while an event is a one-time occurrence, such as an election or hospital closure. The forces of change are likely outside of the control of the Steering Committee yet could significantly impact the work laid out within the CHIP. Consideration of the forces of change assist the Steering Committee members in selecting health focus areas to address within the CHIP that are realistic while anticipating, to the best extent possible, potential threats or opportunities that may lie ahead. The Steering Committee broke into small groups to discuss forces of change and their potential threats and opportunities that could impact the Douglas County CHIP and developed the below responses:

- Shortage of primary care providers
 - Threat: increased emergency room/urgent care visits; increased costs; poor utilization of staff and resources
 - Opportunity: revamp the way care is provided; development of follow-up programs from the emergency room visit; educational outreach
- Summer
 - Threat: kids home; less supervision; increased drug and alcohol use
 - Opportunity: more opportunities to be outside; increased exercise
- State Budget
 - Threat: decreased program funding
 - Opportunity: re-examine provided services and utilization of funds

- Economy, Home Foreclosure
 - Threat: lack of jobs for youth due to adult job shortage; renters of foreclosed properties lacking legal rights
 - Opportunity: increase in certain kinds of jobs; share what we have and work together as a community
- Aging Population
 - Threat: increased health needs and use of medical services; decreased physical activity
 - Opportunity: creating a stronger volunteer program; senior programs
- Events in the Middle East
 - Threat: increased possibility of deployments; increased anxiety and suicide
 - Opportunity: illustration of global community
- Increased Food Prices
 - Threat: fewer affordable healthy food choices
 - Opportunity: increased attendance at farmers markets
- Increased Prevalence of Obesity
 - Threat: weather and winter inhibits activity; lack of family role modeling at popular local fitness gyms (child isolated in on-site daycare); junk food less expensive than fresh food; lack of communication and education
 - Opportunity: provide more family activities; education on nutritional impact; increase communication of activities among organizations/residents; sharing, reach out to food pantries/shelves (and donators) to make healthy food choices available
- Emerging “creativity” of nicotine products
 - Threat: marketing to children
 - Opportunity: none identified
- Internet Access
 - Threat: social isolation; sedentary behaviors
 - Opportunity: access to information; social media productivity
- Natural Resources
 - Threat: tickborne diseases; sun over exposure; drowning
 - Opportunity: fresh air; active lifestyle choices
- Rural Setting
 - Threat: transportation; isolation; lack of internet services
 - Opportunity: neighbor connections; low crime rate; “quiet living”

Community Health Data Assessment

Detrimental health outcomes directly impact lifestyle, health care burden, public health burden, and years of potential life lost as well as personal and Douglas County economics and resources. A Community Health Data Assessment illustrates the health status of Douglas County residents. Such an assessment was conducted by review of compiled local, state and national data on the following topics to be in alignment with *Healthiest Wisconsin 2020*:

- Demographics

- General health status
- Chronic disease prevention and control
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Adequate, appropriate and safe food and nutrition
- Physical activity
- Alcohol and other drug use
- Tobacco use and exposure
- Injury and violence
- Mental health
- Oral health
- Reproductive and sexual health

Summaries of the above listed health topics as they pertain to Douglas County can be found in Appendix B *Douglas County Community Health Data Assessment Summary*. A list of information sources can be found in the section titled *Sources*. Access to the full *Douglas County Community Health Data Assessment* is available to the public at the following website: <http://www.douglascountywi.org/index.aspx?nid=605>

Selection of Health Focus Areas

After review of all assessments and survey results, the Steering Committee members ranked health focus areas numerically based on set criteria. The criteria included:

- Current activities existing in the community
- Size of the problem
- Feasibility of instituting interventions
- Seriousness of consequences of health issue and perceived importance
- Resources of the community (capacity)

Two health focus areas were selected by the Steering Committee to be those most fitting of need and alignment with *Healthiest Wisconsin 2020* while meeting the above criteria. The two health focus areas selected for the Douglas County 2012-2016 CHIP include:

- Alcohol and Other Drug Use
- Physical Activity and Adequate, Appropriate and Safe Food and Nutrition

Two subcommittees were then established to lead the development of goals and objectives for each of the health focus areas. Subcommittee composition included members from the Steering Committee, membership from the Douglas County 2008-2012 CHIP Subcommittees and additional organizations throughout the jurisdiction. The subcommittees convened meetings in October 2011 to begin the development of goals for the Douglas County 2012-2016 CHIP and to review subcommittee membership for future member additions. The subcommittees were provided with data summaries for their health focus area, as well as with summaries of the focus area within the *Healthiest Wisconsin 2020*. The subcommittees reported their identified goals back to the Steering Committee in November 2011 for approval and such goals are included in this version of the Douglas County 2012-2016 CHIP. The

subcommittees will continue to meet in 2011 and beyond to begin the development of objectives, strategies and activities for the accomplishment of the identified goals.

Detailed in this CHIP are the identified goals for each health focus area and supportive data. The achievement of objectives (yet to be determined by the subcommittees) will be described by proposed strategies, action steps and anticipated results. All objectives are meant to be specific, measurable, attainable, realistic and timely. Some of the goals and objectives for health focus areas may be for later years of this CHIP and may rely on information collected through activities of the subcommittees yet to occur in the future. The goals and objectives will be further developed as the CHIP goes on to ensure that steady achievement continues.

Douglas County Health Focus Area – Alcohol and Other Drug Use

Identified Goals

- Better educate the community about effects and trends of substance use and abuse.
- Explore and bring awareness of new ways to intervene in the cycle of substance abuse.
- Develop ways to share resources within our community to help achieve a healthier Douglas County.

Alignment with Healthiest Wisconsin 2020

Wisconsin tops the nation in wasted lives, harm and death associated with its drinking culture. Alcohol-related deaths are the fourth leading cause of death. Wisconsin ranks first nationally in the rate of adult drinkers and adult binge drinkers, and second nationally in rate of adult heavy drinkers. Sadly, Wisconsin youth rank first nationally in the rate of current alcohol use, third in the rate of binge drinkers and fifth in the rate of driving after drinking. Wisconsin is third in the nation for consumption of beer per capita and alcohol is heavily engrained in the state's culture. Wisconsin has double the national average of alcohol outlets per capita while \$2.7 billion is spent annually in alcohol-related costs. Wisconsin is the only state in the country to treat first-offense drunk driving arrests as a traffic ticket with a felony not occurring for drunk driving in Wisconsin until the fifth arrest.

The *Healthiest Wisconsin 2020* objectives for Alcohol and Other Drug Use include:

- By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.
- By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.
- By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Definitions

According to the American Psychiatric Association (1994), inappropriate use is the use of a substance in a manner that exceeds the safe or prescribed amount or frequency or poses a health or safety risk to the user or others. Examples of inappropriate use include use during pregnancy, intoxicated driving, drinking to incapacitation, underage drinking or heavy or immoderate drinking. It also includes the infrequent or experimental use of illicit drugs.

The American Psychiatric Association (1994) has identified several disorders associated with the abuse of alcohol or other substances. Abuse is described as use resulting in a pattern of negative consequences such as school or work absences, neglect of children, legal problems or heated arguments with a spouse. Dependence is defined as use leading to pattern of clinically significant impairment in at least three areas such as tolerance, withdrawal

symptoms, and inability to cut down or control use or use despite physical or psychological problems.

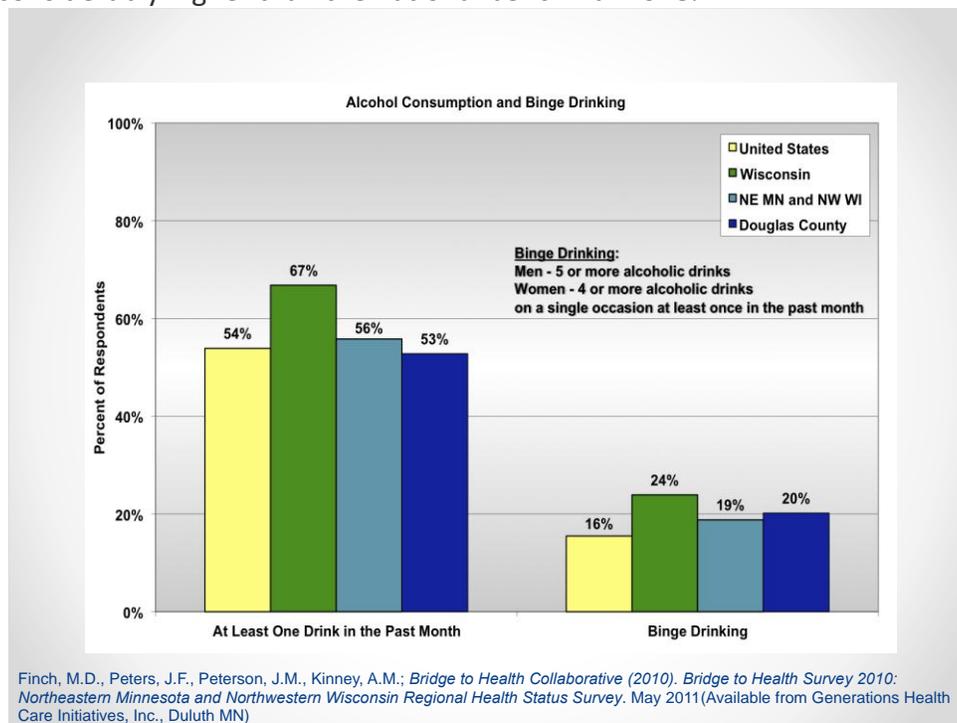
According to the Centers for Disease Control and Prevention, binge drinking is defined as, on one occasion, having more than three drinks for women and more than four drinks for men. Heavy drinking is defined as, on average, one drink per day for women and two for men. Standard drink measures contain about 0.5 ounces of pure alcohol and are described as:

- 12 ounces of regular beer or wine cooler
- 8 ounces of malt liquor
- 5 ounces of wine
- 1.5 ounces of 80-proof distilled liquor or spirits

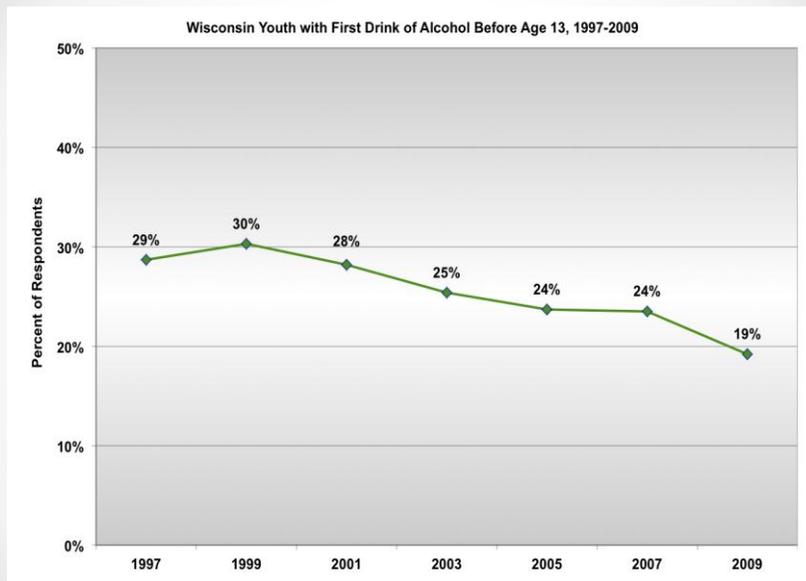
Most people who binge drink are not alcoholics or alcohol dependent.

Douglas County Data Highlights

Wisconsin tops the nation in wasted lives, harm and death associated with its drinking culture. According to the Wisconsin County Health Rankings, 27% of Douglas County adults either binge drink or drink heavily. This proportion is slightly higher than the state of Wisconsin at 25% and considerably higher than the national benchmark of 8%.

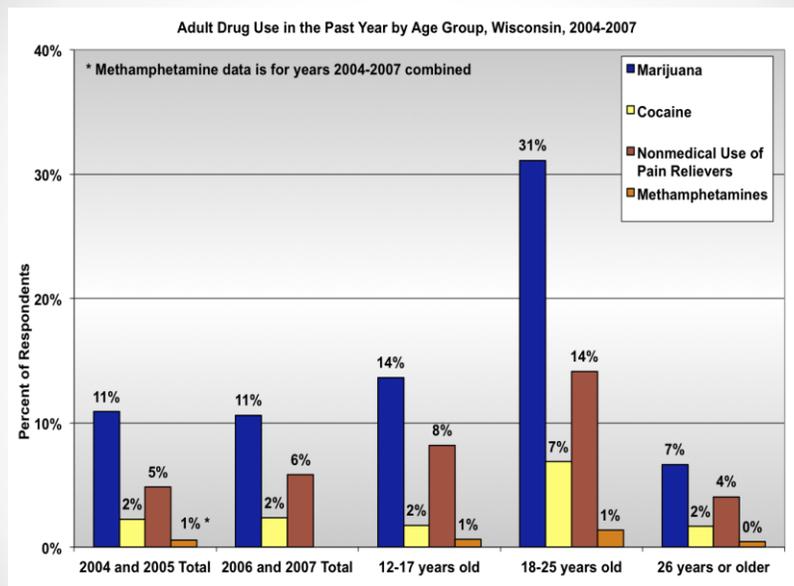


Wisconsin youth ranked first nationally in the rate of current alcohol use, third in the rate of binge drinkers and fifth in the rate of driving after drinking. Positively, the proportion of Wisconsin youth who have tried their first drink of alcohol before age 13 has decreased from a high of 30% in 1999 to 19% in 2009.



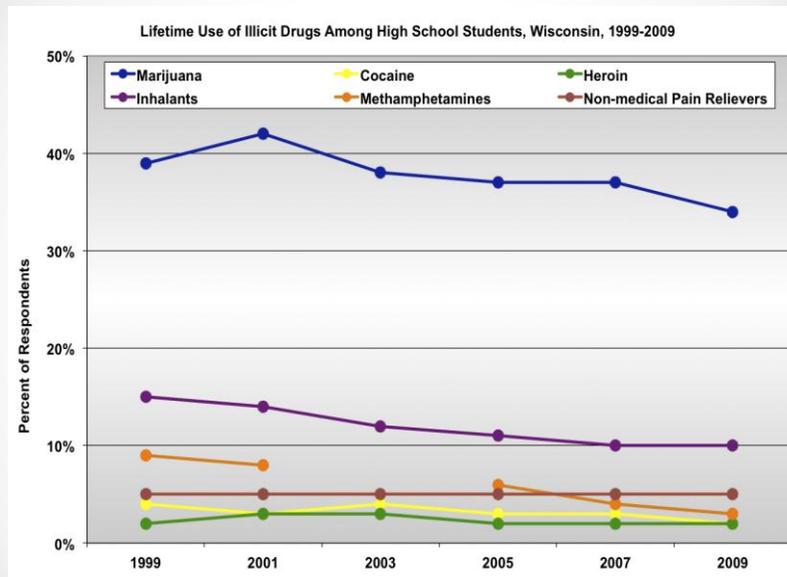
2009 Wisconsin Youth Risk Behavior Survey, Trends. Wisconsin Department of Public Instruction. Accessed August 2011, <http://dpi.wi.gov/sspw/>

In Wisconsin in 2008, at least 1,624 people died, 4,319 were injured and 94,000 were arrested as a direct result of alcohol use and misuse. Moreover, \$2.7 billion is spent annually in Wisconsin as alcohol-related costs. In 2008, 41% of motor vehicle fatalities in Wisconsin were alcohol-related. The state has one and a half times the U.S. rate of arrests for operating a motor vehicle while intoxicated and more than three times the U.S. rate of arrests for other liquor law violations.



SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004-2005 and 2006-2007.

Forty-nine percent of Wisconsin adolescents and adults have used illicit drugs in their lifetime; 14% have used them in the past year. The age group with the most drug use is 18-25 years old. There has been a gradual decrease in the proportion of Wisconsin high school youth using marijuana, inhalants, and methamphetamines while the proportion using heroin and cocaine has held steady and the proportion using non-medical pain relievers has increased slightly.



2009 Wisconsin Youth Risk Behavior Survey, Trends. Wisconsin Department of Public Instruction. Accessed August 2011, <http://dpi.wi.gov/sspw/>

Douglas County Health Focus Area – Physical Activity and Adequate, Appropriate and Safe Food and Nutrition

Identified Goals

- Increase healthy eating and physical activity to reduce overweight/obesity of Douglas County residents.

Alignment with Healthiest Wisconsin 2020

Regular physical activity reduces the risk for certain chronic diseases including high blood pressure, stroke, coronary artery disease, type 2 diabetes, obesity, colon cancer and osteoporosis. Furthermore, the built environment and overall environment should promote and support people being active. Along with the opportunity and ability for physical activity, access to adequate, appropriate and safe food and nutrition, across the entire lifespan, promotes a healthy lifestyle. Safe food and healthy nutrition can reduce the risk for chronic diseases and chronic health conditions as well. Access to healthy food, or any food for that matter, is not always available to all Wisconsinites. One in ten households in Wisconsin are food insecure and one in 25 have low enough levels of access to food that hunger is likely. Between 2005-2007, Wisconsin FoodShare participation increased by 37%. Access to unhealthy foods is often available in undesirable locations. Two-thirds of Wisconsin middle and high schools sell unhealthy foods in the vending machines. Low levels of physical activity and lack of adequate, appropriate and safe food and nutrition can lead to, among many conditions, overweight and obesity. Obesity related medical expenditures for Wisconsin adults have been estimated at \$1.5 billion annually (2003 dollars).

The *Healthiest Wisconsin 2020* objectives for Physical Activity include:

- By 2020, increase physical activity for all through changes in facilities, community design and policies.
- By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.
- By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity for individuals among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

The *Healthiest Wisconsin 2020* objectives for Adequate, Appropriate and Safe Food and Nutrition include:

- By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar- sweetened beverages and other less nutritious foods and supported, sustained breastfeeding.

- By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.
- By 2020, Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

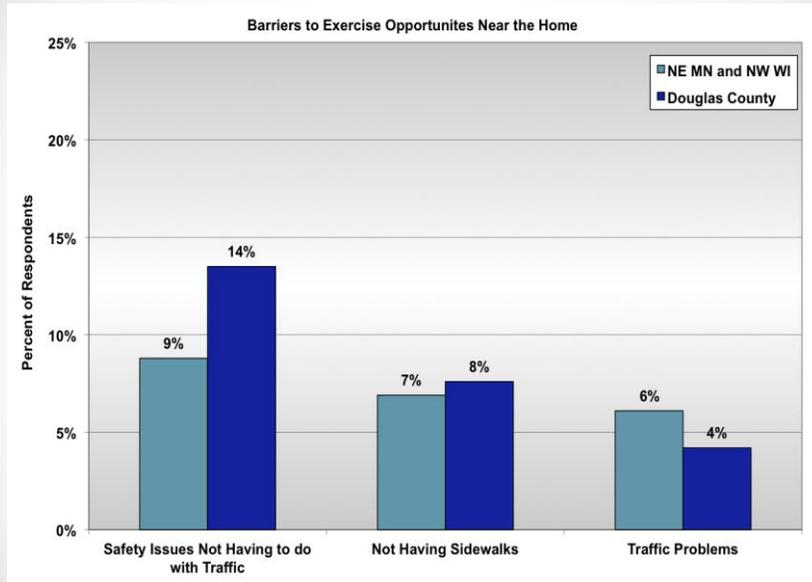
Definitions

Individuals are considered overweight or obese based on their Body Mass Index (BMI). BMI is a mathematical ratio of weight and height correlated with body fat (kg/m^2). BMI is a better predictor of disease risk than body weight alone. BMI between 18.5 – 24.9 is considered “normal weight”. Overweight is having a BMI between 25.0 – 29.9. Obese is having a BMI of at least 30.0. Risk of mortality from many chronic diseases increases with a BMI over 25.0.

According to the Surgeon General’s 1999 Report on Physical Activity and Health, all people over 2 years of age should accumulate at least 30 minutes of endurance- type physical activity, of at least moderate intensity, on most—preferably all—days of the week. Strength-developing activities (resistance training) should be performed at least twice per week. At least 8–10 strength-developing exercises that use the major muscle groups of the legs, trunk, arms and shoulders should be performed at each session, with one or two sets of 8–12 repetitions of each exercise.

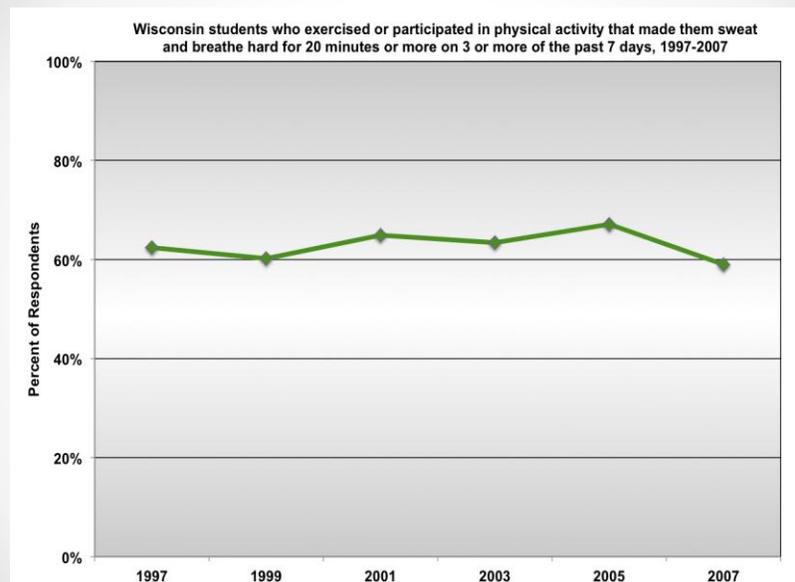
Douglas County Data Highlights

Eighty percent of Wisconsin Western Region adults report any physical activity. Thirty-nine percent of Douglas County adults reported moderate physical activity and 30% reported vigorous activity in the last week. Seventy-three percent of Douglas County adults reported walking trails and 66% reported bike paths near their home, while about 50% reported using the walking trails and bike paths.



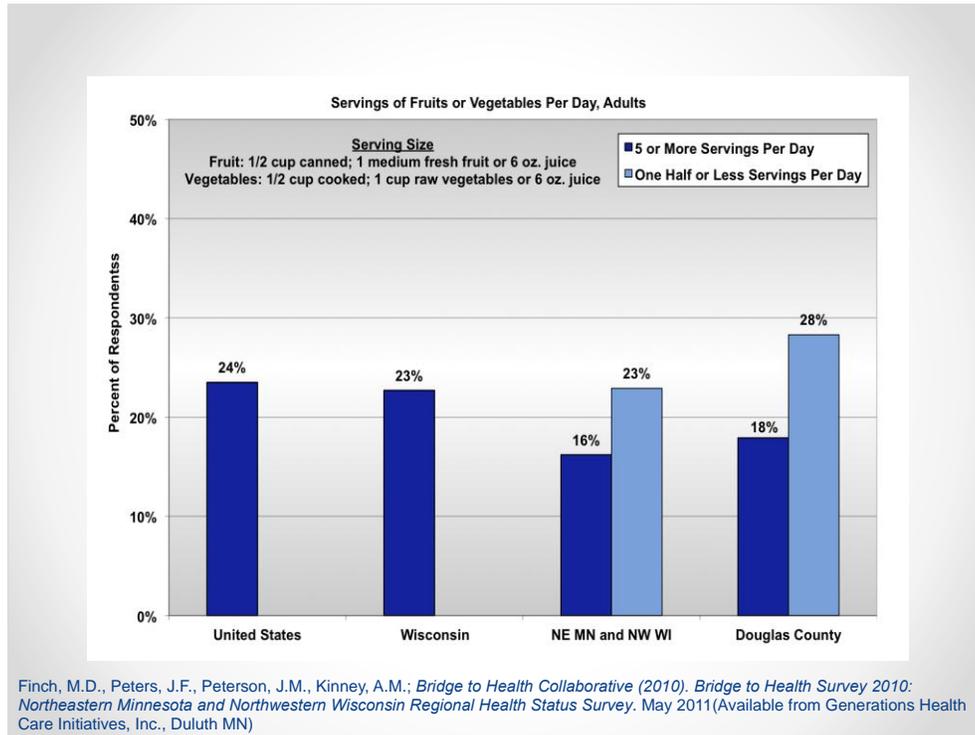
Finch, M.D., Peters, J.F., Peterson, J.M., Kinney, A.M.; *Bridge to Health Collaborative (2010). Bridge to Health Survey 2010: Northeastern Minnesota and Northwestern Wisconsin Regional Health Status Survey*. May 2011(Available from Generations Health Care Initiatives, Inc., Duluth MN)

The most commonly reported barrier to using these exercise opportunities was safety issues not related to traffic. About 60% of Wisconsin youth report physical activity on three or more days of the past week.

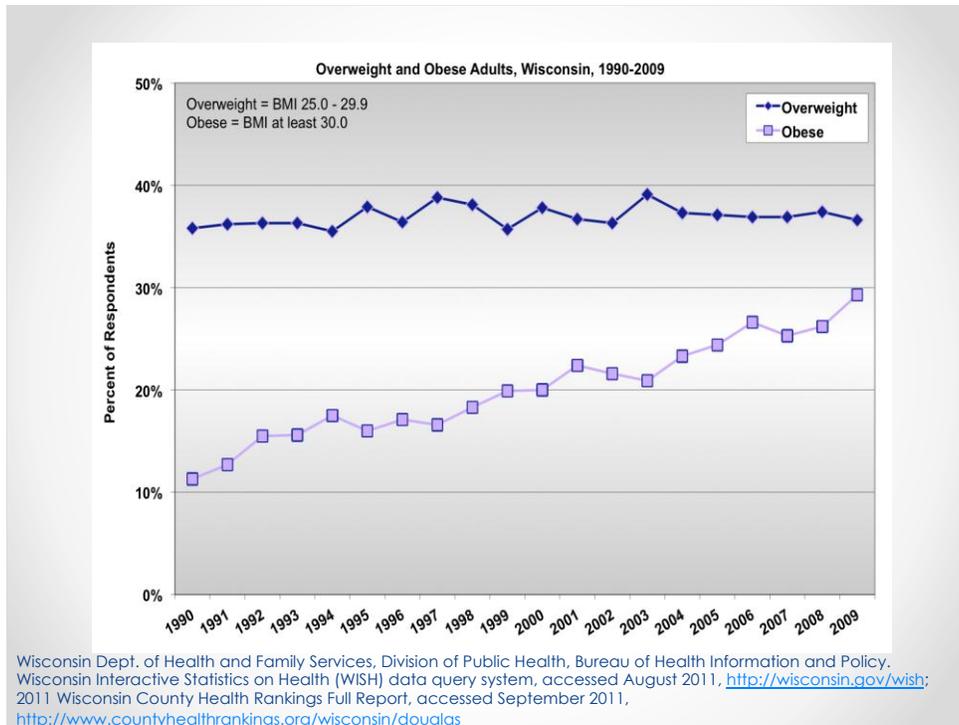


2009 Wisconsin Youth Risk Behavior Survey, Trends. Wisconsin Department of Public Instruction. Accessed August 2011, <http://dpi.wi.gov/sspw/>

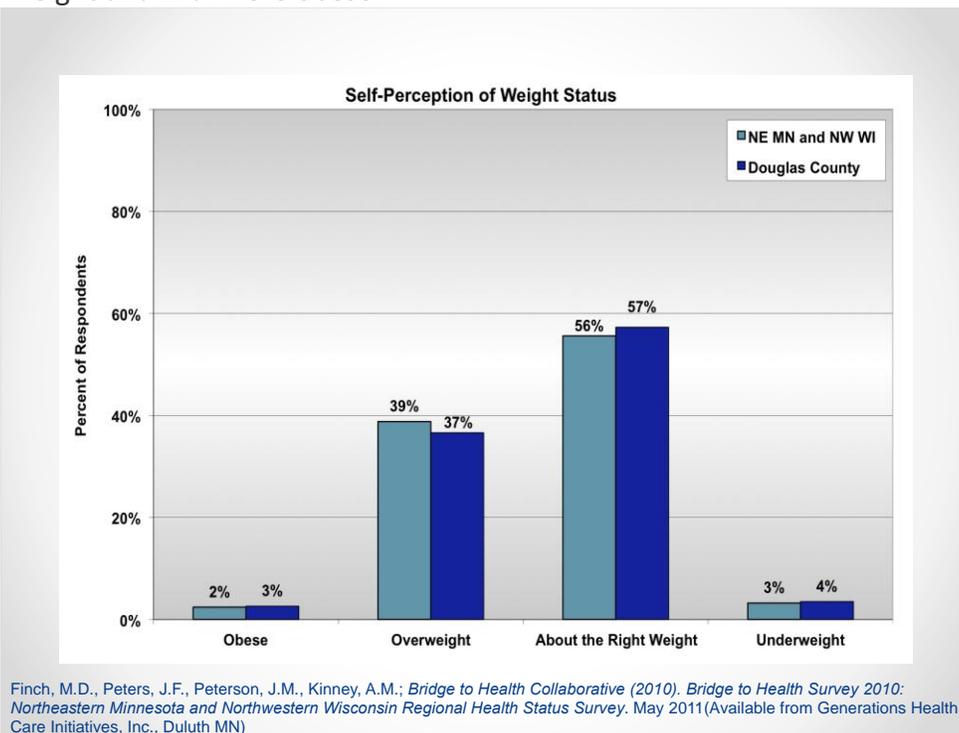
One out of ten households in Wisconsin are food insecure and 11% of Douglas County adults reported having food insecurity sometimes or often in the past year. Just over half of Douglas County adults reported they always had fresh fruits or vegetables in their home in the past year. Yet, 28% of adults had one half serving or less of fresh fruits and vegetables per day in the past week. Seventeen percent of Douglas County adults had fast food at least three times per week in the last month.

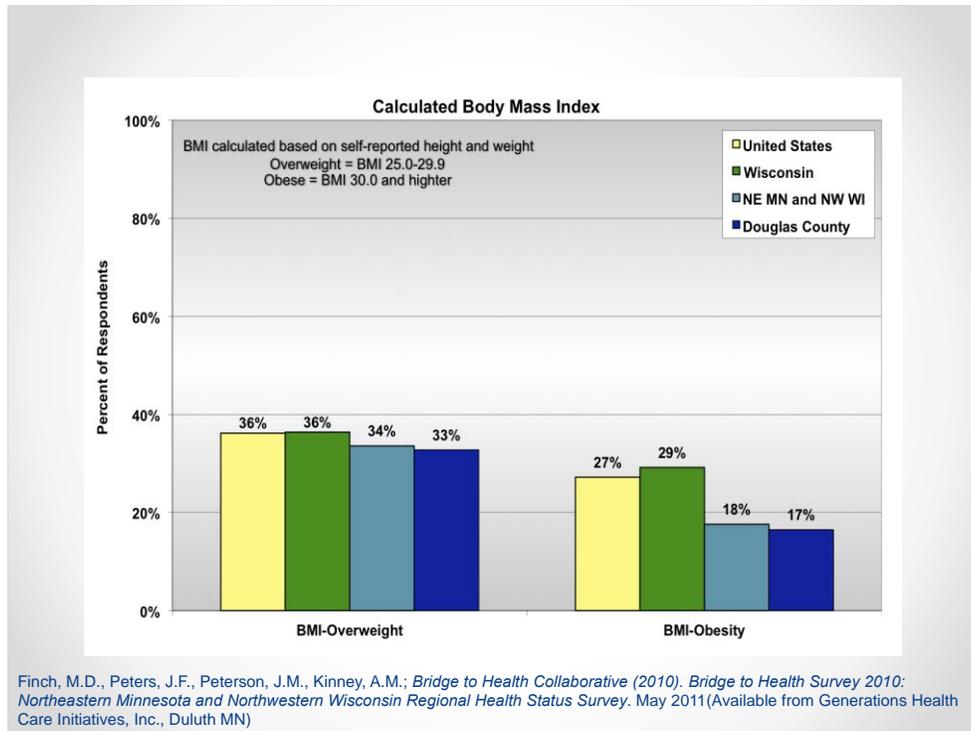


One-fifth of Wisconsin high school students had the recommended five servings or more of fruits and vegetables per day in the past week and one-fifth had the recommended three or more glasses of milk. Twenty-three percent of Wisconsin high school students had at least one serving of pop per day. Obesity related medical expenditures for Wisconsin adults have been estimated at \$1.5 billion annually (2003 dollars).



Twenty-nine percent of Douglas County adults are obese, compared to 28% of Wisconsin adults and the national benchmark is 25%. Interestingly, in the *Bridge to Health Survey*, 57% of Douglas County adults report that they felt they were about the right weight, though a calculated BMI of these adults based on self-reported height and weight showed that 33% were overweight and 17% were obese.





Twenty-three percent of Wisconsin high school students and 33% of Wisconsin preschoolers enrolled in WIC are overweight or obese.

Committee Membership

Steering Committee

Michelle Arnhold	University of Wisconsin-Superior
Cathy Austin	YMCA
Betsy Byler	Human Development Center
Rev. Barb Certa-Werner	Superior Area Ministerial/Harbor House
David Cochrane	Family Forum
Tom Dalbec	Douglas County Sheriff Department
June Farkas	Wisconsin Indianhead Technical College
Grace Gee	University of Wisconsin Extension Service
Mary Holschuh	DCDHHS/Aging and Disability Resource Center
Alan Jaques	Tavern League
Rachel Johnson	DCDHHS
Andrea Kubarek	DCDHHS
Dave Longsdorf	DCDHHS
Mary Mahan	Northwest Wisconsin Community Services Agency /Women Infant and Children Program

Matt Markon	Superior Police Department
Jenice Meyer	University of Wisconsin-Superior
Mary Morgan	Superior Parks & Recreation
Theresa Morton	Epidemiologist Consultant
Rhonda Nagorski	Senior Connections
Peggy Nichols	DCDHHS
John Nousaine	North Country Independent Living
Kathy Ronchi	DCDHHS
Pat Schanen	DCDHHS
Jason Serck	City of Superior - Planning
Mary Shaw	Essentia Health
Deb Simaytis	St. Francis in the Park
Saranae Thimm	School District of Superior

Subcommittees

Alcohol and Other Drug Use

Dan Blank	Douglas County District Attorney
Betsy Byler, Chair	Human Development Center
Rev. Barb Certa-Werner	Superior Area Ministerial/Harbor House
David Cochrane	Family Forum
Tom Dalbec	Douglas County Sheriff Department
Anjie Dreilling	Northwest Journey – Northwest Counseling and Guidance Clinic
June Farkas	Wisconsin Indianhead Technical College
Tom Johnson	School District of Superior/Superior Police Department
Jane Larson	Human Development Center
Aaron Lenmark	Douglas County Probation and Parole
Dave Longsdorf	DCDHHS
Shell Moen	Essentia Health
Lori Quam	Northwest Wisconsin Community Services Agency
Jim Shreffler	Lake Superior Community Health Clinic
Saranae Thimm	School District of Superior

Physical Activity and Adequate, Appropriate and Safe Food and Nutrition

Michelle Arnhold	University of Wisconsin-Superior
Cathi Austin	Superior YMCA
Ann Doherty	Essentia Health
Grace Gee	University of Wisconsin Extension Service
Mary Holschuh	DCDHHS/Aging and Disability Resource Center
Jeanne Hopkins	School District of Superior
Andrea Kubarek	DCDHHS
Mary Mahan	Northwest Wisconsin Community Services Agency /Women Infant and Children Program
Jenice Meyer	University of Wisconsin-Superior
Rhonda Nagorski	Senior Connections
Deb Simaytis	St. Francis in the Park
Jan Stevens	Northwest Parish Nursing

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Appendices

Appendix A: Douglas County Community Health Survey

Please answer these three short questions about healthy living in Douglas County. You may also complete this survey online by visiting www.surveymonkey.com/s/DouglasHealth.

1. What **three things** need to be improved to make Douglas County a healthier place to live and work? (*check only 3 boxes*)

- | | |
|--|---|
| <input type="checkbox"/> Food and Nutrition | <input type="checkbox"/> Alcohol and Other Drug Use and Abuse |
| <input type="checkbox"/> Tobacco and Cigarette Use | <input type="checkbox"/> Chronic Illness (like diabetes and heart disease) |
| <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Infectious Diseases (like flu and sexually transmitted diseases) |
| <input type="checkbox"/> Oral and Dental Health | <input type="checkbox"/> Fitness Information and Places for Fitness (parks, gyms) |
| <input type="checkbox"/> Family Planning and Sexual Health | <input type="checkbox"/> Healthcare for Pregnant Women and Children |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Healthy and Safe Work Places and Homes |
| <input type="checkbox"/> Other: _____ | |

2. What are the **top three strengths** in Douglas County that help improve health? (*check only 3 boxes*)

- | | |
|---|--|
| <input type="checkbox"/> Smoke-free Restaurants | <input type="checkbox"/> Schools (public, private, technical colleges, university) |
| <input type="checkbox"/> Diverse Population | <input type="checkbox"/> Natural resources (city/county parks, Lake Superior, forests) |
| <input type="checkbox"/> Healthcare and Public Health System | <input type="checkbox"/> Strong Community Partners and Organizations |
| <input type="checkbox"/> Low Crime Rate | <input type="checkbox"/> Kind and Helpful Community and Neighbors |
| <input type="checkbox"/> Revenue and Jobs from the Tourism Industry | <input type="checkbox"/> Other: _____ |

3. What are the **top three problems** in Douglas County that decrease health? (*check only 3 boxes*)

- Unemployment
- Weather/Climate
- Funding for Healthcare Services
- Not a lot of Healthy Choices
- Drug and Alcohol Abuse
- Lack of Health Insurance
- Lack of Mental Health Services

- Myths and Untrue Information on Health
- Traditions and Normal Ways of Doing Things
- Transportation
- Little or No Family or Community Support
- Access to Health Services and Information
- Poverty
- Other: _____

Appendix B: Douglas County Health Data Assessment Summary

CONSIDER WHEN SELECTING PRIORITIES:

- Current Activities
- Size of Problem
- Feasibility of Instituting Interventions
- Seriousness of Consequences
- Perceived Importance and Resources of Community (Capacity)

Chronic Disease Prevention and Management	RANK (out of 12): _____
<ul style="list-style-type: none"> • Account for 2 out of every 3 WI deaths annually. • Many chronic disease can be controlled with healthy diet, physical activity, cessation of tobacco use, and use of alcohol in moderation. • Cancer is the second leading cause of death in WI. Mortality rates for Douglas County are generally higher than WI as a whole. Early detection and treatment of cancer can increase survival rates. The number of men seeking annual PSA screening and women seeking annual mammography has increased over the years. • 9% of Douglas County adults reported having diabetes. Majority of diabetics are overweight or obese. • The hospitalization rate for those seeking care at the hospital due to asthma is higher for Douglas County than WI. 	
Communicable Disease Prevention and Control	RANK (out of 12): _____
<ul style="list-style-type: none"> • 80% of WI children aged 19-35 months completed the recommended vaccination series. • Tickborne illnesses, such as Lyme Disease, are very prevalent in the region. • 5-10% of US patients will acquire a healthcare-associated infection due to their care. Healthcare-associated infections rank in the top 10 causes of death nationally. 	
Environmental and Occupational Health	RANK (out of 12): _____
<ul style="list-style-type: none"> • 44% of houses built in Douglas Co. are at risk for lead (built prior to 1950). 30% of WI homes have lead-based paint hazards. In 2005, 3.4% of WI children tested positive for blood lead (twice the national average). • Elevated radon levels are found in every region of the state. • Douglas County particulate matter days and ozone days are at the national benchmark of 0 days. 	
Healthy Growth and Development	RANK (out of 12): _____
<ul style="list-style-type: none"> • Birth rate in Douglas County has declined since 1980 and has hovered around 115 live births per 10,000 population since the mid-1990s. The birth rate for Douglas County mothers under 20 years old has declined over time but is higher than the Western Region and WI. • The majority of mothers (including teens) receive prenatal care beginning in the first trimester. • 6.6% of Douglas County babies are low birthweight (<5.5 lbs) and 10.2% are preterm (<37 weeks). 	

Adequate, Appropriate and Safe Food and Nutrition	RANK (out of 12): _____
<ul style="list-style-type: none"> • 10% of WI households are food insecure. 11% of Douglas County adults reported having food insecurity sometimes or often in the past year. • 53% of Douglas County adults always had fresh fruits or vegetables in their home in the past year. Yet, 28% of adults had ½ serving or less of fresh fruits and vegetables per day in the past week. 17% of Douglas County adults had fast food at least 3 times per week in the last month. • 19% of WI high school students had recommended 5 servings or more of fruits and vegetables per day in the past week. 21% had the recommended 3 or more glasses of milk and 23% had at least one serving of pop per day. • 29% of Douglas County adults are obese. 28% of WI adults are obese and the national benchmark is 25%. 57% of Douglas County adults report that they are about the right weight, though a calculated Body Mass Index (BMI) of these adults shows that 33% are overweight and 17% are obese. • 23% of WI high school students and 33% of WI preschoolers enrolled in WIC are overweight or obese. • Obesity related medical expenditures for WI adults was estimated at \$1.5Billion annually (2003 dollars). 	
Physical Activity	RANK (out of 12): _____
<ul style="list-style-type: none"> • 80% of Western Region adults report any physical activity. 39% of Douglas County adults reported moderate physical activity and 30% reported vigorous activity in the last week. • 73% of Douglas County adults reported walking trails and 66% reported bike paths near their home. About 50% used the walking trails and bike paths. The most commonly reported barrier to using these exercise opportunities was safety issues not related to traffic. • About 60% of WI youth report physical activity on three or more days of the past week. 	
Alcohol and Other Drug Use	RANK (out of 12): _____
<ul style="list-style-type: none"> • WI tops the nation in wasted lives, harm and death associated with its drinking culture. 27% of Douglas County adults are binge or heavy drinkers compared to 25% in WI and a national benchmark of 8%. • WI youth ranked 1st nationally in rate of current alcohol use, 3rd in rate of binge drinkers, and 5th in rate of driving after drinking. • In WI in 2008, at least 1,624 people died, 4,319 were injured, and 94,000 were arrested as a direct result of alcohol use and misuse. \$2.7Billion is spent annually in WI for alcohol-related costs. • 41% of motor vehicle fatalities in WI in 2008 were alcohol-related. WI has 1.5 times the US rate of arrests for operating a motor vehicle while intoxicated and more than 3 times the US rate of arrests for other liquor law violations. • 49% of WI adolescents and adults have used illicit drugs in their lifetime. 14% used them in the past year. 	

Tobacco Use and Exposure	RANK (out of 12): _____
<ul style="list-style-type: none"> • 27% of Douglas County adults smoke cigarettes and 21% of WI adults. The national benchmark is 15%. • 6% of Douglas County adults use smokeless tobacco and 2% of WI adults. • 40% of Douglas Co. smokers tried to quit in past year, 12% are seriously thinking of quitting in next 30 days. • About 20% of Douglas County mothers reported smoking during pregnancy compared to 14% in WI. • About 15% of WI youth reported smoking in the past 30 days and just under 10% used smokeless tobacco. • 8,000 Wisconsinites dies from tobacco-related illness each year. It is the single most preventable cause of death and disease in the US. Tobacco use causes 1/3 of all cancer deaths and 87% of all lung cancer deaths per year. • Tobacco use costs \$2.2Billion annually in WI in direct care costs and \$1.6Billion in lost productivity. • Annually the tobacco industry spends \$276.1Million in marketing and advertising in WI. State invests \$6.8Million for tobacco prevention. CDC recommends annual budget of \$64.3Million. 	
Injury and Violence	RANK (out of 12): _____
<ul style="list-style-type: none"> • Injury is leading cause of death in Wisconsinites aged 1-44 years. The five leading types of fatal injuries include falls, homicide/assault, motor vehicle crashes, poisoning and suicide. • Veterans account for 1 out of 5 suicides in WI. 13% of WI youth considered attempting suicide in the past 12 months. 6% attempted suicide at least once in the past 12 months and 2% resulted in an injury requiring medical treatment. • In 2006, WI had 2nd highest fall-related mortality rate in US. • 1 in 6 WI women report being sexually assaulted in their lifetime. 	
Mental Health	RANK (out of 12): _____
<ul style="list-style-type: none"> • 10% of Douglas County adults reported lifetime diagnosis of anxiety or panic attacks and 17% reported depression. • In the past month, 1.4% of Douglas County adults seriously thought about killing themselves. • 13% of WI youth considered attempting suicide in the past 12 months. 6% attempted suicide at least once in the past 12 months and 2% resulted in an injury requiring medical treatment. • In the past year, 4.5% of Douglas County residents wanted to talk with or seek help about mental health but did not or delayed talking to someone. 	

Oral Health	RANK (out of 12): _____
<ul style="list-style-type: none"> • 26% of WI HeadStart children and 20% of 3rd graders had untreated decay in a random screening during the 2008-09 school year. • Among WI Medicaid and BadgerCare recipients in 2008, 23% received at least one dental service. • 25% of Douglas County residents postponed or delayed dental care in the past year compared to 6% nationally. • In the Western Region in 2008, 45 ER visits for non-traumatic dental complaints per 10,000 population occurred. Visits to ERs over the past several decades for non-traumatic dental complaints have increased nationally. 	
Reproductive and Sexual Health	RANK (out of 12): _____
<ul style="list-style-type: none"> • 38% of WI live births in 2007 were unintended • Among the 50 largest US cities, Milwaukee had the 2nd highest rate of Chlamydia in 2007 • 31% of Douglas County adults have ever been tested for HIV compared to 36% in WI. • From 2000-2008, rates of HIV have decreased among injection drug users and heterosexual contact, but increased by 36% among men who have sex with men. There has been a 143% increase in men under 30 years old. • 2008 survey found that 50% of WI public schools taught 11 topics on sexual education and 23% had gay/straight alliances. • Among WI high school students who reported having sex in the past 3 months, condom use increased from 58% in 1993 to 64% in 2009. Number of births to WI teens declined 12% from 1993-2007. 	