



St. Croix County
Community Health Needs
Assessment and
Improvement Plan



Healthier
Together
St. Croix County

2014 – 2016

TABLE OF CONTENTS

Introduction	3
Partnership	4
Demographic Profile	8
Assessment Summary and Process	11
Data Collection	12
Community Input	18
Review	21
Priority Health Needs for 2014 – 2016	21
Identified Health Needs Not Selected	22
Action Plan	24
Implementation Plan	26
Coalition Structure	27
Future Plan	28
Additional Resources	28

INTRODUCTION

Background

There are many factors influencing community health and well-being. It's much more than disease prevalence, medical care or public health services. It's a combination of factors including: socioeconomic conditions, available educational services, individual behaviors, financial stability of community itself. Everyone can contribute to and share in responsibility for their community's protection and environment.

Working Together

Healthier Together – St. Croix County is a community coalition working to create and maintain healthy communities and provide a more strategic framework for local health improvement activities. This ambitious project began in 2008 with St. Croix County Public Health and Hudson Hospital & Clinic leading a partnership to plan and implement an organized, county-wide, community-based approach for creating and maintaining healthy communities. All along, Healthier Together initiatives have focused on bringing people together from across the community to identify and address key health priorities.

Healthier Together has grown over the years. The coalition is now a partnership between Baldwin Area Medical Center, Hudson Hospital & Clinic, River Falls Area Hospital, Westfields Hospital & Clinic and St. Croix County Public Health. This partnership along with over 100 individuals from a variety of sectors have come together regularly to assess the state of the county's health, identify health priorities, and develop goals, objectives and activities to improve the health and well-being of the communities.

As part of a joint effort in community health improvement planning, this report analyzes the health status and community health needs of St. Croix County. It is a resource designed to provide an individual or community organization with valuable information that can be used to plan, implement and help produce a healthier, more vibrant community.

The goals of the community health needs assessment and implementation plan are to:

1. Identify critical health issues
2. Prioritize health needs

For the purpose of:

1. Educating and mobilizing area organizations to address top health priorities
2. Planning actions to improve public health and quality of life
3. Garnering resources (strengthening grant proposals)

Benchmarking

In 2009, Healthier Together identified the following five health priorities:

1. Access to Primary and Preventative Health Services
 - Access to Medical Care
 - Access to Mental Health Care
 - Access to Dental Care
2. Adequate and Appropriate Nutrition
3. Overweight, Obesity, and Lack of Physical Activity
4. Alcohol and Other Substance Use and Addiction
5. Tobacco Use and Exposure

Healthier Together members organized into five Task Forces, one for each identified priority. Each Task Force adopted goals, objectives, and activities to guide its work. These were then enumerated in the Community Health Improvement Plan 2009 – 2014 that can be found in Appendix A and accessed on www.healthiertogetherstcroix.org. An evaluation was recently completed of the Community Health Improvement Plan 2009 – 2014 and has aided us in our work going forward. This document can be found in Appendix C and also accessed on www.healthiertogetherstcroix.org.

In addition, the state health plan, *Healthiest Wisconsin 2020: Everyone Living Better, Longer* has two goals: improve health across the life span, and eliminate health disparities and achieve health equity. The plan highlights 12 Health Focus Areas for Wisconsin that set the stage for public health programs for a ten-year period. With the state health plan as a guide, Baldwin Area Medical Center, Hudson Hospital, River Falls Area Hospital, Westfields Hospital, St. Croix County Public Health in partnership with other organizations are taking action to improve the health of residents. The 12 Health Focus Areas are:

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

PARTNERSHIP

Baldwin Area Medical Center

730 10th Avenue
Baldwin, WI 54002
(715) 684-8689

Baldwin Area Medical Center is an independent, integrated clinic and hospital located in western Wisconsin. Since 1936, they have prided themselves in being the trusted health and wellness partner of the people of Baldwin and the surrounding communities.

They are committed to providing comprehensive health and wellness services and exceptional customer service to those they serve. They offer comprehensive healthcare services, including primary care, emergency care, cardiac care, advanced surgical procedures, diagnostic imaging, maternity care, orthopedic services, and treatment for a broad range of medical conditions. Baldwin Area Medical Center is equipped with the most advanced medical technology, and staffed by a team of highly skilled healthcare professionals.

Baldwin Area Medical Center takes pride in serving the community. They play an active role in many areas. Some of the services they offer to their community include cholesterol screenings, blood drives and more. Baldwin Area Medical Center also partners with area high schools and provides education to students who are interested in health care careers.

Baldwin Area Medical Center Benchmarks

- 25 Bed Critical Access Hospital
- Inpatient Services: Birthing room, Palliative care, Infection isolation room, cancer services
- Outpatient Services: Breast cancer screening/mammograms, certified trauma center, chemotherapy, Fitness Center, Physical rehabilitation, Sleep Center, Sports medicine
- Provides help with government services & transportation for elderly & handicapped persons
- Community Outreach: Health fairs and health screenings.
- Imaging Services (Diagnostic and Therapeutic)

Hudson Hospital & Clinic
405 Stageline Road
Hudson, WI 54016
(715) 531-6000

Hudson Memorial Hospital was established with contributions from The Phipps Foundation and community fund raising in 1953. On December 19, 2008, Hudson Hospital joined HealthPartners Family of Care and changed its name to Hudson Hospital & Clinic. The Hudson community has always supported and taken pride in having exceptional health care close to home. With a mission “To improve health and well-being in partnership with our members, patients and community,” Hudson Hospital & Clinic has been dedicated to the collaborative efforts in community health improvement.

- Regional partner of The Cancer Center of Western Wisconsin
- In 2010, contributed \$3.8 million in Community Benefits
- Internationally recognized, award-winning Healing Arts Program
- Birth Center nursing staff ranks in the top three percent nationwide according to Press Ganey patient survey data

Hudson Hospital & Clinic Benchmarks

Licensed Beds 25 Inpatient
 Admissions 1,653
 Average Length of Stay 3.0 (Days)
 Patient Days 5,034
 Average Daily Census 13.8
 Emergency Center Visits 10,633
 Newborn Deliveries 624
 Surgery Cases 1,574
 Radiological Procedures 29,796
 Employee FTEs 288
 Volunteer Hours 14,388
 Medical Staff 204
 Allied Health Staff 80

River Falls Area Hospital
1629 East Division Street
River Falls, WI 54022
(715) 307-6000

River Falls Area Hospital, founded in 1939, is a part of Allina Health, a not-for-profit health system dedicated to the prevention and treatment of illness through its family of clinics, hospitals, care services and community health improvement efforts in Minnesota and western Wisconsin. The River Falls health care campus includes the River Falls Area Hospital, River Falls Medical Clinic, a number of specialty provider partners and the Kinnic Health & Rehab Facility. The focus of the hospital, clinic and specialty partners is to deliver exceptional health care, support services and preventive care – putting the patient first in everything.

The hospital also has a long history of working to improve health in the community it serves through programs and services that respond to the health needs of the community. One of the hospital’s most visible and extensive efforts has been the creation and ongoing support of a free medical clinic to provide primary care to uninsured and underinsured residents of Pierce and St. Croix counties. Other examples of work to improve community health include a falls prevention program for local seniors; a concussion prevention and management program; a summer strengthening program to prevent injuries in local student athletes; a community-based CPR/AED training program; and the Allina Health “Healthy Communities Partnership” worksite wellness initiative.

River Falls Area Hospital Benchmark

Licensed Beds 25
 Employees 270
 Medical Staff 174
 Volunteer Auxiliary Members 113
 Babies Delivered 212
 Emergency Department Visits 5,709
 Patient Meals Served 10,904
 Inpatient surgeries 461
 Outpatient Surgeries 1,322
 Inpatient Admissions 1,135
 Lab tests 51,770
 Radiology Procedures 23,442
 Charity Care Patients 322
 Uncompensated Care \$2.63

Westfields Hospital & Clinic
535 Hospital Road
New Richmond, WI 54017
(715) 243-2600

Westfields Hospital & Clinic, originally known as Holy Family Hospital, had its beginning at a planning meeting of the Kiwanis Club in May 1945 when a local industry announced a gift of \$50,000 to start the fund for a hospital. The community raised \$150,000 for the project and a contribution of \$100,000 from the Sisters of St. Joseph added to the fund. Additional money came from Hill Burton funds to expand health care availability to rural areas. The hospital opened its doors on January 2, 1950, and admitted 983 patients its first year. On January 23, 2006, Holy Family Hospital joined HealthPartners Family of Care and changed its name to Westfields Hospital.

Westfields is committed to the community. Their motto, “Care for Life” extends far beyond their walls. They love working and living here and they’re devoted to helping each patient become the healthiest person possible. Their new mission is “To improve health and well-being in partnership with our members, patients and community”.

Westfields Hospital & Clinic Benchmark

- 25 Bed Critical Access Hospital
- Home of Cancer Center of Western Wisconsin
- Multiple services including:
- Audiology
- CT Scanning Services
- Emergency Department
- Home Health Services
- Hospice Services
- Cardiac Services
- Surgical Services
- Inpatient Rehabilitation
- Long term care swing bed
- Respiratory care

St. Croix County Public Health
1752 Dorset Lane
New Richmond WI 54017
(715) 246-8330

St. Croix County Public Health, founded in 1936 in response to a statewide tuberculosis crisis, initially consisted of one nurse in a red brick building. In 1994, public health became part of St. Croix County Health and Human Services. Today, the Public Health Department serves a population of 84,000 county residents and has 22 staff, including 7 nurses. The health department achieved national accreditation by the Public Health Accreditation Board (PHAB) in September 2014. The mission of the health department is “to protect and promote health, prevent disease and injury and empower communities to live healthier lifestyles.” To fulfill the mission, St. Croix County Public Health takes a lead role in community health assessment and improvement planning.

- Level II Health Department
- Offers over 14 programs including Agent and Retail Foods program
- Involved in 29 community coalitions and 5 state level committees

St. Croix County Public Health Benchmark

Vision: Health People Creating Healthy Communities

Values:

- Sensitivity
- Collaboration
- Integrity
- Caring, Competent Staff

Community Health Needs Assessment Steering Committee

Kelly Appeldorn, community health coordinator, Hudson Hospital & Clinic and Westfields Hospital & Clinic

Katie Carstens, health and wellness manager, Baldwin Area Medical Center

Pat Cooksey, director, marketing and communications, Hudson Hospital & Clinic and Westfields Hospital & Clinic

Amanda Gustafson, marketing, Baldwin Area Medical Center

Mary Kay Hunt, community member

Deb Lindemann, health officer/public health coordinator, St. Croix County Public Health

Heather Logelin, director, Foundation and Community Engagement, River Falls Area Hospital

Sharon Reyzer, WIC director/public health supervisor, St. Croix County Public Health

Natasha Ward, director of community health improvement, Baldwin Area Medical Center

Additional insight on specific areas of interest provided by the following partners:

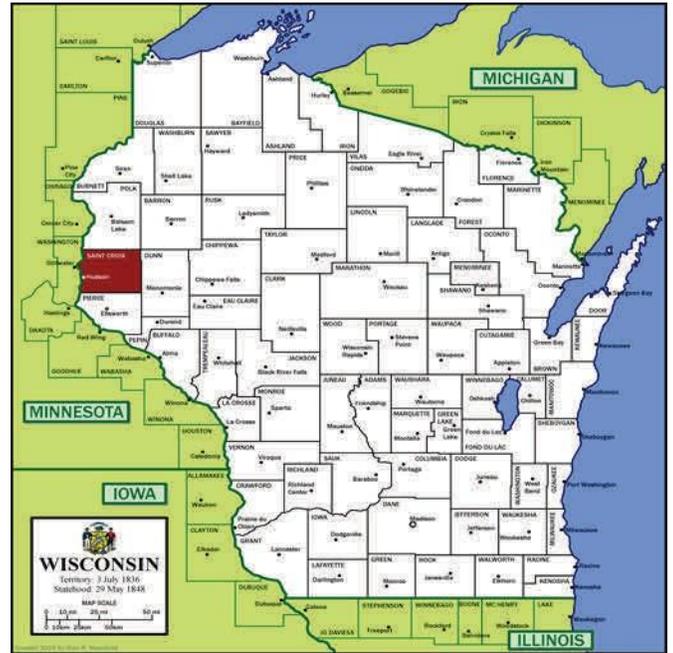
Paula Tran Inzeo, Assistant Director at the UW Center for Nonprofits and Health Equity Coordinator for the Transform WI project, discussed how to apply the concepts of health equity into the community health implementation plan and strategies to include community members most impacted by inequities in the planning and leading process.

County Health Rankings & Roadmap is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings show us where we live matters to our health. The workshop focused on teaching us new and creative ways to build a culture of health in our communities.

See Appendix B for a detailed list of partners involved in the CHNA and MOUs created in the process. All appendices can be found on the Healthier Together website www.healthiertogetherstcroix.org.

DEMOGRAPHIC PROFILE

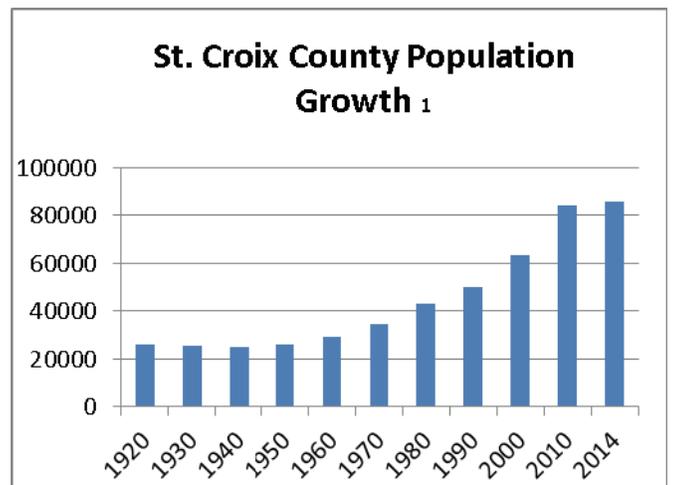
St. Croix County is located in the Northwest region of Wisconsin. Bordering counties include Polk, to the north, Dunn, to the east, Pierce, to the south, and the St. Croix River (Minnesota), to the west. The county is comprised of four cities, nine villages, and 21 townships, of which Hudson is the county seat. The county is 722.33 square miles, has 64 lakes, and its river include the Apple, Eau Galle, Kinnickinnic, Rush, St. Croix, South Fork Hay, and Willow. Four major hospitals can be found in the county: Baldwin Area Medical Center, Hudson Hospital & Clinic, River Falls Area Hospital, and Westfields Hospital & Clinic. As of the 2010 census, the population was almost 85,000.



County Projections, 2010 – 2040 2

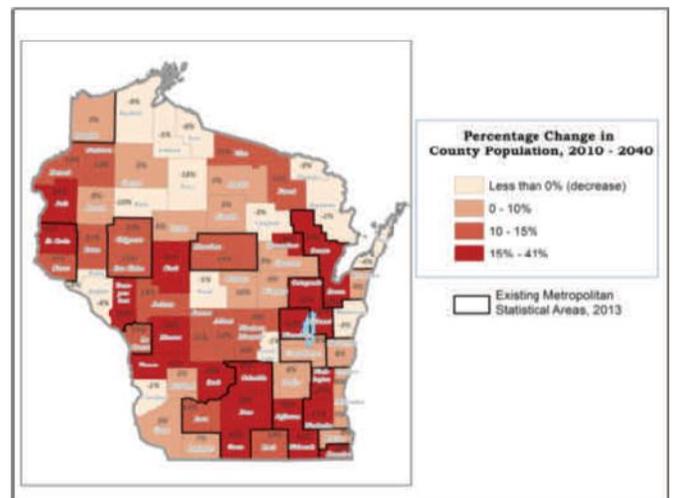
Across the entire 30-year period, 57 of Wisconsin’s 72 counties are projected to increase in population. Of these, 25 are expected to exceed the state’s growth rate of 14.1% from 2010 to 2040.

As the population ages, more Wisconsin counties are projected to move from the condition of natural increase (more births than deaths) to natural decrease (more deaths than births). The projections indicate that, while 18 counties experienced natural decrease in the 2000s, the number will rise to 29 in the 2010s, 33 in the 2020s, and 45 in the 2030s. Saint Croix County is projected to be the fastest-growing county, in terms of percentage change, through 2040, increasing by 41%. As a component county of the Minneapolis-Saint Paul metropolitan area, it also ranked as Wisconsin’s top-growing county from 1980 to 2010.



Fastest Growing Counties (by Percent), 2010 -2040

County Name	Census 2010	Projected 2040	Numeric Change	% Change
Saint Croix	84,345	119,010	34,665	41.1%



Municipality Growth

The state’s projected fastest-growing municipalities, by percentage change, are listed in the table below. All can be described as suburban communities, within commuting distance of large cities either in Wisconsin or Minnesota.

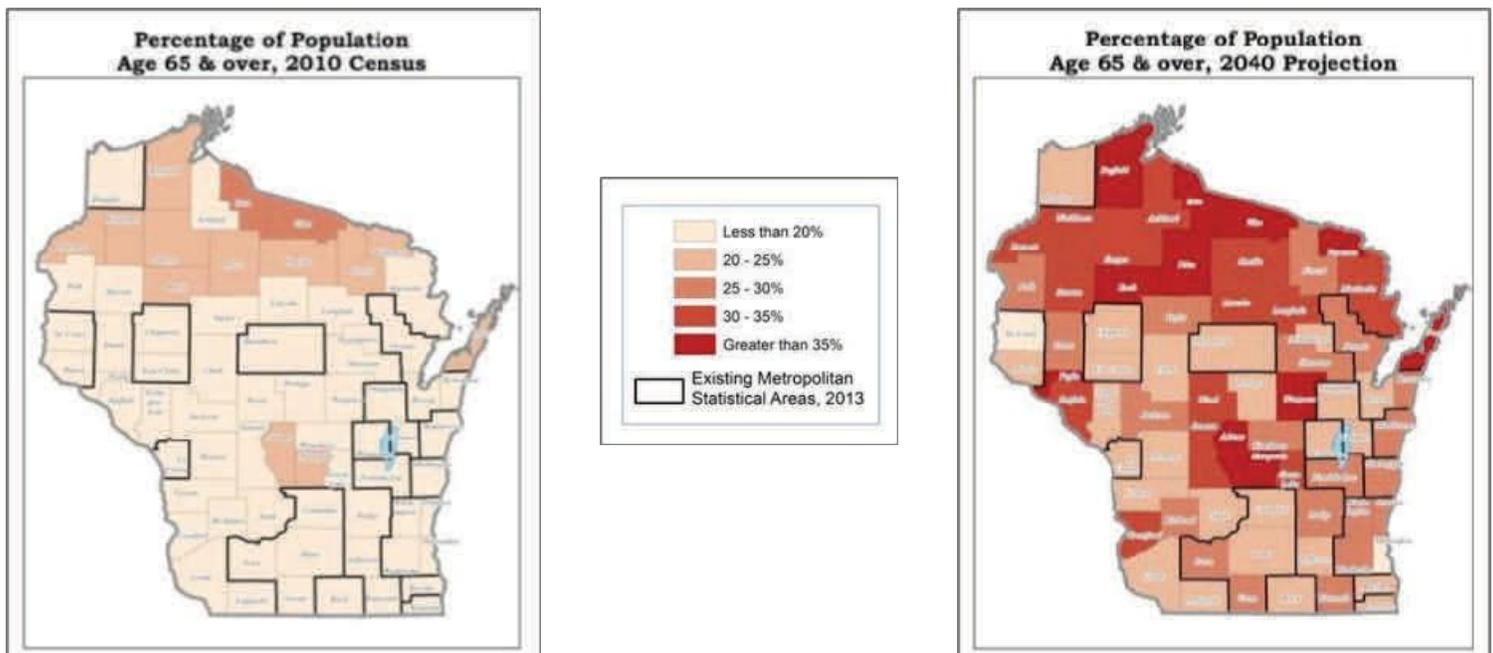
Fastest Growing Municipalities (by Percent), 2010 - 2014				
Municipality	Estimate 2013	Projection 2040	Numeric Change	% Change
Richmond	3,339	5,385	2,046	61%
Hammond	2,136	3,440	1,304	61%
Hudson	13,187	20,780	7,593	58%
Somerset	2,642	4,100	1,458	55%

Age Distribution: Counties’ 65-and-over Population

As noted in the state section, the projections indicate that the number of people age 65 and over will almost double numerically, and their share of the populace will rise from 13.7% to 23.7%, from 2010 to 2040. All counties will experience growth in their senior populations, ranging from 39% to 175% increases.

The progression toward much older populations can be viewed across time by a summarization of the percentage of each county’s residents, in various ranges, at ten-year intervals in the projections series. Whereas nearly half of the counties had fewer than 15% of their populations age 65 and over in 2010, and none had greater than 30% (the highest being 26%), by 2040 no county will have fewer than 15% of its population being elderly, and one-third will have elderly populations greater than 30%.

The two maps next illustrate the substantial change in the 65-and-over population of each county across the 30-year projections period.



Saint Croix County is projected to be the fastest-growing county, in terms of percentage change, through 2040, increasing by 41%.

U.S. Census Report 1 People QuickFacts	St. Croix County	Wisconsin
Population, 2013 estimate	85,930	5,742,713
Population, 2010 (April 1) estimates base	84,345	5,686,983
Population, percent change, April 1, 2010 to July 1, 2013	1.9%	1.0%
Population, 2010	84,345	5,686,986
Persons under 5 years, percent, 2013	6.4%	6.0%
Persons under 18 years, percent, 2013	26.4%	22.8%
Persons 65 years and over, percent, 2013	11.7%	14.8%
Female persons, percent, 2013	50.0%	50.3%
White alone, percent, 2013 (a)	96.5%	88.1%
Black or African American alone, percent, 2013 (a)	0.7%	6.5%
American Indian and Alaska Native alone, percent, 2013 (a)	0.5%	1.1%
Asian alone, percent, 2013 (a)	1.0%	2.5%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	Z
Two or More Races, percent, 2013	1.3%	1.7%
Hispanic or Latino, percent, 2013 (b)	2.1%	6.3%
White alone, not Hispanic or Latino, percent, 2013	94.6%	82.5%
Living in same house 1 year & over, percent, 2009-2013	87.3%	85.8%
Foreign born persons, percent, 2009-2013	2.1%	4.7%
Language other than English spoken at home, pct age 5+, 2009-2013	3.5%	8.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	94.9%	90.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	33.0%	26.8%
Veterans, 2009-2013	5,830	408,870
Mean travel time to work (minutes), workers age 16+, 2009-2013	27.9	21.7
Housing units, 2013	34,352	2,633,330
Homeownership rate, 2009-2013	77.8%	68.1%
Housing units in multi-unit structures, percent, 2009-2013	15.6%	25.4%
Median value of owner-occupied housing units, 2009-2013	\$206,900	\$167,100
Households, 2009-2013	32,114	2,288,332
Persons per household, 2009-2013	2.62	2.43
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$32,220	\$27,523
Median household income, 2009-2013	\$68,426	\$52,413
Persons below poverty level, percent, 2009-2013	7.6%	13.0%

KEY

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

ASSESSMENT SUMMARY

The St. Croix County community health needs assessment was conducted in conjunction with Baldwin Area Medical Center, Hudson Hospital & Clinic, River Falls Area Hospital, Westfields Hospital & Clinic, and St. Croix County Public Health using input from community members, community organizations, internal stakeholders the four hospitals and from the public health department. These partners assisted in the determination of community health improvement priorities and the development of the implementation plan.

The assessment was conducted in three stages: data collection and community input, review and setting priorities, and action planning. The CHNA process began in July 2013 and CHIP was completed in February and March 2015 with the final presentation of the assessment and action plan to the Healthier Together Leadership Committee as well as the St. Croix County Board of Health and all four Hospital Leadership Boards. The following is a description of the assessment steps and timeline.

ASSESSMENT PROCESS

PHASE 1	Data Collection and Community Input
July – September 2013	Data Collection Evaluated previous community health improvement plan; compiled existing county-level public health data and hospital data and county health rankings data
July – December 2013	Community Input Conducted community health dialogues with CHANGE assessment, public opinion poll gauging attitudes toward healthy living and prevention, and community health needs assessment survey related to priority areas
PHASE 2	Review and Priority Setting
January – March 2014	Review Invited internal and external stakeholders to review data and community input, identified additional data needed
April 2014	Issue Prioritization Completed prioritization using data, community input, and process based on three measures: 1. Size and prevalence of the issue (how many, how serious, how compares) 2. Effectiveness of interventions (how likely...) 3. Community capacity (ready, willing and able)
PHASE 3	Action Planning
June – August 2014	Data Collection Completed two workshops related to health equity and county health rankings. Conducted Participatory Photomapping Project in Glenwood City, WI
October 2014	Report Production Developed report of finding from data collected and community input
October – December 2014	Implementation/Plan Internal and external stakeholders reviewed collected data and developed objectives using evidence based strategies to address health needs of community
February and March 2015	Approval Present implementation plans to local boards/coalition committees/leadership

DATA COLLECTION

The first phase was to review previous work and county data in order to determine two or three priorities. Best practices for community health needs assessments state that this process begins with a systematic look at data related to the health of community members. This allows stakeholders to understand previous improvements made by the coalition, the community as a whole, and compare and contrast the effect of health-related issues on the overall well-being of the community. Below is a list of existing data used to create a set of indicators specific to the health of St. Croix County. Stakeholders reviewed these indicators to gain a sense of current health needs. All data can be found at links below or in Appendix C.

Healthier Together Evaluation Report: Implementation of Healthier Together St. Croix Community Health Improvement Plan 2011-2013 (<http://www.healthiertogetherstcroix.org/resources/>)

In 2009, Healthier Together identified the following five health priorities:

1. Access to Primary and Preventative Health Services
 - Access to Medical Care
 - Access to Mental Health Care
 - Access to Dental Care
2. Adequate and Appropriate Nutrition
3. Overweight, Obesity, and Lack of Physical Activity
4. Alcohol and Other Substance Use and Addiction
5. Tobacco Use and Exposure

Healthier Together members organized into five Task Forces, one for each identified priority. Each Task Force adopted goals, objectives, and activities to guide its work. These were then enumerated in the Community Health Improvement Plan 2009 – 2014.

Recently, an evaluation of the Community Health Improvement Plan 2009 – 2014 was completed. The report includes input from an array of stakeholders and provides a comprehensive view of the wide-ranging project. Data found in the report serves as a basis for future planning. It provides quantitative data that can be used as an evidence base for formulating objectives for coming years and qualitative information that provides a richness of meaning to the quantitative data.

It was beyond the scope and resources of Healthier Together to structure the type of evaluation that would have enabled the coalition to measure changes in individual health behaviors and health outcomes that could be directly attributable to Healthier Together. However, the process and impact objectives and related activities were based on best practices.

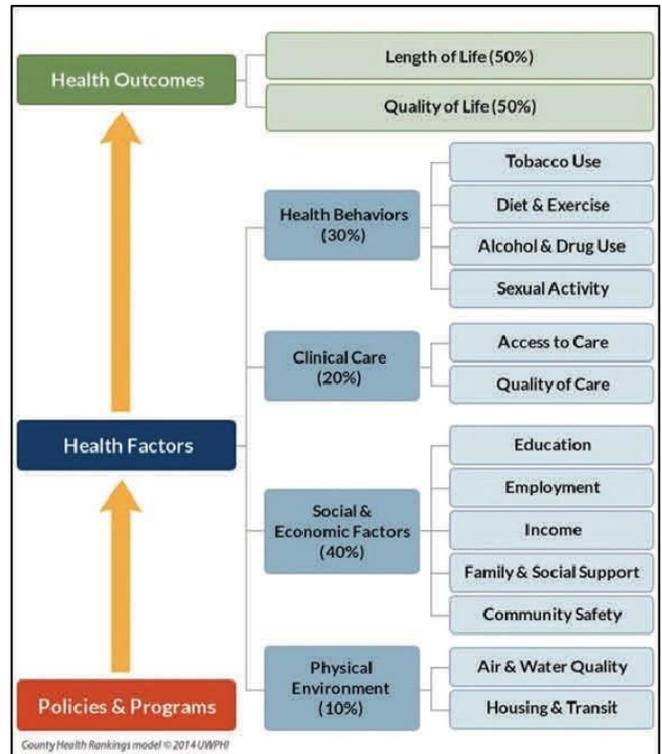
Wisconsin Public Health County Profiles (<https://www.dhs.wisconsin.gov/stats/phprofiles/stcroix.htm>)

Public Health Profiles are published annually and provides selected data on population characteristics, births, deaths, morbidity, local health departments, long-term care and hospitalizations in Wisconsin for calendar year 2012. The data provides a standard set of indicators for our coalition to review over the years and compare to other counties and Wisconsin as a whole.

In 2010, 189 St. Croix County residents were seen in emergency rooms for non-traumatic dental complaints. The mean charge per visit was \$550, for a total of \$103,905.

County Health Rankings (<http://www.countyhealthrankings.org/app/#!/wisconsin/2014/rankings/st-croix/county/outcomes/overall/snapshot>)

The County Health Rankings rank nearly every county in the nation and provide a snapshot of a community's health. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can aid in making communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003. The Rankings look at a variety of measures that affect health and are based on the latest data publically available. In 2014, St. Croix County was ranked number 7. In other words, St. Croix County was the 7th healthiest county in the state. Adult obesity, physical inactivity, unemployment, and children in poverty were all areas of concern.



St. Croix County Resident Survey

In January 2013, the Survey Research Center (SRC) at the University of Wisconsin – River Falls mailed surveys to a random sample of 1,057 St. Croix County residents. The overall response rate from the public was 34 percent (388 completed questionnaires). Based on the estimated number of adults in the population of the County (61,462), the results provided in this report are expected to be accurate to within plus or minus 5.0 percent with 95 percent confidence. Most of the respondents were age 45 years to 65 years and older. Almost twice as many men as women completed the survey. Also of note, is that 95% of the respondents were home owners (as opposed to renting).

This survey was part of St. Croix County’s strategic planning update and was developed to gather opinions from St. Croix County residents about the current importance of various County functions and future spending levels for those functions. Respondents were asked to rate the current importance of 36 St. Croix County programs/functions and indicate their opinion on what the level of future spending should be for each program or function. The stakeholders reviewed responses around the importance of adequate and appropriate nutrition for elderly, mental health, addiction problems, healthy lifestyle, public recreation services, transportation, pedestrian/bike lanes, and additional comments.

Youth Risk Behavior Surveillance System (YRBSS) (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>)

YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including: Behaviors that contribute to unintentional injuries and violence; Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; Alcohol and other drug use; Tobacco use; Unhealthy dietary behaviors; and Inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma among youth and young adults.

The Department of Public Instruction (DPI) has administered the YRBSS every two years beginning with 1993. The Wisconsin survey results are representative of ninth through twelfth grade public high school students in Wisconsin. The Saint Croix County's data in this report was collected in 2012 using the Department of Public Instruction's Online YRBSS Administration site. 719 males and 695 females completed the survey for a total of 1416.

Violence: Threats and Personal Safety

- 20.3% of students reported having someone try to hurt them by hitting, punching, or kicking them while on school property during the past 12 months.
- 15% of students agreed that violence is a problem at their school.
- 43.2% of students agreed that harassment and bullying is a problem at their school.

Suicide

- 20.8% of students reported feeling sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
- 12.6% of students reported having seriously considered attempting suicide in the last 12 months.
- 5.9% of students reported having attempted suicide at least once in the past 12 months.

Tobacco and Alcohol Use

- 29.9% of students reported having tried cigarette smoking.
- 12.9% of students reported having smoked cigarettes, during the past 30 days before the survey.
- 18.9% of male students drank alcohol before the age of 13 compared to 13.4% of female students.
- 29% of students reported drinking alcohol during the last 30 days.
- 16.2% of students reported having had 5 or more drinks of alcohol in a row (binge drinking) during the past 30 days before the survey

Marijuana and Other Drug Use

- 21.3% of students reported having tried marijuana at least once in their life.
- 10.5% of students reported having tried marijuana during the last 30 days.
- 4.3% of students who have used ecstasy (also called MDMA) at least once in their life.
- 18.1% of students have used a prescription drug without a doctor's prescription

Sexual Behavior

- 36.1% of students reported ever having sexual intercourse.
- 3.3% of students who had sexual intercourse for the first time before age 13 years.
- 27.2% of students reported having sexual intercourse with 1 or more people in the past 3 month

Nutrition and Exercise

- 25.6% of students reported watching television 3 or more hours per day on an average school day.
- 31.2% of male students reported playing video or computer games or used a computer for something that was not school work 3 or more hours per day on an average school day, compared to 18.1% of females.

Social Support

- 82.1% of students reported strongly agreeing or agreeing that their family loves them and gives them help and support when they need it.
- 68% of students report having at least one teacher or adult in their school that they can talk to if they have a problem.

Poverty and Food Security in St. Croix County

In 2012, the estimated poverty rate in St. Croix County was 7.5% compared to 4% in 2000. During the past 5 years, the share of school-age children certified for free or reduced-price meals grew from **11% to 24%**. Food hardship was reported by **10.5%** of the population. (http://www.apl.wisc.edu/pfs_profiles/StCroix_2014.pdf)

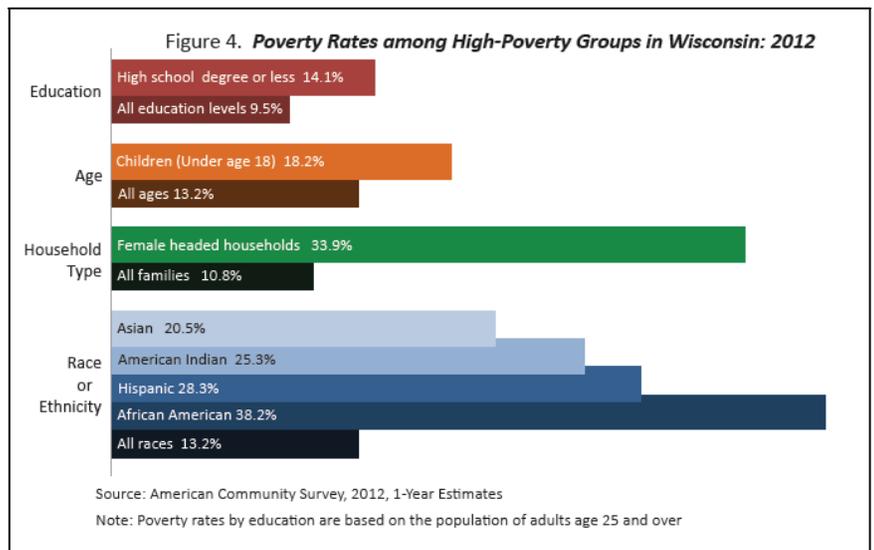
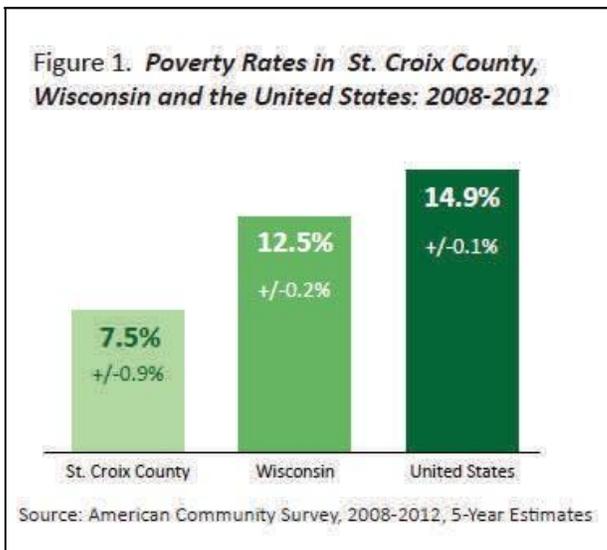
According to the St. Croix County Human Resource Network, homelessness, domestic violence and lack of public transportation are some of the issues faced by families in St. Croix County.

Shelters in St. Croix County:

- Our Neighbors Place – River Falls, WI; Served 12 families in 2014
- Our Neighbors Place Day Center – River Falls, WI; Encountered 572 families between November 2013 and October 2014.
- Grace Place – New Richmond, WI; Served 67 families in 2014
- Turning Point – River Falls, WI; in 2014 65 adults and 69 children stayed in their shelter due to domestic Violence

Additional data can be found at:

- Living Wage Calculation, St. Croix County <http://livingwage.mit.edu/counties/55109>
- Cost of Living (Family of Four), Census Data and Poverty http://wealthandwant.com/issues/pov/sss4_and_census_table.htm



Food Insecurity of Wisconsin Women, Infant, and Children (WIC) Population

County of Residence ^b	2012			2007		
	Households ^a	Food Insecurity	Very Low Food Security	Households ^a	Food Insecurity	Very Low Food Security
	n	%	%	n	%	%
Marquette	60	70	33	33 ^c	64	27
Menominee	109	39	12	158	38	13
Milwaukee	3159	51	20	3451	50	19
Monroe	182	42	15	196	47	21
Oconto	142	48	16	137	50	20
Oneida	140	49	21	144	44	24
Outagamie	613	54	21	686	60	23
Ozaukee	109	61	30	107	45	14
Pepin	23 ^c	43	NR ^c	24 ^c	38	NR ^c
Pierce	163	55	19	166	52	17
Polk	139	65	27	150	54	17
Portage	221	50	23	196	45	21
Price	87	54	21	79	42	19
Racine	754	51	22	626	45	15
Richland	60	60	28	70	44	19
Rock	376	54	20	258	61	25
Rusk	62	50	21	96	34	15
Saint Croix	217	57	24	413	58	21
Sauk	183	56	27	313	56	22
Sawyer	81	47	19	61	30	8
Shawano	178	44	16	127	39	17
Sheboygan	226	53	25	520	57	23
Taylor	86	53	17	85	47	20
Trempealeau	111	52	19	125	41	16
Vernon	87	47	17	91	46	11
Vilas	109	69	32	174	53	18
Walworth	412	61	23	425	59	27
Washburn	100	44	13	115	46	18
Washington	157	48	18	267	47	17
Waukesha	485	53	21	544	56	23
Waupaca	128	59	25	119	53	18
Waushara	97	48	25	81	57	22
Winnebago	486	66	31	479	53	22
Wood	307	58	28	279	51	21

^a The number of households represents the number of (unduplicated) WIC families that visited a WIC project during the survey recruitment period and completed at least two survey questions.

^b Physical address was used to establish county of residence. Mailing address was used for households that did not have an available physical address.

^c Estimates of percent food insecurity and percent very low food security are likely to be less reliable if they are based on small numbers (e.g. less than 50 households). To protect confidentiality, cells containing fewer than five (0-4) households are not reported (NR). A rate that is not applicable for a given year is labeled as such (N/A).

The Burden of Excessive Alcohol Use in Wisconsin

Excessive alcohol consumption is one of Wisconsin's largest public health issues. This study estimates the economic costs of excessive alcohol consumption in Wisconsin using a national study of the estimated economic cost of excessive alcohol consumption in the United States and Wisconsin's proportion of binge drinkers. Data from the national study, conducted in 2006 and published in 2011, was adjusted to 2012 dollars. It's important to note that while excessive alcohol consumption is a top health priority for the county, the St. Croix County Substance Abuse Coalition is working on this issue.

Wisconsin Interactive Stats on Health (WISH) Query Mortality Module

The leading causes of death in St. Croix County and in Wisconsin are cancer and heart disease. In 2012, the total number of deaths from all causes was 48,225 deaths in Wisconsin and 530 deaths in St. Croix County.

Cancer

Cancer Type	St. Croix County	Wisconsin
Stomach	3	199
Colon, Rectal	6	940
Pancreas	9	779
Trachea, Bronchus, lung	30	2906
Breast	4	760
Cervix, Ovary	3	507
Prostate	11	563
Urinary Tract	5	616
Non-Hodgkin's Lymphoma	6	423
Leukemia	4	495
All Other Types	30	2997

Other Causes of Death

Disease/Cause of Death	St. Croix County	Wisconsin
Disease of Heart	92	11,249
Diabetes	22	1,275
Alzheimer's Disease	17	1,642
Influenza and Pneumonia	10	1,000
Chronic Liver Disease/Cirrhosis	2	559
Kidney Disease	11	1,027
Pregnancy Related	0	6
SIDS	0	29
Motor Vehicle Accidents	6	2,200
Suicide	12	734
Assault/Homicide	4	185

COMMUNITY INPUT

Community Health Assessment aNd Group Evaluation (CHANGE) Assessment

In 2012, Healthier Together received a Transform Wisconsin grant administered by the Wisconsin Clearinghouse for Prevention Services and funded by a U.S. Centers for Disease Control and Prevention (CDC) grant through the Prevention and Public Health Fund. The goal was to promote healthy environments that help Wisconsinites make healthy choices and therefor prevent chronic diseases. The grant assisted Healthier Together with implementing and completing the CHANGE (Community Health Assessment aNd Group Evaluation) assessment in July 2013. The CHANGE tool, developed by CDC's Healthy Communities Program, helped organize information on indicators related to environments and policies supporting health eating, active living, and chronic disease management.

Interviews were conducted in the community-at-large, healthcare, and school sectors with over 25 key informants. The CHANGE assessment showed the need for improvement around physical activity and nutrition in all three of these sectors. The community-at-large sector showed a need for increased access to active living and health food options as well as a need for promotion of healthy eating. Breastfeeding awareness and promotion is an area that was exposed in the assessment to continue to support for good nutrition. The healthcare sector was lacking a referral system to help patients access community-based resources for physical activity. Moreover, the assessment showed environmental and policy indicators for both physical activity and nutrition in the school sector. Assessment indicators linked to this were requirements for physical activity, health promoting fundraisers, and education.

See Appendix D, for the full CHANGE Assessment report.

Healthier Together Health Equity Capacity Survey 3

A robust body of evidence exists establishing a clear link between socioeconomic inequalities and poor health outcomes, including morbidity and mortality. Disparate health outcomes that are disproportionately distributed by social identities, systematic, avoidable, and therefore unfair, are considered health inequities. Health equity, which is more nuanced than simply the opposite of health inequity, is defined as every person having the opportunity to achieve their full health potential and that no person is inhibited from doing so due to their social identity or socially prescribed disadvantages. Leading public health organizations and funders have identified health equity as a core principle or goal in their agency work or funding priorities, including the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Institute of Medicine, the Robert Wood Johnson Foundation, California Endowment, and many others. The World Health Organization and CDC agree that to work towards health equity we must address the social determinants of health (SDoH).

The Health Equity Capacity Survey was conducted in July 2013 with coalition members representing a variety of sectors. The survey allowed the coalition to identify the degree to which the coalition understood, had the skills, oriented themselves towards, and implementing equity efforts. The survey indicated further work was needed to include health equity aspects into all we do going forward. In addition, the survey showed the need to involve a wider population in the coalition activities and membership.

See Appendix E, for the Health Equity Capacity Survey results.

Transform Wisconsin Public Opinion Poll

In addition to the CHANGE assessment, the Transform Wisconsin grant also funded a public opinion poll. The purpose of the poll was to evaluate public support for Healthier Together’s efforts to promote healthier places to live, work and play. The survey was conducted by Public Opinion Strategies from August 6 – 8, 2013. Public Opinion Strategies completed the survey with 300 random St. Croix adults.

The poll found that 82 percent of St. Croix County voters surveyed think childhood obesity is a serious problem in Wisconsin (31% said it was very serious). In addition, the poll found that local residents nearly-unanimously agree that promoting active schools and opening recreational facilities for public use are common-sense steps to promote greater physical activity.

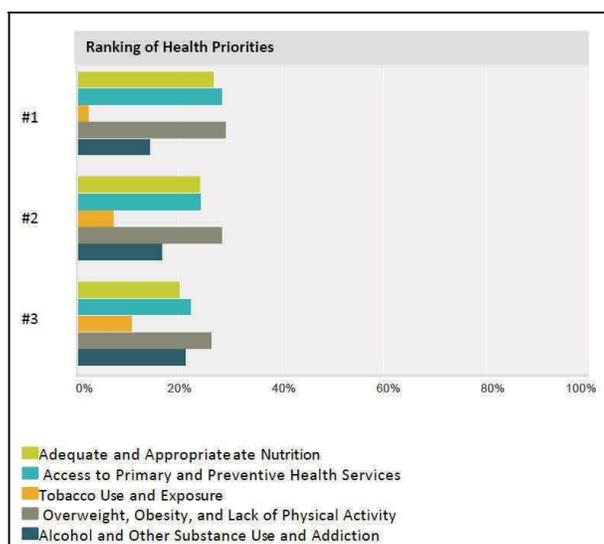
See Appendix F, for the full Transform Wisconsin Public Opinion Poll report.

Community Health Needs Assessment (CHNA) Survey

The St. Croix County CHNA Survey was distributed in October and November of 2013. The online survey was sent to all affiliates of Healthier Together, included in a press release requesting feedback from the entire community, and posted on the St. Croix County Public Health website as well as the four hospitals. 434 individuals, from a variety of organizations, all over St. Croix County, responded to the survey. As a whole, respondents felt the importance of the health priorities went in the following order:

Health Priority	Average Rating (5 = extremely important to 1 = to be ignored)
Overweight, Obesity and Lack of Physical Activity	4.33
Access to Primary and Preventative Health Services	4.28
Adequate and Appropriate Nutrition	4.21
Alcohol and Other Substance Use and Addictions	4.13
Tobacco Use and Exposure	3.83

When asked to consider the next five years and rank the top three health priorities for St. Croix County, it was clear that respondents felt Overweight, Obesity, and Lack of Physical Activity; Access to Primary and Preventative Health Services; and Adequate and Appropriate Nutrition should be our top priorities. As demonstrated by the graph below, these health priorities are consistently rated as the top three.



Also, it was important to understand how effective respondents felt we the coalition and community member could be when it came to the following health priorities. The results are listed below.

Health Priority	Average Rating (5 = extremely effective to 1 = not effective)
Access to Primary and Preventative Health Services	3.75
Adequate and Appropriate Nutrition	3.52
Overweight, Obesity and Lack of Physical Activity	3.50
Alcohol and Other Substance Use and Addictions	3.29
Tobacco Use and Exposure	3.19

From the survey, we found the top three health priorities are: Overweight, Obesity and Lack of Physical Activity; Access to Primary and Preventative Health Services; and Adequate and Appropriate Nutrition. The remaining two health priorities – Alcohol and Other Substance Use and Addictions and Tobacco Use and Exposure are being addressed by other entities within St. Croix County. In addition, survey respondents included comments about specific health needs in St. Croix County. Among these were suicide prevention and mental health care access, housing and transportation, elderly and long term care and dementia care. The remaining health priorities and suggested health needs are not being overlooked. Rather, they are being addressed by other organizations and initiatives within St. Croix County or the St. Croix Valley. See page for a list of organizations and initiatives that support and complement the work of the Healthier Together.

See Appendix G, for the full CHNA survey report.

Survey Comments Image Cloud:



REVIEW

Following a series of meeting to review and discuss data and community input, the Healthier Together Community Health Needs Assessment Steering Committee met in April 2014. The group discussed the health priorities and voted with the following three measures in mind:

1. Size and Prevalence of the Issue

- How many people does this affect?
- How does the prevalence of this issue in St. Croix County compare with its prevalence in other counties and the State of Wisconsin?
- How serious are the consequences? (urgency, severity, economic)

2. Effectiveness of Intervention

- How likely is it that action taken will make a difference?
- How likely is it that actions will improve quality of life?
- How likely is it that progress can be made in both the short term and the long term?
- How likely is it that the community will experience reduction of long term cost?

3. Community Capacity

- Are people likely to support actions around the issue? (ready)
- Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
- Are the necessary resources and leadership available to us now? (able)

PRIORITY HEALTH NEEDS FOR 2014-2016

After reviewing the data and community input, the following three health priorities were chosen due to their size and prevalence, the ability of our coalition to take action and make progress, and our coalitions capacity and willingness.

Healthy Foods

- Increase access to healthy foods and support breastfeeding
- Make healthy foods available for all
- Target obesity efforts to address health disparities

Oral Health

- Assure access for better oral health
- Assure access to services for all population groups

Physical Activity

- Design communities to encourage activity
- Provide opportunities to become physically active
- Provide opportunities in all neighborhoods to reduce health disparities

IDENTIFIED HEALTH NEEDS NOT SELECTED AS HEALTH PRIORITIES

The remaining health priorities and suggested health needs are not being overlooked. Rather, they are being addressed by other organizations and initiatives within St. Croix County or the St. Croix Valley. Some of these organizations and initiatives support and complement the work of the Healthier Together. A synopsis/summary of additional efforts in community health improvement follows:

Be_Well Initiative

The Baldwin Area Medical Center (BAMC) B_Well Initiative's long-term effort is for community members to *B_Well* at work, *B_Well* at home, and *B_Well* at school by making healthy lifestyle changes. The short-term effort is to connect community members with local preventative health and wellness programs.

This initiative is made possible by the Healthy Communities Partnership which is a partnership between Allina Health and local communities to promote health through prevention and wellness programs in conjunction with primary care providers. Grants are supported through a designated fund established by Allina Health to improve health and wellness of selected communities. This fund is administered by the George Family Foundation. The George Family Foundation, headquartered in Minneapolis, Minnesota, is a private grantmaking organization with an emphasis on leveraged, strategic funding. The Foundation's mission is to foster wholeness in mind, body, spirit and community by developing authentic Leaders and supporting transformative programs serving the common good. More about the Foundation can be found online at georgefamilyfoundation.org.

Free Counseling Center Steering Committee

This committee was formed to address the need for mental health care access in the St. Croix Valley. The group is in the process of establishing a free clinic for behavioral health counseling.

Healthy Powered Kids

Health Powered Kids is a free community education program created by Allina Health and designed with a singular focus: to empower kids to make healthier choices about what to eat, how to stay active, staying clean and managing stress. At healthpoweredkids.org, you can access more than 50 on-and-offline lessons and activities for children and teens to be used at school, home, after-school programs, daycare and community groups (such as Girl Scouts and the YMCA).

Make It OK

"Make It OK" is a campaign to reduce the stigma of mental illnesses. The organizations listed here have pledged their commitment to change the hearts and minds about the misperceptions of mental illnesses by encouraging open conversations and education on the topic (Guild Inc., HealthPartners, Mayo Clinic Health System, NAMI, Park Nicollet Foundation, Park Nicollet Melrose Center, People Incorporated, PrairieCare Hospital and Clinics, Regions Hospital, Regions Hospital Foundation, Twin Cities Public Television).

National Alliance for the Mentally Ill (NAMI)

NAMI - St. Croix Valley is the chapter of the National Alliance for the Mentally Ill that serves Pierce and St. Croix counties in Wisconsin. NAMI works to keep family safety nets in place, to promote recovery and to reduce the burden on an overwhelmed mental health care delivery system. The organization works to preserve and strengthen family relationships challenged by severe and persistent mental illness. Through peer-directed education classes, support group offerings and community outreach programs, NAMI's programs and services draw on the experiences of mental health consumers and their family members. They learned to manage mental illness successfully and are trained by the organization to help others do the same. In addition, NAMI works to eliminate pervasive stigma, to effect positive changes in the mental health system and to increase public and professional understanding about mental illness.

Pathways Committee

A group of community members from in and around New Richmond whose focus is the development of paved walking and biking paths throughout New Richmond so people can be physically active.

PowerUp

PowerUp is a community-wide youth health initiative to make better eating and active living easy, fun, and popular, so that our youth can reach their full potential. PowerUp is a long-term commitment to create change in the St. Croix Valley in partnership with schools, businesses, health care, civic groups, families, kids, and the entire community! PowerUp is powered by Lakeview Health, HealthPartners, Hudson Hospital & Clinic, and Westfields Hospital & Clinic. Find out more at www.powerup4kids.org.

St. Croix County Human Resource Network

This is a group of 65 representatives from 43 agencies that care for the people in St. Croix, Pierce, and Polk Counties. The purpose of the group is to share information and resources of services. They focus especially on the needs of vulnerable populations including homeless individuals and families, low income families, and domestic abuse victims, and on issues such as lack of transportation and jobs.

St. Croix County Prescription Drug Collection Program

Prescription drugs are the most commonly abused drugs by 12 and 13 year olds and they have access to these drugs usually in their own home. Many Heroin users start with prescription drug use. To keep drugs out of the hands of children, adults are encouraged to dispose of their unused prescription drugs. All St. Croix County police departments are a drop off site for unused prescription drugs.

St. Croix County Substance Abuse Prevention Coalition

Coalition is comprised of a group of professionals and community members who are concerned about the growing problem with Heroin use, excessive Alcohol use, and drug overdose deaths in St. Croix County (see Outpatient Primary Substance of Abuse, pg.). This group has 3 primary areas of focus: community awareness, prevention, and treatment.

Valley Coop Group

Comprised of the six hospitals: Amery Hospital & Clinic, Baldwin Area Medical Center, Hudson Hospital & Clinic, St. Croix Regional Medical Center, and Westfields Hospital & Clinic. This group formed to identify and address specific health care access needs of the residents of the St. Croix Valley. Their first project was the Cancer Care Center of Western WI. The group is currently working on Behavioral Health and Alcohol and Other Drug Abuse (AODA) services access.

Vitality Initiative

A group of New Richmond community members who promote individual and community health and well-being by endorsing and supporting activities that foster physical, spiritual, emotional and social well-being. Specific efforts have included: identifying restaurants with healthy menu options; walking and book clubs; development of natural playgrounds; promotion of local fitness runs and exercise events.

Western Wisconsin for Tobacco-Free Living (W3TFL)

A multi-jurisdictional coalition of five counties that works to prevent, reduce exposure to, and eliminate the use of tobacco products through education and policy work.

ACTION PLAN

The final phase of the CHNA process was to develop the implementation plan for Healthier Together. The implementation plan is a set of actions that the coalition will take to respond to the needs identified through the community health needs assessment process.

1. **Divided into task forces around health priorities**
2. **Additional data collection and information**

Paula Tran Inzeo, Assistant Director at the UW Center for Nonprofits and Health Equity Coordinator for the Transform WI project, visited Healthier Together on June 19th, 2014 discussed how to apply the concepts of health equity into the community health implementation plan and strategies to include community members most impacted by inequities in the planning and leading process.

Participatory Photomapping (PPM) is a tool for exploring the experience of place of community members and for communicating this experience to local stakeholders and decision-makers. Using PPM helps communities uncover supports for and barriers to well-being, especially those related to the built environment. The Transform Wisconsin Health Equity Team (Amy Hilgendorf, Paula Tran Inzeo, Allison Sambo, and additional staff) worked with the coalition to define the goals of the PPM process, targeted participant groups, and the details of the process in July 2014. Coalition members, Glenwood City Elementary School Principal, and a group of Women, Infant, and Children (WIC) mothers participated in this project. The PPM project in St. Croix County specifically targeting the Glenwood City School District due to the lack of previous efforts in this area and well known health disparities. The project served the following goals:

- Examine the opportunities and barriers to physical activity in particular geographic areas of the Glenwood City School District.
- Gather perspectives of opportunities and barriers to physical activity from one or more targeted community groups, such as rural or low-income students and families.
- Evaluate the effectiveness of particular *Healthier Together* initiatives in promoting physical activity in the community.
- Identify opportunities for future *Healthier Together* initiatives to promote physical activity in the community.

See Appendix H, for the full PPM report

County Health Rankings & Roadmap is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings show us where we live matters to our health. Stephanie Johnson, Community Coach, visited Healthier Together on August 21st, 2014 and performed a workshop focused on teaching us new and creative ways to build a culture of health in our communities.

3. **Chose key goals, objectives, actions, and indicators related to the priority issues.** Objectives for the implementation plan were created and evaluation using SMART criteria:



4. **Selected evidence-based strategies and programs to address the issues.** Task forces utilized What Works for Health (<http://whatworksforhealth.wisc.edu/>). It was able to provide the task forces with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors that affect health. The research underlying this site is based on a model of population health that emphasizes the many factors that can make communities healthier places to live, learn, work, and play.
5. **Assigned roles and partners for implementing each strategy**

IMPLEMENTATION PLAN

The implementation plan is a 3-year plan depicting the overall work that Healthier Together and its partners plan to do to address the health priorities identified. Copies of the detailed workplan can be found at www.healthiertogether.org and in Appendix I.

Healthy Foods

Goal: To improve nutrition of St. Croix County residents by increasing access to healthy foods and supporting, sustained breastfeeding.

Objectives:

- By December 2016, a St. Croix County food pantry will undergo improvements to increase fruit and vegetable access among clients by 10%.
- By December 2016, a farmers' market will be established at Westfields Hospital & Clinic.
- By December 2016, six schools in St. Croix County will report a health improvement in one or more of the following areas: celebrations, fundraisers, and/or rewards.
- By December 2016, two St. Croix County businesses will implement a new or updated worksite lactation program, complying with current labor laws.

Oral Health

Goal: To improve oral health of children participating in the St. Croix County School back pack program.

Objectives:

- By June 2015, 50% of children in the back pack program (who are brushing 0-1 times per day) will demonstrate an increase in the frequency of brushing from zero to one times a day to up to at least two times per day.
- By June 2015, 50% of children in the back pack program (who are brushing less than 2 minutes per brushing) will demonstrate at least two minutes of brushing per time, after receiving a toothbrush kit.
- By June 2015, 50% of families in the back pack program will indicate a positive benefit from the Oral Health back pack educational materials.

Physical Activity

Goal: To improve the physical activity of St. Croix County residents by increasing awareness of and providing opportunities for physical activity.

Objectives:

- By December 2016, all five afterschool physical activity programs will be sustained.
- By December 2016, four elementary schools will participate in National Walk to School Day.
- By December 2016, the number of teachers reporting implementation of Active Classrooms will increase from 41 to 75.

In addition to the Active Task Forces, a Support Task Force exists to assist coalition.

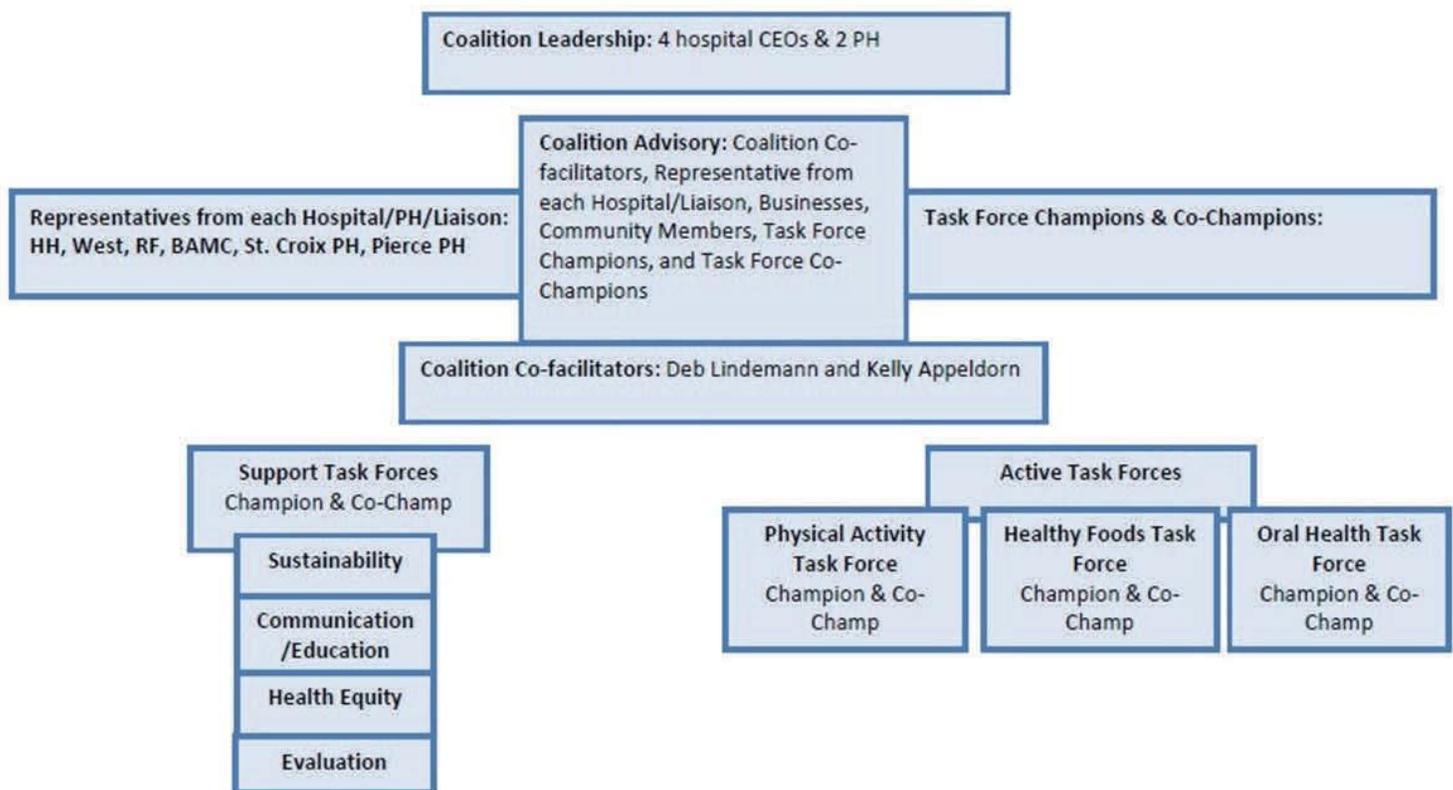
Support

Goal: To collaborate with coalition task forces to identify financial, educational, communication, and evaluation support and connect with necessary resources to assure sustainability, improve health equity, and build capacity of Healthier Together.

Objectives:

- Identify financial requirements for Healthier Together task forces, provide guidance on financial sustainability, and connect task forces with resources that align with the program’s efforts by:
 - responding to 100% of requests from task forces on financial assistance within a month of the request;
 - creating a database of known financial resources by December of 2014; and
 - applying for two government and two private funding sources for a Healthier Together money pool by December of 2016 to maintain a reserve of funds to assist task forces with financing as possible.
- Provide education to task forces on grant writing, health equity, health literacy, and related health topics through an annual educational opportunity provided to task force members produced by July of each year.
- Provide internal communication to ensure information exchange and reduce redundancy by producing a monthly email newsletter on task force workings by the end of every month.
- Engage the community through external communication following a three year marketing plan through outreach and a website.

COALITION STRUCTURE



The organization guidance document and detailed description of leadership, roles, and responsibilities can be found on www.healthiertogetherstcroix.org and Appendix J.

FUTURE PLAN

In 2016, St. Croix County Public Health, Pierce County Public Health and the four hospitals in the region plan to partner and complete a comprehensive community health needs assessment and develop a comprehensive, targeted community health improvement plan (CHIP).

ADDITIONAL RESOURCES

1. US Census <http://www.census.gov>
2. http://www.doa.state.wi.us/documents/DIR/Demographic%20Services%20Center/Projections/FinalProjs2040_Publication.pdf
3. <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>