living well in Outagamie County

Community Health Assessment and 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 Community Health Assessment
Acknowledgements

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Framework

A key stage in community health improvement planning is the initial assessment of health needs. While it is an important and sometimes time-consuming stage, it should not be seen as an end in and of itself: the community health needs assessment is a springboard to action. Data and stakeholder input should be analyzed to identify key opportunities for action. The Recommended Core Data Set was created by the WALHDAB “CHIPP Infrastructure Improvement Project” to meet the need for a set of community health assessment data that is both thorough and manageable. It is designed to:

- Present a focused set of indicators
- Use a framework that organizes the data as a whole and highlights a plan for prevention
- Help local communities to identify the top areas they want to address
- Help local partners to meet organizational requirements
- Provide local data (Note: if data is available at a level smaller than a county, then it is provided; if a critical indicator is not available locally, then regional or statewide data is provided)

Many communities in Wisconsin have organized their community health assessment around the health focus areas in the state health plan, Healthiest Wisconsin 2020. The Core Data Set framework incorporates those focus areas into each appropriate section. In addition, several of the state health plan infrastructure focus areas are included in the framework and data are provided specifically for a few of those areas: access to health services, public health workforce, and health literacy. For more information, visit http://www.dhs.wisconsin.gov/hw2020.

WHAT MAKES A COMMUNITY HEALTHY

While it is often health outcomes that capture our attention and motivate efforts for change, it is important to focus efforts on all of the factors that influence or drive those outcomes. That is where the greatest opportunity lies for real change.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Mortality (length of life)</th>
<th>Morbidity (quality of life)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leading Causes of Death</td>
<td>Leading Causes of Illness</td>
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<tr>
<td></td>
<td>Years of Potential Life Lost</td>
<td>Measures of Overall Health</td>
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<td>Low birth weight babies</td>
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<td>Oral Health</td>
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<td>Chronic Diseases</td>
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<td>Communicable Diseases</td>
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<td>Mental Health</td>
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<td>Injury and Violence</td>
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<td>Growth &amp; Development</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Health Care and Public Health</th>
<th>Social &amp; Economic Factors</th>
<th>Physical Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use and Exposure</td>
<td>Access to High Quality Health Services</td>
<td>Education</td>
<td>Built Environment (housing, buildings, roads, parks, access to food*)</td>
</tr>
<tr>
<td>Reproductive and Sexual Health</td>
<td>Improved and Connected Health Service Systems</td>
<td>Employment</td>
<td>Natural Environment (air, water, soil)</td>
</tr>
<tr>
<td>Healthy Nutrition</td>
<td>Chronic Disease Prevention and Management</td>
<td>Adequate Income</td>
<td>Occupational Environment</td>
</tr>
</tbody>
</table>

Effective Policies and Systems Aligned for Improved Health

* Healthiest Wisconsin 2020 Health Priority Areas

Wisconsin Association of Local Health Departments and Boards & University of Wisconsin Population Health Institute, 2012
Process

The process used for the Outagamie County Community Health Assessment and Community Health Improvement Plan is adapted from the County Health Ranking’s Action Cycle. At the core of the Action Cycle are people from all walks of life because we know we can make our communities healthier if we all get involved. Each step on the Action Cycle is a critical piece of making communities healthier. One of the first steps in local health improvement is to evaluate our community’s needs, resources, strengths, and assets (see Assess Needs & Resources in the Action Cycle). We want to understand what helps as well as what hinders progress toward improving our community’s health.

The Outagamie County Public Health Division began the process of conducting a Community Health Assessment in 2013. In April 2014, more than 50 key stakeholders, leaders and community members convened for a community health improvement planning session. We reviewed data related to the Healthiest Wisconsin 2020 focus areas specific to Outagamie County and identified community health priorities.

The morning session presented a comprehensive data review utilizing the WALHDAB Core Data Set and additional data to help attendees better understand the state of health in Outagamie County. For more

Planning Session Goals:
- Review health conditions and their modifiable risk factors that impact community residents
- Identify community strengths and needed resources to address given health conditions
- Select health focus areas to address the needs of our community and conditions that impact our residents
information see Appendix A- Comprehensive Data Review: Sources and Limitations. The format of the data presentation was adapted from the Wisconsin Division of Public Health Northern Region RADAR Team’s Data-in-a-Day resources.

In the afternoon session, participants discussed community assets (what is going well in the community) and gaps (what is needed to address problems) regarding 10 of the Healthiest Wisconsin 2020 health priority areas: chronic disease prevention and management, oral health, communicable diseases, mental health, injury and violence prevention, alcohol and drug abuse, physical activity and nutrition, tobacco use and exposure, reproductive and sexual health, and physical environment. Participants then used real-time polling to rank the data by seriousness of the problem and feasibility of change. After discussion, physical activity & nutrition and mental health were chosen as the top community health priorities for Outagamie County.

The next step is to focus our community's efforts and resources on the most important issues to achieve the greatest impact on health. We are looking forward to engaging our community partners in striving towards living well in Outagamie County. Crosscutting priority areas identified in the group discussion include chronic disease prevention and management, overall wellness and well-being, and a commitment to diversity and marginalized populations. The Leadership Team recognizes that the improvement of the public’s health requires commitment to health equity and a focus on access. There are many areas that influence health including social, economic, and environmental factors.
Identified Community Assets and Resources

The following organizations and opportunities were identified by community members during the assessment process as existing community assets and resources. These are groups currently working to improve mental health and physical activity & nutrition in Outagamie County. To learn more about these resources, including how to get in contact, click on the link or search for them online.

**Mental Health**

- **Community Action for Healthy Living**
- **Drug Drop (Medication Disposal)**
- **Catalpa Health**
- **Crisis Intervention Team (CIT)**
- **Connected Community Wellness Screen: BWell2Excel**
- **Mental Health Regional Network**
- **N.E.W. Mental Health Connection**
- **NAMI Fox Valley**

**Physical Activity and Nutrition**

- **Breastfeeding Alliance of NE Wisconsin**
- **Community Action for Healthy Living**
- **Community Garden Partnership**
- **East Central WI Regional Planning Commission**
- **Farmers Markets**
- **Fox Cities Greenways**
- **Fox Valley Bike Challenge**
- **Goodwill Grows**
Comprehensive Data Review

**Trend:** When possible, an arrow is shown to indicate the trend in that data over time. Ideally, this would be available for all data, but at this time we can show the trend for data gathered from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS). This data was gathered in 2007, 2009 and 2011. It will be gathered again in 2015.

- A green arrow indicates that the local result was at least 5% better than when the data was collected in 2007.

- A yellow arrow indicates the local results are trending similar to 2007 (within 5%).

- A red arrow indicates the local results are over 5% worse than in 2007.
Demographics

Outagamie County spans 640 square miles and is located in east-central Wisconsin along the Fox River, near the northern end of Lake Winnebago. It is the sixth largest county in the state. Outagamie County features strong agricultural, manufacturing and service sectors. The jurisdiction of Outagamie County Public Health includes all of Outagamie County outside of the city of Appleton. This portion of Outagamie County is home to 117,910 residents and includes 20 towns, 10 villages, and 3 cities:

- Town of Black Creek
- Town of Center
- Town of Deer Creek
- Town of Grand Chute
- Town of Kaukauna
- Town of Maple Creek
- Town of Seymour
- Village of Black Creek
- Village of Howard
- Village of Nichols
- City of Kaukauna
- Town of Bovina
- Town of Ellington
- Town of Greenville
- Town of Liberty
- Town of Oneida
- Town of Vandenbroek
- Village of Combined Locks
- Village of Kimberly
- Village of Shiocton
- City of New London (partial)
- Town of Buchanan
- Town of Cicero
- Town of Freedom
- Town of Hortonia
- Town of Maine
- Town of Osborn
- Village of Bear Creek
- Village of Hortonville
- Village of Little Chute
- Village of Wrightstown (partial)
- City of Seymour

Quick Facts

Sex

Female 50.1%
Male 49.9%

Age

0-24 33.8%
25-44 27.2%
45-64 27.1%
65+ 11.8%

Race

White 91.3%
Black/African American 1.0%
American Indian/Alaska Native 1.7%
Asian 3.0%
Other 3.0%

Ethnicity

Hispanic or Latino 3.6%
Non-Hispanic or Latino 96.4%

Unemployment

6.5%

Median Household Income $57,584

Owner occupied 71.4%
Renter occupied 28.6%

Public School Districts

- Appleton Area School District (outside of the city of Appleton)
- Freedom Area School District
- Hortonville School District
- Kaukauna Area School District
- Kimberly Area School District
- Little Chute Area School District
- Seymour Community School District

1 U.S. Census Bureau, 2010 Census.
2 U.S. Census Bureau, 2008-2012 American Community Survey.
Length of Life (Mortality)

Death rate per 1,000 population (2012)
Outagamie County: 6.7
Wisconsin: 8.4

Leading causes of death per 100,000 population (2010)

<table>
<thead>
<tr>
<th>Outagamie County</th>
<th>Rate</th>
<th>Wisconsin</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cancers</td>
<td>156.7</td>
<td>1. Cancers</td>
<td>198.1</td>
</tr>
<tr>
<td>2. Diseases of the Heart</td>
<td>146.0</td>
<td>2. Diseases of the Heart</td>
<td>194.9</td>
</tr>
<tr>
<td>3. Cerebrovascular Disease</td>
<td>40.7</td>
<td>3. Cerebrovascular Disease</td>
<td>45.7</td>
</tr>
<tr>
<td>4. Chronic Lower Respiratory Diseases</td>
<td>35.1</td>
<td>4. Unintentional Accidents</td>
<td>43.9</td>
</tr>
<tr>
<td>5. Unintentional Accidents</td>
<td>33.4</td>
<td>5. Chronic Lower Respiratory Diseases</td>
<td>43.4</td>
</tr>
</tbody>
</table>

Years of potential life lost (YPLL)* per 100,000 population (2008-2010)
Outagamie County: 5,016
Wisconsin: 5,878
National Benchmark: 5,317

*YPLL: Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county’s YPLL.

Infant mortality rate per 1,000 population (2010)
Outagamie County: 5.3
Wisconsin: 5.7
Healthy People 2020 Target: 6.0

Sources: Wisconsin Department of Health Services (DHS), County Health Rankings (CHR), National Vital Statistics System, Wisconsin Interactive Statistics on Health (WISH)

Quality of Life (Morbidity)

Measures of Overall Health

Percent of adults reporting poor or fair health (2005-2011)
Outagamie County: 8.0%
Wisconsin: 12.0%
National Benchmark: 10.0%

Average number of physically unhealthy days reported in the past 30 days (age-adjusted) (2005-2011)
Outagamie County: 2.8
Wisconsin: 3.2
National Benchmark: 2.6

Average number of mentally unhealthy days reported in adults in the past 30 days (age-adjusted) (2005-2011)
Outagamie County: 2.3
Wisconsin: 3.0
National Benchmark: 2.3

Percent of birth weights less than 2,500 grams (about 5.5 pounds) (2004-2010)
Outagamie County: 7.1%
Wisconsin: 7.0%
National Benchmark: 6.0%

Sources: CHR, Behavioral Risk Factor Surveillance System (BRFSS), WISH
Chronic Disease Prevention & Management

Chronic diseases, such as heart disease, stroke, cancer, diabetes, and asthma, may be prevented through healthy diet, physical activity, eliminating tobacco use and substance abuse, and early screening and detection. Mental illnesses are also chronic diseases. Among adults, half of all mental, emotional and behavioral disorders were first diagnosed by age 14 and three-quarters by age 24. Chronic diseases are very costly. Effective management can prevent more serious complications and is a measure of the quality of the outpatient health care system.

- Coronary heart disease is the leading cause of death in the United States. Modifiable risk factors include high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet & physical activity, overweight & obesity.
- Cardiovascular disease accounts for 20% of medical expenditures in the United States.
- Cancer is the 2nd leading cause of death in the United States. Modifiable risk factors include use of tobacco, physical inactivity & poor nutrition, obesity, UV light exposure. Early screening and vaccination can also reduce risk.
- Diabetes is the 7th leading cause of death in the United States. It affects 23.6 million people. One in every five health care dollars is spent caring for people with diagnosed diabetes.
- Asthma affects more than 23 million people in the United States.
- Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Mental illnesses are the 3rd most costly after cancer and heart disease.

Types of screening for chronic diseases include:
- Cervical cancer
- Cholesterol
- Colon cancer
- Diabetic
- Mammography
- Mental health

Local and State Data
Percent of Adults age 20+ with diagnosed diabetes (2009)
Outagamie County: 9.0%
Wisconsin: 8.0%

Cancer incidence per 100,000 population (age-adjusted) (2007-2011)
Outagamie County: 473.5
Wisconsin: 471.2

Coronary heart disease hospitalization rate per 1,000 population (2010)
Outagamie County: 2.3
Wisconsin: 3.3

Cerebrovascular disease hospitalization rate per 1,000 population (2010)
Outagamie County: 2.1
Wisconsin: 2.4

Percent of youth ever told by a provider that they had asthma and still have asthma (2007)
Outagamie County: 21.5%
Wisconsin: 20.3%

Percent of women age 18+ who had a pap test in the last 3 years (2010)
Outagamie County: 84%
Wisconsin: 84%

Percent of adults age 50+ who ever had a sigmoidoscopy or colonoscopy (2010)
Outagamie County: 67%
Wisconsin: 69%

Percent of diabetic Medicare enrollees that received HbA1c screening in the past year (2010)
Outagamie County: 91%
Wisconsin: 90%
National Benchmark: 90%

Percent of female Medicare enrollees age 67-69 that received mammography screening in the past 2 years (2010)
Outagamie County: 74.2%
Wisconsin: 73.0%
National Benchmark: 74%

Percent of adults who have ever had cholesterol checked and were told it was high (2010)
Outagamie County: 30%
Wisconsin: 36%

Sources: Kessler et al., 2005; Economic Benefits of Preventing Disease (National Prevention Strategy); Healthiest Wisconsin 2020; Healthy People 2020; CHR; Colton & Manderscheid, 2006; CHR, BRFSS, WISH, WI DHS, Youth Risk Behavior Surveillance System (YRBSS)
Oral Health

Proper oral health improves the ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions. Good oral health can prevent mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects, preterm labor, and diseases of the mouth. Proper oral health care can also prevent other diseases through early detection of diseases that start with oral symptoms but that can affect health in other parts of the body.

Oral health and nutrition have a complex relationship. Diseases that affect a person’s mouth impact an individual’s ability to eat and their nutrition status. Likewise, nutrition and diet can affect the development and health of the mouth and the progression of oral diseases.

Oral health and appearance are related to self-confidence and social interaction. Oral health contributes to general health and wellness, self-esteem and quality of life. People who are more likely to have poor oral health include those with disabilities, other health conditions and lower levels of education and income.

Lack of access to preventive dental care increases rates of oral diseases. Factors include education level, income, race and ethnicity. In Wisconsin, people on BadgerCare and those without dental insurance coverage are less likely to visit a dentist for routine (preventive) dental care.

Over the past 50 years there has been a significant improvement in oral health in the United States. This is mostly due to effective prevention and treatment efforts, such as community water fluoridation.

Local and State Data
Percent of population on public water supplies with fluoride content at 0.7 PPM* or greater (2011)
Outagamie County: 95.9%
Wisconsin: 89.4%
*0.7 PPM (parts per million) is the recommended optimal level of fluoridation for community water systems

Percent of third grade children with untreated decay (2008)
Northeast Region*: 17.9%
Wisconsin: 20.1%
Healthy People 2020 Target: 20%
*Northeast Region: Includes Public Health Departments in Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara and Winnebago counties

Sources: Healthiest Wisconsin 2020; Healthy People 2020; Gift & Atchison, 1995; Touger-Decker & Mobley, 2013
Communicable Disease

Communicable diseases include food-borne and water-borne, respiratory, vaccine-preventable, and sexually transmitted. Prompt identification and control can reduce absenteeism, health care costs, illness, and death.

Food-borne diseases cause millions of illnesses every year in the United States. Children under 4 have the highest incidence. Adults over 50 are at highest risk for serious complications.

Respiratory infections (including influenza and pneumonia) are the 8th leading cause of death in the United States. Viral hepatitis, influenza and tuberculosis (TB) are among the leading causes of illness and death in the United States.

42,000 adults and 300 children die of vaccine-preventable diseases each year in the United States.

Childhood immunization programs are effective at reducing rate of disease and provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule (this includes DTap, Td, Hib, Polio, MMR, Hep B, and varicella vaccines), society saves 33,000 lives, prevents 14 million cases of disease, reduces direct health care costs by $9.9 billion, and saves $33.4 billion in indirect costs.

Local and State Data

Percent of population age 65+ who had a flu shot (2012-2013 flu season)
Outagamie County: 46.7%
Wisconsin: 65.7%

Percent of children who received the recommended doses of vaccines by age 2 (2010-2012)
Outagamie County: 77.4% (2010), 79.4% (2011), 81.2% (2012)
Wisconsin: 63.9% (2010), 66.8% (2011), 69.5% (2012)
Healthy People 2020 Target: 80%

Hepatitis C incidence per 100,000 population (2013)
Outagamie County: 36.5
Wisconsin: 45.5

Lyme disease incidence per 100,000 population (2013)
Outagamie County: 22.5
Wisconsin: 39.0

Pertussis (whooping cough) incidence per 100,000 population (2013)
Outagamie County: 25.9
Wisconsin: 22.0

Salmonella incidence per 100,000 population (2013)
Outagamie County: 20.2
Wisconsin: 15.8
Healthy People 2020 Target: 11.4

Tuberculosis incidence per 100,000 population (2012)
Outagamie County: 1.7
Wisconsin: 1.5

Sources: Healthiest Wisconsin 2020; Healthy People 2020

Sources: WI Immunization Program, WI Immunization Registry (WIR), Wisconsin Electronic Disease Surveillance System (WEDSS)
Mental Health

Mental health can be defined as a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health is essential to personal well being, healthy relationships, and the ability to contribute to society.

When a person experiences mental health problems, they are experiencing signs and symptoms of mental illness, but they are of insufficient intensity or duration to meet the criteria for any diagnosable mental disorder. Mental health problems warrant active efforts in health promotion, prevention and treatment. Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, behavior and ability to relate to others, and cause the person distress and difficulty in daily functioning.

Mental disorders are one of the most common causes of disability. 13 million adults have seriously debilitating mental illness each year in the United States and one in 4 adults (approximately 57.7 million Americans) experience a mental health problem during any given year. One in 17 Americans lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder. Approximately one in 10 children lives with a serious mental or emotional disorder.

Suicide is a major preventable public health problem and is the 10th leading cause of death overall in the United States with almost 40,000 deaths per year. There are an estimated 8-12 attempts for every suicide death.

Mental health issues are associated with risky behaviors, such as smoking, physical inactivity, obesity, and substance abuse. These behaviors can in turn lead to chronic disease, injury, or disability.

Adequate nutrition is required for proper brain functioning and overall mental health. Poor diet may be a modifiable risk factor for depression. Increased physical activity may increase general well being and mood, and decrease levels of anxiety and depression.

Local and State Data

Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) (2005-2011)
Outagamie County: 2.3
Wisconsin: 3.0
National Benchmark: 2.3

Self-inflicted hospitalization rate per 100,000 population (2012)
Outagamie County: 92.3
Wisconsin: 97.1

Percentage of youth who harmed themselves on purpose, such as by cutting or burning, but did not want to die (2011/2012)
Outagamie County: 21.3%
Wisconsin: 17.2%

Suicide rate per 100,000 population (2007-2011)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Outagamie County</th>
<th>Wisconsin</th>
</tr>
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<tbody>
<tr>
<td>All Ages</td>
<td>14.1</td>
<td>13.1</td>
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<tr>
<td>Age 15-24</td>
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<tr>
<td>Age 25-34</td>
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<td>15.7</td>
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<tr>
<td>Age 35-44</td>
<td>13.5</td>
<td>17.6</td>
</tr>
<tr>
<td>Age 45-54</td>
<td>23.6</td>
<td>20.3</td>
</tr>
<tr>
<td>Age 55-64</td>
<td>25.8</td>
<td>17.1</td>
</tr>
</tbody>
</table>

Percent of youth who seriously considered attempting suicide during the 12 months before the survey (2011/2012)
Outagamie County: 17.9%
Wisconsin: 13.5%

Percent of youth who made a plan about how they would attempt suicide during the 12 months before the survey (2011/2012)
Outagamie County: 15.2%
Wisconsin: 11.5%

Percent of youth who attempted suicide one or more times during the 12 months before the survey (2011/2012)
Outagamie County: 13.1%
Wisconsin: 6.7%

Sources: World Health Organization; NAMI; CDC; U.S. Department of Health and Human Services, 1999; CHR; Healthiest Wisconsin 2020; Healthy People 2020; Stephens, 1988

Sources: CHR, BRFSS, WISH, YRBSS
Injury & Violence

Injuries are the leading cause of death in people age 1-44 in the United States. Injuries can include *unintentional* injuries such as those related to sports injuries, poisoning, falls, and seat belt use. Injuries can also be *intentional* such as acts of violence like homicide and assault.

Injury is the leading cause of disability in all ages, genders, races, ethnicities, and socio-economic statuses. Many think of injuries as “accidents” or “acts of fate” but most are predictable and preventable.

In Wisconsin:
- Falls have surpassed motor vehicle crashes as the most common cause of injury-related death.
- The vast majority of fall-related deaths (87%) and inpatient hospitalizations (70%) involve people age 65 and older.
- Hospitalizations and emergency department visits due to falls result in $800 million in hospital charges each year.
- Over 70% of the costs for fall-related hospitalizations and emergency department visits are paid by Medicare and Medicaid.

The impact of violence in communities is far-reaching: when people don’t feel safe in their communities, they are less likely to use local parks and community centers and access services such as public transportation. When parents don’t feel safe in their communities, they are hesitant to let their children play outside or walk to school. Communities perceived as being unsafe are less likely to benefit from investments such as grocery stores.

Rates for both intentional (e.g., homicide, suicide) and unintentional (e.g., motor vehicle accidents) injuries are 26 times higher among people with a mental illness than in the population overall. People with psychiatric disabilities are more likely to be victims than perpetrators of violent crime. People with severe mental illnesses (schizophrenia, bipolar disorder or psychosis) are 2½ times more likely than the general population to be attacked, raped or mugged.

Local and State Data

Percent of youth who rarely or never wore a seat belt when riding in a car driven by someone else (2011/2012)
Outagamie County: 9.2%
Wisconsin: 10.3%

Ranked causes of hospitalizations for injuries (age-adjusted per 100,000 population) (2007-2009)

<table>
<thead>
<tr>
<th></th>
<th>Outagamie County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>321</td>
<td>441</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>119</td>
<td>98</td>
</tr>
<tr>
<td>Motor Vehicle Crash</td>
<td>64</td>
<td>78</td>
</tr>
<tr>
<td>Poisoning</td>
<td>32</td>
<td>47</td>
</tr>
<tr>
<td>Non-Traffic Transportation</td>
<td>21</td>
<td>27</td>
</tr>
</tbody>
</table>

Injury deaths due to falls for adults age 65+ per 100,000 population (2011)
Outagamie County: 15.7
Wisconsin: 18.2

Sources: Healthy People 2020; *The Burden of Falls in Wisconsin*, 2010; CDC; Hiday, 2006; Cohen et al., 2010

Health Behaviors

Alcohol & Drug Use

Every year in the United States, an estimated 22 million people have difficulties with the negative effects of drugs and alcohol. 95% of them are unaware of their problem. Drug and alcohol problems can lead to alcohol and drug dependencies, alcohol poisoning, fetal alcohol spectrum disorders, hypertension, heart attack, and liver, brain, and heart disease.

Approximately 80,000 deaths annually in the United States are attributed to excessive drinking. It is the 3rd leading lifestyle-related cause of death. 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge and heavy drinkers account for most episodes of alcohol-impaired driving.

Wisconsin’s rates for various measures of alcohol use and abuse are among the highest in the nation.

About 40% of individuals with alcoholism and more than half of individuals with drug addictions have at least one serious mental illness. Approximately 50% of individuals diagnosed with severe mental illness are affected by substance abuse.

Substance abuse has a major impact on individuals, families and communities and can lead to costly physical, mental and public health problems including:

- Teenage pregnancy
- HIV/AIDS and other STIs
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide
- Addiction
- Fetal alcohol spectrum disorders

Local and State Data

Percent of the adult population that reports either binge drinking* or heavy drinking** (2005-2011)
Outagamie County: 31%
Wisconsin: 24%
National Benchmark: 7%
*Binge drinking: Consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days.
**Heavy drinking: Consuming more than 1 (women) or 2 (men) alcoholic beverages per day on average.

Rate of alcohol-related hospitalizations per 1,000 population (2010)
Outagamie County: 2.1
Wisconsin: 2.0

Proportion of driving deaths with alcohol involvement (2008-2012)
Outagamie County: 29%
Wisconsin: 39%

Percent of adults age 18+ who reported driving after having too much alcohol to drink (2011)
Outagamie County: 9%
Wisconsin: 4%

Percent of youth who had at least one drink of alcohol on one or more of the past 30 days (2011/2012)
Outagamie County: 32.0%
Wisconsin: 39.2%

Percent of youth who had their first drink of alcohol (other than a few sips) before age 13 (2011/2012)
Outagamie County: 18.7%
Wisconsin: 18.6%

Percent of youth who reported driving after drinking alcohol (2011/2012)
Outagamie County: 7.5%
Wisconsin: 8.7%

Percent of youth who reported riding in a car or other vehicle driven by someone who had been drinking alcohol (2011/2012)
Outagamie County: 20.4%
Wisconsin: 22.9%

Number of arrests for drug possession: Outagamie County (2011/2012)
2011: 307 (Adult: 233, Juvenile: 74)
2012: 397 (Adult: 345, Juvenile: 52)

Sources: BRFSS, CHR, YRBS, WI DHS, WI Department of Justice Office of Justice Assistance

Sources: Healthiest Wisconsin 2020; Healthy People 2020; CHR; Regier et al., 1990; Denney & Johnson, 1984
Outa
gamie County Community Health Assessment and Improvement Plan

Physical Activity & Nutrition

More than 80% of adults in the United States do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80% of adolescents do not meet the aerobic physical activity guidelines for youth.

Regular physical activity in adults can lower the risk of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression. Physical activity in children and adolescents can improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression.

Adults currently or previously diagnosed with depression are 60% more likely to be obese and those with anxiety disorders are 30% more likely to be obese than people without depression or anxiety.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger. Healthy diet reduces risk of overweight/obesity, malnutrition, anemia, heart disease, high blood pressure, type 2 diabetes, osteoporosis, oral disease, diverticulitis, and some cancers. People at healthy weight are less likely to develop chronic disease risk factors (such as high blood pressure), develop chronic diseases (such as type 2 diabetes, heart disease, osteoarthritis, and some cancers), have complications during pregnancy, and die at an earlier age.

Good nutrition in children is important to healthy growth and development and to maintaining appropriate weight.

Annual health care costs are approximately $1,400 higher for people who are obese than for those who are not.

Local and State Data

Percent of adults age 20+ with BMI greater than 30* (2009)
Outagamie County: 29.0%  
Wisconsin: 29.0%  
National Benchmark: 25%

*Obesity: BMI (body mass index) of 30 or over

Body Mass Index: An index for relating weight to height. It is calculated as a person’s weight in kilograms divided by his or her height in meters squared.

Percent of adults reporting no leisure time physical activity (2009)
Outagamie County: 22.0%  
Wisconsin: 23.0%  
National Benchmark: 21%

Percent of youth overweight (2011/2012)
Wisconsin: 14.9%  
United States: 15.2%

When asked about body weight, the percent of youth reporting they were trying to lose weight (2011/2012)
Outagamie County: 45.6%  
Wisconsin: 44.4%

Percent of youth who are not physically active* (2011/2012)
Outagamie County: 52.1%  
Wisconsin: 48.4%

*Not physically active: percent of youth doing any kind of physical activity that increases heart rate and makes them breath hard for at least 60 minutes per day on less than 5 of the past 7 days.

Percent of youth that did not eat fruit (2011/2012)
Outagamie County: 8.7%  
Wisconsin: 8.3%

Percent of youth that drink one or more soda per day (2011/2012)
Outagamie County: 20.9%  
Wisconsin: 23.1%

Percent of infants receiving WIC who are exclusively breastfed through the first three months of life (2011)
Outagamie County: 22.7%  
Wisconsin: 20.7%  
Healthy People 2020 Target: 46%

Sources: Healthiest Wisconsin 2020; Healthy People 2020; Strine et al., 2008

Sources: BRFSS, YRBSS, Pediatric Nutrition Surveillance System (PedNSS)
**Tobacco**

Tobacco use is the single most preventable cause of death and disease in the United States. Every year there are 443,000 deaths in the United States and 8,000 deaths in Wisconsin due to tobacco-related illnesses. For every death from tobacco use, 20 more people suffer with at least one serious tobacco-related illness.

The economic costs of tobacco use in Wisconsin are overwhelming. Smoking-attributable health care costs from tobacco use in Wisconsin are approximately $2.8 billion paid in direct health care costs and $1.7 billion dollars in lost productivity. Annual health care costs are $2,000 higher for smokers than nonsmokers. Tobacco use accounts for 11% of Medicaid costs and nearly 10% of Medicare costs.

Tobacco use can cause cancer, heart disease, lung diseases, premature birth, low birth weight, stillbirth and infant death. Smoking causes both immediate and long-term effects on exercise and physical activity. Smokers have less endurance, poorer physical performance, and increased rates of injury from physical activity.

People living with mental illness are almost two times as likely to smoke as other persons. 44.3% of all cigarettes in America are consumed by individuals who live with mental illness and/or substance abuse disorders.

Secondhand smoke exposure can cause heart disease, lung cancer, severe asthma attacks, respiratory infections, ear infections and SIDS.

Smokeless tobacco use can cause cancer of the mouth and gums, periodontitis and tooth loss.

**Local and State Data**

Percent of adults reporting smoking more than 100 cigarettes in their lifetime and currently smoking (every day or most days) (2005-2011)
- Outagamie County: 18%
- Wisconsin: 19%
- National Benchmark: 14%

Percent of adults age 18+ who reported currently using chewing tobacco, snuff, or snus every day or some days (2011)
- Outagamie County: 2%
- Wisconsin: 4%

Percent of mothers who report smoking during pregnancy (2007-2010)
- Outagamie County: 13%
- Wisconsin: 14%

Percent of illegal tobacco sales to minors (2013)
- Outagamie County: 26.1%
- Wisconsin: 13.5%

Percent of youth who smoked cigarettes on one or more of the past 30 days (2011/2012)
- Outagamie County: 17.6%
- Wisconsin: 14.6%

Percent of youth who used chewing tobacco, snuff or dip on one or more of the past 30 days (2011/2012)
- Outagamie County: 5.2%
- Wisconsin: 8.3%

**Sources:** Economic Benefits of Preventing Disease (National Prevention Strategy); Healthiest Wisconsin 2020; Healthy People 2020; WI Tobacco Prevention and Control Program; Lasser et al., 2000; Cleveland Clinic
Reproductive & Sexual Health

There are approximately 19 million new sexually transmitted infections (STIs) each year in the United States—almost half of them among young people ages 15 to 24. The cost of STIs to the US health care system is estimated to be as much as $15.9 billion annually.

Untreated STIs can lead to serious long-term health consequences, especially for adolescent girls and young women. It is estimated that undiagnosed and untreated STIs cause at least 24,000 women in the United States each year to become infertile. Sexually transmitted infections can lead to reproductive health problems, fetal and perinatal health problems, cancer, and can aid in HIV transmission. For every HIV infection prevented, an estimated $355,000 is saved in the cost of providing lifetime HIV treatment.

Family planning services help with desired birth spacing and family size, and improved health outcomes for infants, children, women and families.

When a pregnancy is unintended, it can lead to delays in starting prenatal care, decreased rate of breastfeeding, increased rate of maternal depression, and an increased risk of physical violence during pregnancy. Children from unintended pregnancies are more likely to have poor mental and physical health, lower educational attainment, and more behavioral issues as teens.

Teen mothers are less likely to graduate from high school. They earn approximately $3,500 less per year than non-mothers. Teen fathers are more likely to have lower educational attainment and lower income than non-fathers. In addition, teen fathers are more likely to have less involvement with parenting of the child or children.

Obesity and diabetes are associated with maternal and fetal complications, including birth defects, miscarriage and stillbirth.

Local and State Data

<table>
<thead>
<tr>
<th>Measure</th>
<th>Outagamie County</th>
<th>Wisconsin</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases per 100,000 population (2013)</td>
<td>324.9</td>
<td>417.9</td>
<td>92</td>
</tr>
<tr>
<td>Gonorrhea cases per 100,000 population (2013)</td>
<td>29.8</td>
<td>81.9</td>
<td></td>
</tr>
<tr>
<td>Rate of persons living with a diagnosis of HIV per 100,000 population (2010)</td>
<td>50</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>Birth rate per 1,000 females age 15-19 (2004-2010)</td>
<td>21.0</td>
<td>29.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Percent of births at less than 37 weeks* gestation (2010)</td>
<td>11.3%</td>
<td>10.8%</td>
<td></td>
</tr>
<tr>
<td>Percent of youth who have ever had sexual intercourse (2011/2012)</td>
<td>32.3%</td>
<td>41.6%</td>
<td></td>
</tr>
<tr>
<td>Among youth who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse (2011/2012)</td>
<td>60.7%</td>
<td>64.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Economic Benefits of Preventing Disease (National Prevention Strategy); Healthy People 2020; Guttmacher Institute, 2003

Sources: WEDSS, CHR, Centers for Disease Control and Prevention (CDC), National Vital Statistics System, WISH, YRBSS
Health Care and Public Health

Access to Care

Access to health care includes medical, dental and mental health. Coverage (having health insurance) is essential but does not ensure access. It is important to have comprehensive coverage (including of preventive services), providers that accept the individual’s insurance, relatively close geographic location of providers to patients and services from a usual and ongoing source, also called a "medical home."

Having a medical home for primary care is associated with greater patient trust in the provider, better patient-provider communication, and increased likelihood that the patient will receive appropriate care. This can lead to better health outcomes, fewer disparities, and lower costs.

Additional barriers to care may include transportation to the provider’s office, long waits to get an appointment, lack of knowledge about the importance of preventive care and low health literacy. Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Access to health care impacts overall physical, social and mental health status, prevention of disease and disability, detection and early treatment of health conditions, quality of life, preventable death and life expectancy.

In the United States, less than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year.

Despite effective treatments for mental health problems and mental illness, there are long delays—sometimes decades—between the first onset of symptoms and when people seek and receive treatment.

Local and State Data

Hospitalization rate for ambulatory-care sensitive conditions* per 1,000 Medicare enrollees
Outagamie County: 43.0
Wisconsin: 55.0
National Benchmark: 47.0

*Ambulatory-care sensitive conditions: Those diagnoses that are amenable to outpatient services.

Percent of population under age 65 that has no health insurance coverage (2010)
Outagamie County: 10%
Wisconsin: 11%
National Benchmark: 11%

Ratio of population to primary care physicians* (2011-2012)
Outagamie County: 1,196:1
Wisconsin: 1,247:1
National Benchmark: 631:1

*A higher ratio of physicians to the population is associated with a reduction in average mortality in the community, i.e., higher ratio means shorter lifespan of community members.

Ratio of population to mental health providers (2011-2012)
Outagamie County: 3,847:1
Wisconsin: 2,714:1

Percent of Medicaid members receiving a dental service (2008)
Outagamie County: 15.6%
Wisconsin: 23.0%

Ratio of population to dentists
Outagamie County: 1,560:1
Wisconsin: 2,206:1

Percent of population age 2+ that did not have a dental visit in the past year (2004-2010)
Outagamie County: 19.0%
Wisconsin: 25.0%

Full-time equivalents (FTEs) of local health department staff per 10,000 population (2008)
Outagamie County: 2.0
Wisconsin: 3.1
National Median 4.8

Sources: CHR, Healthy People 2020; U.S. Department of Health and Human Services; Wang et al., 2005
Social and Economic Factors

Education

Years of formal education are strongly correlated with improved work and economic opportunities including higher income, better working conditions, access to health care (through work situation), and more stability during variations in the job market. Years of formal education are also strongly correlated with reduced psychosocial stress through a greater sense of personal control and healthier lifestyles.

Even after income and insurance status are taken into account, education still has a significant effect on health outcomes. In addition, there are multi-generational health effects because the educational level of parents affects the health of their children through resources available for the children and through the quality of the schools their children attend.

Reading is a critical predictor of high school success or failure. Poor readers are more likely to drop out of school. Dropouts are more likely to be unemployed, to earn low wages and to end up on welfare or in prison.

Over 50% of students with a mental disorder who are age 14 and older drop out of high school—the highest dropout rate of any disability group.

Local and State Data

High school graduation percentage (2010/2011)
Outagamie County: 92.0%
Wisconsin: 88.0%

Percent of adults age 25-44 with some college or associate’s degree (2007-2011)
Outagamie County: 67.3%
Wisconsin: 64.0%
National Benchmark: 68%

Percent of fourth grade students proficient or advanced in reading (2012)
Outagamie County: 84.8%
Wisconsin: 81.0%
Healthy People 2020 Target: 36.3%

Sources: CHR, United Way Worldwide; U.S. Department of Education

Sources: CHR, WI Department of Public Instruction (DPI), US Census
Employment

Almost 25% of adults in the United States earn less than $27,000 a year in jobs that offer no health care, vacation, or paid sick leave. 40% of all households in the United States earn below 250% of the federal poverty level. These workers often struggle to afford food, rent, childcare, and transportation.

Unemployment and under-employment affect health outcomes and can lead to an increase in unhealthy behaviors, such as alcohol use, tobacco use, unhealthy diet, and lack of exercise. These behaviors can lead to higher risk of disease and death.

Some studies indicate that unemployment can lead to physical illness and even death (especially by suicide). Unemployment can also reduce access to health care because insurance may be a benefit of employment.

The annual economic, indirect cost of mental illnesses in the United States is estimated to be $79 billion. Most of that amount (approximately $63 billion) reflects the loss of productivity as a result of illnesses. Major depression is associated with more annual sick days and higher rates of short-term disability than other chronic diseases.

Local and State Data

Percent of population age 16+ unemployed but seeking work (2011)
Outagamie County: 7.0%
Wisconsin: 7.5%
National Benchmark: 5.4%

Count of individuals enrolled in Wisconsin Works (W-2)* on the last working day of the month (2012-2014)

Outagamie County

<table>
<thead>
<tr>
<th>Month</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2012</td>
<td>158</td>
</tr>
<tr>
<td>July 2012</td>
<td>160</td>
</tr>
<tr>
<td>January 2013</td>
<td>168</td>
</tr>
<tr>
<td>July 2013</td>
<td>232</td>
</tr>
<tr>
<td>January 2014</td>
<td>321</td>
</tr>
</tbody>
</table>

*This program provides benefits to eligible enrollees who are unemployed or underemployed.

Sources: CHR; United Way Worldwide; U.S. Department of Health and Human Services, 1999; NAMI

Sources: CHR, Bureau of Labor Statistics, WI Department of Children and Families (DCF)
**Adequate Income**

While poverty data typically uses the federally established poverty level, a general definition of poverty is insufficient income to meet the needs for food, clothing, and shelter. Adequate income is important in obtaining health insurance, paying for medical care, and having access to other basic goods. Poverty leads to increased risk of a variety of medical conditions and diseases, depression, intimate partner violence, poor health behaviors, and death.

Children in poverty have higher rates of illness and death largely due to accidental injury and lack of health care access. There is some evidence that poverty at a very early age may result in developmental damage. Children’s IQ at age five has been shown to be more strongly related to income than to ethnicity, the mother’s educational level, or having a female-headed household.

Living in poverty has the most measurable effect on the rates of mental illness. People in the lowest socioeconomic status are about two to three times more likely than those in the highest strata to have a mental disorder.

26% of the homeless population in the United States lives with severe mental illness—more than four times the rate of serious mental illness in the general population.

Food insecurity occurs whenever the availability of nutritionally adequate and safe food, or the ability to acquire acceptable foods in socially acceptable ways, is limited or uncertain. Hunger is defined as the uneasy or painful sensation caused by a recurrent or involuntary lack of food and is a potential, although not necessary, consequence of food insecurity. Over time, hunger may result in malnutrition.

Hunger and food insecurity affect more than 30 million Americans each year. Low-income households are much more likely than others to suffer from hunger and food insecurity since they have fewer resources to buy food.

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**Local and State Data**

**Median household income (all residents of a household age 18+) (2011)**
- Outagamie County: $56,901
- Wisconsin: $50,401

**Percent of population living below the Federal Poverty Line (FPL) (2010)**
- Outagamie County: 9.1%
- Wisconsin: 13.2%

**Percent of population age 65+ living below the Federal Poverty Line (FPL) (2012)**
- Outagamie County: 6.7%
- Wisconsin: 7.4%

**Percent of children under age 18 living below the Federal Poverty Line (FPL) (2011)**
- Outagamie County: 11.0%
- Wisconsin: 18.0%
- National Benchmark: 13.0%

**Percent of children enrolled in public schools that are eligible for free school lunch (2011)**
- Outagamie County: 23.0%
- Wisconsin: 33.0%

**Percent of households that pay 30% or more of their household income on housing costs (2007-2011)**
- Outagamie County: 28.0%
- Wisconsin: 33.0%

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Source: CHR; U.S. Department of Health and Human Services; U.S. Conference of Mayors, 2009; Center on Hunger and Poverty and Food Research and Action Center

Sources: CHR, US Census, USDA Food Environment Atlas
Community Safety

Violence against others has a major impact in the United States. There are approximately 18,000 deaths per year and 268,000 cases of hospitalized violence-related injury. Homicide is the 2nd leading cause of death in ages 15-24.

Community safety affects both physical safety and psychological well-being. Exposure to crime and violence increases stress which can increase hypertension and other stress-related disorders, smoking rates, substance abuse, sexual risk-taking behavior and risky driving practices. Increased stress levels due to lack of safety may contribute to obesity prevalence. Some evidence indicates that this is true even after controlling for diet and physical activity levels.

Direct and indirect health impacts of lack of community safety include the impact of violence on the victim, post-traumatic stress disorder (PTSD), other psychological distress, upper respiratory illness and asthma, low birth weight, unhealthy diet and not enough exercise, and lack of family and social support. Feeling unsafe also deters people from healthy behaviors such as exercising out-of-doors.

Local and State Data

Violent crime rate per 100,000 population (2008-2010)
Outagamie County: 136.0
Wisconsin: 261.0
National Benchmark: 73.0

Child abuse rate per 1,000 population (allegation of maltreatment substantiated) (2011)
Outagamie County: 3.1
Wisconsin: 3.5

Percent of youth who have been bullied on school property during the past 12 months (2011/2012)
Outagamie County: 29.4%
Wisconsin: 24.0%

Percent of youth who have been electronically bullied during the past 12 months (includes being bullied through email, chat rooms, instant messaging, websites or texting) (2011/2012)
Outagamie County: 21.3%
Wisconsin: 16.6%

Percent of youth who have ever been forced, either verbally or physically, to take part in a sexual activity (2011/2012)
Outagamie County: 10.8%
Wisconsin: 10.3%

Source: CHR

Sources: CHR, Uniform Crime Reporting Program, WI DCF, YRBSS
Health Literacy

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

There is a significant difference between health literacy levels based on education. The percent of people with below basic literacy skills is 3% in college graduates, 15% in high school graduates and 49% in adults who have not completed high school.

Adults with less than average health literacy are more likely to have poor health status.

There is limited data on health literacy in Wisconsin; therefore, general literacy data is used as a proxy to represent this topic.

For major physical diseases, it is widely accepted that members of the public will benefit by knowing what actions they can take for prevention, early intervention, and treatment. However, this type of public knowledge about mental disorders (mental health literacy) has received much less attention. Increasing the community’s mental health literacy needs to be a focus for national policy and population monitoring so that the whole community is empowered to take action for better mental health.

Local and State Data
Percent of the population age 16+ that lacks basic prose literacy skills (2003)
Outagamie County: 6.8%
Wisconsin: 7.3%

Source: CHR, Healthy People 2010; Jorm et al., 2000

Sources: CHR, National Center for Education Statistics
Social Support

Family and social support includes the quality of relationships (among family members, friends, colleagues, acquaintances) and involvement in community life. Social support networks are powerful predictors of healthy behaviors.

Social isolation includes poor family support, minimal contact with others and limited involvement in community life. There is a strong association between social isolation and poor health outcomes. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking in terms of adverse health outcomes.

Both adults and children in single-parent households are at higher risk for unhealthy behaviors, such as smoking and excessive alcohol use, adverse health outcomes such as substance abuse, depression, and suicide, and early death. Self-reported health among single parents (both male and female) were found to be worse than for parents living as couples, even after controlling for socioeconomic characteristics.

Local and State Data

Percent of adults without social or emotional support (2005-2010)
Outagamie County: 12.0%
Wisconsin: 17.0%
National Benchmark: 14.0%

Percent of children that live in a household headed by a single parent (2007-2011)
Outagamie County: 22.0%
Wisconsin: 30.0%
National Benchmark: 20.0%

Percent of adults age 65+ who live alone (2009-2011)
Outagamie County: 32.2%
Wisconsin: 29.9%

Number of refugees* (2005-2009)
Outagamie County: 168
*Refugee: Someone who has been forced to flee his or her country because of persecution, war, or violence. Most likely, they cannot return home or are afraid to do so.

Sources: CHR, BRFSS, US Census, WI DCF

Source: CHR
Racism

The relationship between experiencing racism and negative health outcomes is an emerging area of research. While still evolving, the research clearly indicates a strong relationship between self-reported racism and ill health, particularly negative mental health outcomes and health-related behaviors. Research also indicates that stress from experiencing chronic hostility and fear can lead to negative health outcomes. These outcomes are seen even after controlling for differences such as income and access to adequate health care. The effect can be direct (including higher blood pressure and lower immune function) or indirect (including higher rates of smoking, drinking and overeating and lower rates of exercise and social support).

Local and State Data
Number of hate crimes (2009)
Outagamie County: 7*
Wisconsin: 63
*11% of the hate crimes in Wisconsin in 2009 occurred in Outagamie County; all were race-based.

Percent of population by race (2010-2012)

<table>
<thead>
<tr>
<th>Race</th>
<th>Outagamie County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91.6%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1.1%</td>
<td>6.2%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other</td>
<td>0.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>2+ races</td>
<td>1.8%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Sources: Paradies, 2006; Ornish, 2008

Sources: WI Department of Justice OJA, US Census
Physical Environment

Built Environment

Built environment includes human-made resources and infrastructure, such as buildings, roads, parks, restaurants and grocery stores. Major disparities in health conditions, such as childhood lead poisoning and asthma, result from inequities in the quality of home and neighborhood environments. These built environment hazards can be reduced through engineering, regulation, safe work practices and other methods.

One critical aspect of the built environment is having access to healthy foods. Limited access to fresh fruits and vegetables is related to premature mortality. Too much access to fast food restaurants and residing in a food desert correlate with: overweight, obesity, and premature death. A “food desert” is a neighborhood where a high proportion of the residents have low access to a supermarket or large grocery store (more than a mile in urban areas and more than ten in rural areas).

Access to recreational facilities has a strong relationship with physical activity levels in adults and children and is linked to lower obesity levels. Increasing access to recreational facilities is one of the CDC’s 24 recommended strategies to reduce obesity.

Local and State Data

Percent of population in poverty that also are far from a grocery store (10 miles: rural/1 mile: urban) (2012)
Outagamie County: 3.0%
Wisconsin: 5.0%
National Benchmark: 0%

Proportion of all restaurants that are fast food restaurants (2010)
Outagamie County: 40.0%
Wisconsin: 41.0%
National Benchmark: 25.0%

Number of farmers markets per 1,000 population (2013)
Outagamie County: 0.04
Winnebago County: 0.04
Calumet County: 0.08

Number of recreational facilities* per 1,000 population (2011)
Outagamie County: 0.18
Winnebago County: 0.08
Calumet County: 0.11
*Recreational facilities includes only proprietary facilities, not government, public or nonprofit facilities.

Prevalence of elevated blood lead levels* among children age 6 and under (2010)
Outagamie County: 0.5
Wisconsin: 1.3
*Lead poisoned: When a child has a capillary or venous blood lead level greater than or equal to 10 mcg/dL.

Percent of housing units built prior to 1950 (2010-2012)
Outagamie County: 21.0%
Wisconsin: 27.1%

Sources: CHR, USDA, US Census, WI DHS
Natural Environment

Natural environment includes a variety of factors, which include air and water quality. Poor air and water quality have the greatest impact on the very young, the old, and those with chronic health conditions. Air pollution can lead to decreased lung function, chronic bronchitis and asthma. Exposure to high levels of ozone or fine particulate matter leads to higher rates of emergency room visits and hospitalizations for people with asthma and other respiratory problems and higher risk of death due to heart and lung conditions.

Municipal water supplies are regularly tested and treated so they pose less of a risk. Two measures are used to indicate the potential impact of the water supply on the community: percent of the population using municipal water and percent of the population exposed to contaminants in municipal water each year. Limited exposure to contaminants does not pose immediate health risks.

Local and State Data

Annual number of unhealthy air quality days due to fine particulate matter (2008-2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Outagamie County</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Estimated percent of population on municipal water (2011)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outagamie County</td>
<td>89.0%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>71.0%</td>
</tr>
</tbody>
</table>

Percent of the population on municipal water exposed to any maximum contaminant limit (MCL) violation in a calendar year (2010)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outagamie County</td>
<td>9.0%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Population served and arsenic level in community water supply (2010)

<table>
<thead>
<tr>
<th>Arsenic Level</th>
<th>Outagamie County</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 mcg/L</td>
<td>84.4%</td>
</tr>
<tr>
<td>5-10 mcg/L</td>
<td>0.6%</td>
</tr>
<tr>
<td>No data</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Population served where maximum nitrate level is 3 mg/L or greater (2008-2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Outagamie County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>≥3 mg/L 0.2%</td>
</tr>
<tr>
<td>2009</td>
<td>≥3 mg/L 38.6%</td>
</tr>
<tr>
<td>2010</td>
<td>≥3 mg/L 38.8%</td>
</tr>
</tbody>
</table>

Percent of homes with radon levels greater than 4 pCi/L (2010)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outagamie County</td>
<td>40.3%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Sources: WI Environmental Public Health Tracking (EPHT) System, CHR, WI DHS
2014-2019 Community Health Improvement Plan
Acknowledgements

Thank you to our leadership team members for your hard work in developing a plan that can be utilized by individuals, organizations, and policymakers throughout our community. Ellen Koski, Community Health Educator for Outagamie County Public Health, led both groups through the process of developing this plan.

<table>
<thead>
<tr>
<th>Physical Activity &amp; Nutrition</th>
<th>Mental Health</th>
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</thead>
<tbody>
<tr>
<td>Mary Dorn, Outagamie County Public Health</td>
<td>Sarah Ceccon, Outagamie County Public Health</td>
</tr>
<tr>
<td>Melissa Kraemer Badke, East Central Wisconsin Regional Planning Commission</td>
<td>Beth Clay, NAMI Fox Valley</td>
</tr>
<tr>
<td>Wendy Krueger, ThedaCare and Well City Fox Cities</td>
<td>Mary Dorn, Outagamie County Public Health</td>
</tr>
<tr>
<td>Keren Rosenberg, United Way Fox Cities</td>
<td>Amanda Mathews, N.E.W. Mental Health Connection</td>
</tr>
<tr>
<td>Alex Tyink, Goodwill Grows</td>
<td>Chris Wardlow, Catalpa Health and Outagamie County</td>
</tr>
<tr>
<td>Wendy Vander Zanden, Community Action for Healthy Living</td>
<td></td>
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</tbody>
</table>
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

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.
**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.
Outagamie County Community Health Assessment and Improvement Plan

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).

National Prevention Council, 2011
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.
### 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.
Appendix A

Comprehensive Data Review: Sources and Limitations

This assessment drew heavily from resources available through the CHIPP Infrastructure Improvement Project from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and the University of Wisconsin Population Health Institute. The assessment is largely based on the Recommended Core Data Set for Community Health Improvement (version 1.0). The data set draws on information compiled for the annual county health rankings report through ongoing data collection systems (e.g., Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, US Census, American Community Survey, Uniform Crime Reporting Program and the National Vital Records System). Other state-specific sources of data used in this assessment include the Make Your Smile Count Survey, Public Water Fluoridation Census, Wisconsin Inpatient Hospitalization Discharge file and Wisconsin Hospital Emergency Department data system. Additional county-level data was provided by the Wisconsin Department of Health Services, the Wisconsin Department of Children and Families, WI Wins, CESA 6 and the Outagamie County Division of Public Health.

Key online data sources include:

- Wisconsin Department of Health Services, 2010 Profile for Outagamie County: www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/outagamie10.pdf
- Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health (WISH) data query system: www.dhs.wisconsin.gov/wish
- University of Wisconsin Population Health Institute, County Health Rankings for Outagamie County: www.countyhealthrankings.org
- United States Department of Commerce, U.S. Census Bureau, American Fact Finder: http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Limitations

Although this assessment reflects the most recent and best available health information for Outagamie County, there are important limitations to note:

- There can be a lag time between data reporting and availability (i.e., the timeliness of data)
- Small numbers can make comparisons difficult
- Health information is generally not available for jurisdictions smaller than counties (e.g., individual communities within Outagamie County)
- There is inadequate data for some topic areas, including data that is stratified by sex, race, ethnicity, age, etc.
- There are jurisdictional challenges within data collection systems (e.g., reporting issues across county and state lines)
- Crossover of partners’ multiple jurisdictions (e.g., there are 5 public health jurisdictions in the tri-county area of Calumet, Outagamie and Winnebago counties)
Sources


Wisconsin Department of Children and Families. Refugee Assistance Services Program Section. *Statistics, Population & Census Data, Wisconsin’s Outagamie County Community Health Assessment and Improvement Plan*. 53
Outagamie County Community Health Assessment and Improvement Plan


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  Fax: (920) 832-4924
401 S Elm St  Outagamie County Public Health  (920) 832-5100
Appleton, WI 54911  www.outagamie.org/PublicHealth  Email: CHIP@outagamie.org

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