

# Creating a Path to Better Health



**Community Health Needs Assessment  
Forest, Oneida and Vilas Counties**

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December 2015

Dear Community Resident:

It is our pleasure to share with you the 2016 Forest, Oneida and Vilas Counties Community Health Needs Assessment. On behalf of the three Boards of Health, steering committees, and the three Ministry Health Care hospitals, we hope you will find this information useful in planning and responding to the needs of our community. We would like to personally thank the UW – Extension and The Division of Public Health-Northern Region for their continued support and resources.

This document represents the work of over 75 community leaders and partners in addition to the staff in all three county health departments and Ministry Health Care. These partners demonstrated a strong commitment to assessing the health needs of Forest, Oneida and Vilas Counties, working collaboratively, and to committing to making our communities healthier.

This report is meant to summarize the key findings from the day long community needs assessment conducted on December 11, 2015, secondary data analysis, and community surveys. The PowerPoint presentation can be accessed on each of the health department's websites:

Forest County Health Department: <http://forestcountypublichealth.org>

Oneida County Health Department: [www.oneidacountypublichealth.org](http://www.oneidacountypublichealth.org).

Vilas County Public Health Department: <http://www.vilaspublichealth.com>

Following the community assessment, a Community Health Improvement Plan will be developed. This plan provides a template to assist public health stakeholders with implementing the evidenced-based strategies that address the top three health priorities of:

- Alcohol and Drug Use
- Mental Health
- Chronic Disease Prevention and Management

We hope that you find this document useful and welcome any comments and suggestions you may have for improving the health of our communities.

Sincerely,

Jill Krueger,  
Health Officer  
Forest County Health  
Department

Linda Conlon,  
Health Officer  
Oneida County Health  
Department

Gina Egan  
Health Officer  
Vilas County Health  
Department

Sandra Anderson,  
President, Northern  
Region Hospitals  
Ministry Health Care

## Acknowledgements

A community needs assessment and improvement plan of this scope could not occur without the assistance of many individuals. Forest, Oneida and Vilas County Boards of Health and health departments along with Ministry Health Care acknowledge the assistance of the Division of Public Health-Northern Region and UW Extension.

Many thanks to the Steering Committee and to all of whom have worked tirelessly on improving health outcomes. Thank you to the following individuals who took time from their busy schedules to participate in the development of the Community Needs Assessment report.

### Steering Committee

Jill Krueger, Director; Forest County Health Department  
Linda Conlon, Director; Oneida County Health Department  
Gina Egan, Director; Vilas County Health Department  
Sue Kirby, Community Health Access Coordinator; Ministry St. Mary's Hospital  
Julie Hladky, Ministry Health Care  
Sara Richie, UW-Extension – Oneida County  
Angela Nimsgern, Division of Public Health, Northern Region Office

### Community Needs Assessment Team

Susan Richmond, Commission on Aging  
Amber Weldon, Marshfield Clinic  
Mary Rudis, Rhinelander School District  
Holly Dionne  
Constance Walton  
Michelle Gobert, Crandon Public Library  
Sue Wolfe, Lac du Flambeau School District  
Pat VanAcker  
Tony Albright  
Amy Mayo, Oneida County Social Services

Kristi Ursin  
Miranda VanderGeest  
Scott Elliott  
Kayla Elliot  
Kay Anderson, Ministry Health  
Corie Zelazoski, Oneida County Health Department  
Maria Skubal, Oneida County Health Department  
Karly Johnson, UW-Extension  
Braden Boyce-Allison, Tri-County Council on Domestic Violence and Sexual Assault  
Erv Teichmiller, Vilas County Health Department Board of Health  
Lynn Feldman, UW-Extension  
Tom Rulseh  
Kerri Schmidt, Rhinelander School District  
Nancy Anne Miller, UW-Extension  
Geri Heppe, Holy Family Church  
Steve Nelson, UW-Extension-Forest County  
Lisa Young, Nicolet College  
Derek Bell, Ministry Health  
Andrea Stefonek, Ministry Health – Sacred Heart  
Ellen Rasmussen  
Tammy Queen, Forest County Office on Aging  
Tammi Boers, Vilas County Health Department  
Laurel Dreger, Vilas County Health Department  
Nancy Sattler, Northwoods United Way, Inc  
Jenette Gunville, UW-Extension-Forest and Vilas Counties  
Jamie Bauknecht, Sokaogon Mole Lake Clinic  
Marta Koelling, Oneida County Health Department  
Andrea Martin, Vilas County Public Health Department  
Angeline Kesler  
Shellie Holmes, Tri-County Council on Domestic Violence and Sexual Assault  
Wendy Abney, Family & Child Learning Center  
Susan Samz, Blackwell Job Corps

Craig Collins, Forest County Tribal AmeriCorps  
 Mike Schaars, Ministry Health-Howard Young  
 Chris Skaggs, Forest County Potawatomi Health  
 & Wellness  
 Kyle Parish, City of Rhinelander Police  
 Department  
 Amy Matuszeski, Tri-County Counsel  
 Mary Frann  
 Amy Gatton, Forest County Health Department  
 Terri Miller, UW-Extension  
 Jacyn Brice, Ministry Health  
 Jane Dunbar, Division of Public Health,  
 Northern Region Office  
 Sue Piazza, Department of Aging  
 Chrissy Peterson, Tri County Council  
 Julie Clark, Marshfield Clinic  
 Leah Christensen, Marshfield Clinic  
 Anne Cirilli, Oneida County Health Department  
 Dawn Klink, Oneida County Health Department  
 Janelle Schroeder, ADRC  
 Debra Johnson, Sunshine for Humanity  
 Jim Galloway, Vilas County Emergency  
 Management  
 Heidi Karns, Ministry Health  
 Kim Baltus, Ministry Health  
 Beth Madl, Ministry Health  
 Erica Brewster, Demmer Library  
 David Poupart, Petersen Christianson  
 Healthcare  
 Sara Keuer, Petersen Christianson Healthcare  
 Carol Wright, Great Lakes Intertribal Council  
 Mark Collins, Vilas County Sheriff's Department  
 Kelly Rydeski, Marshfield Clinic  
 Mary Rideout, Oneida County Social Services  
 Mary Ticknor, Nicolet College

## Introduction

An assessment of the Northwoods, which includes the counties of Forest, Oneida and Vilas, was conducted together by each area's local Health Departments and in collaboration with Ministry Eagle River Memorial Hospital, Ministry Saint Mary's Hospital, Howard Young Medical Center, and the University of Wisconsin-Extension Office. Representation from each organization formed the steering committee that facilitated and coordinated the community health assessment process which became a joint initiative to discover the health needs of the area.

### **Ministry Health Care**

Ministry Health Care serves the Northern Region of Wisconsin with hospitals located in Eagle River, Woodruff and

Rhineland, WI. Because the service areas of all three hospitals cover parts of Forest, Oneida and Vilas counties and both community health data and partner organizations follow county lines, those three counties were defined at the community served for the assessment process.

### **Forest, Oneida and Vilas County Health Departments**

Each health department is a local governmental agency that is often found working behind the scenes to protect, promote, and maintain the health of our community. Historically, each health department has facilitated and conducted their own community health assessment, which is required every three to five years.

### **University of Wisconsin-Extension**

The UW- Extension provides statewide access to university resources and research so the people of Wisconsin can learn, grow and succeed at all stages of life.

### **Healthy People Healthy Oneida County Steering Committee**

The steering committee was established in 1995 as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs in Oneida County. Since being established, the steering committee has both monitored progress toward identified goals and established new goals and priorities.

### **Wisconsin Division of Public Health - Northern Region**

The Northern Region works to ensure the health and well-being of all Northwoods' families and their communities by developing and supporting programs aimed at reducing chronic diseases among Wisconsin citizens and promotes the availability of health services to those with chronic conditions.

### **Purpose**

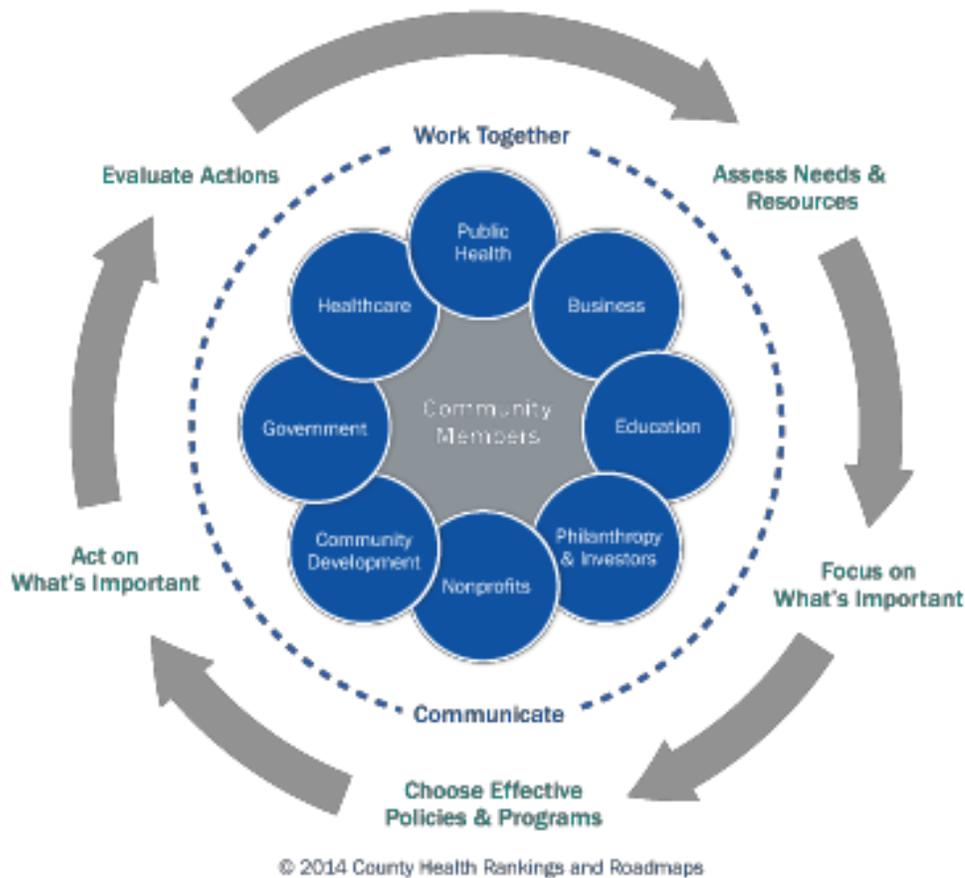
- To fulfill State Statute HFS 140.04 responsibility for local health departments and 501(r) federal requirements for not-for-profit hospitals to complete and community health assessment and participate in the development of a new local health improvement plan every three years.
- To provide updated information on the population health status. This provides the basis for the identification and prioritization of local health-related issues and the development of a local health improvement plan.
- To create a process to encourage public and community input into the population health needs and the use of available resources.
- Assessment is a core function of public health.

## Community Health Assessment Process

The assessment process used was an adaptation from the County Health Rankings and Roadmaps' Wisconsin's Guidebook on Improving the Health of Local Communities. The guidebook is based on a continual improvement process with the following core steps:

- Work together and communicate
- Assess needs and resources
- Focus on what's important
- Choose effective policies & programs
- Act on what's important
- Evaluate actions

The guidebook provides a checklist and resources for each step of the community assessment and improvement process. A diagram of the entire process is displayed below:



During the community assessment process special attention was given to the following underlying themes when analyzing the data: Equity, Socioeconomic Factors, Prevention and Health across the Life Span. Since input from a broad representation of community members was the overall goal, a number of methods were used which are outlined below along with the methods and sources used to collect data.

## Community Engagement

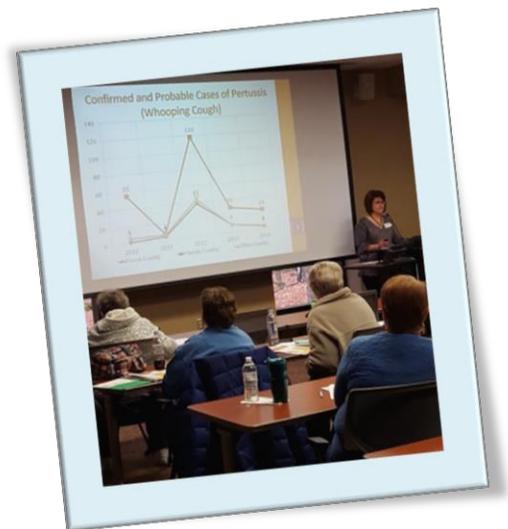
To assure that everyone in the community had an equal opportunity to provide their input, multiple approaches were used that included surveys, focus groups, forums and key-informant interviews. Special efforts were made to reach the underserved population in the area and the community partners and stakeholders that work with this population.

### Community Health Survey

In order to capture the opinions of the general public, a community survey was conducted that asked participants to share their perceptions on the health of the community and to identify health priority areas. The survey also asked questions about the participants' current health status and barriers to care. The survey was distributed online through the health departments' websites and Facebook. In an effort to insure representation from vulnerable groups, such as low-income, minority and medically underserved populations paper copies of the survey were distributed to identify community sites that serve these populations. The results of the survey were summarized and presented to the community and used as another data source to analyze the health of the community. In order to ensure the survey was conducted in a manner that produced reliable and valid results, the University of Wisconsin – Stout's Applied Research Center partnered with the steering committee for survey design, distribution, analysis and evaluation. A summary of the key findings are included in the data section within a special text box labeled "Community Data" and the final report can be found on each health departments' website.

### Community Forum

A daylong meeting was held, where over 75 people from Forest, Oneida and Vilas counties spent the day reviewing data presented to mirror the Healthiest Wisconsin 2020 Focus Areas. After reviewing the data and available community health survey results; strengths, weaknesses, opportunities and challenges of the community were discussed in three facilitated break-out sessions. Techniques used to generate a large number of ideas and give everyone the chance to participate included brainstorming and nominal group technique. At the end of the day, each participant was given the opportunity to select the health priorities of greatest concern that they would like the community health improvement plan to focus on for the next three years. If community stakeholders were not prepared to make a decision at the end of the day, a brief survey was distributed to all in attendance at a later date to identify the health priority areas. A summary of the key findings from the day can be found in Appendix 1.



### Community Focus Groups

To provide the general population an opportunity share their opinions, small focus groups were conducted through-out the community. During these focus groups, summaries of the data collected revealing the health of the community were shared followed by some form of a S.W.O.C analysis to compliment the S.W.O.C analysis completed at the community forum with stakeholders. At the end, each participant was given the opportunity to share their thoughts on the top health concerns of the community using brainstorming and nominal group technique. The table to the right displays a complete list of the focus groups conducted, a summary of the key findings from each can be found in Appendix 2.

- **AODA Coalition**
- **Mental Health Inter-Agency Coalition**
- **LEAN Coalition**
- **Nicolet College Nursing Students**
- **RHS CHANGE/Fact Group**
- **Vilas County Fire Chief's and Emergency Services Association**
- **Community Coalition of Forest County**
- **Forest County School Administrators of Crandon, Laona and Wabeno**

### Key-Informant Interviews

An attempt to address the gaps in the data and S.W.O.C analysis, key-informant interviews were conducted with community members that work to improve the health of the community, especially within the vulnerable populations including the low-income and medically underserved. Interview questions were directed towards identifying the health concerns of the area along with the strengths and challenges experienced working within the community. The table below displays a complete list of all the interviews conducted, a summary of the key findings can be found in Appendix 3.

A special thanks to the following individuals who took time from their busy schedules to participate in the interview process to provide further feedback on the community

- **Tammy Modic, Executive Director of the Northwoods Alliance for Temporary Housing**
- **Scott Lea, Chief of Police, Three Lakes, WI**
- **Braden Bayne-Allison, Domestic Violence Advocate at Tri-County Counsel on Domestic Violence**
- **David Jaeger, Chief of Police, Minocqua, WI**
- **Chris Stark, UWEX-Vilas County**
- **Jason Pertile, Dean of Students & Guidance, Phelps School District**
- **The Forest County Director of Social Services**
- **The Forest County UWEX Community Development Educator**
- **The Forest County Economic Development Director**

## Data Sources

Data collection and analysis plays a critical role in making public health decisions, program development, evaluation, and policy formation. There is a need for accurate and reliable data to make healthy, strong communities. The information in this report describes the major health behaviors and outcomes that have the greatest effect on the members of Forest, Oneida and Vilas Counties. In addition, the data further presents health outcomes by economic and social issues, access to care, and individuals' personal characteristics. The data is displayed in many forms that include tables, charts, graphs and maps. Since understanding the data can be a difficult process, the common terms used to describe data are provided on the right.

As stated above, it is important that data comes from reliable and creditable sources. Inaccurate data can lead to misunderstandings and impact the ability to make quality and timely public health decisions. The data used to produce this report come from both primary and secondary sources that are all reliable and valid. A detailed description of each source is included below.

### Key Terms

**Incident Rate**

The number of new cases within a given timeframe, usually a year

**Prevalence Rate**

The number of individuals who have a particular disease at a fixed point in time

**Rate**

Describes the occurrence of a particular disease in the population overtime, usually displayed in units of per 1,000

**Age-Adjusted Rate**

Is a method of standardization that allows age groups to be compared against each other

**Morbidity**

Another word for disease

**Mortality**

Another word for death

### Primary Data Sources

**Community Health Survey**

Through the assistance of UW-Stout Applied Research Center, the survey was administered over a five-week period to residents of Forest, Oneida, and Vilas County in Wisconsin. The assessment was deployed as both an online survey and also as a paper copy survey.

**Wisconsin Immunization Registry**

WIR is a database that tracks immunizations of Wisconsin's children and adults.

**WI Electronic Disease Surveillance System**

WEDSS is a tool used for reporting, investigation, and surveillance of communicable diseases in Wisconsin.

**ROSIE-Women, Infant and Children Data System**

ROSIE is the online, data collection system used by the WIC program in Wisconsin.

**Northwoods Temporary Housing Alliance Tracking**

NATH collects basic information about clients to provide a more accurate count of homelessness in the area and the resources needed.

## Secondary Data Sources

### Healthiest Wisconsin 2020

The Healthiest Wisconsin 2020 is a state-wide initiative with the mission to assure conditions in which people can be healthy and members of healthy, safe, and resilient families and communities. The initiative aims to achieve two goals: (1) improve the health across the lifespan and (2) eliminate health disparities. Healthiest Wisconsin 2020 provided the framework for the entire assessment. Data was collected as it relates to each of the 12 focus areas.

### Wisconsin County Health Rankings

The Wisconsin County Health Rankings Report from University of Wisconsin School of Medicine and Public Health was utilized as an overall data source. All counties are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the state on the following summary measures:

- **Health Outcomes**--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- **Health Factors**--rankings are based on weighted scores of four types of factors:
  - Health behaviors (6 measures)
  - Clinical care (5 measures)
  - Social and economic (7 measures)
  - Physical environment (4 measures)

The 2015 county snapshots are included in appendix 4.

### Other Secondary Data Sources

<b>Community Commons</b>	Community Commons is an online resource that provides data and tools needed to assess and improve communities. The data available comes from a multitude of sources and covers a wide array of topics.
<b>Behavioral Risk Factor Surveillance System</b>	The BRFSS is one of the largest health surveys conducted in the United States. The BRFSS collects data regarding an individual’s health risk behaviors, the use of preventive services, and chronic health conditions.
<b>Youth Risk Behavior Surveillance System</b>	The YRBSS is similar to the BRFSS; however, it is a school-based survey that only monitors data related to health- risk behaviors in youth.
<b>WI Department of Health Services</b>	WI DHS provides access to numerous reports and databases related to the health of Wisconsin residents.
<b>Wisconsin WINS</b>	WI WINS provides data related to the percentage of retail stores selling tobacco products to minors through annual compliance checks.
<b>WI Interactive Statistics on Health</b>	WISH provides information about health indicators in Wisconsin using protected databases otherwise not accessible.
<b>WI Environmental Public Health Tracking</b>	WI Environmental PH tracking is a comprehensive and updated source that provides environmental health data for all of Wisconsin.

# Demographic Profile

Geographically, this assessment covered the three counties of Forest, Oneida and Vilas which is a total of 3,290 square miles and 66,088 community members. Below is a demographic profile of the vulnerable population in the area. A complete profile for each county is included in Appendix 5.

Forest County is ranked 69 out of 72 counties for social and economic factors.

## Forest County

Median Household Income  
**\$40,331**  
Unemployment Rate  
**9.6%**  
Graduation Rate  
**86.3%**  
Poverty Rate  
**17.9%**

Population Profile		
Age	Under 5 Years Old	5.8%
	Under 18 Years Old	20.6%
	Over 65 Years old	21.8%

U.S. Census QuickFacts

## Oneida County

Oneida County is ranked 46 out of 72 counties for social and economic factors.

Population Profile		
Total: 35,563 Median Age: 49.2		
Age	Under 5 Years Old	4.6%
	Under 18 Years Old	17.2%
	Over 65 Years Old	23.9%

U.S. Census QuickFacts

Median Household Income  
**\$46,773**  
Unemployment Rate  
**8.8%**  
Graduation Rate  
**89%**  
Poverty Rate  
**11.3%**

Vilas County is ranked 59 out of 72 counties for social and economic factors.

## Vilas County

Median Household Income  
**\$40,501**  
Unemployment Rate  
**8.8%**  
Graduation Rate  
**91.8%**  
Poverty Rate  
**14.4%**

Population Profile		
Total: 21,398 Median Age: 52.1		
Age	Under 5 Years Old	4.1%
	Under 18 Years Old	16.8%
	Over 65 Years Old	29.0%

U.S. Census QuickFacts

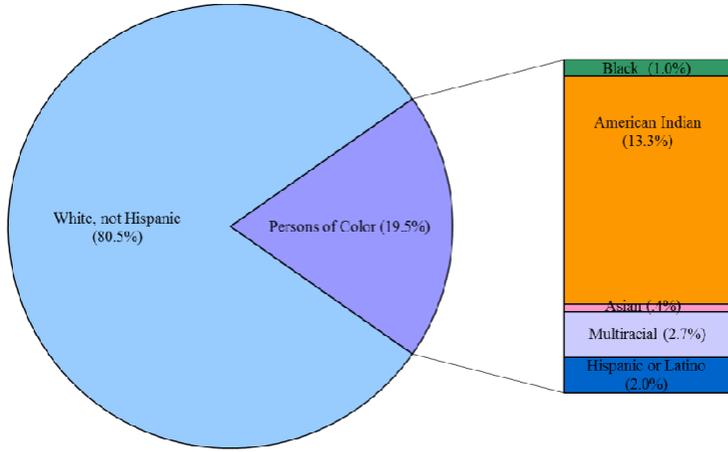
Sources: County Health Rankings and U.S. Census Bureau 2006-2010

## Race & Ethnicity

### Forest County

2010-2014 Growth

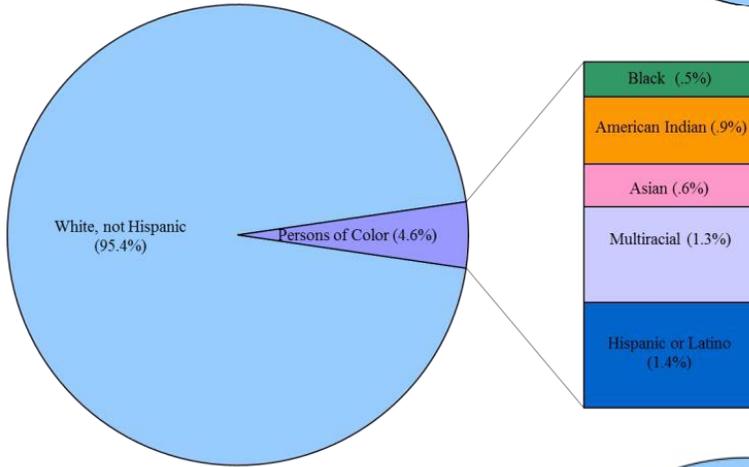
<b>Black</b>	-25%
<b>American Indian</b>	11%
<b>Asian/Pacific Islander</b>	95%
<b>Hispanic/Latino</b>	73%



### Oneida County

2010-2014 Growth

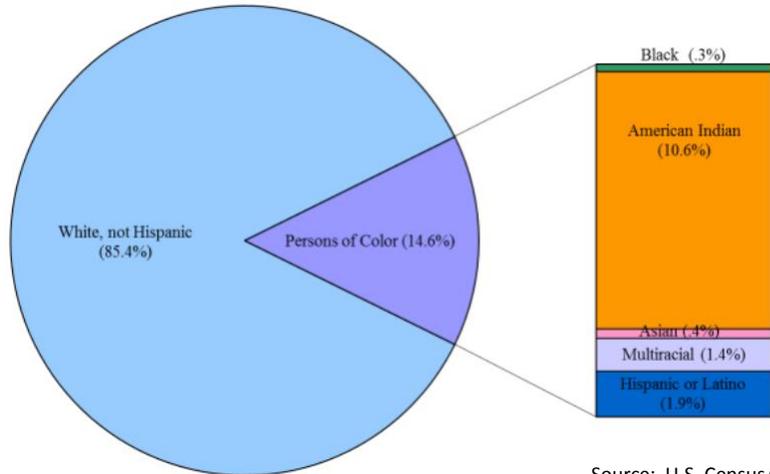
<b>Black</b>	44%
<b>American Indian</b>	37%
<b>Asian/Pacific Islander</b>	64%
<b>Hispanic/Latino</b>	105%



### Vilas County

2010-2014 Growth

<b>Black</b>	57%
<b>American Indian</b>	21%
<b>Asian/Pacific Islander</b>	118%
<b>Hispanic/Latino</b>	121%



Source: U.S. Census QuickFacts

### Education Attainment

Percentage of the Population with an Associate's Degree or Higher

<b>Forest County</b>	19.9%
<b>Oneida County</b>	32.6%
<b>Vilas County</b>	32.2%
<b>Wisconsin</b>	36.4%

Source: 2009-2013 American Community Survey 5-year estimates

### Disabilities Profile

Percentage of the total non-institutionalized population with a disability

<b>Forest County</b>	17.2%
<b>Oneida County</b>	14.8%
<b>Vilas County</b>	17.6%
<b>Wisconsin</b>	11.6%

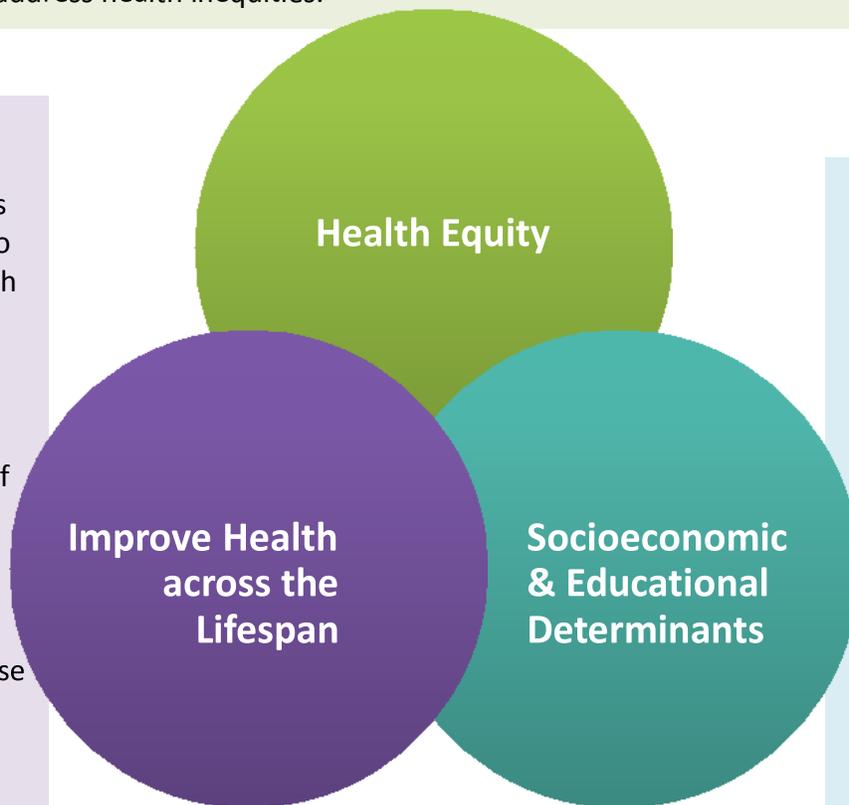
Source: US Census Bureau, American Community Survey, 2010-14

## Overarching Themes

All data was analyzed with three overarching themes: (1) health equity, (2) the social determinants of health especially focusing on socioeconomic factors and education level and (3) health across the lifespan. These three themes were chosen because of their ability to affect all health and infrastructure focus areas discussed in the following sections. (Healthiest Wisconsin, 2020).

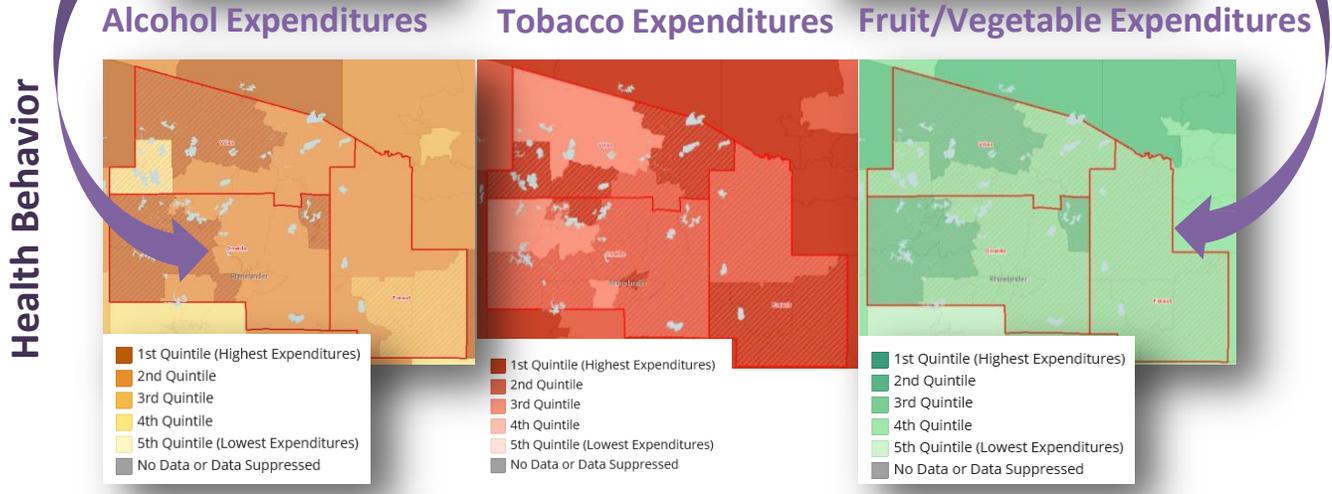
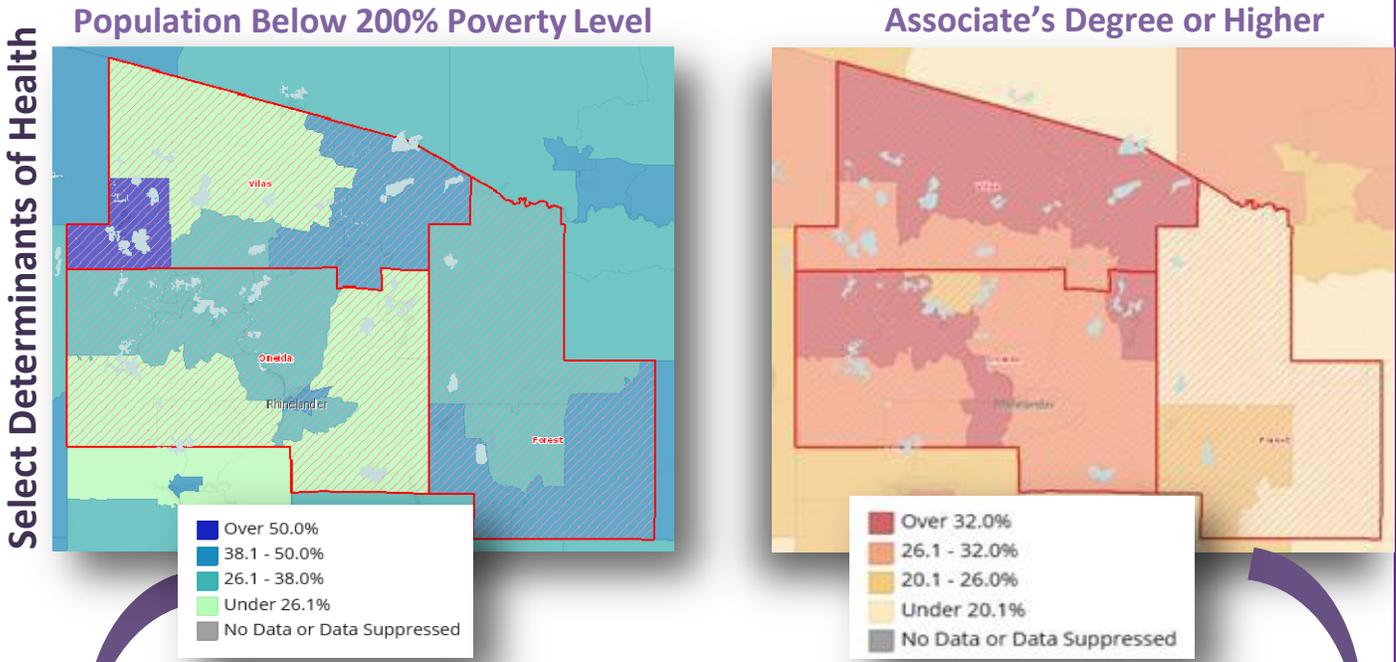
Health equity is giving everyone the equal opportunity to achieve optimal health regardless of any personal characteristics such as race, sexual orientation, or education level. Some communities in the Northwoods experience different health outcomes than others. It is the goal to develop data measures that can track these disparities allowing the alignment of resources to address health inequities.

Health across the lifespan means focusing on all stages of life from infancy to the senior years. With improved medical care, public health initiatives, and prevention research, the life expectancy of individuals has increased, which shifted the burden of disease. This initiative seeks to raise awareness about issues affecting individuals and their families throughout the entire lifespan.



Social, economic, and educational attainment accounts for upwards near 40% of the variation seen in health outcomes. These three factors are linked to the basic essentials needed for good physical and mental health. Moving forward, there is a need to develop and support policies that reduce poverty and increase educational attainment in the community.

Though it may be easy to think that medical care is the only way to improve health, it is also linked to a wide variety of factors, including risky behaviors, where you live, work, learn and play, education attainment and income. A community should consider all of these factors when encouraging positive changes in several of these areas. This can have a greater impact on an individual resident and the community's overall health. The roles that these factors can play on overall health are evident when mapped out beside each other, which can be seen on the following page.



**Health Outcomes**

	3 County Area	Wisconsin
Premature Death	6773	5910
Cancer Mortality Rate	181.3	170.1
Health Mortality Rate	190.7	162.3
Stroke Mortality Rate	41.9	37.1

Source: County Health Rankings, 2015 and Community Commons, 2015

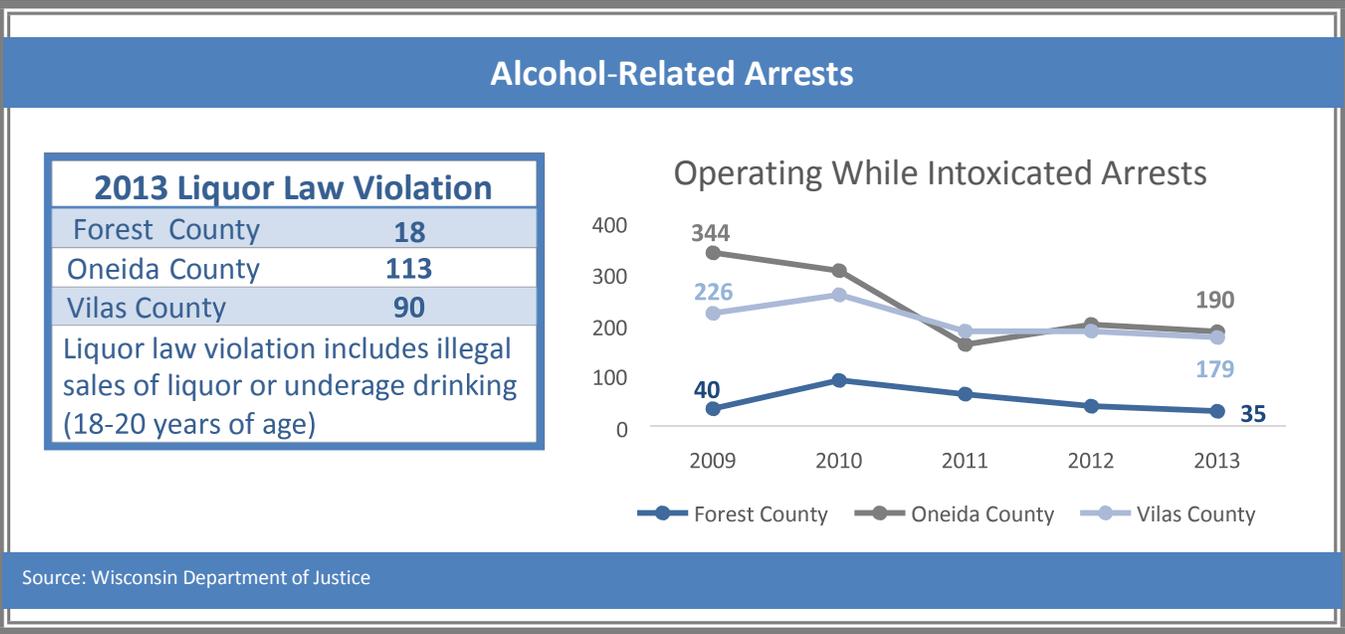
## Alcohol and Other Drug Use

Alcohol and other drug use is defined as the use of a substance that results in negative consequences that can include operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalizations, heavy drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other alcohol-attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol- or drug-related crimes. Alcohol-related deaths are the fourth leading cause of death in Wisconsin, only behind heart disease, cancer and stroke.

Percentage of Adults Reporting Binge or Heavy Drinking	
Forest County	21%
Oneida County	22%
Vilas County	24%

Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average

Source: County Health Rankings





In 2011, Wisconsin collected \$69 million in alcohol taxes; however, that only equates to 1 percent of the total economic costs attributed to excessive alcohol use which totaled over \$6.8 billion.

### Wisconsin 9-12 Grade YRBSS Results

- 21%** of students reported they rode in a car one or more times with a driver who had been drinking alcohol
- 33%** of students had at least one drink of alcohol on one or more of the past 30 days
- 17%** of students reported using marijuana during the past 30 days
- 15%** of students reported taking a prescription drug without a doctor's prescription
- 18%** of students reported being offered, sold or given an illegal drug by someone on school property during the past 12 months

### Drug Arrests

Drug arrests include arrests for the cultivation, manufacture, distribution, sale, purchase, use, possession, transportation or importation of opium or cocaine and their derivatives marijuana, synthetic narcotics, or other dangerous non-narcotic drugs.

	2011	2012
<b>Forest County</b>	31	63
<b>Oneida County</b>	107	173
<b>Vilas County</b>	107	164

Source: Wisconsin Department of Justice



### What the community says...

#### Reported average number of days where binge drinking occurred in the past month

Forest County		Oneida County		Vilas County	
Males	Females	Males	Females	Males	Females
3.86	2.95	6.00	2.64	5.10	3.00

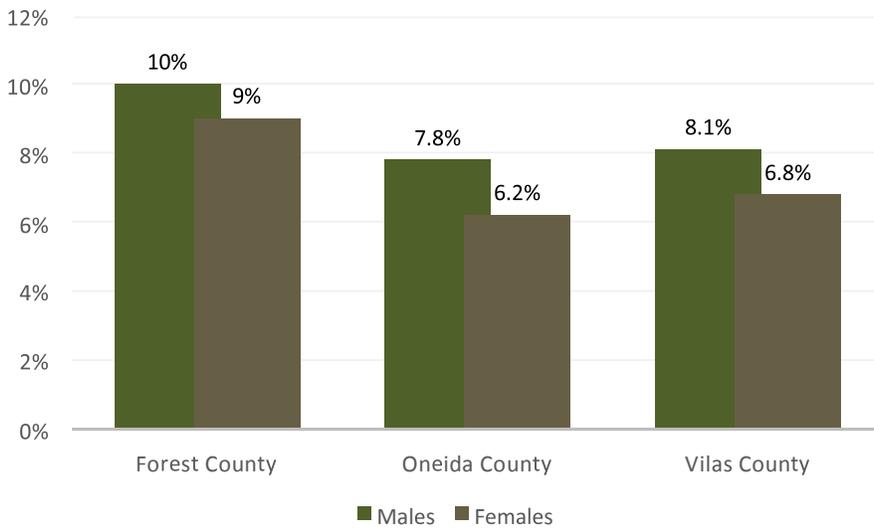
Source: Community Health Survey, 2015

It was the general consensus among the three counties that the abuse of prescription and over-the-counter drugs is a **moderate** problem in the area.

## Chronic Disease Prevention and Management

In general terms, chronic diseases are defined as illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability later in life. Currently, seven of the 10 leading causes of death in Wisconsin are due to chronic diseases. The most common chronic diseases (heart disease, stroke, cancer, diabetes, asthma and arthritis) are among the most common and costly of all health problems in the United States. More than 80 percent of healthcare spending in the United States goes towards the treatment of chronic disease. The good news is that chronic diseases are also among the most preventable diseases with lifestyle change.

### 2012 Diabetes Prevalence Rates



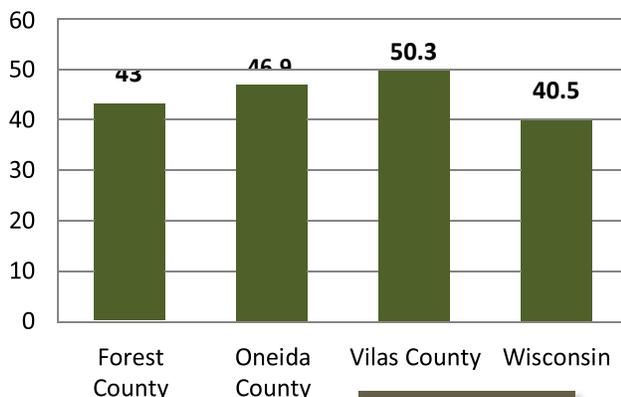
### Diabetes

The prevalence of diabetes varies by gender as seen on the graph to the left. Also, the prevalence of diabetes in the area exceeds that of the state average.

- Wisconsin – 7.9%**
- Forest County – 9.6%
- Oneida County- 7.5%
- Vilas County- 8.3%

Source: Community Commons

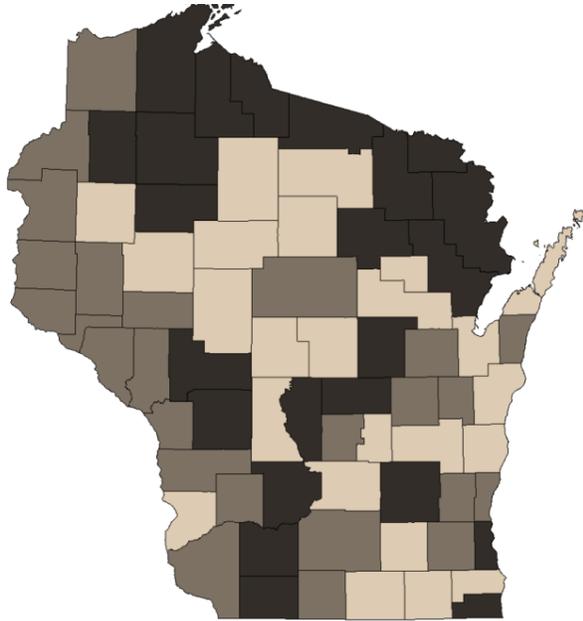
### 2008-2012 Colon Cancer Incident Rates



per 100,000 population  
Source: Community Commons



The average child in the U.S. consumes 32 teaspoons of sugar a day and the average adult 22 teaspoons.

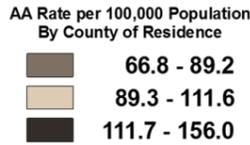


### Heart Disease

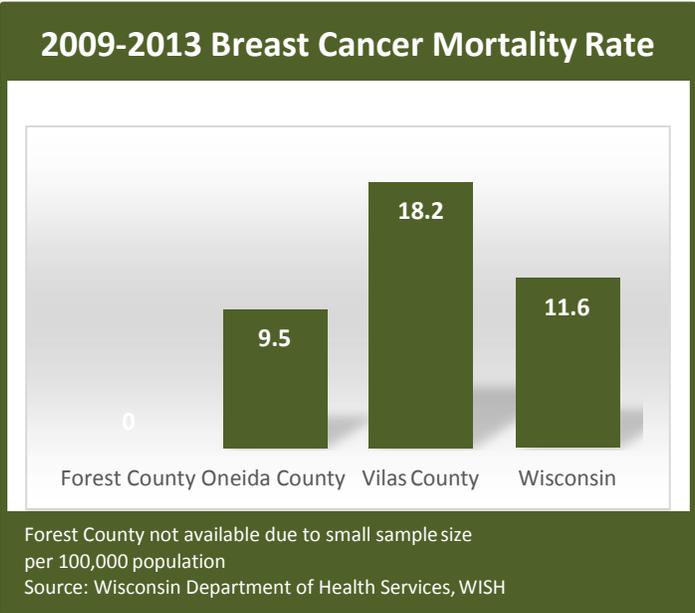
The map to the left displays the 2009-2013 age-adjusted mortality rate of ischemic/coronary heart disease.

- Forest County – 117.0**
- Oneida County – 111.6**
- Vilas County – 124.5**
- Wisconsin – 97.9**

per 100,000 population  
Source: Wisconsin Department of Health Services, WISH



**Healthy People  
2020 Goal  
103.4**



### What the community says...

#### The Top 5 Most Important Health Issues Identified by the Community

Forest County	Oneida County	Vilas County
Alcohol abuse	Alcohol Abuse	Alcohol Abuse
Child abuse/neglect	Child abuse/neglect	Eating unhealthy
Eating unhealthy	Eating unhealthy	Not exercising
Tobacco Use	Domestic Violence	Tobacco use

Source: Community Health Survey, 2015

## Environmental and Occupational Health

Environmental and occupational health includes the broad and diverse group of regulatory and educational programs and services needed in every Wisconsin community to prevent, identify and reduce illnesses and injuries resulting from hazards in the natural, built and work environments. More and more clear associations and linkages are emerging to 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.

### Confirmed and Probable Cases of Select Foodborne and Waterborne Diseases

Forest County						
	2010	2011	2012	2013	2014	Total
Campylobacter	3	2	1	3	1	10
Salmonellosis	1	1	1	0	4	7
Cryptosporidium	2	0	2	4	1	9
Giardia	2	0	2	5	2	11

Oneida County						
	2010	2011	2012	2013	2014	Total
Campylobacter	6	4	9	8	6	33
Salmonellosis	4	4	4	8	7	27
Cryptosporidium	8	5	3	1	6	23
Giardia	13	6	6	10	23	58

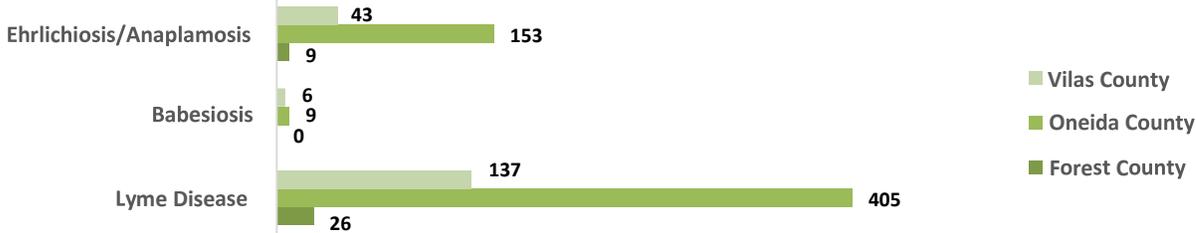
Vilas County						
	2010	2011	2012	2013	2014	Total
Campylobacter	3	4	1	3	4	15
Salmonellosis	1	1	2	1	2	7
Cryptosporidium	2	4	1	3	2	12
Giardia	14	3	9	9	4	39

Source: Wisconsin Department of Health Services



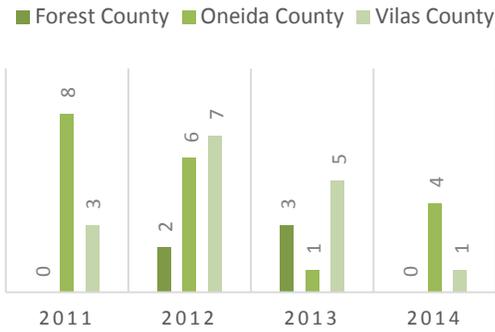
The Centers for Disease Control and Prevention estimates that 76 million cases of foodborne disease occur each year in the United States.

### Tickborne Diseases



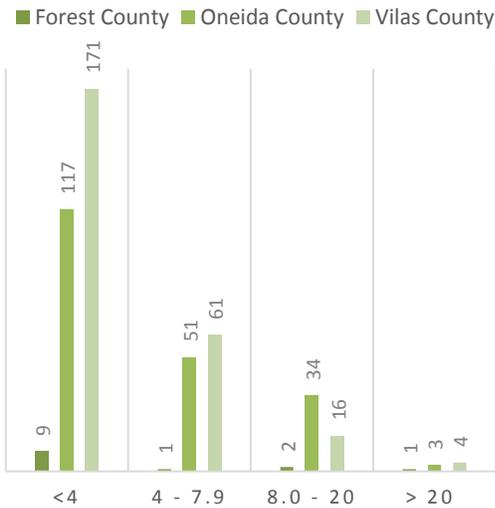
\*Confirmed and probable cases from 2010 to July, 2015 Source: Wisconsin Electronic Disease Surveillance System, and Public Health profiles

### Number of Children with Lead Blood Level >5mcg/dL



Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health, Childhood Lead Poisoning Prevention Program

### Radon Results: 2013-2015



Results to July 2015  
 Results reported in in picoCurie/Liter (pCi/L)  
 Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health, Childhood Lead Poisoning Prevention Program



### What the community says...

Percentage of people who have read, seen or heard information about preparing for an emergency.

Forest County – 63%  
 Oneida County – 60%  
 Vilas County – 52%

Percentage of people who have prepared for an emergency by assembling an emergency kit with medical supplies.

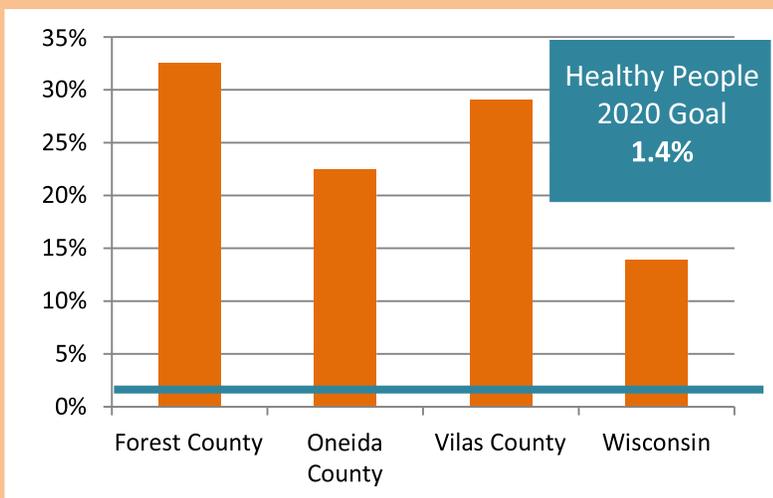
Forest County – 44%  
 Oneida County – 45%  
 Vilas County – 48%

Source: Community Health Survey, 2015

## 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. 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.

### Mothers who Reported Smoking During Pregnancy



Source: Wisconsin Department of Health Services  
Data includes years 2009-2013



### 2009-2013 Percent of Births Where Prenatal Care Began in the First Trimester

2009-2013	Forest County	79.5%
	Oneida County	86.6%
	Vilas County	77.2%
	Wisconsin	79.1%

When comparing the rates between 2004-2008 and 2009-2013, every county has reported a decline.

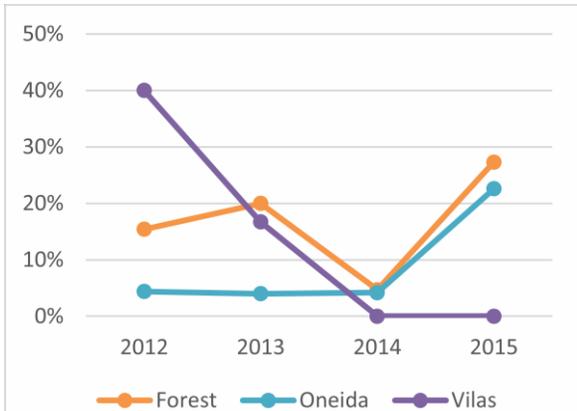
2004-2008	Forest County	83.5%
	Oneida County	90.6%
	Vilas County	81.3%
	Wisconsin	83.8%

Sources: Wisconsin Department of Health Services, WISH

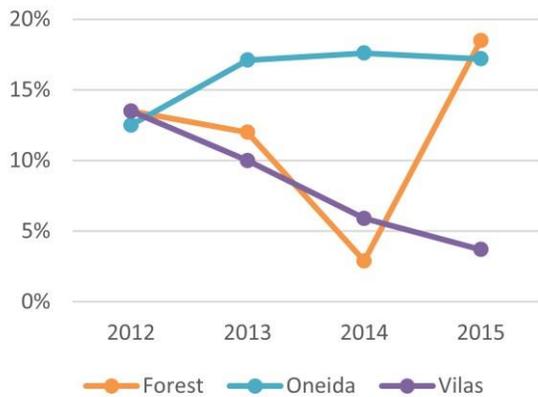


### WIC Breastfeeding Rates

Percent of WIC infants who have been exclusively breastfed for at least 6 months



Percent of WIC infants who have been breastfed at least 12 months



Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, Pregnancy Nutrition Surveillance System

### Percent of WIC Children $\geq 2$ to $< 5$ Years of Age Who are Overweight or Obese in 2015

	Overweight	Obese
Forest County	13%	20%
Oneida County	20%	14%
Vilas County	19%	24%

Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, Pediatric Nutrition Surveillance System

### What the community says...

#### Areas to Improve Individual and Community Health

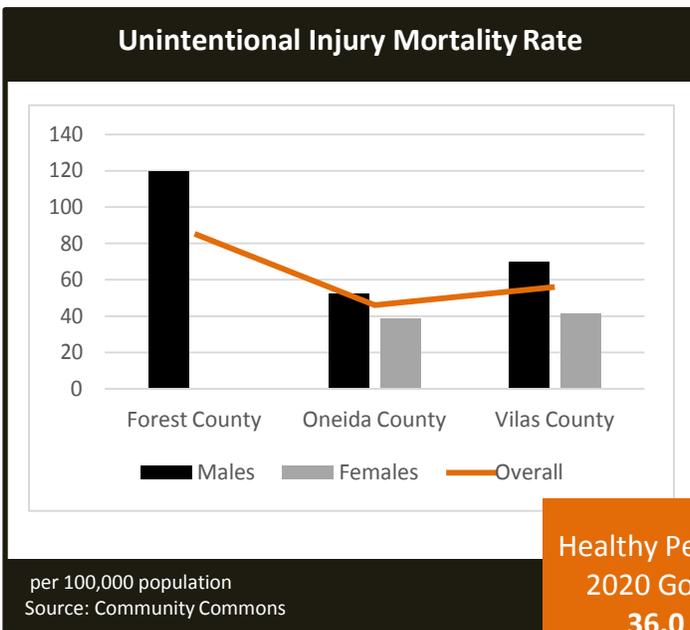
- Childcare
- Community gardens
- Extending health department and doctor office hours
- More recreation areas
- Lifestyle classes
- Quit smoking programs
- Obtaining health insurance
- Appointment reminders via text message

Source: Community Health Survey, 2015



## 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. 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. Injuries and violence are not discriminatory; they occur in all ages, races and socioeconomic classes. However, we do know that some groups are affected more severely.



Healthy People  
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**36.0**

**1994-2013 Deaths Due to Homicide**  
**14 Forest County** residents had *Homicide* listed as the primary cause of death, an average of 0.7 per year.  
**7 Oneida County** residents had *Homicide* listed as the primary cause of death, an average of 0.35 per year.  
**6 Vilas County** residents had *Homicide* listed as the primary cause of death, an average of less than .03 per year.  
 Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Vital Records Section, Wisconsin Interactive, Statistics on Health (WISH).

### Wisconsin Snowmobile, ATV and Boating Fatalities

	Snowmobile	ATV	Boating
2012	17	15	23
2013	20	22	13
2014	23	27	9

Source: Wisconsin Department of Natural Resources

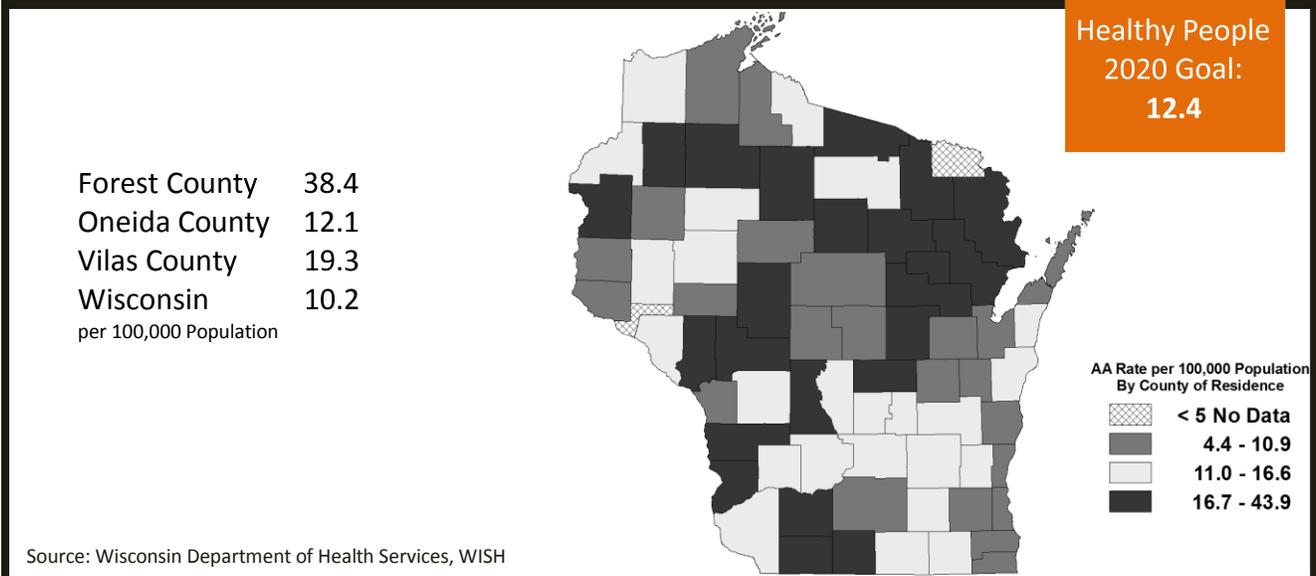
### 2009-2013 Top Reasons for Visits to the ER and Hospital

	Injury ER Visits	Injury Hospitalizations
<b>Forest County</b>	Falls Struck MV Crashes	Falls Overexertion Cuts
<b>Oneida County</b>	Falls Struck Cuts	Falls Overexertion Cuts
<b>Vilas County</b>	Falls Struck Cuts	Falls Overexertion Cuts

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Vital Records Section, Wisconsin Interactive, Statistics on Health



### 2009-2013 Motor Vehicle Accident Mortality Rate



### What the community says...

#### Helmet Use in Children

	Riding a Bicycle	Riding a Motorcycle
Forest County	Rarely/Sometimes	Sometimes
Oneida County	Sometimes	Sometimes/Always
Vilas County	Sometimes	Sometimes

Source: Community Health Survey, 2015

Residents in the Northwoods report wearing a seatbelt often when driving a vehicle

## Mental Health

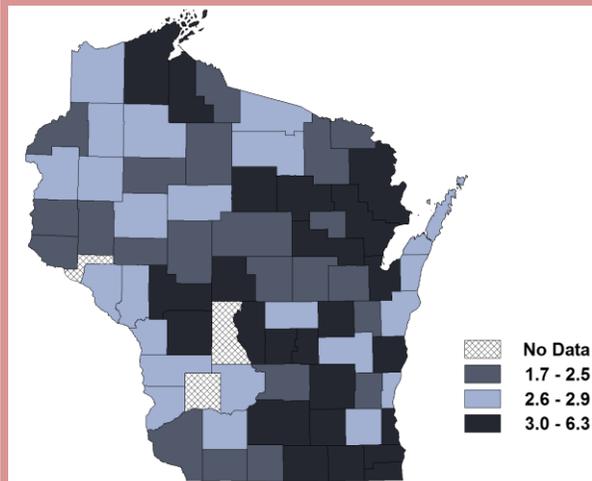
Mental health can be defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. When comparing all diseases, mental illnesses rank first in terms of causing disability in the United States, Canada and Western Europe. Mental and physical health are closely connected, and the statement "there is no health without mental health" accurately summarizes the relationship between the two. More specifically, mental health disorders are associated with increased rates of chronic health problems and risk factors, such as smoking, physical inactivity, obesity, and substance abuse and dependence.

### 2012 Depression Rates in the Medicare Population

Forest County	14.5%
Oneida County	14.2%
Vilas County	11.8%
Wisconsin	15.6%

Source: Community Commons

### 2006-2012 Average Number of Reported Mentally Unhealthy Days per Month



Forest County	2.4
Oneida County	2.8
Vilas County	2.6
Wisconsin	3.1

Source: University of Wisconsin Population Health Institute, County Health Rankings

### What the community says...

Individuals who said mental health interfered with their usual activities in the past 30 days:

	Males	Females
Forest County	7.4%	17.8%
Oneida County	18.2%	18.2%
Vilas County	13%	20%

Respondents making **less than \$20,000** indicated they are **very concerned** about their mental health more frequently than other income groups

Source: County Health Survey, 2015

### 2009-2012 Suicide Mortality Rate

Forest County	N/A
Oneida County	14.6
Vilas County	21.4
Wisconsin	13.1
per 100,000 population	
Source: Community Commons, 2013	

**14%** of Wisconsin students in grades 9-12 seriously considered suicide in the past 12 months (YBRS)

Healthy People  
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**10.2**

## Nutrition and Healthy Foods

As established in the U.S. Dietary Guidelines, good nutrition includes meeting nutrient recommendations yet keeping calories under control. It includes safe handling, preparation, serving and storage of foods and beverages. It also includes ready and appropriate access to nutritious foods throughout the year for all individuals and families in Wisconsin communities. Any 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. Because nourishment is required for survival, 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.

### 2013 Food Insecurity Rate

	Children	All Persons
Forest County	24.1%	14.2%
Oneida County	22.5%	12%
Vilas County	25.9%	13.6%
Wisconsin	20.4%	12.4%

Source: Wisconsin Food Security Project. Applied Population Lab, University of Wisconsin - Madison. August 2013



### What the community says...

The community health survey revealed that residents in the Northwoods rarely eat five or more servings of fruit and vegetables. The reasons for lack of consumption include:

1. Not always available
2. Costs too most
3. Spoils too quickly

There is a medium to large correlation between lower income and higher rates of worrying about food security.

Source: Community Health Survey, 2015

### Healthy Eating Statistics

Only **23%** of Wisconsin adults reported consuming fruits and vegetables at least five times a day. (BRFSS, 2009)

Only **20%** of Wisconsin students in grades 9-12 reported eating fruit or drinking 100% fruit juice three or more times a day. (YBRS, 2013)

Only **7%** of Wisconsin students grades 9-12 reported eating vegetables three or more times a day. (YBRS, 2013)

**74%** of Wisconsin students reported drinking a soda within seven days of the survey, which is down from 2007 where **79%** reported drinking soda before the survey (YBRS, 2013 & 2007)

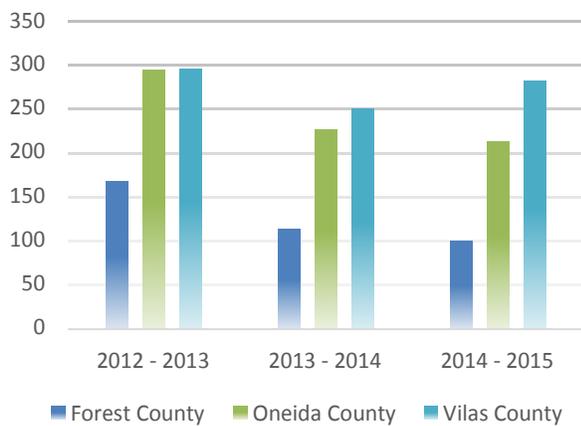


## Oral Health

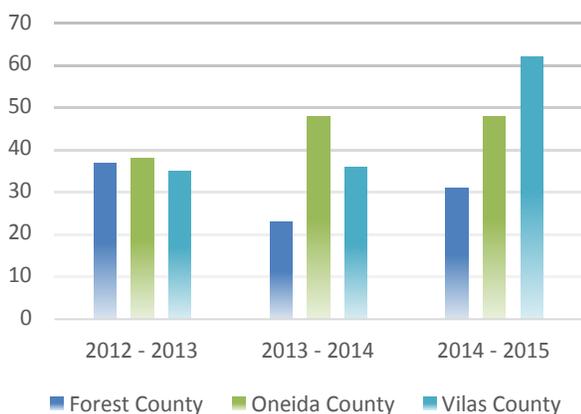
Oral health is basic to general overall health throughout the life span. It means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease and other diseases that affect the mouth and surrounding structures. Oral health is essential to the general health and well-being of all people and can be achieved by everyone. Oral health is integral to general health, and people cannot be healthy without good oral health. 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. People who have conditions that affect their immune system, including people with HIV/AIDS, are more likely to experience oral infections. Research also suggests an association between gum and tissue disease and diabetes, heart disease, stroke, and adverse pregnancy outcomes.

### Seal-A-Smile Program

#### Number of Participating Children



#### Percentage of Children Referred for Early or Urgent Dental Care

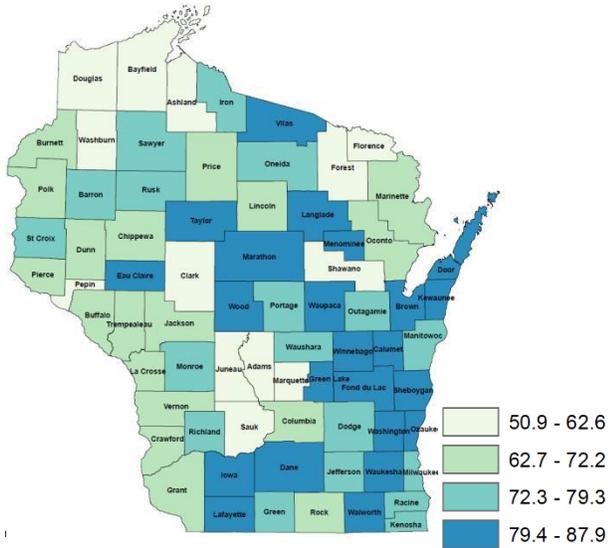


Source: Northwood's Dental Project



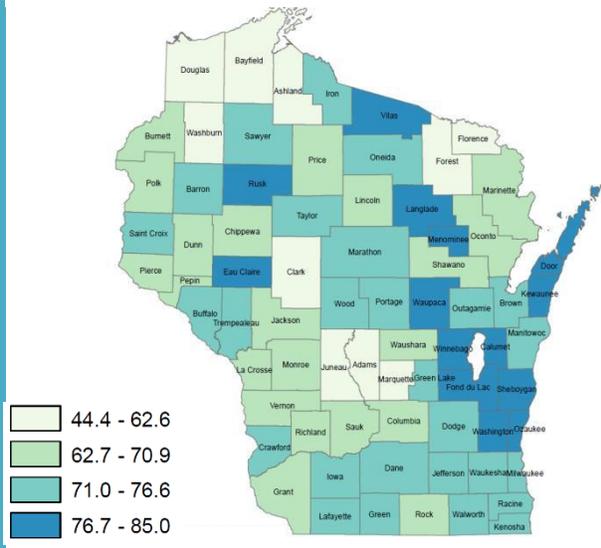
## Adult Dental Care: 2006, 2008 and 2010

### Percent of Adults Who Have Seen a Dentist in the Past Year



Forest County: 50.9 – 62.6 Range  
 Oneida County: 72.3 – 79.3 Range  
 Vilas County: 79.4 – 87.9 Range

### Percent of Adults with a Dental Cleaning in the Past Year



Forest County: 44.4 – 62.6 Range  
 Oneida County: 71.0 – 76.6 Range  
 Vilas County: 76.7 – 85.0 Range

Source: Wisconsin Department of Health Services; County Oral Health Wisconsin Surveillance System

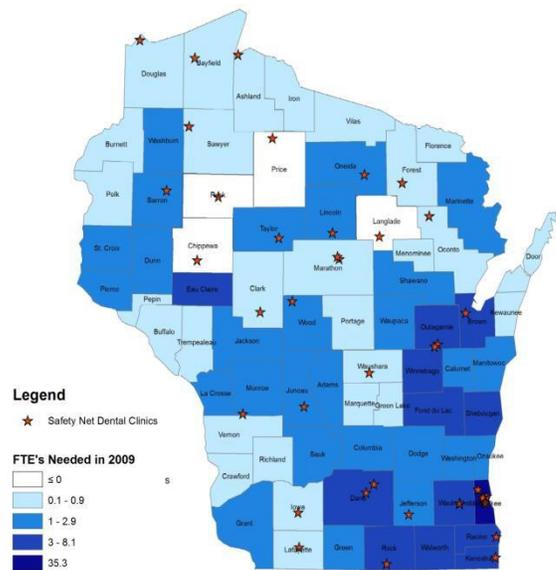
- Forest, Oneida and Vilas counties are all considered a federally-designed health professional storage area for low-income populations
- Safety net dental clinics are located in Oneida County and Forest County

### What the community says...

The top reasons that keep community members from Forest, Oneida and Vilas counties from visiting the dentist are the cost of care and lack of dental insurance.

Source: Community Health Survey, 2015

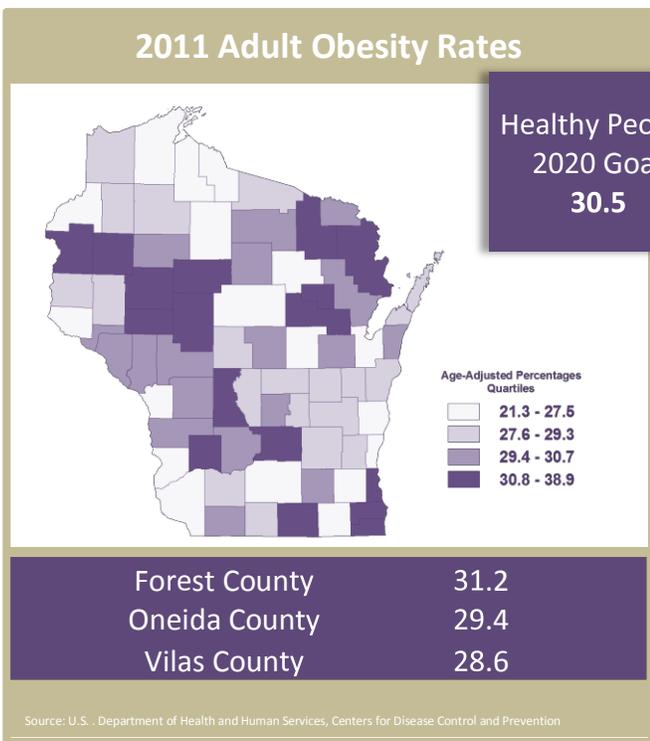
### Number of Dentist Needed to Reduce Significant Shortages, 2012



Source: Wisconsin Department of Health Services

## 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. The health benefits of physical activity have been studied extensively. Physical activity is a preventive factor for premature death; diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis, and depression; risk factors for disease, such as high blood pressure and high blood cholesterol; lack of functional capacity (the ability to engage in activities needed for daily living); mental illnesses, such as depression and reduced cognitive function; and injuries or sudden heart attacks.



### What the community says...

#### Percentage using walking trails:

Forest County: **46.1%**  
Oneida County: **59.8%**  
Vilas County: **53.8%**

#### Percentage using parks, play grounds and sports fields:

Forest County: **52.3%**  
Oneida County: **63.6%**  
Vilas County: **56.9%**

#### Percentage using health clubs, fitness centers or gyms:

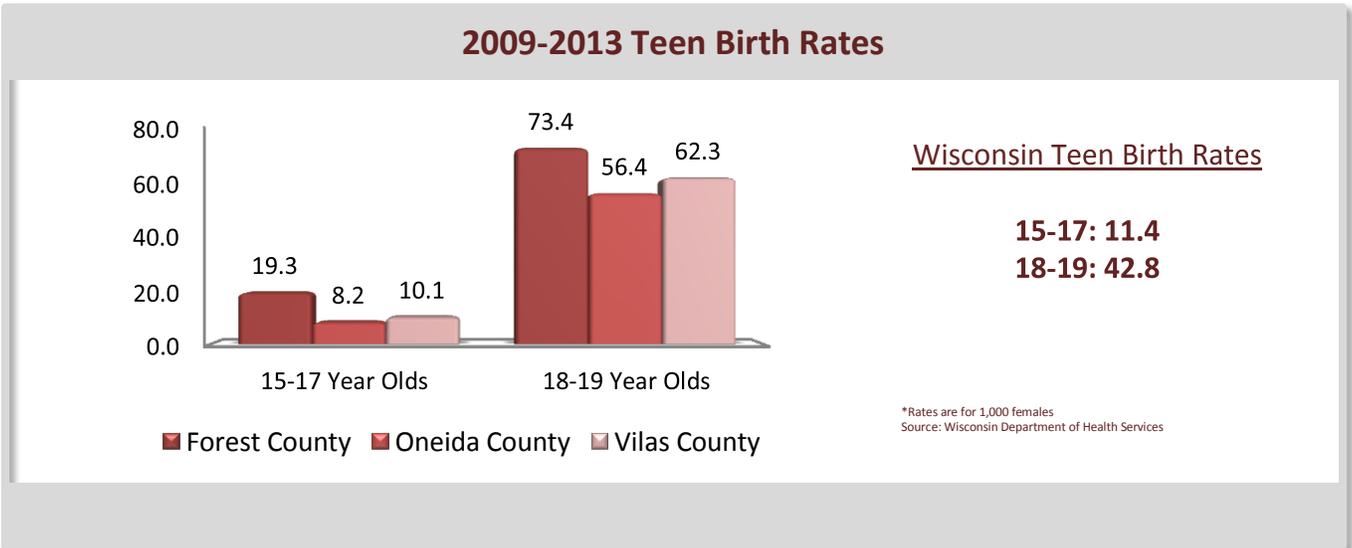
Forest County: **10.2%**  
Oneida County: **37.5%**  
Vilas County: **30.5%**

Source: Community Health Survey, 2015

# Reproductive and Sexual Health

## Key Findings: Health Focus Areas

Reproductive and sexual health includes the factors that affect the physical, emotional, mental and social well-being related to reproduction and sexuality across the lifespan and is a core component of individual and community public health. 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. The result of unintended pregnancies and sexually transmitted diseases, including HIV infections, result in tremendous health and economic consequences for individuals and society.



### What the community says...

**Percentage of women aged 18 or older who reported having a pap test within three years**

Forest County – 83.5%  
 Oneida County – 75.3%  
 Vilas County – 70.5%

### Sexual Transmitted Infection Rate

Confirmed and Probable Cases of Chlamydia				
	2011	2012	2013	2014
<b>Forest County</b>	44	59	54	37
<b>Oneida County</b>	56	67	56	72
<b>Vilas County</b>	57	37	40	42

Confirmed and Probable Cases of Gonorrhea				
	2011	2012	2013	2014
<b>Forest County</b>	3	2	2	2
<b>Oneida County</b>	1	2	0	4
<b>Vilas County</b>	3	1	1	0

Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Communicable Diseases and Emergency Response, Communicable Disease Epidemiologist Section, Wisconsin Electronic Disease Surveillance System, and Public Health profiles.



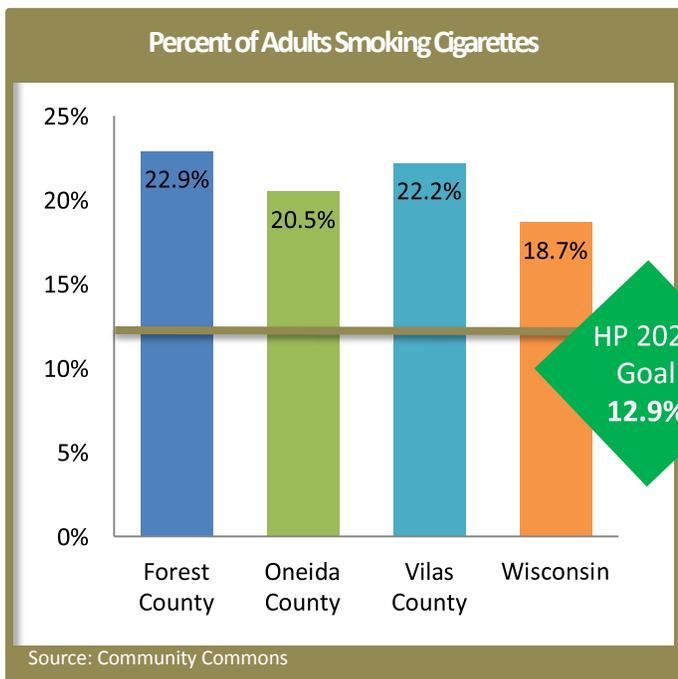
Eliminating tobacco use and exposure means improving health by preventing tobacco abuse, promoting tobacco dependence treatment, protecting all people from exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities. This is accomplished by partnering with state and local leaders to implement a research-based comprehensive tobacco prevention and control plan. Tobacco continues to be a devastating health and economic burden on Wisconsin. Each year, 8,000 people in Wisconsin die from tobacco-related illnesses. Tobacco use is the single most preventable cause of death and disease in the United States.

## WISCONSIN WINS PROGRAM

The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. WI Wins uses positive reinforcement to reduce illegal tobacco sales to minors and conducts investigations to establish retailer compliance with the law.

2015 Percent of Illegal Sales to Minors			
	Forest County	Oneida County	Vilas County
<b>Number of Visits</b>	19	41	35
<b>Found Selling to Minors</b>	21.1%	14.6%	22.9%

Source: Wisconsin Department of Health Services, Division of Public Health, Tobacco Prevention and Control Program <http://wiwins.org/>.



### The Cost of Tobacco ....

Annual smoking-attributable economic costs in the United States estimated for the years 2009-2012 were more than \$289 billion.

- At least \$133 billion for direct medical care of adults
- \$156 billion in lost productivity
- \$5.6 billion (2006 data) for lost productivity due to exposure to secondhand smoke
- \$8.4 billion on cigarette advertising and promotional expenses in 2011

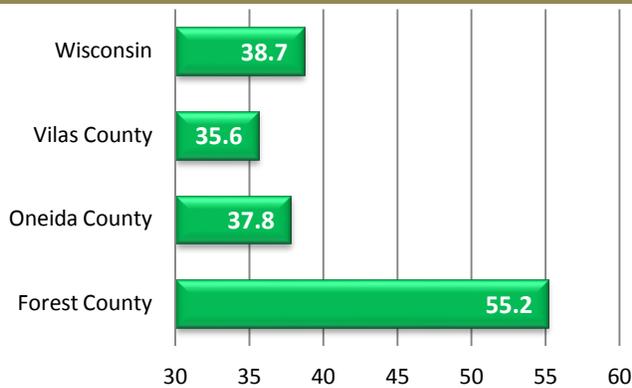
## The Health Effects of Tobacco Use

### 2009-2013 Mortality Due to Lung Cancer



Source: Community Commons

### 2009-2013 Mortality Due to COPD



Source: Wisconsin Department of Health Services, WISH



## What the community says...

### Cigarette Usage

	Everyday
<b>Forest County</b>	12.5%
<b>Oneida County</b>	8.7%
<b>Vilas County</b>	15.9%

Source: Community Health Survey, 2015

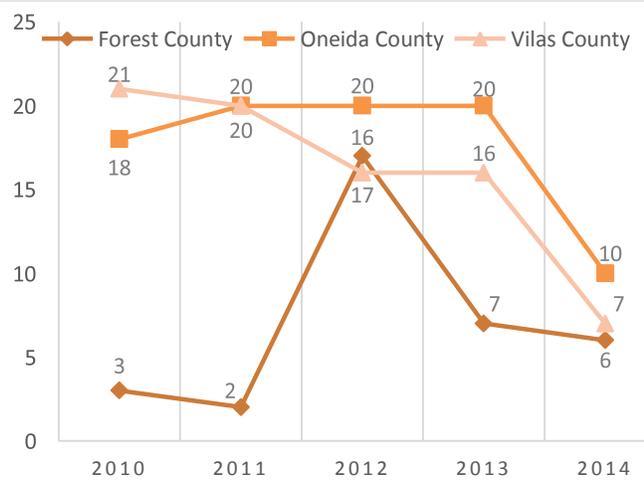
### Income and Cigarette Use

- Forest County: 13-24% who make up to \$49,999 report smoking vs. only 6-7% making more than \$50,000
- Oneida County: 13-19% who make up to \$34,999 report smoking vs. only 5-7% making more than \$35,000
- Vilas County: 28-50% who make up to \$34,999 report smoking vs. only 2-4% making more than \$35,000

## Communicable Disease

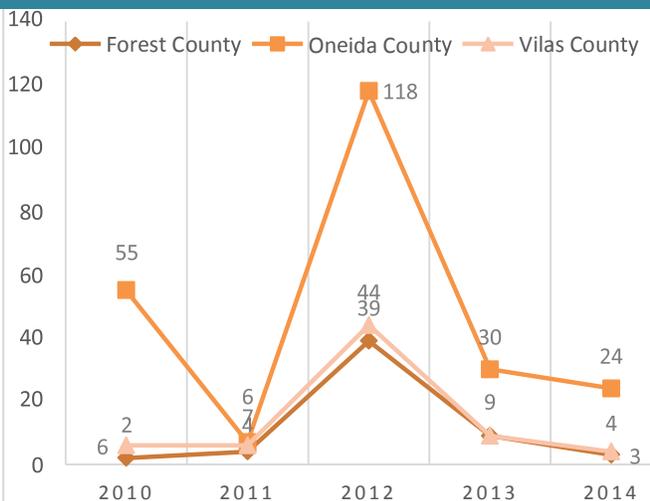
Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites. Organisms that are communicable may be transmitted through contact with an infected person, bites from insects or animals, or contact with a contaminated surface or object, such as a doorknob. Communicable 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 the recent pertussis outbreak in 2012, where Wisconsin had the highest rates in the country. Advancements in clean water, refrigeration and the development of safe, effective vaccines have greatly decreased such threats; however, common diseases still cause outbreaks and new communicable diseases still emerge.

### Confirmed & Probable Cases of Hepatitis C



Source: Wisconsin Department of Health Services

### Confirmed & Probable Cases of Pertussis



Source: Wisconsin Department of Health Services

### 2009-2013 Influenza/Pneumonia Age-Adjusted Mortality Rate

<b>Forest County</b>	<b>21.7</b>
<b>Oneida County</b>	<b>10.8</b>
<b>Vilas County</b>	<b>10.1</b>

per 100,000 Residents

Source: Wisconsin Department of Health Services



### What the community says...

#### Reasons that Prevent Our Community Members from Seeking Care

- (1) The problem was minor, so I treated myself
- (2) The cost of medical care
- (3) Fear or lack of trust (Oneida and Vilas County residents making less than \$20,000)
- (4) Lack of transportation (Forest County residents making less than \$20,000)

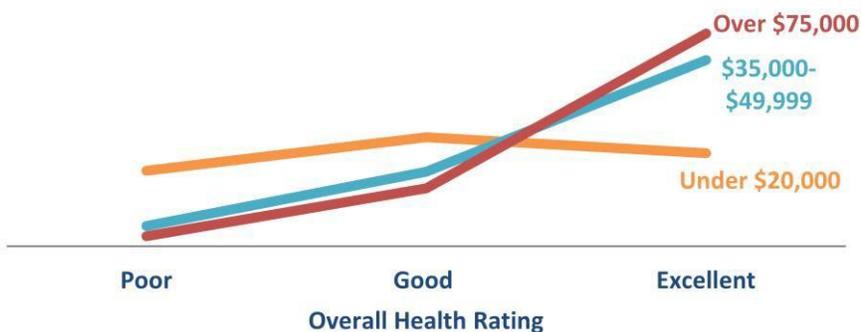
Source: Community Health Survey, 2015

## Community Health and Perceptions

The community health survey was administered over a five-week period to residents of Forest, Oneida and Vilas counties with the assistance of the UW-Stout Applied Research Center. The survey was completed by more than 1,200 community members with varying backgrounds to meet certain demographic thresholds set using the U.S. Census data. The survey was provided online and in paper format to give individuals without computer access the equal opportunity to complete the survey.

### Overall Health and Income

Income was identified as a driving factor in perceived overall health. As income increases, residents were more likely to report higher levels of overall health.



### Community Health Issues

The most important health issues, as selected by community members, regardless of income, education and gender are:

1. **Alcoholism**
2. **Drug abuse**
3. **Overweight**

### Alcohol Consumption

- There is no association between drinking and income or education level; however, for community members who reported drinking, as education and income **decreases** the rate of drinking **increase**
- Binge drinking remains an issue with **one third** of community members reporting binge drinking **at least once a month**, but often more
- 87-95% of community members reported **never** driving when they have had too much to drink

### Physical Activity and Healthy Eating

- **Lack of availability** and **cost** were identified as the top barriers to healthy eating
- As income **decreases**, worrying about access to food and food running out **increases**
- The most used resources for physical activity in the community include **waterways, parks, playgrounds and walking trails**

### Perceptions of Drug Issues

- As income **increases** the perception of marijuana being an issue in the community **increases**
- As income and education **increase** the perception of prescription drugs being a problem in the counties of Forest and Oneida **increase**
- Difficulty obtaining alcohol and drug treatment for youth and adults was perceived as more of an issue as education and income **increased** in Forest and Oneida counties

### Access to Care

The top reason keeping community members from visiting the doctor is **cost of care**. In Forest County, **transportation** was identified as an issue, and in Vilas and Oneida counties, **lack of trust and fear** is an issue within the low income population.

## Infrastructure Profile

The infrastructure focus areas are the driving force of Wisconsin’s public health system and provide the framework to act upon the overarching and health focus areas. Without a strong infrastructure, progress to protect the health of the public will be threatened. The health, infrastructure and overarching focus areas are connected and work together. The nine infrastructure focus areas can be viewed as the essential groundwork needed to get work done.

### Access to Care

Access to care is universal access to affordable high-quality health services for all people in the Northwoods, in order to promote optimal physical and mental health, as well as to prevent illness, disease, injury, disability and premature death. High-quality health services, include medical, dental, mental health and long-term care. Having appropriate access to care means services are available to people when, where and how they need them. This includes equitable access to health promotion and disease prevention services across the life span that are coordinated, culturally competent and linguistically appropriate. Compared to other states, Wisconsin tends to have a lower uninsured rate; however, it has an increasing number of residents that are underinsured because of a high deductible plan or a limited benefits plan with high sharing costs.

### Primary Care Physicians Rate

Forest County	43.4
Oneida County	137.2
Vilas County	89
Wisconsin	82.3

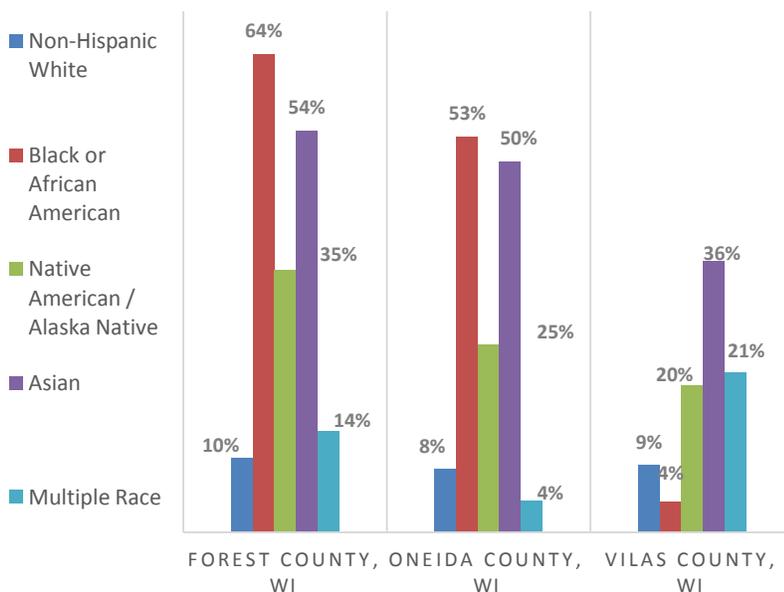
per 100,000 persons  
Source: Community Commons

### Percent of Adults Who Reported Lacking a Regular Primary Care Doctor

Forest County	N/A
Oneida County	18%
Vilas County	18%
Wisconsin	18%

Source: Community Commons

### PERCENT UNINSURED BY ETHNICITY



Source: Community Commons , 2015

As evident above, the area has a number of primary care doctors, however many residents are still lacking access to regular primary care and a provider. Additional barriers including lack of transportation and long wait times could be underlying reasons for this trend.



### **Collaborative Partnerships**

Partnerships go to the heart of the definition of public health. Partnerships not only assure community engagement, but move public health to the next level where all partners demonstrate shared leadership, resources and accountability to improve health for all and eliminate health disparities.

### **Emergency Preparedness, Response, Recovery**

While many emergencies are unpredictable with proper planning, policies and systems to protect the community the effects can be minimized and recovery enhanced. Planning requires careful consideration to external factors and special population groups. Conducting drills and exercises also help communities prepare for emergencies.

### **Workforce That Promotes and Protects Health**

The public health workforce was once thought to comprise only of governmental public health employees working for state or local health departments; however, it is much broader. The PH workforce has expanded in both scope and complexity. By continually advancing the public health workforce an investment is made that saves lives and money.

### **Funding**

Adequate and stable funding means financing the public health system to assure equitable provision of public health services across the life span.



### **Health Literacy**

Health literacy affects the ability of people to understand and process health information. People with low literacy skills use more health services, take more prescriptions, are more likely to have chronic conditions and experience poorer health outcomes. In addition, they are also less likely to seek out preventive healthcare and screenings.

### **Improve Data to Advance Health**

Access to local, population-based data is essential to protecting health and preventing diseases. Health departments rely heavily on this data to make decisions on where and how to target services, education and interventions.

### **Public Health Research and Evaluation**

Public health research and evaluation is the development and implementation of evidence-based research and evaluation of policies, programs and outcomes in order to assure the implementation of efficient and effective public health interventions.

### **Public Health Capacity and Quality**

To assure that the public health departments are delivering services to expected standards, voluntary national accreditation has been developed. In addition to meeting defined standards, health departments must also focus on how effectively and efficiently they are delivering services. Health departments are experiencing growing pressures to improve performance and community health outcomes without the needed resources.

## Identification of Health Priorities



Based on primary and secondary data review, noteworthy data collected from the community health survey as well as input from a number of community stakeholders and members, three primary health-related focus areas were identified. Criteria taken into consideration in selecting these priorities included: the burden or scope of the issue, the feasibility of potential interventions, and the importance the community places on addressing these issues.

### Alcohol and Other Drug Use

Alcohol and other drug use continues to be an issue in the area. As a community, there is a need for a cultural shift that demotes the use of alcohol and drugs and promotes a life free of mental and physical health problems related with misuse and abuse of drugs, including alcohol for all individuals. From analysis of the data and input from the community stakeholders and members, alcohol and other drug use was easily selected as a priority area. Other reasons for the selection of alcohol and other drug use include:

- An average of 119 residents per liquor license in the Northwoods
- 1 in 5 children reported riding with a car with an adult that had been drinking
- The excessive cost of alcohol for each resident in the Northwoods averages \$1,027.23

### Mental Health

Mental health has been identified as a priority area by both the community members through the community health survey and the stakeholders during the day-long community meeting. The Northwoods historically has had an issue with access to mental healthcare. Contributing factors include the lack of providers in the area and the cost of care or lack of health insurance. In the past 10 years, large strides towards improving services and decreasing stigma have been made through the Mental Health Interagency Coalition and other community programs. However, work still remains towards achieving optimal mental health for all individuals in the Northwoods. Other reasons for the selection of mental health include:

- A suicide mortality rate above Wisconsin's average
- Lack of providers and services identified by the community

An increase in reported suicidal thoughts by 9-12<sup>th</sup> grades according to the YBRSS



## Chronic Disease

Chronic diseases are among the most common and deadly in Wisconsin. Seven of the 10 leading causes of death for all Wisconsin residents are chronic diseases. However, many of these diseases including diabetes, heart disease and stroke, are preventable through behavior modification. According to the County Health Rankings, Forest and Vilas counties rank in the bottom half for health factors with Oneida County not far behind at 28 out of 72. Encouragement for a healthy lifestyle across the lifespan through policy and promotion of physical activity and eating well is needed. The community health survey revealed the same trends. Other significant findings that reinforced the selection of chronic disease as a priority area are:

- High incident rates of colon cancer in the area, 46.7 per 100,000 persons compared to the state average of 40.5 per 100,000 persons
- The recent rise in mortality due to diabetes since 2009
- The area is ranked in the top third in mortality rate due to heart disease with an average rate of 117.7 per 100,000 persons.

### Physical Activity

Physical activity and chronic disease are very closely linked. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.

- A combined obesity rate of 29.7.

### Nutrition and Healthy Foods

Having access to adequate nutrition plays a large role in the prevention and management of chronic diseases. Both limited access to healthy foods and food insecurities remain a large issue for many residents within the area.

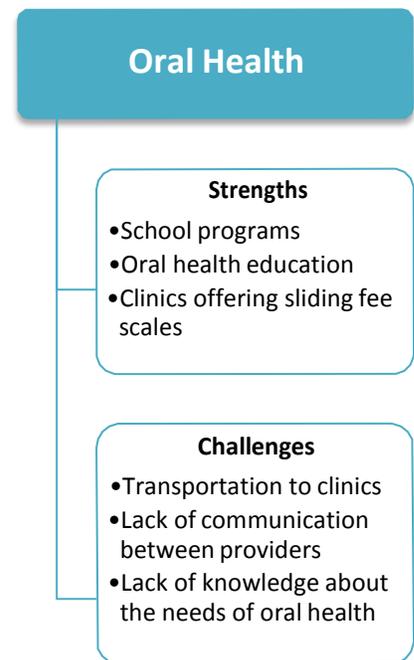
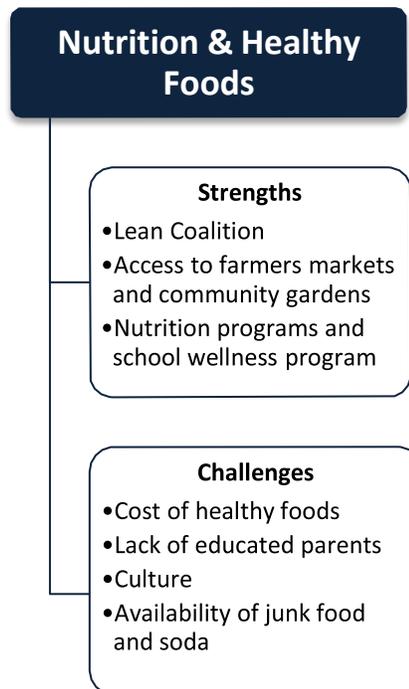
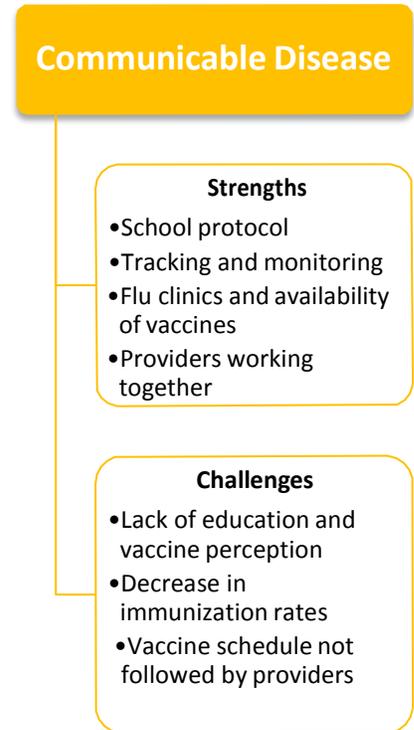
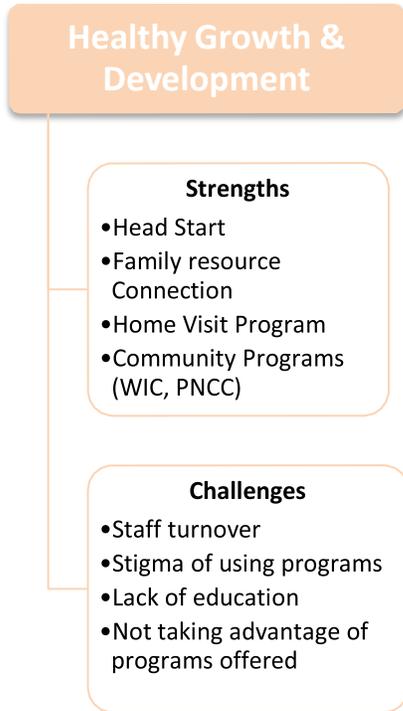
- Children food insecurity rates above the states average in all three counties
- Only 7% of Wisconsin students grades 9-12 reported eating vegetables three or more times a day

# Strengths and Challenges of Our Local Community

The University of Wisconsin-Extension educators conducted a Strengths, Weaknesses, Opportunities and Challenges (S.W.O.C.) analysis on each of the 12 health focus areas at the community forum. This allowed community members from a wide variety of agencies and organizations to give input on the health needs and issues facing the three counties. To obtain the opinions of experts in the three preliminary focus areas, community focus groups and key-informant interviews were conducted. The focus groups were held in conjunction with established coalitions in the area. The combined common themes discussed for each of the 12 focus areas are reported below. The three preliminary priority areas S.W.O.C. results are more detailed.

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>•Coalition and current programs</li> <li>•Treatment facilities and churches</li> <li>•Law enforcement, NORDAG</li> <li>•Partnership with tavern league</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>•Lack of resources and prevention efforts</li> <li>•Cultural acceptance</li> <li>•Lack of policy</li> </ul>
<p><b>Alcohol and Other Drugs</b></p>	
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>•Alcohol compliance checks</li> <li>•Educate law makers, policy changes</li> <li>•Increase school involvement</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>•Moral issue vs disease</li> <li>•Economic and culture factors</li> <li>•YRBS data</li> </ul>
<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>•School pupil services</li> <li>•QPR training</li> <li>•Telehealth</li> <li>•Increase collaborations</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>•Lack of providers</li> <li>•Lack of funding and resources</li> <li>•Cost of care</li> <li>•Long wait for services</li> </ul>
<p><b>Mental Health</b></p>	
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>•Funding and grants</li> <li>•Mental health drop-in center</li> <li>•Engage non-traditional partners</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>•Transportation</li> <li>•Not enough providers</li> <li>•Refferal policies</li> </ul>
<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>•LEAN coalition</li> <li>•Built environment, trails/activities</li> <li>•Increase in screenings</li> <li>•Increase resources</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>•Sedentary lifestyle</li> <li>•Lack of awareness, visibility</li> <li>•Increase access to drugs and alcohol</li> <li>•Travel and cost for treatment</li> </ul>
<p><b>Chronic Disease</b></p>	
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>•Use evidence based programs</li> <li>•Increase community events</li> <li>•Life learning activities, more than sports</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>•Lack of willingness to change</li> <li>•More resources needed in the future</li> <li>•Travel for appointments</li> </ul>

While AODA, mental health and chronic disease will be the focus of the community health improvement plan, the other health focus areas will not be ignored. Health is affected by a multitude of factors and other health-related issues surfaced during the community assessment process.



**Physical Activity**

- Strengths**
- Access to YMCA and fitness centers
  - Access to bike trails
  - Use of evidence-based programs
  - Strong Bones Program

- Challenges**
- Cost to access facilities
  - Dangerous roads for walking and biking
  - Increased screen time (TV and computers)
  - Knowledge of resources

**Reproductive Health**

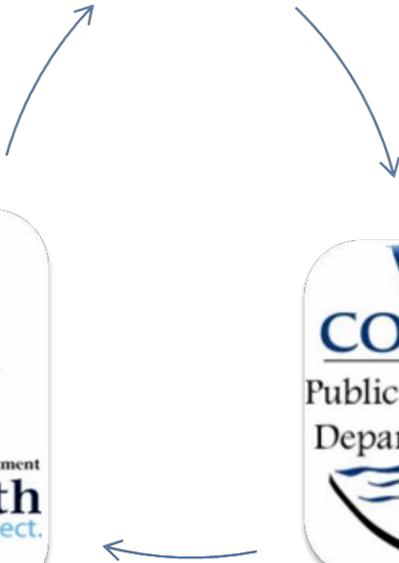
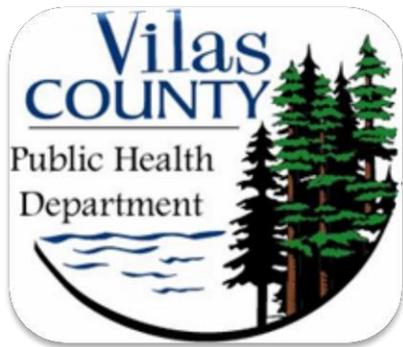
- Strengths**
- Health Department services (WIC, PNCC RHC)
  - Data collection
  - Contraceptive availability
  - NEWCAP

- Challenges**
- LGBT acceptance
  - Education within the school system
  - Stigma and negative attitudes towards community program

**Tobacco Use and Exposure**

- Strengths**
- WI WINS program
  - First Breath & other cessation programs
  - Smoke-free environment and policies

- Challenges**
- E-cig popularity
  - Cheaper tobacco prices on the reservations
  - Sales to minors
  - The addictive nature and behavior change needed to quit



## Next Steps

Based on the findings from the community health assessment, the steering committee along with community stakeholders and the Northwoods United Way, Inc. will begin to construct a plan to improve the health of the community. A successful community health improvement plan involves participation from a broad range of community members. In order to achieve this, multiple focus groups will be held within the community concentrating on the three priority health areas.



Community members will be asked to assist in the development of meaningful goals, objectives and strategies for each of the three priority areas identified during the community health assessment. Goals will be developed using best practices, focusing on the built environment, policies, and education or programmatic efforts. The community health improvement plan serves as the guiding document that directs the work that is done within the local health departments and agency partners.

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**Appendix 1: Community Forum Results**

**Community Health Improvement Process – “Data in a Day” SWOC Analysis  
Facilitated by Oneida, Vilas and Forest County UW-Extension Educators  
December 11, 2015, 8:30am – 4:30pm  
Nicolet College Northwoods Center**

**Themes from each breakout session on all 12 focus areas:**

**Alcohol and Drug Use**

**Strengths**

Coalitions	School prevention
Awareness	Law Enforcement Involvement
Treatment Facilities/Churches	Partnership with Tavern League
Current programs in place	NORDEG
Drug take back programs	

**Weaknesses**

Need better connection between providers	Law Enforcement efforts could be better
PNHLM could be stronger	Lack of resources
ALL Healthcare decision makers need to be involved	Prevention efforts lack
Providers not using drug monitoring program	Cultural acceptance
Low attendance of coalitions	Policy is lacking - not regulated and there is a lack of political movement to increase policy

**Opportunities**

Education	Alternative funding sources for efforts
Alcohol compliance checks - 2	Increase non-traditional partners for prevention
Expand prevention sources	Policy change
Community events that are non-alcoholic -2	Increase school involvement
Educate Law Makers	

**Challenges**

Reimbursement	Alcohol brings money to the community
Laws	Changing the culture of drinking in WI
Moral issue vs. disease	YRBS data in all schools – Parents resistance to survey
Need to educate elderly about reporting drug theft by family	Cultural Acceptance
Lack of funding	Lack of mental health
Resources	Policy

**Mental Health**

**Strengths**

NAMI	Community Support
School Pupil Services – 2	Increased Collaborations
Agencies available	Coalitions

Awareness	Technology – reach beyond community to additional providers and services
QPR Training – 2	Drug Endangered Children List
Handle with Care Program in Rhinelander	Outpatient Clinic
Mental Health & AODA at Human Services Center	

Weaknesses

Long wait for services	Community education
Medication compliance	Aging population
Lack of funding	Lack of providers/Access – 3 (adult and children)
Stigma	Lack of Resources
Self-medication with other substances	Cost of care/medication

Opportunities

Engage older population/pediatric services	PSA's
School Campaigns/School Counselors	Policy change
Social Media	Partner with non-profits
Consistency with school	More treatment options
Funding -2	Education/Awareness
Engage non-traditional partners – clergy	Mental Health Drop-in Center
Training for civil servants on specific mental health issues, such as Autism	How do you report mental health issues? Who do you call?

Challenges

No Geriatric Specialist	Transportation – 3
Parent's knowledge	General Education to the Public
Not enough providers – 2	Funding
Stigma	Weather (SADD)
Cost of Care	Referral policies – difficulty making referrals
Schools need Mental Health Services	Student QPR Training
Chaotic family life	Grant sustainability
Marketing, Communication, Sharing Information, Sharing funding	Need positive relationships – Peer Support Group

**Tobacco Use and Exposure**

Strengths

Education	Policy work
WINS program – 2	Smoke-free environments -3
Media involvement	Quit line
First Breath	Coalition
Social pressure from non-smokers	Ad Campaign
Questions/Encouragement from PCP	Student gaps
Schools	Cessation program

Weaknesses

High sales to minors	Higher rates
Readily available/Accessibility – 2	Cultural acceptance -2

Funding	Treatment
Advertising – e-cigs	Pregnant women smoking rates
Targeted to youth	

**Opportunities**

E-cigs to be added to existing policies	Casinos smoke-free
Taxes to support community programs	Prenatal programs
School age prevention	Tax
Education – All ages	Organization priority
Continuous testing – Health Insurance	Law Enforcement involvement

**Challenges**

Advertising	Smoke exposure
Cheaper tobacco on reservation	Behavior change is difficult
Cultural acceptance	Addiction
Legality	Lack of Government support – tribal
Sales to minors	E-cigs – cannot cite minors for using
E-cigs – other drugs are added to the cylinder	Challenge to educate retailers to train employees properly
Challenge to educate that tobacco is a drug	

**Environmental & Occupational**

**Strengths**

Environmental health staff in all local Health Dept. – source of prevention and education – 2	Awareness
Data collection and results	Lead testing
Healthcare available for checks and treatment	Safe
Access to outdoor recreation/natural resources – 2	Environmental groups advocate for issues
Companies committed to employee health	Environmental Health state website
Environmental laws	Public access to inspection

**Weaknesses**

Tick-borne illness rate increasing	Lack of restaurant checks by health dept.
Lack of professionals for follow up	Lack of awareness
Not enough promotion of silent sports	Lack of labor protection/environmental laws
After hours care for Asthma	Early diagnosis needed for Lyme’s
Asthma	Medical diagnosis of Lyme’s

**Opportunities**

Education for providers and community – Asthma, Radon, Tick-borne – 3	More testing
Funding	Implementation of food code
More well water testing	

**Challenges**

Wood burning in home – 2	Brining animals in the home
Lack of education on asthma	Tourism – educating
Lack of local experts	Funding

Lack of acknowledgement of issue	Testing 2 <sup>nd</sup> homes for radon
New diseases	Climate change
Community education on environment	Need more resources for inspection
Smoke is a trigger for asthma	

### **Nutrition and Healthy Food**

#### Strengths

LEAN Coalition – 2	Healthy Cooking Crock-pot classes
Access – Community gardens, food pantries	Farmers Markets – 2
Education	School Lunch programs
Knowledge of problem/need	Grocery stores – tours
Affordable housing requires working appliances	Food Share program
Food pantries in all counties	WOC
Free and reduced lunch programs	School Wellness programs
Nutrition programs	

#### Weaknesses

Education	Volunteers/donation for sustainability of food pantries
Transportation	Food insecurity in children
Cost of healthy foods – 2	Lack of stores – distance to store
Limited hours of farmers market	Healthy foods at restaurants
Low access to healthy foods	Individual habits

#### Opportunities

Weekend backpack programs for children – churches	Education – 2 (community classes)
Expand to the elderly population	Expand pantries and farmers markets
Non-traditional partners	Incentives with food share
More Registered Dieticians	Early education programs
Funding	Gardening
School Programs	

#### Challenges

Soda everywhere – sugary beverages	Limited choices
Cost – 2	Commodities for food pantries
Too many fast food places	Culture
Junk food availability	Educate parents
Treats in work environment	Emotional eating and food preparation
“Fun Food” attitude	After school programs where kids are hungry because they ate lunch at 10:30am

### **Physical Activity**

#### Strengths

StrongWomen/StrongBones Program	Vilas and Oneida county bike trails – community coordination – 3
Trails make for a better retirement community	Economic boost

Pickle Ball courts	Local hardware stores sell paddles for pickle ball
Couch to 5k programs	YMCA/Fitness centers -2
Local classes	Coalitions
Evidence-based programs	

Weaknesses

Funding	Old equipment
After school programs	Organized sports for adults – non-bar related
Personal choice	Weather in Northern Wisconsin
Travel	Winter opportunities lacking
Cost of facilities	Classes at local schools
Family opportunities	Rural areas have limited opportunities

Opportunities

Trails	Community programs/events – 2
More youth programs	Walking breaks at work
Promote areas that are free indoor exercise – recreational use agreements	Active Schools Initiatives/Strategies or PA in schools – 2
Non-traditional partners	More classes
Role modeling	Bike helmets for kids

Challenges

Weather – 2	Screen time – 2
Dangerous roads for biking and walking	Lack of resources for elderly population
Need more maps of trails	Personal motivation
Cost of access to facilities	Free exercise areas
Knowledge of resources	

**Healthy Growth and Development**

Strengths

Several community programs- WIC, PNCC, Healthy Families, Birth to 3, etc. – 3	Head Start
First Breath	Health Dept. visiting nurses
Family Resource Connection – Expanded home visiting grant beyond teen moms	Home visiting program
Playgroups	Northwoods Children’s Museum

Weaknesses

Smoking during pregnancy – 2	PNC Availability
Breastfeeding space	Collaboration with other PCP
Vilas Co. breastfeeding rates are down	Increase in teen pregnancy
Lack of home visits – accepting	Culture

Opportunities

Healthy Start	Education
More BF friendly facilities	Homes for pregnant women in need of support
Parent networks	New mom visits
Education at visits- smoking, exercise etc.	Work with hospital to promote BF, not offer

	formula right away
Baby story time in libraries with Healthy Growth and Dev. incorporated	Taylor Park – Autism center and café for parents

### Challenges

Attitudes	Addiction rates in moms and babies
Education	Stigma – Teen pregnancy
Staff turnover rate with home visiting program	Funding
Lack of parental involvement	Quit smoking before pregnancy
Late prenatal care – Vilas	Birth control – not taking advantage of the programs

## Communicable Disease

### Strengths

School protocol	PSA's
Local Health Dept. tracking	Flu Clinics
ACA/Ins. coverage for immunizations	Providers working together
Vaccines are available	Mass Clinics – Schools

### Weaknesses

Travel to appointments	Immunization rates are down
Childhood well child visits	Internet information
Lack of parent education	Personal choice for immunizations
Data access	Mentality of “it’s not that bad” – cold/flu
Going to work or school sick	Unreported sexual assaults

### Opportunities

Education	Availability of local Health Dept.
More condoms	Flu shot clinics
Social media campaigns	Education

### Challenges

Decreased rates	Vaccines – pain, parent attitude, effectiveness
Education in the value of vaccinations	Not everyone is immunized
Promoting women’s health	Lack of ability to contact
Lack of Sexual Assault Nurse Examiners	FERPA and restrictions to school immunization report
MD’s not following vaccination schedule	State Dept. – no immunization record
Perception – people still think that you can get the flu from the flu vaccine	

## Chronic Disease Prevention & Management

### Strengths

Awareness	Research
Good Healthcare options	Evidence-based programs – ADRC
Coalitions	Increased knowledge of diabetes

Partners – self management classes	Increase in resources
Trails/Activity	Screenings
Diabetes rates decreasing	Amazing EMTs
PCHC Diabetes programs	WWWP

Weaknesses

Lack of awareness	Dementia resources
Sedentary lifestyle	Cost
Waste of resources – perception	Lack of geriatric exercise classes
Increased access to alcohol and drugs	Travel
Funding /awareness – dementia	Resources for the elderly population
Heart Disease and Stroke	

Opportunities

Community events	Dementia programs
Better referrals	Evidence-based programs
Geriatric exercise classes	WI Toolkit – dementia
Life Learning activities – not just sports	Insurance
Education	

Challenges

Distance to access high-tech services	Elderly are isolated and non-compliant with meds – no one supervises care
Travel for appointments	Lacking respite care
Selling the idea of prevention	Changing attitudes
Increased chronic disease	Decrease in health insurance
Stigma around dementia	Lack of willingness to change
More resources needed in future	Too many medications

**Oral Health**

Strengths

Sliding fee scale clinics	Access
School programs – 2	Good care for MA
Oral health education	

Weaknesses

Doctors/dentist relation to oral health – relates to prevention of other health	Cost of care – 2
Lack of dentists	Dental providers involvement with community process
Transportation	Lack of knowledge of the importance of oral health

Opportunities

More education	Prevention services
Dental offices	Toothbrush in backpack program
Educate patients on the relation of dental care and cardiac care	Grant money for mobile dental unit

Old dentists pulled teeth/new dentists save them	Routine dental check ups
Community fluoride program	MA reimbursement

#### Challenges

Cost	Personal accountability
Lack of correlation between dentists and chronic disease	What does “no barriers” mean on survey
Special needs population	MD & DDS not working together to educate about oral vs. general health
Dental arrogance – not wanting to have hygienists encroach	People don’t see dental care as a real need
Fear	Transportation

### Injury and Violence Prevention

#### Strengths

Emergency responders	Tourism
Increase in seatbelt use	Free helmet event
Snowmobile helmet use/law	Access to emergency room services
Community events/education	Partnership between health departments and law enforcement
Coalition	Click or Ticket program
Change in culture – seatbelt use	Good driver programs
Car seat expiration law	

#### Weaknesses

No car seat data	No motorcycle helmet data
Community denial of domestic violence	Lack of data with mental health
Lack of self-care	Poor equipment
Needs to be better reporting by hospital and law enforcement – injury with alcohol or other drugs	Speed
Lack of awareness of gun safety	

#### Opportunities

Safe boating, etc. – work with tourism	Safety courses
School, Boy Scouts, Girl Scouts, etc.	Fall Prevention classes for the elderly
Education	Partnerships
Car seat program	Fines for not wearing bike helmets

#### Challenges

Perception of risk	Training
Access to services	Stigma
Education to the elderly on falls	Lack of awareness of domestic violence – engaging DV issues
WI Safety classes	Skateboarding safety (equipment)
Weak laws	Need for access to “good” local data

### Reproductive and Sexual Health

### Strengths

New Cap	FP network
Contraceptives availability	Resources
WIC, Reproductive Health Services	Local Health Dept. Services
Rate tracking	Schools
Hep C/HIV Coordinator	

### Weaknesses

Funding cuts	Lack of education – 2
Lack of referrals	Teen pregnancy
Porn industry – very powerful	Stigma
Culture of sexual activity	

### Opportunities

Virtual baby classes/relationship classes	Educate legislators – grass roots
School norm survey	Parenting classes
Refer to DV/Sexual Assault programs	Self-defense classes for women
Education in schools	Free condoms
Partnerships	Parent education on talking with children
Technology use in education	

### Challenges

Stigma	Negativity towards programs
Education at school	Reality TV glorifies teen pregnancy
Schools need to “beef up” curriculum on these issues	Teach parents to talk to kids about sex
LGBT acceptance	Too much sex available to children

Report written on December 17, 2015 by Sara Richie, Oneida County UW-Extension.

S.W.O.C Analysis facilitators include, Steve Nelson – Forest Co. UW-Extension, Terri Miller – Vilas, Florence and Forest Co. UW-Extension, Jenette Gunville – Vilas, Florence and Forest Co. UW-Extension and Sara Richie – Oneida Co. UW-Extension.

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## Appendix 2- Focus Groups Results

### Focus Group: Alcohol and Other Drug Abuse Coalition

#### History of the AODA Coalition

The Oneida County AODA Coalition is a sub-committee of the Healthy People Healthy Oneida County (HPHOC) workplan. Their mission is to support county-wide evidenced-based education programs that reduce the negative consequences of substance abuse. AODA Coalition members are students, parents, concerned community members, law enforcement, healthcare professionals, school faculty and administrators, volunteers, and AODA counselors. The main goal of the AODA Coalition is to increase awareness of the consequences of under-age drinking and prescription drug abuse.

#### Meeting Summary

On January 25, 2016, Oneida County Health Department conducted a small focus group at the AODA coalition meeting. Marta and Christie presented on the CHA and CHIP process that Forest, Oneida and Vilas Counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus area with the use of one page summary sheets.

#### Priority Area Selection

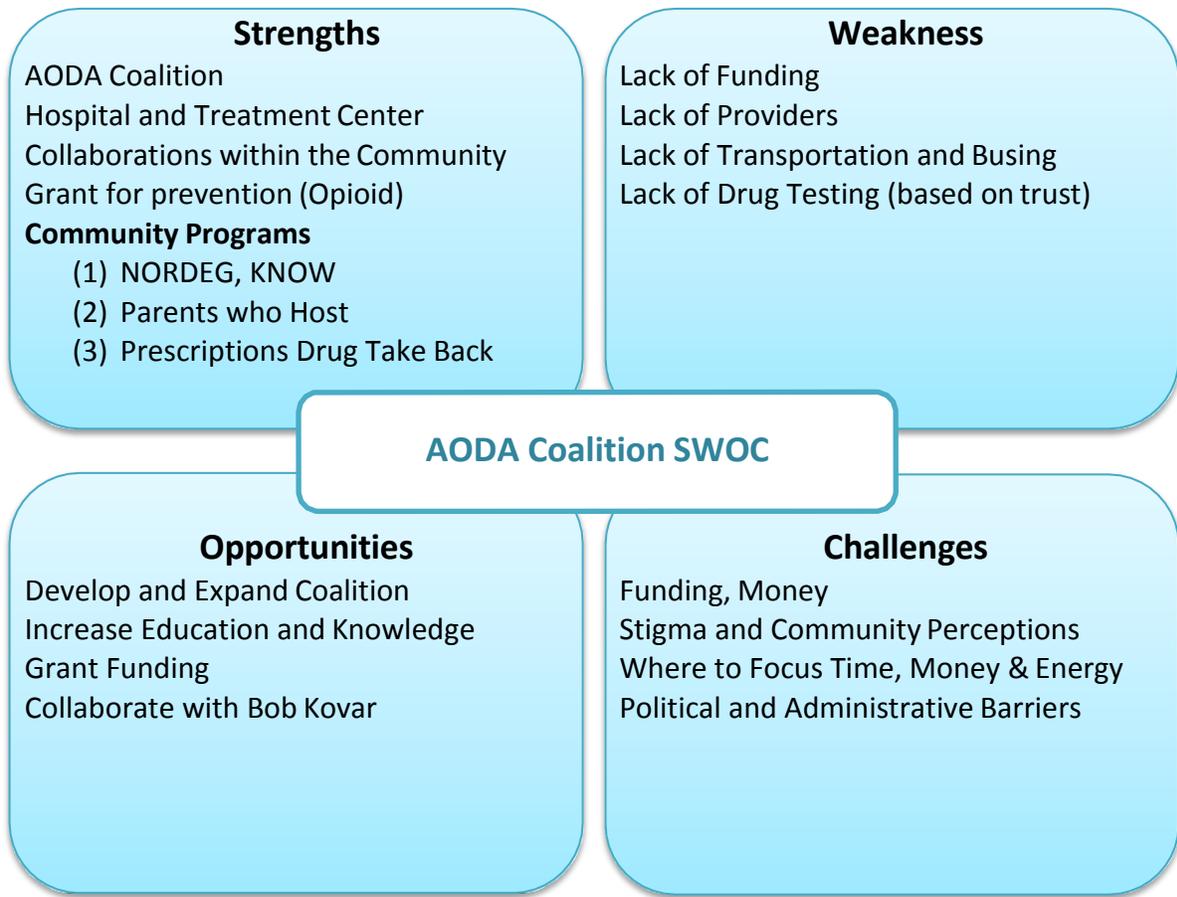
The group was asked to share their opinions on the results obtained from the data in the day event. The group was in agreement with the selection of **AODA, Mental Health and Chronic Disease** as priority areas.

#### SWOC Results

To supplement the AODA SWOC that was conducted earlier with the community stakeholders, a more in-depth one was conducted with individuals whose expertise is in AODA related issues. An overarching theme that was mentioned several times during the process was public awareness. A complete summary of the findings are included in the table below.

#### Next Steps

Following the completion of the community health assessment, members of the AODA Coalition will be invited to partake in the selection of community goals, objectives and strategies to address the weaknesses and challenges discovered through the data and SWOC analysis. The next meeting will be held May 9, 2016.



## Focus Group: Mental Health Interagency Coalition

### History of MHIAC

The MHIAC was established in response to the community health assessment that was conducted in 2007, where mental health was selected as a priority focus area. The coalition consists of representation from all three counties with the goal to increase mental health awareness, to create a system of care across the lifespan using evidence-based practices and to continually improve the effectiveness and sustainability of the coalition efforts.

### Meeting Summary

On January 5, 2016, Oneida County Health Department conducted a small focus group at the MHIAC meeting. Linda, Marta and Christie presented on the CHA and CHIP process that Forest, Oneida and Vilas Counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of all 12 focus areas with the use of one page summary sheets.

### Priority Area Selection

The group was asked to identify priority areas for the community based on the data presented and known resources. The priority areas identified included: **AODA, Mental Health and Chronic Disease**. Other notable issues mentioned were **Teen Pregnancy Rates** and **Children Food Insecurity Rates**.

### SWOC Results

To supplement the mental health SWOC that was conducted earlier with the community stakeholders, a more in-depth one was conducted with individuals whose expertise is in mental health. A summary of the findings are included in the table below.

### Next Steps

Following the completion of the community health assessment, members of the MHIAC Coalition will be invited to partake in the selection of community goals, objectives and strategies to address the weaknesses and challenges discovered through the data and SWOC analysis. The next meeting will be held April 25, 2016.

### **Strengths**

Mental health providers in schools  
Growth of CST  
Greater knowledge, decrease in stigma  
NAMI, adding a drop-in center  
MH first aid training at Nicolet  
Crisis hotline  
New hope text line for youth  
The start of telehealth  
Stronger collaborations  
Suicide prevention work

### **Weakness**

Lack support groups especially for children  
Long wait times  
Lack of providers  
Referral process  
Lack of ability to get in for services

## **Mental Health Interagency Coalition SWOC**

### **Opportunities**

Bring more providers to the area  
Development of a MH triage center  
Telehealth  
Agencies starting to collaborate more

### **Challenges**

Getting providers to stay in the area  
Transportation  
Waiting list to see providers  
Insurance coverage  
Providers willing to start groups  
Policies within and between agencies that create issues with referrals and receiving care



## Focus Group: Northwoods LEAN

### Creation of LEAN

A desire to create a community where children, families, and adults live a healthy and prosperous across the lifespan sparked a collaborative effort between Oneida and Vilas County Health Departments to procure resources to achieve this goal. In 2012, Northwoods LEAN was formed to address chronic disease prevention and management in Oneida and Vilas Counties. The coalition focuses on environmental, policy, and program changes to positively impact the health of Northwoods residents.

### Meeting Summary

On February 17, 2016, Oneida County Health Department conducted a small focus group at the LEAN Leadership coalition meeting. Christie presented on the CHA and CHIP process that Forest, Oneida and Vilas Counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

### Priority Area Selection

The group was asked to share their opinions on the results obtained from the data in the day event. The group was in agreement with the selection of **AODA, Mental Health and Chronic Disease** as priority areas. However, the group pointed out the importance and relationship that physical activity and nutrition and healthy foods has on chronic disease and should be considered when addressing chronic disease

### SWOC Results

To supplement the Chronic Disease SWOC that was conducted earlier with the community stakeholders, a more in-depth one was conducted with individuals whose expertise is in chronic disease prevention and management. A summary of the findings are included on the follow page.

### Next Steps

Following the completion of the community health assessment, members of the LEAN Coalition will be invited to partake in the selection of community goals, objectives and strategies to address the weaknesses and challenges discovered through the data and SWOC analysis. The next meeting will be held on June 13, 2016.

### **Strengths**

Sustainable coalition efforts  
Partnerships with academic institutes  
Use of evidence-based programs  
Breastfeeding coalition  
WIC program  
WNEP and SNAP  
Farmers market accepts benefits

### **Weaknesses**

Drive to change  
Northwoods culture  
Lack of active transportation  
Finances  
Seasons – short growing season  
Childhood poverty rates

## **Northwoods LEAN Coalition SWOC**

### **Opportunities**

Increase public transportation  
Grants  
Collaboration  
Promote existing program

### **Challenges**

Transportation  
Funding  
Time/Commitment  
Stress management  
Media



**NORTHWOODS LEAN**

LINKING . EDUCATION . ACTIVITY . NUTRITION

## Focus Group: Nicolet Nursing Students

### About the Nicolet Nursing Program

The nursing program at Nicolet College prepares entry-level nurses to be members of the health care team. The program is also geared to meet the needs of the area healthcare employers and the community and to facilitate enrollment with BSN programs.

### Meeting Summary

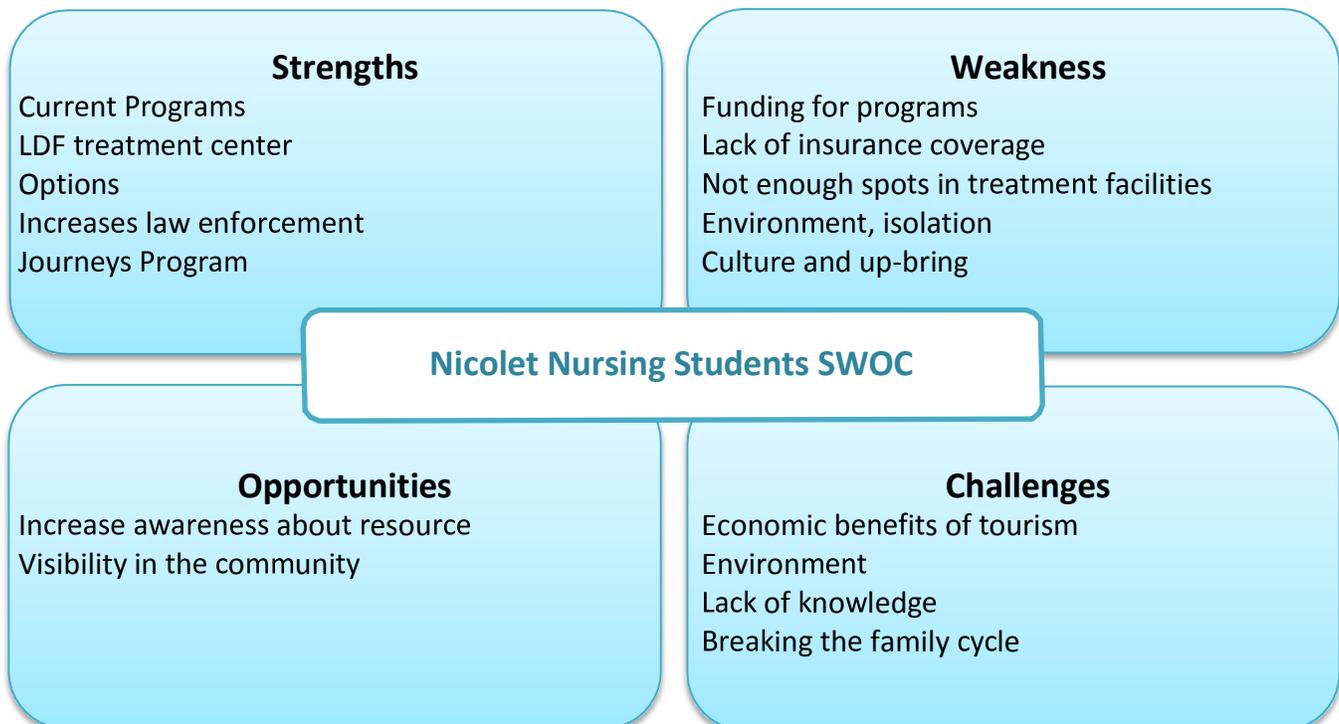
On February 18, 2016, Oneida County Health Department conducted a small focus group at Nicolet to the 3<sup>rd</sup> semester nursing students enrolled in Mental Health Community Concepts. Linda with the assistance of Christie presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one-page summary sheets.

### SWOC Results

To supplement the SWOC that was conducted earlier with the community stakeholders and gain to the input from a population that will have future sake in the health and wellbeing of the community a miniature SWOC was conducted. A summary of the findings are included below.

### Next Steps

Moving forward, the nursing program especially Sue Perry, has become a valued community partner and expressed interested in being involved throughout the community assessment and improvement process.



## Focus Group: CHANGE/FACT at Rhinelander High School

### About FACT

The CHANGE/FACT group at Rhinelander High School and James Williams Middle School has been established for well over a decade and still making a strong impact on youth today. FACT is comprised of a teens who want to be leaders in the community and end the impact that tobacco has on the community.

### Meeting Summary

On February 9, 2016, Oneida County Health Department conducted a small focus group with the CHANGE/FACT group at Rhinelander High School. Christie presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

### Key Findings

- With the recent media, teens in the area are become more accepting of marijuana use.
- Drinking remains a problem with youth as an activity on the weekend.
- Youth who come from homes where the parents are more lenient towards alcohol and drug use, have different perspectives about their use.
- Engagement of risk behavior is starting at a younger and younger age.

### Next Steps

Moving forward, the Fact group at Rhinelander High School has become a valued asset in providing input from the younger population. The group has expressed interest in providing assistance during the CHIP writing process and implementation.



## **Focus Group: Vilas County Fire Chief's and Emergency Services Association**

### **About the Fire Chief's and Emergency Services Association**

The association brings fire and emergency service agencies together to build a better working relationship with each other. Through continual dialogue, public education, training and sharing of knowledge of emergency operations, Vilas County is better served.

### **Meeting Summary**

On January 20, 2016, Vilas County Public Health Department conducted a small focus group at the Fire Chief's and Emergency Services Association Meeting. Gina, along with Tammi, presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

### **Identified Focus Areas**

To supplement the SWOC that was conducted in December 2015 with the community stakeholders and to gain input from a population that serves all of the community, a miniature SWOC was conducted. Based on the brief discussion, the following focus areas were chosen as priorities:

- Alcohol and Other Drug Abuse
- Injury and Violence
- Mental Health

### **Next Steps**

Local fire departments and emergency service personnel are key partners within our community. Their involvement in implementing pertinent strategies is important to successfully implementing the Community Health Improvement Plan.

## **Focus Group: Community Coalition of Forest County**

### **About the Community Coalition of Forest County**

The Community Coalition of Forest County is a uniform, unincorporated, non-profit association organized to collectively utilize resources to address issues of concern in the multiple jurisdictions of Forest County. Collectively, the schools in the Crandon, Laona, Wabeno area and the communities of Sokaogon Chippewa, Potawatomi, the county of Forest and the agencies and non-profit organizations within these jurisdictions come together once a month to work on multi-jurisdictional issues. The purpose of this effort is to work together to find solutions to issues such as poverty, homelessness, drug and alcohol abuse, truancy, racial bias, and health and human services.

### **Meeting Summary**

On February 9, 2016, Forest County Public Health Department conducted a small focus group with the Community Coalition of Forest County. Jill presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

### **Key Findings**

- The priority areas selected: AODA, mental health and chronic disease seem to affect all other health issues.
- There is a general feeling that the health is improving in certain areas but struggling in others.
- The coalition likes the potential collective impact of three counties and hospital system working together on the same goals.

### **Next Steps**

The Community Coalition of Forest County is willing to assist with the next steps and developing the community health improvement plan. There is also interest in connecting the coalition's strategic plan to the health plan.

## **Focus Group: Forest County School Administrators of Crandon, Laona and Wabeno**

### **Meeting Summary**

On February 12, 2016, Forest County Public Health Department conducted a small focus group with the Forest County School Administrators of Crandon, Laona and Wabeno. Jill presented on the CHA and CHIP process that Forest, Oneida and Vilas counties are currently going through. A brief introduction was given about the background and process of the CHA and CHIP followed by a review of the updated data in each focus areas with the use of one page summary sheets.

### **Key Findings**

- The three priority areas selected at the data in the day event, AODA, mental health and chronic disease align with the school health issues.
- The group agreed on the importance of the three priority areas and believed there is a connection between the three.
- There are other issues that affect students within the school district; however, they all tie in with the mentioned priority areas above.
- Presented the point that literacy and education directly affect and vice versa.

### **Next Steps**

The groups stated that they would like to be future partners on health initiatives and prevention activities in the community. The group also offered to utilize school resources such as parent mailings and messages, websites to get information to the public and connect individuals with resources.

## Appendix 3: Key-Informant Interviews

### Introduction

During the months of February 2016 to March 2016, a series of key-informant interviews were conducted by members of Forest, Oneida and Vilas County Health Departments. During the community health assessment process, the needs of the vulnerable populations often go unheard because of the increased barriers to reaching them. Therefore, one purpose of these interviews was to gain further insight into the vulnerable populations in the areas. In addition, it was noted the lack of representation from some professions in the community, these interviews were also used in an attempt to receive feedback from these individuals.

### Key Findings

When asked the question, what are some contributing factors that have helped to increase the health of community? The follow answers were obtained:

- Improved access to dental care though the addition of a new clinic in Rhinelander.
- Increased awareness of healthy eating and physical activity through Northwoods LEAN.
- The addition of water filling stations in schools and school lunch grant opportunities to promote healthy eating among school-aged children.
- Increase discussion around health and improving the health of the community.

When asked, what are some weaknesses in the area that could cause declines in community health the following were shared:

- Prescription drug use along with heroin/opioid use.
- The use of alcohol as a coping mechanism.
- Lack of family initiatives.
- Childhood poverty in the area.
- Lack of decent-paying jobs in the area.
- High child abuse case rates.
- Underutilization of services in the area.

When asked what specific actions you think need to be taken to address health issues in the community, the interviewees responded with:

- Increase public transportation or bus routes.
- Access to free exercises facilities.
- Better ways to reach target populations with health information and resources.
- Programs to strengthen family dynamics and promotion of healthy families.
- Focus on schools and child education.
- Increase parent participation.
- Research the outcomes and effects of varying alcohol use by individuals.
- Involving faith organizations to reach certain members of the community.
- School on-site mental health services.
- Reducing the stigma attached with receiving help from services and resources in the area.

When asked to share challenges the might hinder the advancement of health or create barriers to a healthy community, the following was obtained:

- Rural communities' issues with transportation.
- Budgeting but time and money to address issues in the community.
- The cultural and moral values of the area along with the acceptance of dangerous alcohol use.
- The lack of conversion around topic such as alcohol use and domestic violence.
- Funding and increases in budget cuts.
- Drug use and the effects of the entire family.
- Limited income hinders some community members' ability to take advantage of community programs.

## Appendix 4: County Health Rankings

	Wisconsin	Forest (FO)	Oneida (ON)	Vilas (VI)
<b>Health Outcomes</b>		70	40	56
Length of Life		70	43	64
Premature death	5,881	8,678	6,232	7,526
Quality of Life		61	45	31
Poor or fair health	12%	12%	12%	10%
Poor physical health days	3.2	3.3	2.9	3.1
Poor mental health days	3.0	2.4	2.8	2.6
Low birthweight	7.0%	7.8%	6.6%	6.3%
<b>Health Factors</b>		68	28	46
<b>Health Behaviors</b>		66	34	35
Adult smoking	18%	19%	20%	18%
Adult obesity	29%	31%	30%	29%
Food environment index	8.0	6.5	8.3	7.9
Physical inactivity	21%	24%	22%	22%
Access to exercise opportunities	83%	86%	67%	87%
Excessive drinking	24%	21%	22%	25%
Alcohol-impaired driving deaths	39%	69%	38%	43%
Sexually transmitted infections	414	641	182	164
Teen births	27	41	27	31
<b>Clinical Care</b>		60	8	41
Uninsured	10%	15%	11%	16%
Primary care physicians	1,215:1	2,302:1	729:1	1,123:1
Dentists	1,631:1	1,825:1	1,552:1	1,018:1
Mental health providers	623:1	1,014:1	397:1	1,644:1
Preventable hospital stays	51	49	48	49
Diabetic monitoring	90%	90%	91%	91%
Mammography screening	70.2%	65.6%	77.8%	75.9%
<b>Social &amp; Economic Factors</b>		69	46	59
High school graduation	88%	79%	89%	96%
Some college	65.9%	48.6%	65.9%	62.8%
Unemployment	6.7%	9.6%	8.8%	9.8%
Children in poverty	18%	24%	18%	25%
Income inequality	4.3	4.1	4.1	4.1
Children in single-parent households	31%	32%	24%	43%
Social associations	11.8	13.0	14.8	17.8
Violent crime	255	79	113	51
Injury deaths	63	111	71	93
<b>Physical Environment</b>		1	3	5
Air pollution - particulate matter	11.5	10.7	10.9	10.7
Drinking water violations	5%	0%	0%	0%
Severe housing problems	15%	12%	13%	17%
Driving alone to work	80%	80%	82%	78%
Long commute - driving alone	26%	26%	19%	19%

## Appendix 5: Demographics

Characteristics	Wisconsin 2014	Forest County 2014	Forest County 2010	% Change for County
Total Population*	5,757,564	9,127	9,304	-1.9%
Median Age (years)^	38.8	45.3	43.4	4.2%
<b>Age*</b>				
Persons under 5 years	5.9%	5.8%	5.4%	6.9%
Persons under 18 years	22.6%	20.6%	22.0%	-6.8%
Persons 65 years and over	15.2%	21.8%	20.3%	6.9%
<b>Gender*</b>				
Female	50.3%	49.0%	49.2%	-0.4%
Male	49.7%	51.0%	50.8%	0.4%
<b>Race and Ethnicity*</b>				
White alone	87.8%	81.3%	82.7%	-1.7%
Black or African American alone	6.6%	1.0%	0.8%	20.0%
American Indian and Alaska Native alone	1.1%	14.3%	13.5%	5.6%
Asian alone	2.6%	0.3%	0.1%	66.7%
Two or more races	1.8%	2.9%	2.4%	17.2%
Hispanic or Latino	6.5%	2.0%	1.5%	25.0%
<b>Speak a language other than English^</b>				
	8.6%	4.5%	4.9%	-8.9%
<b>Median household income^</b>				
	\$52,738	\$40,331	\$37,627	6.7%
<b>Percent below poverty in the last 12 months^</b>				
	13.3%	17.9%	18.9%	-5.6%
<b>High School graduate or higher, percent of persons age 25+ ^</b>				
	90.8%	86.3%	85.6%	0.8%

\* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

Characteristics	Wisconsin 2014	Oneida County 2014	Oneida County 2010	% Change for County
Total Population*	5,757,564	35,563	35,998	-1.2%
Median Age (years)^	38.8	49.2	47.2	4.1%
<b>Age*</b>				
Persons under 5 years	5.9%	4.6%	4.7%	-2.2%
Persons under 18 years	22.6%	17.2%	18.4%	-7.0%
Persons 65 years and over	15.2%	23.9%	21.7%	9.2%
<b>Gender*</b>				
Female	50.3%	49.9%	50.0%	-0.2%
Male	49.7%	50.1%	50.0%	0.2%
<b>Race and Ethnicity*</b>				
White alone	87.8%	96.5%	96.6%	-0.1%
Black or African American alone	6.6%	0.5%	0.4%	20.0%
American Indian and Alaska Native alone	1.1%	1.0%	0.9%	10.0%
Asian alone	2.6%	0.5%	0.5%	0.0%
Two or more races	1.8%	1.4%	1.3%	7.1%
Hispanic or Latino	6.5%	1.4%	1.1%	21.4%
Speak a language other than English^	8.6%	2.4%	2.6%	-8.3%
Median household income^	\$52,738	\$45,736	\$45,857	-0.3%
Percent below poverty in the last 12 months^	13.3%	11.3%	9.9%	12.4%
High School graduate or higher, percent of persons age 25+ ^	90.8%	93.1%	91.9%	1.3%

\* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

Characteristics	Wisconsin 2014	Vilas County 2014	Vilas County 2010	% Change for County
Total Population*	5,757,564	21,398	21,430	-0.1%
Median Age (years)^	38.8	52.1	49.8	4.4%
<b>Age*</b>				
Persons under 5 years	5.9%	4.1%	4.5%	-9.8%
Persons under 18 years	22.6%	16.8%	17.8%	-6.0%
Persons 65 years and over	15.2%	29.0%	25.9%	10.7%
<b>Gender*</b>				
Female	50.3%	49.5%	49.3%	0.4%
Male	49.7%	50.5%	50.7%	-0.4%
<b>Race and Ethnicity*</b>				
White alone	87.8%	86.5%	87.1%	-0.7%
Black or African American alone	6.6%	0.4%	0.2%	50.0%
American Indian and Alaska Native alone	1.1%	11.3%	11.1%	1.8%
Asian alone	2.6%	0.4%	0.3%	25.0%
Two or more races	1.8%	1.4%	1.2%	14.3%
Hispanic or Latino	6.5%	1.9%	1.3%	31.6%
Speak a language other than English^	8.6%	3.5%	5.0%	-42.9%
Median household income^	\$52,738	\$40,501	\$41,631	-2.8%
Percent below poverty in the last 12 months^	13.3%	14.4%	11.9%	17.4%
High School graduate or higher, percent of persons age 25+ ^	90.8%	91.8%	91.7%	0.1%

\* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

## Appendix 6: Prior Community Health Needs Assessment

### Written Comments Received on Prior CHNA

No written comments were received regarding the previous CHNAs for Ministry Saint Mary's Hospital, Howard Young Medical Center or Eagle River Memorial Hospital.

### Evaluation of the Impact of the Prior CHNA

Health priorities identified in the preceding CHNA (2013-2016) for Ministry Saint Mary's Hospital, Howard Young Medical Center or Eagle River Memorial Hospital were:

- Chronic Disease
- Alcohol & Other Drug Abuse (AODA)
- Mental Health

#### Evaluation

Chronic Disease: A garden-based nutrition program was implemented in 8 schools. Point of Decision prompts were placed in schools (water consumption) and grocery stores (nutrition). Healthy Cooking demonstrations were provided with a resulting 75% of participants reporting an increase in knowledge of healthy cooking options. 138 people participated in the Ministry Kick Start Program (which supported training for a 5K race) with 75% demonstrating an increase in the physical activity. The annual Worksite Wellness Summit saw an increase in the number of participants and the number of employers participating.

AODA: Ministry staff participated in the AODA Coalition which works to increase coordination of services with other organizations across the communities served. Internally, a hospital medicine alcohol detoxification protocol was implemented at Howard Young; and a standardized set of materials for patients with ADOA issues were created and implemented.

Mental Health: Staff participated in the Tri County Collaborative. Mental health educational displays were placed in public locations at Ministry facilities. A Mental Health Summit was held with the majority of participants indicating on the evaluation that the content was helpful in their work or personal life.