Oneida County

Community Health Improvement Plan

CHIP

An Invitation to the Community

Health is affected by a multitude of factors including physical and social environments. Our vision is to create a healthy community for all residents of Oneida County. The Centers for Disease Control and Prevention defines healthy communities as "A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

This Oneida County Community Health Plan is the result of a community assessment process which brought together a broad representation of Oneida County constituencies. This collaborative plan is meant to be used as a guide in improving the health of everyone who lives in Oneida County.

This plan outlines goals and strategies for identified focus areas to assist us with attaining a "healthy community" for Oneida County. The plan will have no impact on our community unless it is embraced and acted upon in a collective manner. Community change and health improvements require dedication and commitment from all stakeholders. In order to meet the health goals for Oneida County, action will be required by all citizens, businesses, government, and community sectors.

We invite all of you to participate in some capacity to address the focus areas within the plan so that we can improve the health of each individual, their family, and ultimately the health of our community.

A special thank you goes out to the community partners who provided guidance and direction and to the citizens of Oneida County who provided input. The Oneida County Health Department appreciates and values the collaborative effort it took to create this plan.

Please contact the health department if you are interested in participating on any community committees at 715-369-6111.

Sincerely,

Linda Conlon, RN, BAN, MPH
Health Director
Oneida County Health Department

Table of Contents

CHIP Committee Member Organizations

Thank you to the following individuals who took time from their busy schedules to participate in the development of Healthy People Healthy Oneida Community Health Plan (HPHOC). A special thank you is extended to Erica Brewster from UW Extension, Angela Nimsgern, and Jim Lawrence from the Division of Public Health-Northern Region for their assistance in facilitating this process, and Terri Erickson, Walden University MPH intern for assisting in overall plan development.

<u>STEERING COMMITTEE</u>

Erica Brewster, Family Living Educator	University of Wisconsin Cooperative Extension – Oneida County
Linda Conlon, Director	Oneida County Health Department
Darcy Dickman, RN Regional Supervisor	Aspirus VNA Home Health
Dianne Jacobson, Director	Oneida County Department on Aging
Laurie Oungst, Vice President Hospital Operations	Howard Young Health Care – Ministry Eagle River Memorial
Mary Rideout, Financial Services Supervisor	Oneida County Department of Social Services
Susan Scheller Kirby, Community Link/Health Access Coordinator	Ministry St. Mary's Hospital
Mary Ticknor	Community Member
Amber Weldon, Marketing/Public Relations	Marshfield Clinic , Northern Region ,

<u>COMMUNITY NEEDS ASSESSMENT TEAM</u>

Charlotte Ahrens, Public Health Nurse, Oneida County Health Dept
Jaye Bessa, RHS Psychologist, Rhinelander School District
Deb Blackstone, Director, Family Resource Connection
Jill Blake, Public Health Nurse, Oneida County Public Health Dept
Erica Brewster, Family Living Agent, UW Extension
Nancy Brissee, Community Member
Anne Cirilli, Health Educator Specialist, Oneida County Health Dept
Julie Clark, Marshfield Clinic-Lakeland Center
Nancy DeWitt, Head waters Birth-3
Mary Dorsch, Assistant Director, Family Health Center of Marshfield
Jane Dunbar, Division of Public Health, NRO
Marilyn Duschl, YMCA of the Northwoods
Gina Egan, Health Officer, Vilas County Public Health Department
Lynn Feldman, Tri-County Council DV & SA
Rachel Gilbert, Ministry Rehabilitation Services
Jay Halminak, Physical Therapist, Marshfield Clinic-Lakeland Center
Jodi Hanson, Manager of Public and Community Relations, Ministry Health Care
Mary Jane Hirtz, School Nurse, MHLT
Brenda Husing, WIC, Oneida County Public Health
Dianne Jacobson, Director, Department on Aging
Maureen Juras, Program Manager, Headwaters Birth to 3 Program
Susan Kirby, Community Link Coordinator, Sacred Heart-Saint Mary's Hospitals
Cathy Koerpel, ICS-Family Partners
Jeff Knudson, Options
Becky Kretlow, Industrial Rehab. Ministry Medical
Jamie LaBrasca, DPH, Northern Regional Office

Jim Lawrence, Division of Public Health, Northern Region Office
Alyssa Leonard, School Counselor, Rhinelander School District
Mike Mack, Rhinelander School District
Bethany Madl, Community Member
Robin Mainhardt, Program Coordinator, Northwest Connection Family Resources
Lenore Mangles, Dean of Health Occupations, Nicolet College
Stephanie Mattson, Family and Child Learning Center
Steve Moe, Moe Song
Angela Nimsgern, Division of Public Health, Northern Region Office
Ann Ovsak, Assistant Director, Oneida County Health Department
Sue Piazza, Department of Aging
Linda Pipgras, Secretary, Oneida County Public Health Department
Diana Rickert, Early Childhood Education Instructor, Nicolet College
Mary Rideout, Oneida County Social Services
Kerri Schmidt, School Nurse, Rhinelander School District
Julie Schmitz-Trachte, Outreach Specialist, Alzheimer's Organization
Donna Shimeck, Behavioral Health, The Human Service Center
Katie Simonsen, Wellness Director, YMCA of the Northwoods
Amy Slette, Dr., Ministry Medical Group
Barbara Stoddard, Community Member
Mary Ticknor, Nicolet College
Jeanne Tromp, Corp Wellness Rep, Educating Wellness
Dawn Van Den Heuvel, Public Health Nurse, Oneida County Public Health
Amber Weldon, Marshfield Clinic-Northern Region
Tina Werres, Survivor of Suicide Support Group
Jim Winkler, Associate Professor, UW Extension-Oneida County

Oneida County Municipalities
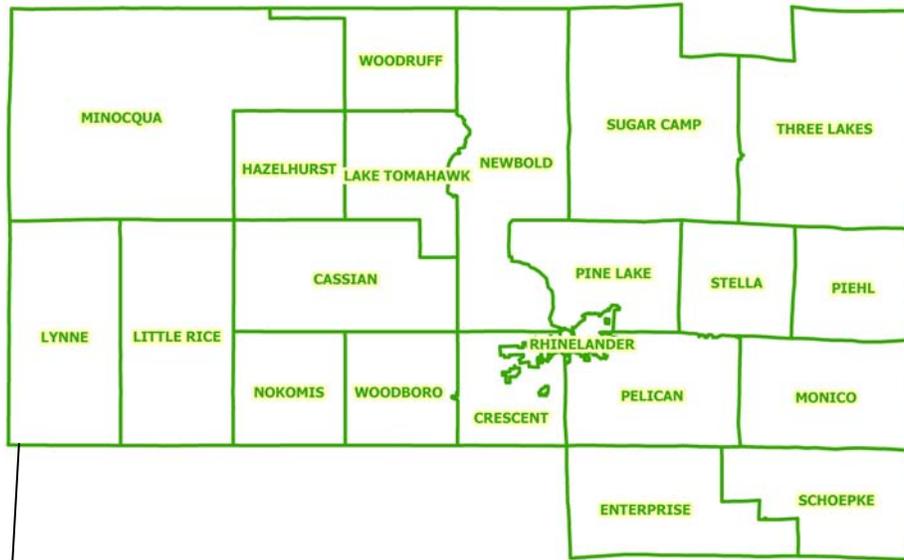
Located in the northern area of Wisconsin, Oneida County is home to 36,000 residents according to the 2008 census. Its 20 municipalities are served by a single local health department consisting of a health director and 18 other employees who are dedicated to the health and well-being to everyone who lives here and visits here.

The Framework:
Community Needs Assessment &
Community Health Improvement Process

What is a Healthy Community?

"…one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential" (WHO, 2011).

Why Community Needs Assessments and Improvement Plans?

- Wisconsin State Statute HS 140.04 requires that each local health department complete a community health assessment and participate in a new local health improvement plan every 5 years.
- Assessment is a core function of public health. By utilizing the expertise of our community partners and evaluating health data we are able to strategically plan goals and objectives for improving the health of our community.
- Fosters successful partnerships of many facets of our community in order to have a continuous planning process for identifying and addressing health needs in Oneida County.

After reviewing data of the 12 focus areas identified in *Healthiest Wisconsin 2020,* the Oneida County Community Assessment Team identified 3 focus areas and 2 sub-focus areas for the 2012-2016 health plan.

1. **Alcohol and Other Drug Use**
2. **Chronic Disease Prevention & Management**
   - **Adequate, Appropriate and Safe Food and Nutrition**
   - **Physical Activity**
3. **Mental Health**

A Public Health Agenda for a Healthy Community.

Healthy People Healthy Oneida County is a roadmap or a call to action that is intended to be the strategic framework for a comprehensive and focused approach to lead community partners towards the common goal of improving the health of Oneida County.

Healthy People Healthy Oneida County:

- Identifies visions, goals, measurable objectives, suggested strategies, and benchmarks for the next 5 years.
- Will serve as a method of engaging community partners and stakeholders in health improvement efforts.

Healthiest Wisconsin 2020 Focus Areas

1. Adequate, appropriate, and safe food and nutrition.
2. Alcohol and other drug use
3. Chronic disease prevention and control
4. Communicable disease prevention and control
5. Environmental and occupational health
6. Healthy growth and development
7. Injury and violence
8. Mental Health
9. Oral Health
10. Physical activity
11. Reproductive and sexual health
12. Tobacco use and exposure

Oneida County is a rural community that is in Northern Wisconsin. The county seat is Rhinelander. In addition to the city of Rhinelander, the towns of Minocqua and Three Lakes make up the most densely populated areas of Oneida County. Pictured here is the Oneida County Courthouse built in 1910.

Through the community needs assessment meeting, where over 50 people spent the day reviewing data including local surveys, looking at strengths and gaps, and reviewing current resources available to the community, the top health focus areas were selected. As indicated on the previous page, Alcohol and other drug use, Mental Health, and Chronic Disease were the top 3 areas voted as needing more work. Nutrition and Physical Activity were in the top 5 and the Healthy People Healthy Oneida County Steering Committee made the decision to address these areas

under Chronic Disease. We are looking forward to engaging our community partners in striving towards a Healthy Oneida County. The Steering Committee recognizes that the improvement of the public's health requires commitment to health equity. Good health is based on multiple, complex, inter-related factors, including social, economic, environmental influences, and health behaviors.

Development of goals, objectives, and strategies for AODA and Mental Health focus areas was completed with the assistance of their respective

existing coalitions. The coalitions reviewed and updated their missions/accomplishments from the previous 5 year health plan, and where they would like to be in the next 5 years. During this process, evidence-based and best practice strategies/programs were examined and utilized as the basis for determining our plan. Chronic Disease is a new focus area and this part of the plan was developed with the assistance of key partners and utilizing evidence-based and best practice strategies and programs. It is our sincere wish that this plan will make our community healthier in the years to come.

Socio-Ecological Model

The 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.

Source: Margaret Whitehead, the Journal of Epidemiology and Community Health

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. These actions all together provide a better opportunity for influencing someone's health.
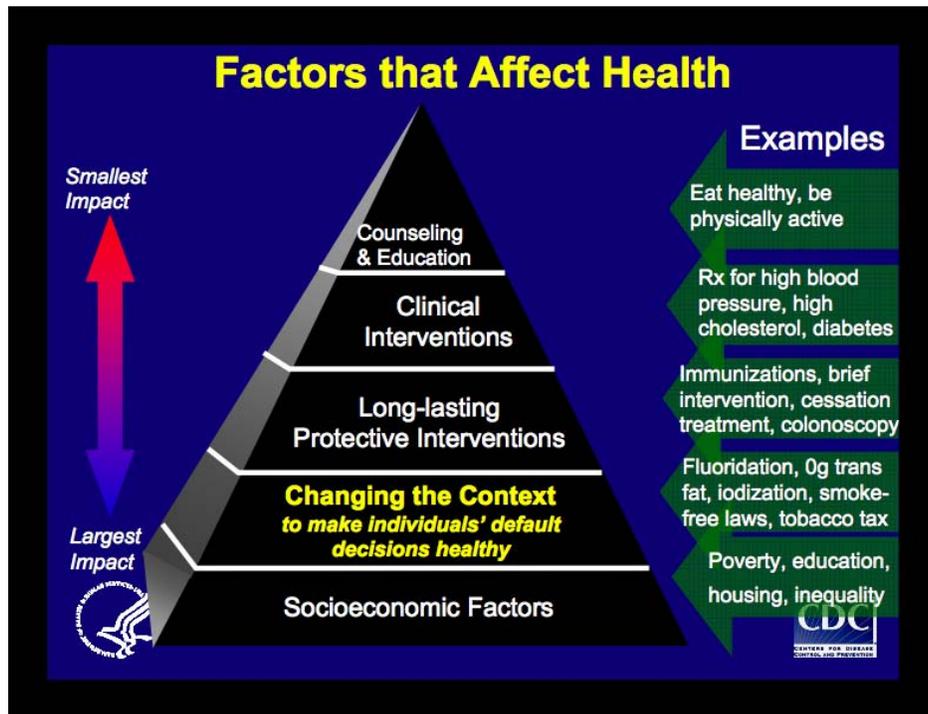
Accomplishments from 2007-2011 Community Health Improvement Plan

The last five years we, along with our community partners, have worked diligently to improve the health and well-being of everyone living in Oneida County. The following is a list of some of the accomplishments that were a direct result of everyone's hard work:

ACCESS TO HEALTHCARE:
- Launched a media campaign for mental health awareness month with five articles printed in local papers. (2007)
- Developed Northwoods Dental Project that includes school based dental sealant and varnish program for school aged children. (2007)
- Formed the mental health inter-agency council encompassing all mental health advocate groups in Oneida County. (2008)
- Trained three providers in Suicide Prevention Training or Question, Persuade & Refer (QPR) Training with the goal of providing gate keeper training for local groups in our communities: Family Partners (Sue Dervetski), Ministry Behavioral Health (Jessica Meyer), and The Human Service Center (Tracy Bellman). (2009)
- Developed and coordinated a mental health public awareness campaign which included: 4 anti-stigma articles written and published in regional newspapers; "Open Minds, Open Doors" DVD utilized in Public Forums such as Rotary and HYHC Hospital Board Meeting; presented mental health panel of experts to Doug Nelson's Psychology Class to kick off their anti-stigma campaign at Rhinelander High School; sponsored green ribbon campaign for the Mental Health Summit in April. (2009)
- Marshfield Clinic announced that it will be building a dental health clinic in Rhinelander. (2010)

ALCOHOL & OTHER SUBSTANCE ABUSE USE AND ADDICTION:
- Oneida County Alcohol & Other Drug Abuse (AODA) Coalition kicked off the year by partnering with Oneida County Area Public School Districts with the campaign "*Parents Who Host Lose The Most.*" (2007)
- Partnered with Oneida County Landfill for First Annual Medication Collection Day to properly dispose of medication and help to eliminate the access of unneeded prescription drugs. (2007)
- March Town Hall meeting on underage drinking at Three Lakes High School. Attended by 140 parents, community members and youth. A committed group of Three Lakes/Sugar Camp area residents continues to meet regularly. Their goals are to make alcohol less accessible to youth and change attitudes towards underage drinking. (2008)
- Hosted an in-service for physicians and other health care providers at Saint Mary's Hospital on prescription drug abuse in Oneida County. (2008)
- Received Reach Out Now National Teach-In (RONTI) grant that was designed for 5th & 6th grade students, their families and their teachers to learn about the dangers of underage alcohol use and encourage healthy decisions. (2009)

NUTRITION/PHYSICAL ACTIVITY:
- Offered a kids fitness course and healthy snack for Healthy Kids Day and at *Nutty to Run* at Nicolet College. (2007)
- Wellness programs that are being utilized are: onsite YMCA fitness classes, health screenings (including mammograms and flu shots), Weight Watchers and other weight-loss and fitness programs. (2009)
- Some facilities have incorporated healthier food choices in their vending machines and have installed and trained core teams in the use of Automatic External Defibrillators (AEDs). (2009)
- The Oneida County 4th Grade Nutrition & Fitness Challenge was completed with approximately 135 student participants. This year all 4th grade homeschoolers were included as well. (2010)
- "Get Moving Oneida County", a detailed list of free or low cost physical activity opportunities in Oneida County, was updated and distributed with the help of the Rhinelander Chamber of Commerce, the Three Lakes Information Bureau and the Minocqua-Arbor Vitae- Woodruff Area Chamber of Commerce. (2010)

TOBACCO USE AND EXPOSURE:
In 2010, the Tobacco Prevention and Control Program funded Oneida County as a lead agency for a multi-jurisdictional coalition (MJC). Single county coalitions are no longer used the framework for tobacco prevention activities. Multiple counties were combined into area coalitions to work on grant funded activities. Oneida County joined Florence, Forest, Lincoln, Price, and Vilas Counties as one combined MJC called the Northwood's Tobacco-Free Coalition.
- The Oneida County Health Department assisted with the coordination of the Teen Stop Now Program with Chris Frederickson from Ministry Health Care. The class is offered to Teens 6th – 12th grade who are interested in quitting smoking or tobacco use. The class is also for juveniles with a Possession of Tobacco Products Citation. The class is a 3 day program for a total of 4 hours and costs $25.00 (2010)
- Facilitated FACT (Fighting Against Corporate Tobacco) youth group who actively planned and led anti-tobacco activities including: community outreach activities, meetings with legislators, school education activities, 4th of July float, media advocacy, and a youth mini lock-in.(2010)
- Coordinated an aggressive media/public outreach campaign with consistent key messages for statewide smoke free air that included: letters to editor, earned media pieces and press releases, radio and television interviews, and promotion of www.nwtfc.org and www.wibettersmokefree.com. Also provided resources and support to area businesses to assist them with the implementation of the Smoke-Free Air Law. (2010)
- Provided education and assistance to local law enforcement and local governments on the Smoke-Free Air Law. As a result we have passed 12 local ordinances adopting the Smoke-Free Air Law throughout our six county jurisdiction. (2010)
- The Oneida County Health Department assisted with the coordination of the Teen Stop Now Program with Chris Frederickson from Ministry Health Care. The class is offered to Teens 6th – 12th grade who are interested in quitting smoking or tobacco use. (2010)

The CHIP Committee of Oneida County
Embraces the following Visions for the Priority Health Issues

Health Issue One

Alcohol & Other Substance Abuse Use and Addiction Vision:
All residents of Oneida County live lives free of mental and physical health problems associated with misuse and abuse of drugs, including alcohol, pharmaceuticals, illicit and emerging drugs.

Health Issue Two

Chronic Disease Vision:
Oneida County residents will live in a community that promotes and supports residents in achieving a healthy lifestyle across the lifespan.

Health Issue Three:

Mental Health Vision:
Oneida County residents will live in a community that promotes and supports mental and emotional well-being across the life span.

Issue One:

Alcohol & Other Drug Abuse

No one in the Northwoods of Wisconsin will dispute that alcohol plays a large role in the local way of life, with one liquor license per every 130 people in Oneida County, compared to one for every 250 in the state of Wisconsin and one for every 1500 persons across the United States[1].

County	Number of licensed taverns per 10,000 persons	Number of liquor licenses per 10,000 persons	Ratio Liquor licenses : People	Outlet density
Oneida County	48.6	76	1 : 132	1 outlet every 4.5 m^2
Vilas County	62.9	> 85	1 : < 120	> 1 outlet every 4.5 m^2
Wisconsin	18.7	40	1 : 250	1 outlet every 2.4 m^2
Nation	N/A	7	1 : 1500	1 outlet every 16.7 m^2

Marijuana is the most used illicit drug in the region, aided to some degree by the rural nature of the area allowing for some local production in the remote forests. Availability and popularity of other street drugs varies widely both between drugs and around different towns in the region. Yet, the most pressing drug abuse issue is also the most recent: prescription drug abuse. Law enforcement seizures of diverted pharmaceuticals has doubled repeatedly in the last several years; the number of youth arrests for prescription drugs accounts for nearly half of all youth drug arrests and is equal to the number of marijuana citations compared to only 15% of all adult drug arrests.

The impact on the local community comes at a cost, both in dollars and in lives. Individuals are hospitalized in Oneida County for alcohol or drug related problems at a rate between 0.3 to 1.3 times higher than in the state of Wisconsin, and costs per capita are as much as 280% higher than on average for the whole state.

Abuse of alcohol and other drugs has a detrimental affect on the community as a whole, not just the abuser. We, at the Oneida County Health Department, strive to improve the quality of life of everyone who lives in or visits the area.

344 adults were arrested for driving while intoxicated in Oneida County

Source: Wisconsin Behavior Risk Survey, 2009

[1] Wisconsin Department of Transportation+

It may not be a surprise to most that the culture within the county is such that promotes the use of alcohol and/or other substances. It is our desire to change this culture in order to achieve our vision.

The vision of the Alcohol & Other Substance Abuse Use and Addiction Coalition is "All residents of Oneida County will live lives free of mental and physical health problems associated with misuse and abuse of drugs, including alcohol, pharmaceuticals, illicit and emerging drugs."

Below, you will find our plan that will assist us along with our community partners in reaching our goals.

Goal 1: By December 31, 2016, there will be an increase in adult education and parental involvement in efforts to reduce abuse of prescription drugs and underage access to and use of alcohol.

Objectives	Strategies
By December 31, 2016, two networks to provide increased opportunities for parent involvement in prevention of substance abuse in children will be established in Oneida County schools. Socio-Ecological Model Target: Community	- Identify and recruit key stakeholders. - Implement Parent Network in area schools. - Implement innovative social media approaches. - Target parents of young children (K-6th grade). - Implement evidence-based approaches teaching fact-based information, brain development, communication skills, "what-to-do-if," and local authorities as guest speakers. - Key leaders will actively participate in a regular networking event to ensure reduction is being enforced in Oneida County.
By December 31, 2016, the annual campaign to educate adults about laws and consequences of underage drinking will have been expanded from one school district to three school districts. Socio-Ecological Model Target: Community, Individual	- Identify key contacts in each Oneida County school district. - Implement "Parents Who Host." - Research and review for implementation "Be the Wall." - Research and review for implementation "What Has It Cost You?" - Send graduation letters to parents of seniors. - Establish routine party patrols around "party season."
By December 31, 2016, an annual program about properly securing personal medications and alcohol and disposal of prescription drugs targeting parents will be in place in three Oneida County communities. Socio-Ecological Model Target: Community, Individual	- Implement the "Be the Wall" campaign. - Support a permanent prescription drug drop box. - Implement "Lock Your Meds." (Distribute information) - Supply educational materials to Social Services, pediatricians, Family Partners, treatment centers, etc., to share with clientele and seniors).

By December 31, 2016, the percent of students in grades 9-12 who report drinking at least one drink of alcohol in the last thirty days will decrease from 32.5% to 28%. (Source: WI-YBRS, 2010) Socio-Ecological Model Target: Individual	- Implement "Parents Who Host" program in all school districts - Implementation of evidence-based programs that target underage drinking. - Research and Review for implementation the "What has it cost you?" program.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Number of established parent networks. (baseline=0)
- Number of parent education sessions/ contact.
- Number of participants in social media.
- Number of Oneida County communities participating in "Parents Who Host" annually.
- Number of identified volunteer leaders and volunteers for social marketing campaign.

Long Term Outcome Indicators (Long Term)
- Percentage of parents who allow minors to drink in their home will decrease.
- Number of parents who agree it is wrong to supply alcohol to their own underage children will increase.
- Increase public awareness of the negative impacts of drinking and driving at a personal family/community level.
- Number of community members stating they secure their medications at home will increase.
- The pounds of prescription drugs being properly disposed will increase.
- Percentage of youth in grades 9 to 12 that report drinking in the last 30 days will decrease.

Goal 2: By December 31, 2016, increase community engagement from all sectors in effort to reduce alcohol and drug abuse among residents of Oneida County.

Objectives	Strategies
By December 31, 2016, a community wide media campaign will be launched to educate about alcohol and drug abuse Socio-Ecological Model Target: Community, Organizational, Interpersonal	- An annual/biennial event (summit, conference, etc.) specific to AODA concerns in the Northwoods. - Annual golf outing social networking/fundraiser/educational event for key leaders. - Evidence based strategies will be utilized to raise awareness about alcohol and drug addiction.

By December 31, 2016, three or more low-cost, accessible options will be available to Oneida County residents to dispose of unused prescription medications. Socio-Ecological Model Target: Community, Organizational, Interpersonal	- Establish permanent prescription drop box - Partner with local pharmacies - Partner with Oneida County Solid Waste Department - Mail-in program for prescription drug disposal - Explore barriers posed by fees - Develop educational program for promotion of appropriate management and disposal of pharmaceutical drugs for general public - Expand number of options for safely and routinely disposing of unused prescription drugs in Oneida County.
By December 31, 2016, the number of adults arrested for drunk driving will decrease from 344 arrests to 315 arrests. (Source: WI-BFRS, 2009) Socio-Ecological Model Target: Community, Individual	- Implement and promote appropriate social drinking education in Oneida County (how much is too much, affects of alcohol on health, impact of alcohol on (pre-) pregnancy health, use of alcohol in an elderly population). - Implement evidence-based programs. - Partner with local law enforcement. - Increase availability and utilization of "Safe Ride" and "Designated Driver" programs
By December 31, 2016, the number of adults hospitalized for alcohol related health problems will decrease by 5%. (Baseline TBD) Socio-Ecological Model Target: Community, Individual	- Patients will receive appropriate referrals for alcohol and drug abuse. - Partner with local healthcare agencies and AODA treatment centers. - Implement evidence based strategies. - Partner with local healthcare agencies to determine baseline data.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Number of media events discussing AODA issues.
- Key leaders, number of communities participating in educational events.
- Number of engaged partners from law enforcement and health care.
- Increase in the utilization of "Safe Ride" home program.

Long Term Outcome Indicators (Long Term)
- The pounds of prescription drugs being properly disposed will increase.
- Percentage of adults who report drinking 4 or more drinks on one occasion will decrease.
- Increase number of alcohol-free activities and/or accommodations for safety at non-alcohol free activities.
- Decrease in AODA related hospitalizations.
- Decrease in drunken driving arrests.
- Increase in AODA related screening and referral

Goal 3: By December 31, 2016 establish a system of data collection and management to provide a stable and ongoing source of reliable community-specific information about substance use and abuse.

Objectives	Strategies
By December 31, 2016 student survey data from all school districts in Oneida county will be routinely collected and utilized by HPHOC AODA Coalition every two years. Socio-Ecological Model Target: Community, Organizational, Interpersonal	- Students in grades 6-12 take Youth Risk Behavior Survey complete survey every two years in all Oneida County school districts. - Secure agreements with Oneida County school districts for release of student survey results.
By December 31, 2016 a coordinated system for data mapping and management for use by local coalitions, schools, government, and law enforcement will have been developed. Socio-Ecological Model Target: Community, Organizational	- Decide who is going to be responsible for data tracking. - Research other models of databases in Wisconsin counties. - Ensure data from a variety of sources is included. - Convene a HPHOC inter-coalition data mapping committee. - Regularly report data to the community through coalition public relations and communication efforts.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Better local data available for outcome evaluation.
- Data mapping for key health indicators.

Long Term Outcome Indicators (Long Term)
- Outcomes will be evaluated.
- Local data related to AODA issues in adults and youth.
- Data will drive plans and interventions.

Goal 4: By December 31, 2016, strengthen the capacity of coalition and coalition membership to continually improve effectiveness and sustainability of programmatic efforts.

Objectives	Strategies
By December 31, 2016, stronger cross-coalition relationships through regular contact/partnerships within Healthy People, Healthy Oneida County will be developed. Socio-Ecological Model Target: Community, Organizational, interpersonal	- Identify individuals to represent AODA Coalition at other coalition meetings and report on activities. - Collaborate on activities that have outcomes of mutual interest. - Collaborate on development of data-tracking system. - Invite leadership of other coalitions to regularly report on current program.
By December 31, 2016, the capacity of the coalition to organize and respond to identified needs and program priorities in Oneida County will be increased. Socio-Ecological Model Target: Community	- Identify and recruit key stakeholders. - Utilize teleconferencing technology for meetings. - Continue to participate in Marshfield Clinic training events. - Coalition leaders and membership will be receiving regular training and support in coalition effectiveness.
By December 31, 2016, the AODA Coalition will have created and will be using a realistic and focused strategic plan. Socio-Ecological Model Target: Community	- Annual Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis meeting. - An annual review process will be established to reflect on coalition effectiveness and cohesion and use of HPHOC CHIP. - AODA coalition will be able to identify issues with high community readiness.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Strategic plan based on evidence-based interventions.

Long Term Outcome Indicators (Long Term)
– Reduce substance abuse to protect the safety, health, and quality of life to all.

What can I do to Impact AODA in Oneida County?

Successful implementation of the Oneida County Community Health Improvement Plan requires a collaboration of individuals, organizations, and partnerships within the community. You can make a difference in Oneida County.

Individuals & Families
- Don't drink and drive. Encourage your friends and family to do the same. Always appoint a designated driver or utilize the "safe ride home program."
- Dispose of unused medications safely. Keep narcotics in a safe place when using them and immediately dispose of them when you are done.
- Do not provide alcohol for teen parties or support underage drinking even with adult supervision.
- Reduce alcohol consumption at public events.

Organizations & Institutions
- Participate in "Parents Who Host, Lose the Most" campaign.
- Implement employee assistance programs that address AODA issues.
- Arrange for a "safe ride" for people attending public events where drinking is involved.
- Assure that bartenders are trained on "Responsible Serving."
- Reduce the number of drink specials that encourage overconsumption.
- Implement AODA screening and brief intervention.
- Restrict advertising placement to reduce youth exposure to alcohol advertising.

Community & Systems
- Vigorously enforce drunk driving laws and underage drinking laws.
- Support policy and regulation aimed at restricting alcohol and tobacco advertising and sales.
- Increase penalties for drunk driving.
- Implement sobriety checkpoints.
- Require keg registration.
- Restrict alcohol sales at public events.
- Implement alcohol age compliance checks.
- Support a pharmacist/physician narcotic notification program.
- Participate in the AODA Coalition.

Chronic Disease Prevention & Management

The CDC's National Centers for Chronic Disease Prevention states that chronic diseases – such as heart disease, stroke, cancer, diabetes, asthma and arthritis – are among the most common and costly of all health problems in the United States[1]. Oneida County, among a sea of northern rural counties, suffers from persistent child poverty rates above 12%[2]. It is also aging faster than the rest of the state[3]. These sociological and economic influences indicate that this area will continue to see health care costs rise in the battle to treat and manage chronic disease.

While many causes of death are measured due to heart disease or cancer, factors such as diet, physical activity, tobacco use, and alcohol abuse greatly contribute to these causes of death[4]. Approximately 51 percent of all deaths can be attributed to tobacco use, poor diet and lack of physical activity, alcohol use, and other lifestyle and personal (non-genetic) behaviors[5].

Some environmental factors that decrease physical activity and impact chronic disease rates in Oneida County are

temperature (very long, cold winters) and lack of ability to incorporate physical activity into activities of daily living due to geographic distance. Approximately 91 percent of people in Oneida County drive to work, with an average commute time of 14 minutes[6].

As the Socio-ecological model recognizes the relationship between the individual and their

21.8% of Oneida County adults report no physical activity

74.3% Report eating few fruits & vegetables

20.1% of Oneida County adults reported being obese

Source: Community Health Status Report, 2009.

environment, chronic disease prevention programs will address the physical environment people live in and recognize strategies to increase physical activity within the environment they work, live and play.

Recreational activities include snowmobiling, hunting, using all terrain vehicles, and fishing. Although these are outdoor activities, they do not involve physical activity. Drinking and smoking is the social norm for many people, especially as snowmobiling, fishing tournaments and social activities are sponsored by bars. These social and cultural factors influence chronic disease rates in Oneida County.

By altering lifestyle behaviors, many chronic diseases such as heart disease, cancer, stroke, arthritis, and diabetes can be reduced. Through implementation of evidence based disease management programs, people with chronic diseases can learn to manage them appropriately and effectively[7].

---

[1] National Center for Chronic Disease Prevention and Health Promotion, 2009b
[2] Isaacs, J and T Smeeding,, 2009
[3] Wisconsin Department of Health Services, 2009
[4] McGinnis & Foege, 1993
[5] McGinnis & Foege, 1993

[6] American Towns, 2011

[7] Wisconsin Department of Health Services, 2010

Research has clearly established that certain social factors such as income and educational level are associated with poorer health outcomes[8]. Disparities exist in lower income populations leading to higher rates of death due to lack of preventive care, poor nutrition, and poor management of chronic disease conditions[9]. People with low educational levels have lower health literacy which is associated with poorer health outcomes[10].

Community interventions that target physical activity, tobacco use, alcohol abuse and poor nutrition will impact chronic disease prevention and management in Oneida County[11]. An intervention plan that addresses policy, behavior, and organizational changes can be effective in the prevention and management of chronic disease. Oneida County has identified three broad goals that address these areas for chronic disease prevention and management.

> **Goal 1: Oneida County will establish a chronic disease coalition with coalition membership that will continually improve effectiveness and sustainability of programmatic efforts and address health disparities.**

Objectives	Strategies
By December 31, 2013, Oneida County will have a functioning chronic disease prevention coalition in place with a strategic plan and annual work plan. Socio-Ecological Model Target: Community, Organizational, Interpersonal	– Key stakeholders/partners will convene to develop the Oneida County Chronic Disease Prevention Coalition. – Potential partners for the coalition include faith based organizations, parish nurses, Oneida County Bike Trails Association, Department on Aging, local hospital/clinic representation, school nurses, Rhinelander High School Community Coordinator, Oneida County Chamber of Commerce representation, Oneida County Breastfeeding Coalition, and community groups (Kiwanis, American Cancer Society, Lions Club, Arthritis Foundation, etc). – The Oneida County Chronic Disease Prevention Coalition will determine coalition structure and by-laws. – The Oneida County Chronic Disease Prevention Coalition will develop a common community data profile, strategic plan, annual work plan, chronic disease burden document, and a disparities index. – Create a realistic, focused strategic work plan with an annual review process to assess effectiveness of the coalition. – The efficiency and effectiveness of the Coalition will be evaluated. – Oneida County Chronic Disease Coalition will have sustainable funding and capacity.

[8] Kapustin, 2010
[9] Kapustin, 2010
[10] Kapustin, 2010
[11] CDC, 2011

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
-Coalition will be active and effective in the community.
-Coalition will have a working strategic plan and annual work plan.

Long Term Outcome Indicators (Long Term)
-Coalition will identify funding sources.
-Coalition will have capacity building ability.

Goal 2: Oneida County will implement policies that support residents in achieving a healthy diet and increased physical activity.

Objectives	Possible Strategies
By December 31st, 2016, three environmental changes will be implemented to support physical activity in Oneida County across the lifespan. Socio-Ecological Model Target: Community, Public Policy	- Improve community planning and land use to increase walking/biking paths. - Promote active transportation (bicycling and walking for commuting and leisure activities). - Safe Routes to school, workplace, faith-based and neighborhood activities. - Work with local businesses to map indoor walking routes and outdoor walking paths to promote physical activity of their clients and patrons.
By December 31st, 2016, three environmental changes will be implemented to support good nutrition in Oneida County across the lifespan. Socio-Ecological Model Target: Community, Public Policy	- Develop and sustain gardens in every school district. - Implement comprehensive school nutrition policies. - Increase consumption of locally grown foods by supporting programs such as community gardens, farmer's markets, farm-to-school, public agencies buying and serving local food products. - Increase enrollment and utilization of food assistance programs (WIC/ Farmer's Market vouchers, food stamps, school meals). - Improve early childhood nutrition by supporting breastfeeding as a proven health promotion and obesity prevention strategy.
By December 31, 2016, decrease the percentage of adults engaging in no physical activity from 22% to 15%. (Source: WI-BRFS, 2000-2006) Socio-Ecological Model Target: Individual	– Implement evidence-based community physical activity programs across the lifespan. – Implement the Wisconsin Worksite Wellness Toolkit. – Media campaign to advertise physical activity opportunities in Oneida County.
By December 31, 2016, decrease the percentage of overweight adults from 36.6% to 30%. (Source: WI-BRFS, 2005-2008) Socio-Ecological Model Target: Individual	–Assure access to healthy food opportunities to all residents of Oneida County. –Assure common measures and terms with all healthcare providers. –Improve the number of breastfeeding friendly worksites. –Increase awareness of breastfeeding resources in Oneida County.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)

-Increase # of biking/walking paths. (Baseline ~ 15 trails & 5 marked roads per Oneida County Biking & Walking Trails Council)

-Increase number of farmer's markets/community gardens/community supported agriculture programs. (Baseline TBD)

-Increase number of institutions making new policy changes. (Baseline TBD)

Long Term Outcome Indicators (Long Term)

-Decrease in deaths due to chronic disease (diabetes, heart disease, cancer rates). (Baseline-heart disease and cancer leading cause of death, 2009 County Health Profiles)

-Increase availability of healthy food to all residents in Oneida County. (Baseline- 44% have access to healthy foods, County Health Rankings, 2009)

-Increase in the number of infants who are breastfed. (Baseline TBD by Oneida County Breastfeeding Coalition)

> **Goal 3: Improve the quality of life in Oneida County residents through detection, screening, and treatment of risk factors for heart disease, stroke, diabetes, and cancer.**

Objectives	Strategies
By December 31, 2016, establish a system of data collection and management to provide a stable and ongoing source of reliable community-specific information on detection, screening, and treatment of chronic disease in Oneida County. Socio-Ecological Model Target: Community, Organizational	-Develop agreements for consistent data collection between hospitals and clinics. -Students in grades 6-12 will take a youth risk behavior survey every 2 years.
By December 31, 2016, develop a marketing/educational message on healthy lifestyle behaviors and develop an appropriate dissemination plan. Socio-Ecological Model Target: Community, Organizational, Interpersonal, Individual	-Development of a public education campaign on the risk factors for chronic disease. -Promotion of evidence-based programming, and increase the availability of free screening programs for the uninsured and underinsured. -Implementation of evidence-based programming.
By December 31, 2013, Oneida County Chronic Disease Coalition will implement 3 evidence-based programs that address physical activity, nutrition, or tobacco. Socio-Ecological Model Target: Community, Organizational	- Implementation of evidence based programs from "What Works for Wisconsin" or from the "Wisconsin Worksite Toolkit".

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)

-Increase in preventative screenings (Cholesterol testing, cancer screenings).

-Increase in disease management programs.

-Increase in evidence-based programming throughout Oneida County.

Long Term Outcome Indicators (Long Term)

-Decrease in rates of people with newly diagnosed chronic disease.

> **Goal 4: By December 31, 2016, strengthen the capacity of coalition and coalition membership to continually improve the effectiveness and sustainability of programmatic efforts.**

Objective	Strategies
By December 31, 2016, stronger cross-coalition relationships through regular contact/partnerships within Healthy People, Healthy Oneida County will be developed. Socio-Ecological Model Target: Organizational	- Collaboration among the AODA Coalition, Mental Health Interagency Council and the Chronic Disease Coalition. - Identify individuals to represent Coalition at other coalition meetings and report on activities. - Collaborate on activities that have outcomes of mutual interest. - Collaborate on development of data-tracking system. - Invite leadership of other coalitions to regularly report on current program.
By December 31, 2016, the capacity of the coalition to organize and respond to identified needs and program priorities in Oneida County will be increased. Socio-Ecological Model Target: Organizational	- Incorporate innovative technology and methods to ensure appropriate participation of all coalition members. - Coalition leaders and membership will be receiving regular training and support in coalition effectiveness. - The coalition will be able to respond appropriately to identified needs and program priorities in Oneida County. - Identify and recruit key stakeholders. - Utilize teleconferencing technology for meetings.
By December 31, 2016, coalition will have created and will be using a realistic and focused strategic plan. Socio-Ecological Model Target: Community, Organizational	- An annual review process will be established to reflect on coalition effectiveness and cohesion and use of HPHOC CHIP. - The Coalition will be able to identify issues with high community readiness. - The Coalition will identify and implement programs that can be used as high visibility. - Annual Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis meeting.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Strategic plan based on evidence-based interventions
- Collaboration between CHIP Coalitions

Long Term Outcome Indicators (Long Term)
- Reduce chronic disease rates in Oneida County

What can I do to Impact Chronic Disease in Oneida County?

Successful implementation of the Oneida County Community Health Improvement Plan requires a collaboration of individuals, organizations, and partnerships within the community. You can make a difference in Oneida County by altering lifestyle behaviors that contribute to the risk of developing heart disease, cancer, stroke, and diabetes.

Individuals & Families
- Limit family "screen time."
- Utilize local resources that promote physical activity. (http://oneidacountypublichealth.org/?category_name=physical-activity-opportunities-family-health)
- Become informed and educated about healthy nutrition and get needed annual preventive care.
- Support breastfeeding.
- Encourage family lifelong sports such as walking, biking, hiking, etc
- Develop and promote personal and family nutrition challenges related to sweetened beverages, consumption of fruit and vegetables, and family meal time without the TV.
- Participate in the chronic disease coalition and support partnerships with the coalition.

Organizations & Institutions
- Implement worksite wellness programs and physical activity challenges in your worksite.
- Encourage schools and worksites to utilize resources to increase physical activity opportunities and nutrition policies.
- Encourage schools and licensed day cares to adopt policies that exceed state and national standards related to nutrition and physical activity.
- Implement policies to encourage breastfeeding.
- Increase access to healthy food by implementing healthy vending machine policies or implementing Community Supported Agriculture programs in the workplace.
- Participate in community coalitions and support partnerships within the coalition.

Community & Systems
- Increase physical activity programs within the school setting that exceed state and national standards.
- Continue to support statewide smoke free air laws.
- Conduct a community-wide campaign to raise physical activity awareness.
- Establish safe biking and walking routes within communities that increase opportunities for physical activity.
- Support and enact zoning regulations that require all new subdivisions to include pedestrian/bicycle friendly facilities.
- Increase access to healthy foods and support breastfeeding.
- Participate and support community coalitions.

Mental Health

"Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life and can work productively and fruitfully and is able to make a contribution to his or her community"[1]. Mental illness affects how people cope with the everyday demands of life. It is not discriminatory and can affect anyone regardless of their age, race, religion, or income.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder. The good news is that these disorders are treatable with the right help.

In regard to the diagnosed mentally ill, participants called for more providers of care and more support, education, housing subsidies, job training and placement. However, they also cited mental health issues such as lifestyle pressures and stress for the general population. Stress was viewed as a public health issue affecting all residents, including children. Factors perceived as contributing to mental health issues were economic strain and isolation.

The concern for mental health issues during this year's community needs assessment as well as five years ago underscores the significant need in our community for mental health care services. Most attendees indicated that depression, anxiety and stress are the serious problems they see. Young people noted that stress and anxiety over school and peer pressure affected their age group. Additionally, mental health issues for children were discussed including cyber bullying, or intimidation occurring via the Internet.

4.3% of non-institutionalized adults suffer from severe mental illness in Oneida County

Source: Wisconsin's Adult Mental Health Plan

21.4% of Oneida County students in grades 9-12 report feeling so sad or hopeless that they stopped doing their regular activities.

Source: Wisconsin Youth Risk Behavior Survey

245 psychiatric hospitalizations in Oneida County in 2008.

Source: County Health Profiles

3.2 days, average number of days per month that Oneida County residents reported as feeling mentally unhealthy.

Source: County Health Rankings, 2009

[1] World Health Organization, 2001

Community support, along with appropriate treatment options, is crucial in the recovery of these mental illnesses.   Stigma associated with mental illness has been detrimental in the attempt to both recognize and treat those who suffer from this disease. Since stigma prevents those who need help from seeking the help they need, one of our goals is to educate the community in order to reduce the presence of the stigma associated with mental illnesses. Our other goals pertain to ensuring there are appropriate treatment options and support networks available.

> **Goal 1: By December 31, 2016, increase the awareness of mental health disorders while simultaneously decreasing social stigmas commonly associated with mental illness**

Objectives	Strategies
By December 31, 2016 the Mental Health Summit will produce two sustainable community mental health initiatives to be implemented in partnership with mental health providers. **Socio-Ecological Model Target** Community, Interpersonal, Individual	– Implement 5 outreach activities related to mental health. – Use the Mental Health Summit as an annual mechanism used to create a forum to bring together various providers to discuss mental health issues. – Target high-risk populations/ National Alliance on Mental Illness (NAMI). – Partner with St. Mary's Hospital Health Fair to develop a campaign for increased awareness – What Color Are You? – Baby Shower (with gifts) for pregnant women & mothers of babies under 1 year old.
By December 31, 2016 three agencies such as healthcare providers, schools, childcare providers, etc will implement evidence-based/best practice mental health programming for individuals and families. **Socio-Ecological Model Target** Community, Individual	– Establish a baseline of curricula as it relates to mental health in: school districts, colleges, department of aging, business/industry/workplace. – Identify key leaders for supporting youth involvement in the mental health inter-agency council in one school district. – Curricula in one school will support youth involvement in the mental health inter-agency council. – Use programs such as Brain Insights, Parenting the First Year, Act Early, Trauma Informed Care, WI model Early Childhood Learning Standards (social & emotional curriculum Grades 1-8). – Invite teachers/ counselors from area schools to join Council, attend Mental Health Summit, other activities. – Promote Question, Persuade & Refer (QPR), youth group activities.

By December 31, 2016, Mental Health Inter-agency Council (MHIAC) will increase participation in sponsored activities by mental health consumers from two consumers to six consumers. **Socio-Ecological Model Target** Community, Organizational	-Mental Health Inter-agency Council (MHIAC) will identify mental health consumers that will participate on the council. -Mental health consumers will participate in a majority of MHIAC meetings. -Mental health consumers will assist in planning activities sponsored by MHIAC such as the summit, outreach and educating others. -Will develop partnership with NAMI. -Target consumers via agency promotion & invite to council. -Collaborate with other coalitions related to QPR (suicide prevention) training and impact training.
By December 31, 2016, the Mental Health Inter-agency Council (MHIAC) will coordinate mental health public awareness campaign. **Socio-Ecological Model Target** Community, Interpersonal, Individual	-Sponsor activities that raise awareness and collaborative relationships for identified initiatives that will support community health needs. -Invite Media to all events. -Utilize Public Health Website. -Utilize Public Health Face book page. -Develop media outreach plan. -Write articles during mental health month. – Incorporate messages across the lifespan.

How we will know we are making a difference
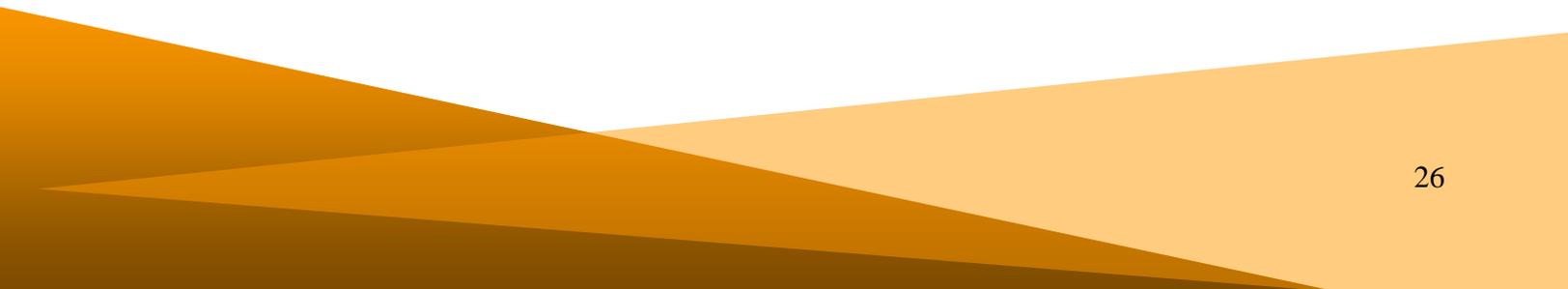
Short Term Outcome Indicators (3-5 years)
- Mental Health public awareness campaign.
- Mental Health summit annually with 2 sustainable initiatives.
- Promote QPR, youth group activities with youth.

Long Term Outcome Indicators (Long Term)
- Mental health curricula within schools, businesses, workplaces.
- Youth involvement in Mental Health inter-agency council.

Goal 2: By December 31, 2016, develop and implement a Mental Health collaborative system of care across the lifespan

Objectives	Strategies
By December 31, 2016, a Community Service Team (CST) will expand from 1 youth focused team to 2 teams; 1 focusing on youth and 1 focusing on adults. Socio-Ecological Model Target: Community, Organizational	– Identify key leaders for supporting a CST in other age groups. – Key leaders will identify strategies/interventions that support expansion of the CST model into other age groups. – The CST model will expand to one other population group. – Host an annual/biennial event (summit, conference, etc.) specific to mental health concerns in the Northwoods – Annual social networking/ fundraiser/educational event for key leaders.
By December 31, 2016, a local assessment of needs and gaps in services will be completed and strategies to address these needs/gaps will be identified. Socio-Ecological Model Target: Community, Organizational	– Explore local mental health service assessments completed in Oneida County and other communities. – Assess/ identify gaps & trends by developing, implementing and gathering data. – Gather data using number of programs and number of contract service providers.
By December 31, 2016, the number of days that Oneida County residents report feeling mentally unhealthy will decrease from 3.2 days/month to 2.5 days/month. (Source: County Health Rankings, 2009) Socio-Ecological Model Target Community, Organizational, Interpersonal, Individual	– Local health care providers will implement evidence-based mental health screening tools. – Increase treatment rates for those with both mental health and addictive disorders. – Develop a resource toolkit for groups to target stigma reduction (Back-of-the-door-campaign). – Maintain mental health section of Oneida County Public Health Website to increase access to resources and education about mental illness.
By December 31, 2016, the percentage of students reporting that they are so sad or helpless that they stop doing their usual activities will decrease from 21.4% to 19%. (Source: WI-YBRS, 2010) Socio-Ecological Model Target Community, Organizational, Interpersonal, Individual	– Local providers that work with or see youth will implement evidence-based depression screening tools. – Invite teachers/counselors from area schools to join Council, attend mental health summit, and other activities. – Develop list of tools that help identify youth at risk for depression. – Implement policy at schools that require intervention of youth who are identified as having depression or being at risk for depression.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Youth involvement in CST.
- Host an annual mental health summit.
- Identify gaps in service providers.

Long Term Outcome Indicators (Long Term)
- Burden of Mental Health in Oneida County will be documented and data collection mechanisms will be in place.
- Capacity building of CST team.
- Decrease in youth depression from 21.45% to 19%.
- Decrease in the number of Oneida County residents reporting mentally unhealthy days from 3.2 to 2.5.
- The number of psychiatric hospital visits will decrease from 245 to 215.

> **Goal 3: By December 31, 2016, establish a system of data collection and management to provide a stable and ongoing source of reliable community-specific information about mental health issues.**

Objectives	Strategies
By December 31, 2016, three Oneida county school districts will complete and release results for Wisconsin Youth Risk Behavior Survey. Socio-Ecological Model Target: Organizational, Community	– Students in grades 6-12 take Youth Risk Behavior Survey every 2 years. – School districts in Oneida County will complete two biennial student surveys. – Oneida County school districts will have agreements with the Oneida County Public Health Department for release of student survey results.
By December 31, 2016, a coordinated system for data mapping and management for use by local coalitions, schools, government, and law enforcement will have been developed Socio-Ecological Model Target: Organizational	– Decide who is going to be responsible for data tracking. – Research other models of databases in Wisconsin counties. – Ensure data from a variety of sources is included. – A HPHOC inter-coalition data mapping committee will be convened. – HPHOC inter-coalition data mapping committee will have identified consistent sources and developed a tracking mechanism. – Data will be regularly reported to the community through coalition public relations and communications efforts.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Agreements with school districts to implement youth behavior risk survey.
- Creation of a data mapping coalition.

Long Term Outcome Indicators (Long Term)
- Students in grades 6-12 will take a youth risk assessment survey every 2 years.
- Local data/mapping related to mental health conditions.

Goal 4: By December 31, 2016, strengthen the capacity of coalition and coalition membership to continually improve effectiveness and sustainability of programmatic efforts.

Objective	Strategies
By December 31, 2016, stronger cross-coalition relationships through regular contact/partnerships within Healthy People, Healthy Oneida County will be developed. Socio-Ecological Model Target: Organizational	-Collaboration among the AODA Coalition, Mental Health Interagency Council and the Chronic Disease Coalition. -Identify individuals to represent Coalition at other coalition meetings and report on activities. -Collaborate on activities that have outcomes of mutual interest. -Collaborate on development of data-tracking system. -Invite leadership of other coalitions to regularly report on current program.
By December 31, 2016, the capacity of the coalition to organize and respond will be increased. Socio-Ecological Model Target: Organizational	-Incorporate innovative technology and methods to ensure appropriate participation of all coalition members. -Coalition leaders and membership will be receiving regular training and support in coalition effectiveness. -The coalition will be able to respond appropriately to identified needs and program priorities in Oneida County. -Identify and recruit key stakeholders. -Utilize teleconferencing technology for meetings.
By December 31, 2016, coalition will have created and will be using a realistic and focused strategic plan. Socio-Ecological Model Target: Community, Organizational	-An annual review process will be established to reflect on coalition effectiveness and cohesion and use of HPHOC CHIP. -The Mental Health Coalition will be able to identify issues with high community readiness. -The Mental Health Coalition will identify and implement programs that can be used as high visibility. -Annual Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis meeting.

How we will know we are making a difference

Short Term Outcome Indicators (3-5 years)
- Collaboration among HPHOC groups.
- Annual SWOT Analysis.
- Improve technology of coalition work.

Long Term Outcome Indicators (Long Term)
- Increased effectiveness of the Mental Health Coalition.
- Improved attendance and coordination among the Coalition and other HPHOC workgroups.

What can I do to Impact Mental Illness in Oneida County?

Successful implementation of the Oneida County Community Health Improvement Plan requires a collaboration of individuals, organizations, and partnerships within the community. You can make a difference in Oneida County.

Individuals & Families
- Become informed about mental health issues and it's association with mental health illness
- Prevent bullying behavior
- Promote healthy behaviors by including physical activity and healthy foods in your lifestyle
- Access screening and early interventions for mental health disorders
- Encourage youth in grades 6-12 to participate in the risk assessment screening tool.

Organizations & Institutions
- Implement comprehensive care coordination to support patient centered medical homes
- Partner with the Mental Health Coalition
- Promote the use of screening tools for depression, anxiety, and suicide risk across all medical settings, community and schools.
- Encourage healthcare providers to co-locate mental health practitioners in or near primary care including pediatric and family practice offices.
- Provide intensive training, support, and consultation for primary care providers in the treatment of children's mental health problems.
- Implement Wisconsin's Suicide Prevention Strategy.
- Target stigma reduction
- Support legislation that brings about equity and parity for mental health services

Community & Systems
- Implement comprehensive care coordination to support patient centered medical homes
- Partner with the Mental Health Coalition
- Target stigma reduction
- Support legislation that brings about equity and parity for mental health services

Other Health Focus Areas

The remaining health Focus areas were not selected as the top issues for Oneida County's Community Improvement Health Plan, yet sustaining and building upon current community-wide efforts involving all of the health focus areas will be critical in assuring continual improvement in the health of Oneida County residents.

Adequate, appropriate and safe food and nutrition

Adequate, appropriate and safe food and nutrition means the regular and sufficient consumption of nutritious foods across the life span, including breastfeeding, to support normal growth and development of children and promote physical, emotional, and social well-being for all people. Good nutritional practices can also reduce the risk for a number of chronic diseases that are major public health problems, including chronic conditions such as obesity, type 2 diabetes, cancer, heart disease and stroke.

Nutrition policy is good health policy. Healthy eating is a staple for a good life. Adequate and appropriate nutrition is a cornerstone to prevent chronic disease and promote vibrant health. Nourishment is required for survival, and eating also serves as a basic source of enjoyment. In addition, preparing and sharing meals provide a common means through which people maintain a sense of family and community.

Food Security Profile for Oneida County – Food Stamp Program

Indicator	Date	Oneida County	Wisconsin	Rank	Range
Changes in Participation					
Percent change in food stamp recipients	2006-2008	16.47%	16.88%	62 of 72	6.03 - 45.14
Percent change in food stamp recipients	2000-2008	110.57%	98.52%	64 of 72	34.66 - 334.63
Percent change in child food stamp recipients	2006-2008	15.33%	13.35%	58 of 72	3.5 - 43.61
Percent change in child food stamp recipients	2000-2008	96.3%	80.3%	62 of 72	24.3 - 361.01

12

Source: UW-Extension Wisconsin Food Security Project

The nutritional, social, cultural, and pleasurable aspects of food contribute to quality of life for all. Fortunately, people can incorporate all of these benefits into a healthy lifestyle. Healthy nutrition is concerned with striking a balance in the types of foods and beverages consumed that falls squarely on the side of health. A healthy diet can be constructed from foods associated with very different cultures, customs, or places of origin (Sources: United States Department of Agriculture [USDA], 2005; USDA My Pyramid Plan).

Healthiest Wisconsin 2020 Objectives:
- People in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.
- All people in Wisconsin will have ready access to sufficient nutritious, high quality, affordable foods and beverages.
- Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Oneida County Interventions
- Continue efforts of the Physical Activity and Nutrition HPHOC Workgroup.
- Support efforts of Northwoods Breastfeeding Coalition.
- Maintain Health Department Breastfeeding friendly practices.

- Support Farmers Markets
- Support policies to increase access to nutritious foods
- Support food pantry and food security policies and programs

Number of Selected Communicable Diseases Infecting Oneida County Residents

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Mycobacterial Disease (Non-TB)	0	0	0	0	0	0	0	2	0	4
Tuberculosis, Latent Infection (LTBI)	5	4	3	4	6	3	3	3	3	1
Pertussis	0	0	0	24	3	0	0	0	0	114
Varicella	0	0	0	0	0	0	0	7	2	16
Measles	0	0	0	0	0	0	0	0	2	1
Mumps	0	0	0	0	0	0	0	0	0	1
Hepatitis B (Acute and Unspecified)	1	1	1	1	2	0	0	1	4	1
Hepatitis C	14	11	14	10	10	12	11	16	27	20
Influenza-Novel Influenza A	0	0	0	0	0	0	0	0	34	0
Streptococcus Pneumoniae, Invasive Disease	4	2	2	1	6	6	9	11	6	2
Streptococcal Disease, Invasive Group A & B	1	1	2	2	3	6	2	3	7	4

5
Source: WEDDS

Communicable Diseases

Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites. Organisms that are communicable may be transmitted from one infected person to another or from an animal to a human, directly or by modes such as airborne, waterborne, foodborne, or vectorborne transmission, or by contact with an inanimate object, such as a contaminated doorknob.

Communicable disease prevention and control involves the surveillance for and protection from communicable diseases that may result from changes in or evolution of infectious agents (bacteria, viruses, fungi or parasites), spread of infectious agents to new geographic areas or among new populations, persistence of infectious agents in geographic areas and populations, newly emerging infectious agents, or acts of bioterrorism.

Communicable disease prevention and control is the cornerstone of public health. Waves of severe illness and death due to communicable diseases have occurred throughout history, including smallpox prior to its eradication, the bubonic plague in 14th century Europe, the influenza pandemic of 1918 and, close to home, the massive waterborne outbreak of cryptosporidiosis in Milwaukee in 1993.

Healthiest Wisconsin 2020 Objectives:
- Protect Wisconsin residents across the life span from vaccine-preventable diseases through vaccinations recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).
- Implement strategies focused to prevent and control reportable communicable diseases and reduce disparities among populations with higher rates.

Oneida County Interventions
- Continue to educate the public and maintain awareness of the importance of hand washing.
- Continue emergency preparedness planning.
- Continue administering flu vaccine and promoting flu prevention.
- Continue to promote communicable disease prevention practices in the community and conduct follow-up to protect exposure to others.

Number of Selected Foodborne and Waterborne Diseases Infecting Oneida County Residents

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Campylobacter	4	2	4	4	4	3	3	6	3	6
Cryptosporidium	2	3	1	1	2	2	4	5	6	10
Giardia	8	4	3	4	4	8	8	6	12	14
Salmonellosis	4	8	1	3	3	3	3	7	6	4
Shigellosis	1	3	1	0	0	0	1	0	2	1

Number of Selected Environmental Diseases Infecting Oneida County Residents

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Ehrlichiosis	1	1	0	6	18	6	15	16	17	51
Babesiosis	0	0	0	0	0	0	1	0	2	2
Blastomycosis	3	4	5	3	6	10	8	4	3	5
Lyme Disease	5	24	6	54	70	60	43	76	99	181

5

Source: WEDSS

Environmental and Occupational Health

Environmental and occupational health includes the broad and diverse suite of interrelated regulatory and educational programs and services needed in every Wisconsin community to prevent, identify, and mitigate illnesses and injuries resulting from hazards in the natural, built, and work environments. Environmental and occupational health practice requires close collaboration with environmental and public health system partners to achieve and maintain the healthy places required for healthy living.

Clear associations and linkages are emerging that demonstrate the ways human health is affected by the environments where people live and work. The air we breathe, water we drink, communities where we live and food we eat are increasingly recognized as underlying determinants of health. In response, the fields of environmental and occupational health have expanded into a diverse area of work with the main focus to protect people from exposures (e.g., lead, contaminated water, asthma triggers, and toxic waste) that cause health problems.

Healthiest Wisconsin 2020 Objectives:
- Improve the overall quality and safety of the food supply and the natural, built and work environments.
- Increase the percentage of homes with healthy, safe environments in all communities. (Safe environments are free from lead paint hazards, mold or moisture damage, environmental tobacco smoke and safety hazards, and include carbon monoxide and smoke detectors, and radon testing and mitigation.)

Oneida County Interventions
- Continue to provide the food and safety licensing and inspection program.
- Continue to support local policies that promote the conservation of land and water, and protect watersheds.
- Continue to support public and private partnerships to reduce environmental and occupational health hazards.
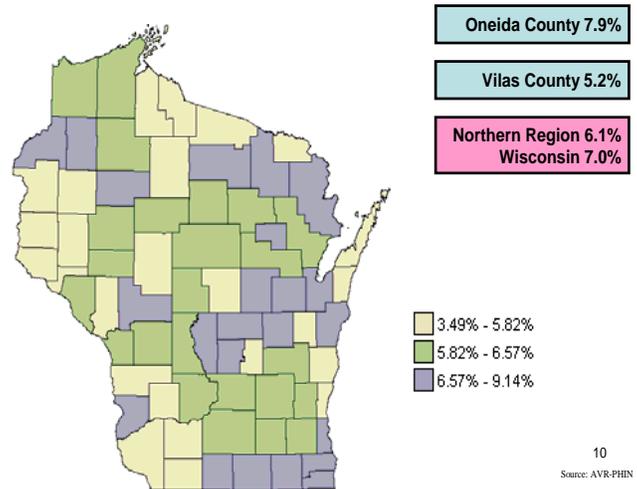
- Continue to educate residents, health care providers and employers of known environmental and occupational health hazards, and actions they can take to reduce known hazards.

Healthy Growth and Development

Healthy growth and development requires family-centered, community-based, culturally competent, coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence, and adulthood. Components include:

- Addressing factors that affect biologic, psychological, social and emotional growth and development.
- Conducting prevention, screening, assessment, and intervention to promote healthy growth and development across the life span.
- Promoting healthy social, emotional, behavioral, cognitive, linguistic, sensory, and motor development.

2004-2008 Percent of Low Birthweight Births
Less Than 2500 Grams (5 lbs. 8oz.)

Oneida County 7.9%

Vilas County 5.2%

Northern Region 6.1%
Wisconsin 7.0%

3.49% - 5.82%
5.82% - 6.57%
6.57% - 9.14%

10
Source: AVR-PHIN

Healthy growth and development in early life have a profound effect on health across the life span. Research studies over the past decade demonstrated the link between early life events and adult chronic diseases and found that babies born at lower birth weights have an increased risk of developing heart disease, diabetes, and high blood pressure in later life. Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health and development potential.

Healthiest Wisconsin 2020 Objectives:
- Increase the proportion of children who receive periodic developmental screening and individualized intervention.
- Provide pre-conception and inter-conception care to Wisconsin women in population groups disproportionately affected by poor birth outcomes.
- Reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality.

Oneida County Interventions
- Continue to support developmental screenings
- Encourage parents to obtain a medical home
- Continue to offer home visits to parents of newborns
- Implement county-wide safe sleep campaign
- Continue to instruct parents on infant massage to promote relaxation of infant

Injury and Violence Prevention

Injury and violence encompasses a broad array of topics. Unintentional injuries are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Intentional injuries include those that were purposely inflicted, with the intent to injure or kill someone (including self). Intentional injuries often involve a violent act. Examples include homicide, child maltreatment, sexual assault, bullying and suicide. Common prevention strategies exist across

all causes and manners of injury that include but are not limited to environmental changes, education, and enforcement of policies, laws and standards.

The burden of injury differs across the life span. The effects of unintentional and intentional injury include costs related to care and treatment of injuries, but also loss of productivity (economic loss to the individual, family and workforce), years of potential life lost due to injury mortality, and the influence of injury and violence on chronic disease, physical and mental health.

Injuries are the leading cause of death among Wisconsin people age 1-44 years and are a significant cause of morbidity and mortality at all ages. Though many of these deaths due to injury are unintentional, the majority are also preventable.

Healthiest Wisconsin 2020 Objectives:
- Reduce the leading causes of injury and violence though policies and programs that create safe environments and practices.
- Increase access to primary, secondary and tertiary prevention initiatives and services that address mental and physical injury and violence.
- Reduce disparities in injury and violence among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Oneida County Interventions
- Support the efforts of current agencies and programs.
- Encourage local programs to develop bullying prevention and coping materials.
- Continue the Oneida County Child Death Review team and prevention sub-teams.

**2005-2009 Oneida County Selected Cause of Emergency Department Visits**

Cause of Injury Emergency Department Visit	Vilas Number	Vilas Rate per 100,000	Oneida Number	Oneida Rate per 100,000	Wisc. Rate per 100,000
Falls	3,591	3,174.14	3,823	2,013.09	2,194.35
Struck by or Against Object or Person	1,847	1,632.59	1,834	965.74	1,259.84
Cutting or Piercing	1,259	1.112.85	1,329	699.82	815.03
Overexertion	1,008	890.09	1,107	582.92	710.43
Natural or Environmental Factors	709	626.70	870	458.12	355.66
Motor Vehicle Traffic Crash	804	710.67	853	449.17	714.88
Nontraffic	404	357.10	549	289.09	236.34
Fire, Heat & Chemical Burns	154	136.12	214	112.69	126.85
Poisoning	216	190.93	207	109.00	168.54
Machinery	119	105.19	154	81.09	80.50
Suffocation	21	18.56	12	6.32	10.66
Drowning	7	6.19	5	2.63	2.89
Firearms	<5	No Rate	< 5	No Rate	9.49
Other and Unspecified	1,405	1,241.90	1,619	852.52	1,171.56

Source: Wisconsin Interactive Statistics on Health

Oral Health

Oral health is basic to general overall health throughout the life span. It means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease, and other diseases that affect the mouth and surrounding structures.

Oral health is essential to the general health and well-being of all Wisconsin people and can be achieved by everyone. Oral health means much more than having healthy teeth. It means being free of chronic oral-facial pain, oral and pharyngeal (throat) cancers, oral soft-tissue lesions, birth defects such as cleft lip and palate,

Percentage of Adults
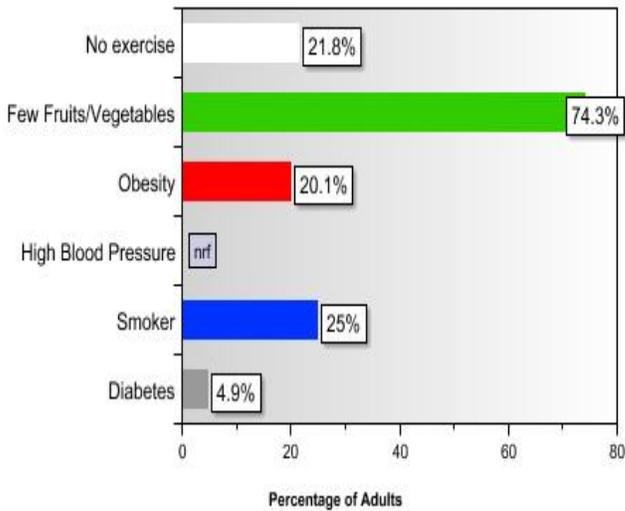
and scores of other diseases and disorders. Oral health and general health should not be interpreted as separate entities. Many systemic diseases may initially start with and be identified through oral symptoms.

Healthiest Wisconsin 2020 Objectives:
- Assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.
- Assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.
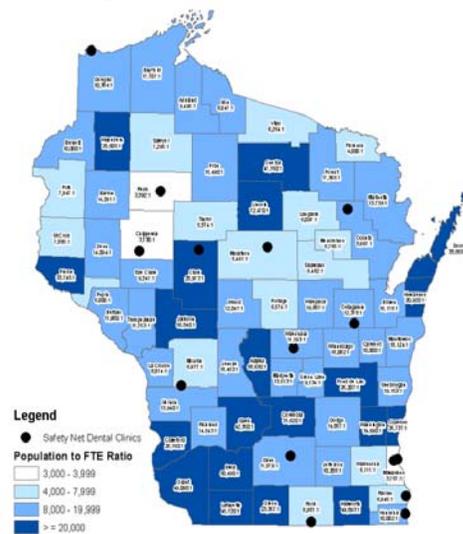
Oneida County Interventions
- Continue to support Northwoods Dental Project.
- Continue to advocate for access to dental care.
- Promote dental visits as part of over all good personal health.

Physical Activity

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population.

Physical activity is important and yet most

Dentist Shortages for Low-Income Populations - 2007

6

Source: DPH Primary Care

people don't get enough. Recent developments such as reliance on cars for almost all transportation, significant decrease in walking and biking to schools, existence of suburban developments where shopping and parks are not within safe walking distances, busy lifestyles, and an increase in the time spent with computer and video gaming all have engineered activity out of the daily routine. In schools, physical education and recess are often one of the first areas to experience reductions in assigned time, specially trained instructors, and funding.

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

Oneida County Interventions
-   Continue to promote free and low cost physical activity.
-   Establish policies that promote physical activity in work places and schools.
-   Promote biking/walking trails during reconstruction of roadways.
-   Establish more free indoor physical activities during the winter months.

Reproductive and Sexual Health

Reproductive and sexual health includes the factors that affect the physical, emotional, mental, and social well-being related to reproduction and sexuality across the life span, including engaging in same-sex and/or heterosexual behaviors. Reproductive and sexual health is a core component of individual and community public health.

Health outcomes are not driven by individual behavior alone. Supportive community attitudes toward healthy sexuality, positive social and economic environments, and constructive public policies are as important as access to education and services in fostering reproductive and sexual health. Supportive community attitudes recognize that sexuality is normal. Constructive public policies must support individuals and communities.

Number of Selected Sexually Transmitted Diseases Infecting Oneida County Residents

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Chlamydia		19	21	28	44	56	26	36	56	52
Genital Herpes		15	9	17	25	25	17	5	0	0
Gonorrhea		2	0	2	6	0	1	3	0	1
Syphilis		0	0	1	0	1	2	0	0	2

16
Source: WEDDS

Healthiest Wisconsin 2020 Objectives:
-   Establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.
-   Establish social, economic and health policies that improve equity in sexual health and reproductive justice.
-   Reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Oneida County Interventions
- Continue to support low cost access to women's health
- Promote preventative health screenings
- Support social, economic and health policies that improve equity in reproductive health

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

Healthiest Wisconsin 2020 Objectives
- By 2020, reduce tobacco use and exposure among youth and young adults by 50 percent.
- By 2020, reduce tobacco use and exposure among the adult population by 25 percent.
- By 2020, decrease the disparity ratio by 50 percent in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status, and high-risk populations.

What is Oneida County doing?
- Continue to support the Oneida County Tobacco Free Coalition.
- Continue to support partners' efforts to prevent youth from starting to smoke, promote tobacco cessation services, and adopt clean indoor air policies in public settings.
- Continue to support health care providers' assessments of tobacco use with youth, pregnant women and adults in general.
- Continue to support state programs: First Breath, the Quit-Line and WI WINS.
- Encourage public and private agencies, organizations and businesses to adopt formal and informal policies to reduce and eliminate exposure to second-hand smoke in their environment

The Plan Ahead

Community Health Improvement Plan (CHIP) process is a roadmap for community health improvement. It is the roadmap to guide action groups/coalitions in implementing strategies to produce better health outcomes. Our next steps are for the action groups/coalitions to start planning, implementing and evaluating evidence-based practices in order to reach our goals.

The level of achievement of our Community Health Improvement Plan depends on the commitment of all residents of Oneida County. We look forward to working with our community partners. Together we can become a healthier community!

References

American Towns. (2011). Profile: Oneida County, Wisconsin quality of life profile and information. Retrieved from http://www.americantowns.com/wi/oneida-county/info/quality-of-life

Bergen County (2006). Community Health Improvement Plan (CHIP). Retrieved from http://www.healthybergen.org/docs/CHIP-English.pdf

Centers for Disease Control. (2011). Behavioral risk factor surveillance system. Retrieved from http://www.cdc.gov/brfss/

County Health Rankings. (2011). 2011: Oneida County, Wisconsin. Retrieved from http://www.countyhealthrankings.org/

Community Health Status Report. (2009).   Oneida county Wisconsin. Retrieved from http://communityhealth.hhs.gov/homepage.aspx?j=1

Kapustin, J. (2010). Chronic disease prevention across the lifespan. *Journal for Nurse Practitioners,* 6(1), 16-24. doi:10.1016/j.nurpa.2009.09.015.x

Marks, J., Isaacs, J., Smeeding, T., & Thronton, K. (2009). Wisconsin poverty report: Were antipoverty policies effective? Institute for Research on Poverty, University of Wisconsin-Madison. Retrieved from http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/WIPovAntipovertyPolicies_May2011.pdf

McGinnis, J.M. & Foege, W.H. (1993). Actual causes of death in the United States. *JAMA*, 270(18)2207-2212.

Oneida County Health Department. (2011). Community needs assessment. http://oneidacountypublichealth.org/

Oneida & Vilas County Health Department. (2008). Oneida & Vilas county: Healthiest Wisconsin 2020, everyone living better together longer, mental health. Retrieved from http://www.vilaspublichealth.com/documents/chipp2011/mental%20health.ppt#1

United States Department of Agriculture. (2005). USDA: My pyramid plan. Retrieved from http://www.choosemyplate.gov/

Whitehead, M. (2007). A typology of actions to tackle social inequalities in health. *Journal of Epidemiology & Community Health*, 61(6), 473-478.

Wisconsin Department of Health Services. (2011). Wisconsin behavioral risk factor survey [BRFS]. Retrieved from http://www.dhs.wisconsin.gov/stats/brfs.htm

Wisconsin Department of Health Services. (2011). Public health profiles. Retrieved from http://www.dhs.wisconsin.gov/localdata/pubhlthprofiles.htm

Wisconsin Department of Health Services. (2008). Burden of diabetes in Wisconsin. Retrieved from http://www.dhs.wisconsin.gov/health/diabetes/burden.htm

Wisconsin Department of Health Services. (2009). Demographics on aging in Wisconsin. Retrieved from http://www.dhs.wisconsin.gov/aging/demographics/

Wisconsin Department of Health Services. (2010). Healthiest Wisconsin 2020 focus area profiles; chronic disease prevention and management. Retrieved from http://www.dhs.wisconsin.gov/hw2020/pdf/chronicdisease.pdf

Wisconsin Department of Health Services. (2011). WISH: Wisconsin interactive statistics on health. Retrieved from http://www.dhs.wisconsin.gov/wish/

Wisconsin Department of Transportation. (2006).   Wisconsin traffic crash facts. Retrieved from http://www.dot.wisconsin.gov/safety/motorist/crashfacts/docs/archive/crashfacts2006.pdf

World Health Organization. (2001). Mental health. Retrieved from http://www.who.int/mental_health/en/