

living
in
well

family loving clinics
community life growing
biking hopping running
youth laugh work peace
cooking skipping
friends spirit mental
educating restaurants talking
grocery curing aging healing teaching
social preschools eating shopping health hospitals learning
spiritual connecting neighbors lifestyle
exercising gardening workplaces socializing
physical farming businesses jumping stores
jogging working homes walking schools playing nursing

Outagamie County

Community Health
Improvement Plan

2014



Public Health
Prevent. Promote. Protect.

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Commonly Used Abbreviations

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHR	County Health Rankings
COWSS	County Oral Health Wisconsin Surveillance System
DCF	Department of Children and Families
DHS	Department of Health Services
DPH	Division of Public Health
DPI	Department of Public Instruction
EPHT	Environmental Public Health Tracking
HRSA	Health Resources and Services Administration
NAMI	National Alliance on Mental Illness
NAMI FV	National Alliance on Mental Illness Fox Valley (local affiliate)
PedNSS	Pediatric Nutrition Surveillance System
US	United States
USDA	United States Department of Agriculture
WALHDAB	Wisconsin Association of Local Health Departments and Boards
WEDSS	Wisconsin Electronic Disease Surveillance System
WI	Wisconsin
WIR	Wisconsin Immunization Registry
WISH	Wisconsin Interactive Statistics on Health
YRBSS	Youth Risk Behavior Surveillance System

2014-2019 Community Health Improvement Plan

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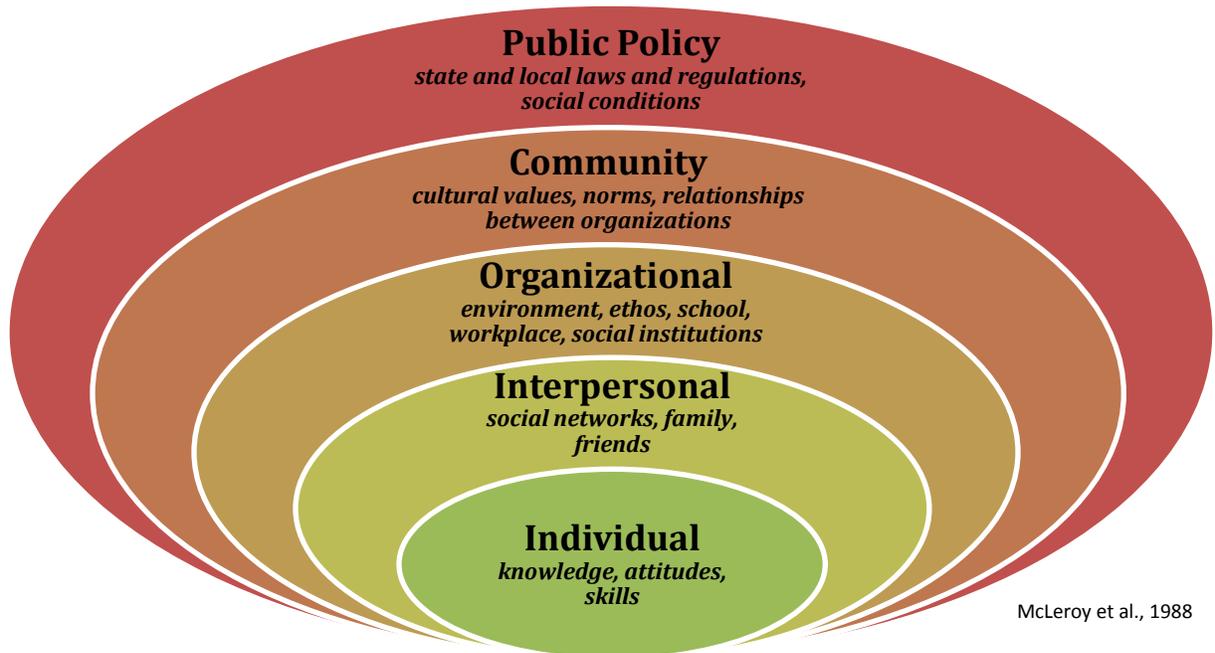
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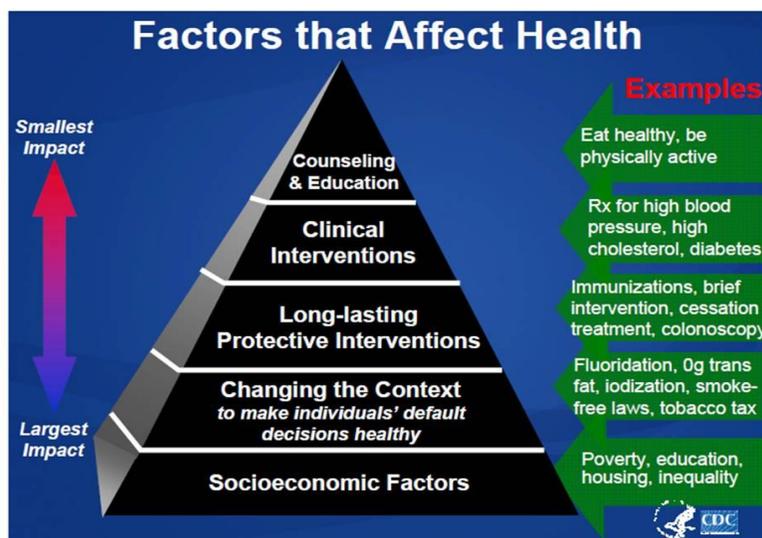


Framework

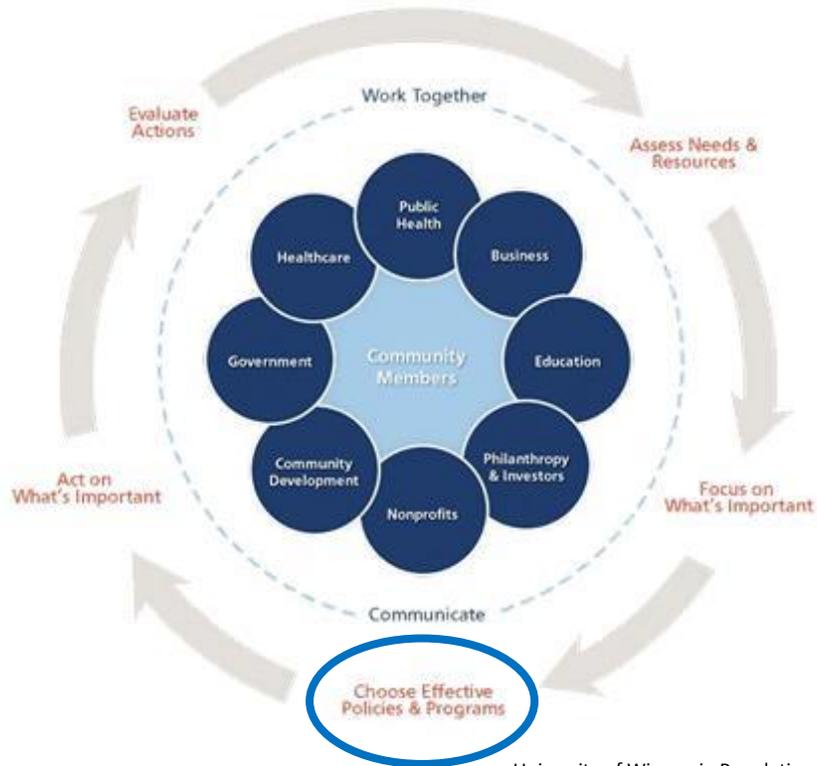
The Outagamie County Community Health Improvement Plan is based on the socio-ecological model. This model takes into account the varying levels of influence necessary to assess and affect the social determinants of health and move towards health equity.



Many factors influence health. How we address those factors determines health outcomes. For example, only counseling individuals at doctors visits has very little impact, but if we counsel, treat, add preventive screenings, require physical education and offer scholarships for college, we are going from impacting the individual at one level to impacting their health at many levels. All together, these actions provide a better opportunity for influencing a person's health.



Process



University of Wisconsin Population Health Institute, 2012

Following the Community Health Assessment meetings in April 2014, Outagamie County Public Health Division gathered local leaders in the areas of physical activity & nutrition and mental health to form leadership teams. These leaders shared their organizations' own goals and objectives in order to create a community plan that did not replicate current efforts, but enhance what is already happening in Outagamie County. Evidence-based and best practice strategies are utilized as a framework for this plan. The plan has a strong focus in policy, system, and environmental changes.

In addition to improving the health of the community, there are many benefits to the Community Health Improvement Process and its resulting Plan:

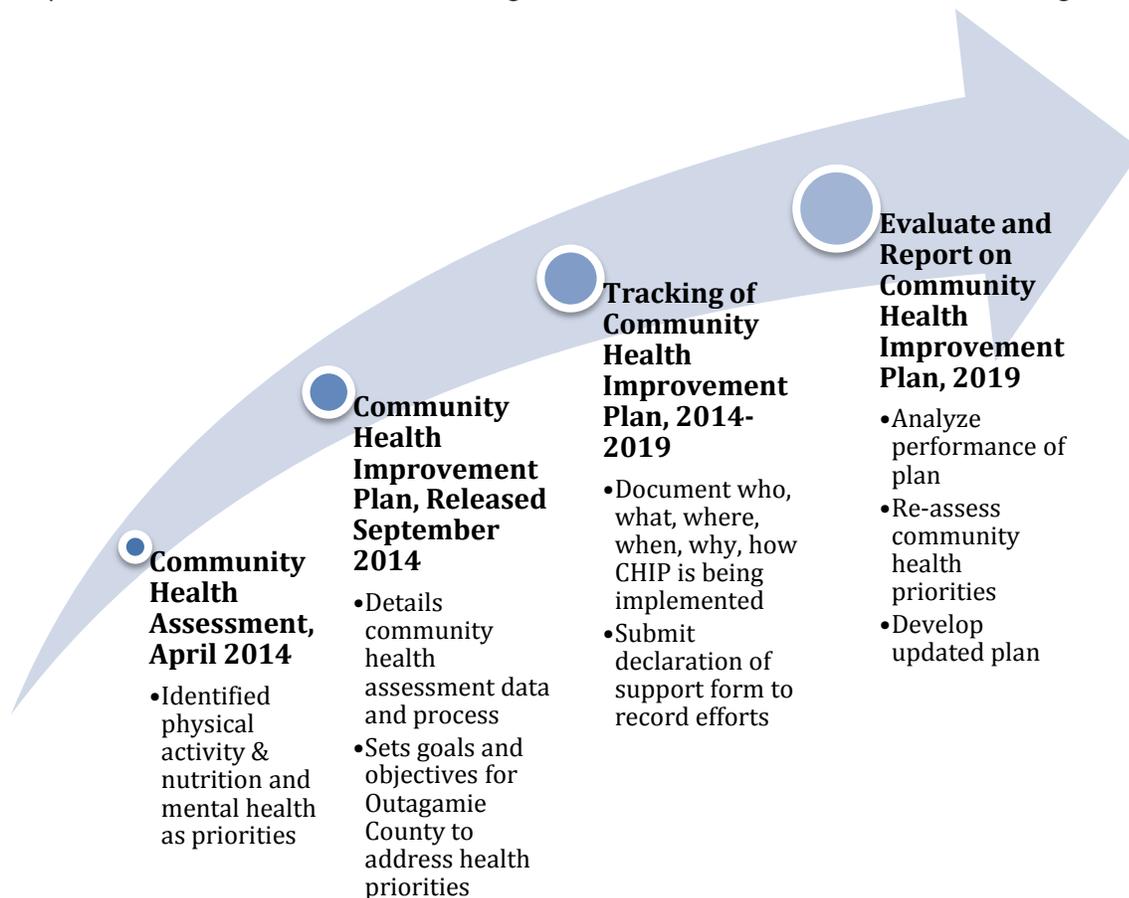
- Increase community engagement and awareness around health issues
- Increase effectiveness of efforts through collaboration
- Reduce duplication of efforts in the community
- Reduced health care costs (both direct costs and indirect costs, such as lower productivity and absenteeism due to poor health)
- Build the community's infrastructure. Doing so may draw new residents and businesses to the community (e.g., bike and walking paths increase residents' access to local businesses)

Living Well in Outagamie County adheres to best practices as defined by the Wisconsin CHIPP Infrastructure Improvement Project:

- Choose effective (evidence-informed) strategies
- Actively engage stakeholders to make it a community-driven process and to increase impact
- Focus on the underlying forces that influence health outcomes (e.g., focus on nutrition and physical activity rather than cancer or heart disease)
- Have multi-level approaches to change, including policy approaches
- Consider health disparities, as some populations in the community may have a noticeably greater challenge in a particular health area (e.g., men tend to have higher rates of stroke)

Health disparities exist when differences in health outcomes consistently occur among people of different characteristics, including race, ethnicity, socioeconomic status, sexual orientation and identification, gender identity, and disability, among others. These disparities violate the values of justice and fairness, and they interfere with creating a healthy social and physical environment for all of us. While there is no specific goal regarding eliminating health disparities, this theme is woven into all goals and objectives of this plan.

The goals, objectives, and strategies in the Outagamie County Community Health Improvement Plan are broad and require collective impact in order to achieve. It is understood that, while this is approximately a five year plan, these goals will take longer than that to achieve. It is imperative that our community adopts and sustains evidence-based strategies in order to see results in the short and long terms.



Over the next 5 years, we will work as a community to implement and track this plan. At the time of publication, this plan was current; however, it is acknowledged that this is a working and living document. It must remain fluid to allow for the greatest community impact.

The following community health improvement plan details goals and objectives for three connected health priorities. Through the community health assessment, our community looked at several important health priorities and realized the complex interconnectedness of them all. Ultimately, two priorities were chosen due to their level of seriousness and feasibility for change: physical activity and nutrition, and mental health. This plan separates physical activity and nutrition into two areas, resulting in three complex and interconnected health focus areas.



By making a difference in these areas, we will see a difference in the overall health of our community. Adequate nutrition is required for proper brain functioning and overall mental health. Poor diet may be a modifiable risk factor for depression and increased physical activity may increase general well being and mood, and decrease levels of anxiety and depression. Mental health issues are associated with risky behaviors, such as smoking, physical inactivity, obesity, and substance abuse and these behaviors can, in turn, lead to chronic disease, injury, or disability. Mental health is essential to personal well being, healthy relationships, and the ability to contribute to society.



Physical Activity and Active Living

Engaging in regular physical activity is one of the most important things that people of all ages can do to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese. Even people who do not lose weight get substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer. Healthy physical activity includes aerobic activity, muscle strengthening activities, and activities to increase balance and flexibility. As described by the Physical Activity Guidelines for Americans, adults should engage in at least 150 minutes of moderate-intensity activity each week, and children and teenagers should engage in at least one hour of activity each day.

Goal: Improve physical activity and support active living in Outagamie County

Objective 1: Increase percentage of population reporting that they are physically active.

Performance Measures

- Adults: Increase 2%, from 78% to 80%
- Youth: Increase 2%, from 48% to 50%

Strategies

- Encourage community design and development that supports physical activity and facilitates access to safe, accessible, and affordable places for physical activity.

Objective 2: Decrease percent of adults age 20 and older with body mass index (BMI) greater than 30.

Performance Measures

- Decrease 4%, from 29% to 25%

Strategies

- Encourage community design and development that supports physical activity and facilitates access to safe, accessible, and affordable places for physical activity.
- Support Weight of the Fox Valley goals and strategies.

Objective 3: Increase number of worksites with active and comprehensive wellness programs in Outagamie County.

Performance Measures

- Increase number of employers with Well Workplace designation - *measure in process*

Strategies

- Promote and strengthen worksite policies and programs that increase physical activity, including wellness policies and plans.

Objective 4: Ensure that opportunities to be physically active are accessible to all county residents, with an emphasis on older adults, people with disabilities, and youth.

Performance Measures

- Increase offerings of Strong Women™ (a/k/a Strong Bones) classes by 50% to 9 per year
- Increase offerings and attendance of Stepping On: Falls Prevention Workshop by 20%
- Increase the number of schools that participate in Safe Routes to School programs by 25%, from 19 to 24 schools

Strategies

- Encourage community design and development that supports physical activity and facilitates access to safe, accessible, and affordable places for physical activity.
- Promote and strengthen early learning, school, and worksite policies and programs that increase physical activity, including joint use agreements and wellness policies and plans.

Physical Activity and Active Living – What Can I Do?

What can state, tribal, local and territorial governments do?

- Design safe neighborhoods that encourage physical activity (e.g., include sidewalks, bike lanes, adequate lighting, multi-use trails, walkways, and parks).
- Convene partners (e.g., urban planners, architects, engineers, developers, transportation, law enforcement, public health) to consider health impacts when making transportation or land use decisions.
- Support schools and early learning centers in meeting physical activity guidelines.

What can businesses and employers do?

- Adopt policies and programs that promote walking, bicycling, and use of public transportation (e.g., provide access to fitness equipment and facilities, bicycle racks, walking paths, and changing facilities with showers).
- Design or redesign communities to promote opportunities for active transportation (e.g., include places for physical activity in building and development plans).
- Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project.

What can health care systems, insurers, and clinicians do?

- Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.
- Support clinicians in implementing physical activity assessments, counseling, and referrals (e.g., provide training to clinicians, implement clinical reminder systems).

What can early learning centers, schools, colleges, and universities do?

- Provide daily physical education and recess that focuses on maximizing time for physical activity.
- Participate in fitness testing (e.g., the President’s Challenge) and support individualized self improvement plans.
- Support walk and bike to schools programs (e.g., “Safe Routes to School”) and work with local governments to make decisions about selecting school sites that can promote physical activity.
- Limit passive screen time.
- Make physical activity facilities available to the local community.

What can community, non-profit, and faith-based organizations do?

- Offer low or no-cost physical activity programs (e.g., intramural sports, physical activity clubs).
- Develop and institute policies and joint use agreements that address liability concerns and encourage shared use of physical activity facilities (e.g., school gymnasiums, community recreation centers).
- Offer opportunities for physical activity across the lifespan (e.g., aerobic and muscle strengthening exercise classes for seniors).

What can individuals and families do?

- Engage in at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children).
- Supplement aerobic activities with muscle strengthening activities on two or more days a week that involve all major muscle groups.
- Consider following the American Academy of Pediatrics (AAP) recommendations for limiting TV time among children.



Nutrition and Food Culture*

Eating healthy can help reduce people’s risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight. As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low and fat-free dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans fat intake as low as possible; and balancing caloric intake with calories burned to manage body weight. Safe eating means ensuring that food is free from harmful contaminants, such as bacteria and viruses.

*The term *food culture* does not imply cultural or ethnic food. It is intended to encompass the broader system of food and the understanding of how it impacts our lives.

Goal: Improve nutrition and food culture among all people in Outagamie County

Objective 1: Increase skills and knowledge regarding food systems, including food procurement, cultivation, preservation, programming and support.

Performance Measures

- Increase number of community and school gardening opportunities - *measure in process*
- Increase number of classes and people attending UW-Extension Nutrition Education classes - *measure in process*

Strategies

- Support the development of a community food system and ensure residents are able to access affordable, safe, and fresh food.

Objective 2: Increase number of worksites with active and comprehensive wellness programs in Outagamie County.

Performance Measures

- Increase number of employers with Well Workplace designation - *measure in process*

Strategies

- Promote and strengthen early learning, school, worksite, and community policies and programs that increase access to healthy and affordable foods (including fruits and vegetables) and decrease access to sugar-sweetened beverages and other less nutritious foods.

Objective 3: Increase percent of infants who are exclusively breastfed through the first three months of life.

Performance Measures

- Increase the percent of infants who are exclusively breastfed through the first three months of life by 50%, from 23% to the national benchmark of 46%

Strategies

- Support policies and programs that promote breastfeeding and increase community knowledge on the importance of breastfeeding.

Nutrition and Food Culture – What Can I Do?

What can state, tribal, local and territorial governments do?

- Ensure that foods served or sold in government facilities and government-funded programs and institutions (e.g., schools, prisons, juvenile correctional facilities) meet nutrition standards consistent with the Dietary Guidelines for Americans.
- Strengthen licensing standards for early learning centers to include nutritional requirements for foods and beverages served.
- Work with hospitals, early learning centers, health care providers, and community-based organizations to implement breastfeeding policies and programs.
- Ensure laboratories, businesses, health care, and community partners are prepared to respond to outbreaks of food borne disease.
- Use grants, zoning regulations, and other incentives to attract full-service grocery stores, supermarkets, and farmers markets to underserved neighborhoods, and use zoning codes and disincentives to discourage a disproportionately high availability of unhealthy foods, especially around schools.

What can businesses and employers do?

- Increase the availability of healthy food (e.g., through procurement policies, healthy meeting policies, farm-to-work programs, farmers markets).
- Adopt lactation policies that provide space and break time for breastfeeding employees (in accordance with the Affordable Care Act) and offer lactation management services and support (e.g., breastfeeding peer support programs).
- Provide nutrition information to customers (e.g., on menus), make healthy options and appropriate portion sizes the default, and limit marketing of unhealthy food to children and youth.
- Reduce sodium, saturated fats, and added sugars and eliminate artificial trans fats from products.
- Implement proper handling, preparation, and storage practices to increase food safety.

What can health care systems, insurers, and clinicians do?

- Use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly Hospital standards.
- Screen for obesity by measuring body mass index and deliver appropriate care according to clinical practice guidelines for obesity.
- Assess dietary patterns (both quality and quantity of food consumed), provide nutrition education and counseling, and refer people to community resources (e.g., Women, Infants, and Children (WIC); Head Start; County Extension Services; and nutrition programs for older Americans).

What can early learning centers, schools, colleges, and universities do?

- Implement and enforce policies that increase the availability of healthy foods, including in a la carte lines, school stores, vending machines, and fundraisers.
- Update cafeteria equipment (e.g., remove deep fryers, add salad bars) to support provision of healthier foods.
- Eliminate high-calorie, low-nutrition drinks from vending machines, cafeterias, and school stores and provide greater access to water.
- Implement policies restricting the marketing of unhealthy foods.
- Provide nutrition education.

What can community, non-profit, and faith-based organizations do?

- Lead or convene city, county, and regional food policy councils to assess local community needs and expand programs (e.g., community gardens, farmers markets) that bring healthy foods, especially locally grown fruits and vegetables, to schools, businesses, and communities.
- Implement culturally and linguistically appropriate social supports for breastfeeding, such as marketing campaigns and breastfeeding peer support programs.

What can individuals and families do?

- Eat less by avoiding oversized portions, make half of the plate fruits and vegetables, make at least half of the grains whole grains, switch to fat-free or low-fat (1%) milk, choose foods with less sodium, and drink water instead of sugary drinks.
- Balance intake and expenditure of calories to manage body weight.
- Breastfeed their babies exclusively for the first 6 months after birth when able.
- Prevent food borne illness by following key safety practices— clean (wash hands and surfaces often), separate (do not cross-contaminate), cook (cook food to proper temperatures), and chill (refrigerate promptly).



Mental Health

Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.

Goal 1: Mental Health literacy

Mental health literacy is not just knowledge of mental health, but the skills and ability to do something with that knowledge.

Objective 1: Increase the use of evidence-based practices at the community, provider and policy levels by increasing the number of people who are trained in Question, Persuade, Refer (QPR), Mental Health First Aid, and Mental Health 101.

Performance Measures

- Increase number of people trained by 10% on annual basis

Strategies

- Convene community partners and establish baseline for number of people trained in QPR, Mental Health First Aid, Mental Health 101

Objective 2: Increase knowledge and awareness of the impact of trauma on the lifespan.

Performance Measures

- Maintain providers (and agencies) certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Baseline: 29 providers (11 agencies) trained in 2013/2014
- Increase number of providers using Adverse Childhood Experiences (ACEs) screening tools

Strategies

- Promote and educate community on ACEs and impact on health and the lifespan
- Provide provider and community-wide training and awareness on trauma informed care and use of ACEs screening tool among primary care providers
- Establish community model to train, maintain and expand TF-CBT certification program
- Establish baseline data providers screening for ACEs (including what tools they are using)

Objective 3: Promote positive early childhood development by increasing the number of children who are safe, healthy, and ready to learn.

Performance Measures

- Safe: Maintain or decrease rate of child abuse substantiation (current: 3.1)
- Healthy: Increase 24 month immunization rate by 5%, from 81% to 86%
- Ready to Learn: Increase number of facilities with 4 or 5 star YoungStar rating - *measure in process*

Strategies

- Support efforts of and partners involved with the Fox Valley Early Childhood Coalition
- Support efforts of the Outagamie County Child Death Review Team, which will lead a comprehensive and multidisciplinary review of child deaths and all domestic abuse related deaths in order to better understand how and why these deaths occur and use findings to take action to prevent other deaths and improve the health and safety of our community

Goal 2: Access to quality mental health and substance abuse prevention, treatment, recovery, and support services for all persons

Objective 1: Maintain or increase number of mentally healthy days.

Performance Measures

- Adults: Maintain national benchmark of 2.3 mentally unhealthy days in the past 30 days
- Youth: Decrease number of students reporting 1 or more days in the past 30 days when mental health was not good (current: 64.3%)

Strategies

- Complete Fox Cities Mental Health Needs Assessment to identify needs in the community regarding mental health, substance abuse, and community mental health attitudes
- Develop a system that identifies and addresses mental health needs in a competent and timely manner
- Develop and implement comprehensive crisis intervention and community trauma response program in Outagamie County
- Assure accurate and consistent mental health data collection in community health surveys
- Develop and implement community mental health communications plan
- Support strategies to increase mental health literacy

Objective 2: By 2019, at least 50% of medical providers will be screening for mental health using accepted tools.

Performance Measures

- Increase number of providers screening for mental health using accepted tools
- All ages: Decrease suicide rate for all ages to meet the state rate of 13.1 per 100,000 (current: 14.1)
- Youth: Decrease percent of youth who seriously considered attempting suicide by 4.4% to the state rate of 13.5% (current: 17.9%)

Strategies

- Determine baseline data for number of providers screening for mental health and tools used, other sources of screening for general population
- Determine baseline data for proportion of people that access appropriate services after screening

- Promote early identification of mental health needs of individuals and access to quality services: BeWell2Excel, emergency department, primary care, community, online
- Actively engage youth regarding child and adolescent mental health

Objective 3: Increase the number of mental health providers and the capacity of the workforce that utilizes evidence-based practices.

Performance Measures

- Decrease ratio of population to mental health providers from 3,847:1 to the current state ratio of 2,714:1
- Decrease the ratio of population to primary care providers from 1,196:1 to the national benchmark of 631:1
- Increase number of providers trained in evidence-based practices by 10% each year

Strategies

- Identify, recruit and support a high quality workforce
- Improve service quality through provision of training and support to the workforce (including organization of and opportunities for continuing education)
- Improve service quality through well-informed, culturally and linguistically competent and engaged workforce
- Create community-wide standard of care

Goal 3: A resilient community

Objective 1: Increase the percent of population reporting social or emotional support.

Performance Measures

- Adults: Increase percent reporting the support necessary to maintain positive mental well-being by 2%, from 88% to 90%
- Youth: Increase the percent of students who report adequate love and support from family by 4% from 84% to 88%, the current WI average
- Youth: Increase the percent of students who report adequate care and encouragement from teachers by 3% from 63% to 66%, the current WI average

- Youth: Increase the percent of students who feel like they belong at their school by 5% from 69% to 74%, the current WI average

Strategies

- Facilitate social connectedness and community engagement across the lifespan
- Support and facilitate programs designed to increase feelings of school connectedness for youth and educators

Objective 2: Increase number of worksites with active and comprehensive wellness programs in Outagamie County.

Performance Measures

- Increase number of employers with Well Workplace designation - *measure in process*

Strategies

- Engagement and development of worksite wellness programs that are comprehensive
- Promote and increase awareness of Employee Assistance Programs (EAP)
- Increase the understanding of the relationship between physical, mental, social and spiritual health.

Objective 3: Increase disaster, crisis, and emergency behavioral health resources.

Performance Measures

- Increase the number of people who are trained in Functional Assessment Service Team (FAST), Critical Incident Stress Management (CISM), Mental Health First Aid

Strategies

- Develop baseline data for number of people trained in FAST, CISM, Mental Health First Aid
- Train people to be part of a Functional Assessment Service Team (FAST), in Critical Incident Stress Management (CISM), in Psychological First Aid
- Utilize comprehensive and inclusive teams when developing and maintaining crisis and emergency plans for schools, organizations, and communities, including a special emphasis on mental health, public health, and emergency management.

Mental Health – What Can I Do?

What can state, tribal, local and territorial governments do?

- Enhance data collection systems to better identify and address mental and emotional health needs.
- Include safe shared spaces for people to interact (e.g., parks, community centers) in community development plans which can foster healthy relationships and positive mental health among community residents.
- Ensure that those in need, especially potentially vulnerable groups, are identified and referred to mental health services.
- Pilot and evaluate models of integrated mental and physical health in primary care, with particular attention to underserved populations and areas, such as rural communities.

What can businesses and employers do?

- Implement organizational changes to reduce employee stress (e.g., develop clearly defined roles and responsibilities) and provide reasonable accommodations (e.g., flexible work schedules, assistive technology, adapted work stations).
- Ensure that mental health services are included as a benefit on health plans and encourage employees to use these services as needed.
- Provide education, outreach, and training to address mental health parity in employment-based health insurance coverage and group health plans.

What can health care systems, insurers, and clinicians do?

- Educate parents on normal child development and conduct early childhood interventions to enhance mental and emotional well-being and provide support (e.g., home visits for pregnant women and new parents).
- Screen for mental health needs among children and adults, especially those with disabilities and chronic conditions, and refer people to treatment and community resources as needed.
- Develop integrated care programs to address mental health, substance abuse, and other needs within primary care settings.
- Enhance communication and data sharing (with patient consent) with social services networks to identify and treat those in need of mental health services.

What can early learning centers, schools, colleges, and universities do?

- Implement programs and policies to prevent abuse, bullying, violence, and social exclusion, build social connectedness, and promote positive mental and emotional health.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred to appropriate services.
- Ensure students have access to comprehensive health services, including mental health and counseling services.

What can community, non-profit, and faith-based organizations do?

- Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities.
- Support child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.
- Train key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.
- Expand access to mental health services (e.g., patient navigation and support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

What can individuals and families do?

- Build strong, positive relationships with family and friends.
- Become more involved in their community (e.g., mentor or tutor youth, join a faith or spiritual community).
- Encourage children and adolescents to participate in extracurricular and out-of-school activities.
- Work to make sure children feel comfortable talking about problems such as bullying and seek appropriate assistance as needed.

Sources

- Center on Hunger and Poverty and Food Research and Action Center. (2004). *The paradox of hunger and obesity in America*. <http://www.nufs.sjsu.edu/clariebh/Hunger%20and%20Obesity.pdf>
- Centers for Disease Control and Prevention (CDC). National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of Adolescent and School Health. *1991-2011 High School Youth Risk Behavior Survey Data*. <http://apps.nccd.cdc.gov/youthonline>.
- Centers for Disease Control and Prevention (CDC). National Center for Chronic Disease Prevention and Health Promotion. Division of Population Health. *Behavioral Risk Factor Surveillance System*. <http://www.cdc.gov/brfss>.
- Centers for Disease Control and Prevention (CDC). National Center for Chronic Disease Prevention and Health Promotion. Division of Nutrition, Physical Activity, and Obesity. *Pediatric Nutrition Surveillance System (PedNSS), Comparison of Breastfeeding, TV Viewing, and Smoking in Household by County*. 2011. <http://www.dhs.wisconsin.gov/WIC/WICPRO/data/PedNSS/11county.pdf>.
- Centers for Disease Control and Prevention (CDC). National Center for Health Statistics. National Vital Statistics System. *10 leading causes of death by age group, United States— 2011*. http://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2011-a.pdf
- Centers for Disease Control and Prevention. National Center for Health Statistics. *National Vital Statistics System*. <http://www.cdc.gov/nchs/nvss.htm>.
- Centers for Disease Control and Prevention. *Public health action plan to integrate mental health promotion and mental illness prevention with chronic disease prevention, 2011–2015*. Atlanta: U.S. Department of Health and Human Services; 2011.
- Cleveland Clinic. (2013). *Smoking and physical activity*. http://my.clevelandclinic.org/healthy_living/smoking/hic_smoking_and_physical_activity.aspx.
- Cohen, L., Davis, R., Lee, V., & Valdovinos, E. (2010). *Addressing the intersection: preventing violence and promoting healthy eating and active living*. <http://www.preventioninstitute.org/component/jlibrary/article/download/id-551/127.html>.
- Colton, C.W. & Manderscheid, R.W., (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 3(2), 1-14.
- Denney, R.C., & Johnson, R. (1984). Nutrition, alcohol and drug abuse. *Proceedings of the Nutrition Society*, 43(03), 265-270.
- Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *American Journal of Public Health*, 100(4), 590-595.
- Gift, H.C., & Atchison, K.A. (1995). Oral health, health, and health-related quality of life. *Medical care*, NS57-NS77.
- Guttmacher Institute. (2003). Family planning and the campaigns against smoking and obesity. *The Guttmacher Report on Public Policy*, 6(3).
- Hiday, V.A. (2006). Putting community risk in perspective: a look at correlations, causes and controls. *International Journal of Law and Psychiatry*, 29, 316-331.
- Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B., & Pollitt, P. (2000). Mental health literacy. *British Journal of Psychiatry*, 177(5), 396-401.
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCSR). *Archives of General Psychiatry*, 62(6):593-602.
- Kopp, B., Ofstead, C. (2010, August). *The burden of falls in Wisconsin*. Wisconsin Department of Health Services. <http://www.dhs.wisconsin.gov/health/injuryprevention/pdffiles/bof-2010.pdf>.
- Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: a population-based prevalence study. *JAMA*, 284(20), 2606-2610.
- McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education & Behavior*, 15(4), 351-377.
- National Alliance on Mental Illness (NAMI). (2014). *About mental illness*. http://www.nami.org/template.cfm?section=about_mental_illness.
- National Alliance on Mental Illness Policy Research Institute. (2014). *The impact and cost of mental illness: the case of depression*. http://www.nami.org/Template.cfm?Section=Policymakers_Toolkit&Template=/ContentManagement/ContentDisplay.cfm&ContentID=19043.
- National Center for Education Statistics. *National Assessment of Adult Literacy, State & County Estimates of Low Literacy*. <http://nces.ed.gov/naal/estimates/StateEstimates.aspx>.
- National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.
- National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.
- Ornish, D. "The toxic power of racism." *Boston Globe*, 3/24/08.

- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35(4): 888-901.
- Regier, D.A., Farmer, M.E., Rae, D.S., Locke, B.Z., Keith, S.J., Judd, L.L., & Goodwin, F.K. (1990). Comorbidity of mental disorders with alcohol and other drug abuse: results from the Epidemiologic Catchment Area (ECA) study. *JAMA*, 264(19), 2511-2518.
- Roubal, A.M., Catlin, B.B., Timberlake, K. *Health of Wisconsin Report Card-2013*. University of Wisconsin Population Health Institute, 2013.
- Stephens, T. (1988). Physical activity and mental health in the United States and Canada: evidence from four population surveys. *Preventive medicine*, 17(1), 35-47.
- Strine, T., Mokdad, A., Balluz, L., Gonzalez, O., Crider, R., Berry, J., & Kroenke, K. (2008). Depression and anxiety in the United States: findings from the 2006 behavioral risk factor surveillance system. *Psychiatric Services*, 59(12), 1383-1390.
- Touger-Decker, R., & Mobley, C. (2013). Position of the Academy of Nutrition and Dietetics: oral health and nutrition. *Journal of the Academy of Nutrition and Dietetics*, 113(5), 693-701.
- United States Conference of Mayors. (2009). *Hunger and homelessness survey: a status report on hunger and homelessness in America's cities - a 27-city survey*. <http://www.usmayors.org/pressreleases/uploads/USCMHungercompleteWEB2009.pdf>.
- United States Department of Agriculture. Economic Research Service. *Food Environment Atlas: Food Assistance*. <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas>.
- United States Department of Agriculture. Economic Research Service. *Food Environment Atlas: Local Foods*. <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas>.
- United States Department of Agriculture. Economic Research Service. *Food Environment Atlas: Health and Physical Activity*. <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas>.
- United States Department of Commerce. Census Bureau. *2008-2012 American Community Survey*.
- United States Department of Commerce. Census Bureau. *2010 Census*.
- United States Department of Commerce. Census Bureau. *2010-2012 American Community Survey*.
- United States Department of Commerce. Census Bureau. *Small Area Health Insurance Estimates (SAHIE) Interactive Data Tool*. <http://www.census.gov/did/www/sahie/data/interactive/index.html>.
- United States Department of Education. Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Act. Washington, D.C., 2006.
- United States Department of Health and Human Services. (1999). *Mental health: a report of the surgeon general*. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- United States Department of Health and Human Services. *Mental health: a report of the surgeon general*. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408.
- United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. <http://healthypeople.gov/2020>.
- United States Department of Labor. Bureau of Labor Statistics. *Local Area Unemployment Statistics*. <http://www.bls.gov/lau/tables.htm>.
- United States Department of Labor. Bureau of Labor Statistics. *Outagamie County unemployment, April 2014*.
- United Way Worldwide. <http://worldwide.unitedway.org>.
- University of Michigan. Institute for Social Research. Inter-university Consortium for Political and Social Research. *National Archive of Criminal Justice Data, Uniform Crime Reporting Program Data Series*. <http://www.icpsr.umich.edu/icpsrweb/NACJD/series/57/studies?archive=NACJD&sortBy=7>.
- University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2013*. <http://www.countyhealthrankings.org>.
- Wang, P. S., Berglund, P., Olsson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 603-613.
- Wisconsin Association of Local Health Departments and Boards & University of Wisconsin Population Health Institute. *Building the infrastructure to make Wisconsin the healthiest state: strengthening and integrating Community Health Improvement Processes and Plans (CHIPP)*. <http://walhdab.org/CHIPPIInfrastructure.htm>.
- Wisconsin Association of Local Health Departments and Boards & University of Wisconsin Population Health Institute. (2012). *Improving the health of local communities: the Wisconsin way*.
- Wisconsin Department of Children and Families. *Child Abuse and Neglect Program (Child Protective Services): Reports*. <http://dcf.wisconsin.gov/children/CPS/reports/rptINDX.htm>.
- Wisconsin Department of Children and Families. Refugee Assistance Services Program Section. *Statistics, Population & Census Data, Wisconsin's*

Refugee Population. <http://dcf.wisconsin.gov/refugee/statistics.htm>.

Wisconsin Department of Children and Families. *Wisconsin Works (W-2) - Research and Statistics*. <http://dcf.wisconsin.gov/researchandstatistics/rsdata/w2data.htm>.

Wisconsin Department of Health Services. Division of Public Health. Office of Health Informatics. *Public Health Profiles, Wisconsin 2010* (P-45358-10). July 2012. <http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/outagamie10.pdf>

Wisconsin Department of Health Services. Division of Public Health. Office of Health Informatics. *Wisconsin Interactive Statistics on Health (WISH) data query system*. <http://dhs.wisconsin.gov/wish>.

Wisconsin Department of Health Services. Division of Public Health. Bureau of Community Health Promotion. Oral Health Program. *County Oral health Wisconsin Surveillance System (COWSS), Outagamie County*. http://www.dhs.wisconsin.gov/health/oral_health/cowss/2012Counties/Outagamie.pdf.

Wisconsin Department of Health Services. Division of Public Health. Bureau of Community Health Promotion. Oral Health Program. *Make your smile count – the oral health of Wisconsin's children* (P-00095). 2008. <http://www.dhs.wisconsin.gov/publications/p0/p00095.pdf>.

Wisconsin Department of Health Services. Division of Public Health. Office of Policy and Practice Alignment. *Healthiest Wisconsin 2020: everyone living better, longer. A state health plan to improve health across the life span, and eliminate health disparities and achieve health equity* (P-00187). July 2010. <http://www.dhs.wisconsin.gov/hw2020>

Wisconsin Department of Health Services. Division of Public Health. Bureau of Communicable Diseases and Emergency Response. Immunization Program. *24 Month Immunization Coverage Rates by County*. http://www.dhs.wisconsin.gov/immunization/pdf/count_rates.pdf.

Wisconsin Department of Health Services. Division of Public Health. Office of Health Informatics. *Wisconsin Electronic Disease Surveillance System (WEDSS)*.

Wisconsin Department of Health Services. Division of Public Health. Bureau of Community Health Promotion. Injury and Violence Prevention Program. *Burden of injury in Wisconsin* (P-00283). 2011. <http://www.dhs.wisconsin.gov/publications/P0/P00283.pdf>.

Wisconsin Department of Health Services. Division of Public Health. Bureau of Community Health Promotion. Tobacco Prevention and Control Program. *Wisconsin Wins*. <http://www.wisconsinwins.com>.

Wisconsin Department of Health Services. Division of Public Health. Office of Health Informatics. *2011 Family Health Survey*. <http://www.dhs.wisconsin.gov/stats/familyhealthsurvey.htm>.

Wisconsin Department of Health Services. Division of Public Health. Bureau of Environmental and Occupational Health. Environmental Public Health Tracking Program. *Outagamie County Environmental Health Profile, March 2012*. http://www.dhs.wisconsin.gov/epht/CHP/Outagamie_profile.pdf.

Wisconsin Department of Health Services. Division of Public Health. Tobacco Prevention and Control Program. <http://www.dhs.wisconsin.gov/tobacco>.

Wisconsin Department of Health Services. ForwardHealth. *Dental Utilization Data Tables*. https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/medicaid/Dentist/dental_utilz/index.htm.spage.

Wisconsin Department of Justice. Crime Information Bureau. Wisconsin Statistical Analysis Center. *Arrests in Wisconsin 2012*. September 2013. <https://wilenet.org/html/justice-programs/programs/justice-stats/library/crime-and-arrest/2012-arrests-in-wisconsin.pdf>.

Wisconsin Department of Justice. Crime Information Bureau. Wisconsin Statistical Analysis Center. *Hate Crime in Wisconsin 2009*. July 2010. <https://wilenet.org/html/justice-programs/programs/justice-stats/library/hate-crime/2009-hate-crime-in-wi.pdf>.

Wisconsin Department of Public Instruction. *WISEdash: Wisconsin Information System for Education Dashboard*. <http://wisedash.dpi.wi.gov/Dashboard/Page/Home/Topic%20Area/Graduation>.

World Health Organization. (2014). *Mental Health: a state of well being*. http://www.who.int/features/factfiles/mental_health/en/.

Declaration of Support

By endorsing the Outagamie County Community Health Improvement Plan, you pledge to make a commitment to improve health and make it possible to live well in Outagamie County. Supporters will be part of a two-way street: receive periodic updates and communications, and contribute ideas and report needs and progress. Endorsement of the Outagamie County Health Improvement Plan is non-binding. Note: Your endorsement may be publicly acknowledged on the Outagamie County website and in plan-related materials.

1. Contact Information

Name: _____ Credentials (optional): _____

Title/Position/Organization: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2. I am endorsing the Outagamie County Community Health Improvement Plan:

As an Individual As a program or service within my organization For my organization as a whole

3. I will bring this report to my community, organization, group, family, and friends and discuss the impact health has on our community:

Yes No

4. I will work on the following priority areas (check all that apply):

Physical Activity and Active Living Nutrition and Food Culture Mental Health

5. I will work on the following activities or goals to make living well in Outagamie County a reality (see the "What Can I Do?" sections for inspiration):

Thank you for your support!

Signed Declarations of Support can be returned via:

Email: CHIP@outagamie.org

Mail: Outagamie County Public Health
401 S Elm St
Appleton, WI 54911

Fax: (920) 832-4924

Questions? Contact: [Outagamie County Public Health](http://www.outagamie.org/PublicHealth)
(920) 832-5100
www.outagamie.org/PublicHealth
Email: CHIP@outagamie.org



