



Community Health Improvement Plan

2009 – 2014



Healthier
Together

St. Croix County

TAKE ACTION

Work Together

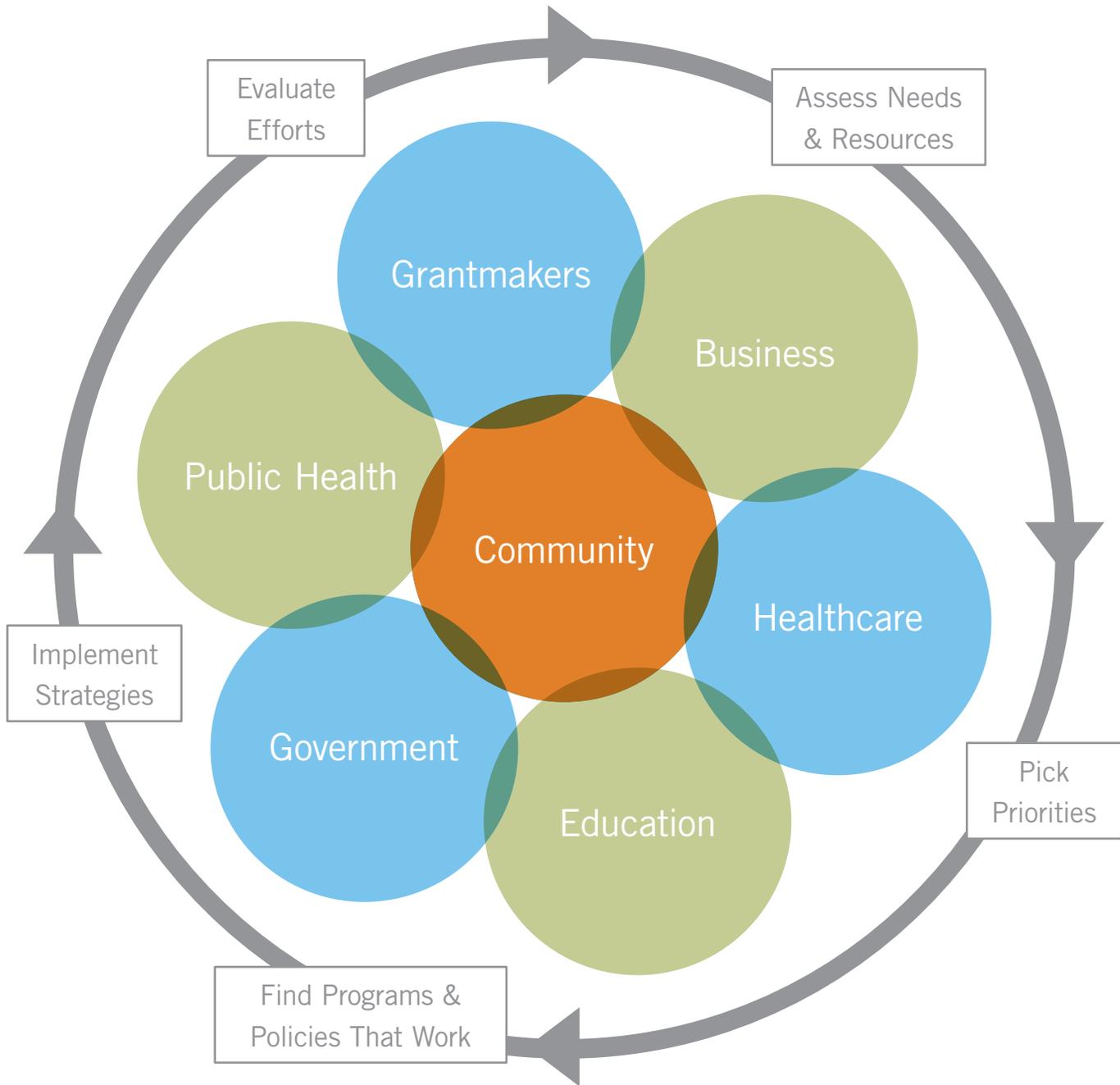


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EXECUTIVE SUMMARY

St. Croix County (Wisconsin) is a pretty healthy place to live — No. 2 (out of 72 counties in the state). That's according to the most recent County Health Rankings report (Robert Wood Johnson Foundation). Both the 2010 and 2011 reports were welcome news for those within the county who strive to improve the health of local residents.

Since June 2008, members of *Healthier Together – St. Croix County* (formerly St. Croix County Community Health Improvement Process (CHIP)), have worked together to better understand current and future health care needs of St. Croix County. This process of assessing, prioritizing and addressing health needs in the region is facilitated by Hudson Hospital & Clinics and St. Croix County Public Health. It is a strategic, county-wide, community-based approach for creating and maintaining healthy communities. A steering committee of 20+ members representing diverse organizations from across the county provides oversight and guidance. Together they work to better align efforts among community partners and create a more strategic framework for local health improvement activities.

From the 2009 county-wide community needs assessment (*Executive Summary* and *Full Report* can be found at www.hudsonhospital.org/community), the top 5 health priorities were identified for the purpose of educating and mobilizing area organizations, planning actions to improve public health and quality of life, and garnering resources for health improvement initiatives. A community forum and multiple workshops were held in 2010 to share assessment findings and continue dialogue about possible root causes of troubling statistics.

Top 5 Health Priorities

- Access to Primary and Preventive Health Services
- Overweight, Obesity, and Lack of Physical Activity
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Tobacco Use and Exposure

Over the past year, five task forces and over 100 community members have been involved in *Action, Implementation* and *Evaluation* planning to move St. Croix County's community health improvement process forward. The Plan, described within, represents the collective work of many dedicated individuals who have worked to find creative ways to improve health across the county. It is our hope that you will take a moment to review and find an area or topic of interest and ask yourself — *how can I help?*



Karen Hansen
Marketing & Community Relations
Co-facilitator
Hudson Hospital & Clinics



Wendy Kramer
Health Officer
Co-facilitator
St. Croix County Public Health

ACKNOWLEDGEMENTS

Special thanks to the many dedicated members of *Healthier Together – St. Croix County* who contributed to the development of this community health improvement Plan:

Steering Committee

- **Suzanne Ballantyne**, MSW, LCSW, Social Services, Westfields Hospital
- **Doug Briggs**, Chief, Somerset Police Department
- **Sandy Bruckner**, RN (Retired), Clinical Services Manager, Hudson Physicians – WWMA
- **John Coughlin**, Executive Director, United Way St. Croix Valley
- **Patty Draxler**, Executive Director, Family Resource Center St. Croix Valley, Inc.
- **Karen Hansen**, Manager, Marketing & Community Relations, Hudson Hospital & Clinics, Co-facilitator – *Healthier Together*
- **Mary Kay Hunt**, MPH (Retired), Community Member
- **Vincent Hunt**, MD (Retired), Community Member
- **Fred Johnson**, Director, St. Croix County Department of Health & Human Services
- **Wendy Kramer**, BSN, RN, Health Officer, St. Croix County Public Health, Co-facilitator – *Healthier Together*
- **Teresa Kvam**, RD, Nutritionist, St. Croix County Public Health
- **Ruth Lehmann**, RD, CD, WIC Program, St. Croix County Public Health
- **Heather Logelin**, Executive Director, Foundation & Community Engagement, River Falls Area Hospital
- **Richard (Buzz) Marzolf**, Board Member, St. Croix County Board of Supervisors
- **Alison Page**, President & CEO, Baldwin Area Medical Center
- **Deb Rasmussen**, Board Member, St. Croix County Department of Health & Human Services
- **Sharon Reyzer**, PHN, Prenatal Care Coordinator, St. Croix County Public Health
- **Robert (Bob) Simmons, Jr.**, CEO, Armor Healthcare, LLC
- **Joan Simpson**, RN, MPH, Supervisor of Health Services, New Richmond School District
- **Peter Van Dusartz III**, Manager, Programs for Change, Hudson Hospital & Clinics
- **Jim Zanto**, Public Health Educator, Division of Public Health, Eau Claire/Western Regional Office

New Members in 2011

- **Patty McGrath**, Executive Director, St. Croix Valley YMCA, River Falls Area YMCA
- **Cory McIntyre**, Director, Student Services, Hudson School District
- **Jean Needham**, President & CEO, Westfields Hospital

continued



◀ **TASK FORCE CHAMPIONS/WORK GROUP LEADS**

L to R: (front) Jean Weiler, Jill Best, Linda Robertson, Sue Lindberg, Terri Green; (back) Tonya Love, Ryan Purfeerst, Doug Briggs, GERALYN KARL.

Not pictured: Lisa Ramsay, MD, Erika Schendel, and Kathy Huston.



STEERING COMMITTEE ▶

L to R: (front) Joan Simpson, Alison Page, Wendy Kramer, Deb Rasmussen, Karen Hansen, Patty Draxler, New members – Patty McGrath, Jean Needham; (back) Teresa Kvam, Buzz Marzolf, Heather Logelin, Ruth Lehmann, John Coughlin, Doug Briggs, Peter Van Dusartz, and Fred Johnson.

Not pictured: Suzanne Ballantyne, Vincent and Mary Kay Hunt, Sharon Reyzer, Bob Simmons, Jim Zanto and New member: Cory McIntyre.

Task Force Champions/ Work Group Members

Access to Primary and Preventive Health Services

TASK FORCE CHAMPIONS

- **Sue Lindberg**, PHN, St. Croix County Public Health
- **Linda Robertson**, RN, MPH (Retired), Community Member

WORK GROUP MEMBERS

Medical Care

- **Lisa Ramsay**, MD, St. Croix County DHHS - Public Health Medical Advisor (Lead)
- **Jaye Hay**, PHN, Reproductive Health, St. Croix County Public Health
- **Vincent Hunt**, MD (Retired), Community Member
- **Wendy Kramer**, BSN, RN, Health Officer, St. Croix County Public Health
- **Michael Kretz**, MD (Retired), Community Member
- **Michael Lynch**, MD, Community Health Partnership, Inc.
- **Stephanie Stark**, West CAP/Health Literacy

Oral Health

- **Jill Best**, PHN, St. Croix County Public Health (Lead)
- **John Clymer**, Community Member
- **Linda Krueger**, RN, Associate Dean of Health, Chippewa Valley Technical College (Eau Claire/River Falls)
- **Julie Leshner**, DDS, Dentistry on Vine
- **Sue Lindberg**, PHN, St. Croix County Public Health
- **Kitty Rhoades**, State Representative, Wisconsin State Assembly

Mental Health

- **Erika Schendel**, LGSW, CAPSW, Social Worker & Manager, Care Management, Hudson Hospital & Clinics (Co-Lead)

- **Kathy Huston**, MSW, CAPSW, Adult Community Support Services Coordinator, St. Croix County DHHS (Co-Lead)
- **Sandy Bruckner**, RN (Retired), Clinical Services Manager, Hudson Physicians – WWMA
- **Dave Graebner**, VP, Western Wisconsin Services, HealthPartners
- **Lori Grambow**, RN, Clinical Services Manager, Hudson Physicians – WWMA

Overweight, Obesity and Lack of Physical Activity

TASK FORCE CHAMPIONS

- **Jean Weiler**, MEd, RD, Manager, Nutrition Care, Hudson Hospital & Clinics

WORK GROUP MEMBERS

Nutrition

- **Jean Weiler**, MEd, RD, Manager, Nutrition Care, Hudson Hospital & Clinics (Lead)

Physical Activity

- **Ryan Purfeerst**, PT, CSCS, Manager, Rehabilitation Center, Hudson Hospital & Clinics (Lead)
- **Amy Bast**, Marketing Professional, Community Member
- **Mary Kay Hunt**, MPH (Retired), Community Member
- **Sharon Kaltenberg**, RN, Hudson School District
- **Teresa Kvam**, RD, Nutritionist, St. Croix County Public Health
- **Brian Lease**, PT, Manager, Rehabilitation Center, Westfields Hospital
- **Katherine Lutz**, Wellness Consultant
- **Jean Peavey**, Director of Patient Care, Baldwin Area Medical Center
- **Barb Rasmussen**, RN, Glenwood City School District
- **Deb Sanders**, RD, River Falls Medical Clinic – WWMA
- **Joan Simpson**, RN, MPH, Supervisor of Health Services, New Richmond School District

continued

Adequate & Appropriate Nutrition

TASK FORCE CHAMPIONS

- **Terri Green**, OTR/L, Director, Patient Therapies, Hudson Hospital & Clinics
- **Heather Logelin**, Executive Director, Foundation & Community Engagement, River Falls Area Hospital

WORK GROUP MEMBERS

- **John Coughlin**, Executive Director, United Way St. Croix Valley
- **Peggy Eller**, RD, Hudson School District
- **Ruth Lehmann**, RD, CD, WIC Program, St. Croix County Public Health
- **Mary Lestrud**, Nutrition Coordinator, UW-Extension Office
- **Dolly Qualls**, (Retired Educator), Community Member
- **Barbara Richardson**, Former Community Member, Friend to Hudson Hospital & Clinics

Alcohol and Other Substance Use and Addiction

TASK FORCE CHAMPION

- **Doug Briggs**, Chief, Somerset Police Department

WORK GROUP MEMBERS

- **Steve Kirt**, BH/AODA Clinical Services Supervisor, St. Croix County
- **Dana Krahenbuhl**, AODA Coordinator, Hudson School District
- **Yvonne Larsen**, Community Relations, Youth Action Hudson
- **Mark Richert**, Chief, North Hudson Police Department
- **Peter Van Dusartz III**, Manager, Programs for Change, Hudson Hospital & Clinics
- **Family Life Educator**, UW-Extension Office
- **St. Croix County Substance Abuse Committee**
- **St. Croix County Prevention**
- **St. Croix County Underage Drinking Coalition**
- **Youth Service Bureau (YSB) AODA**

Tobacco Use and Exposure

TASK FORCE CHAMPIONS

- **Geralyn Karl**, Public Health Educator, St. Croix County Public Health
- **Tonya Love**, RT, Cardiopulmonary Care, Hudson Hospital & Clinics

WORK GROUP MEMBERS

- **Mark Aumann**, Congressional Aide, Office of U.S. Representative Ron Kind
- **Kellie Burrows**, Community Relations, American Cancer Society
- **Barbara Nelson**, Community Member
- **Sue Simonet**, RN, Hudson Physicians – WWMA

Other organizations and individuals to whom we owe thanks:

- **Richard L. Brown**, MD, MPH, Family Physician; School of Medicine and Public Health, University of Wisconsin – Madison, Clinical Director, Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) – SBIRT Program (*Screening, Brief Intervention, and Referral-to-Treatment*).
- **Tricia Christiansen**, Owner, Christiansen Creative
- **Elizabeth (Lieske) Giese**, RN, MSPH, Western Regional Office Director, Wisconsin Division of Public Health
- **Thomas E. Kottke**, MD, MSPH, Cardiologist, Hudson Hospital & Clinics; Medical Research Director for Evidence-based Health, HealthPartners; Epidemiologist; Health Services Researcher, HealthPartners Research Foundation; and consultant, UW Population Health Institute.
- **Nicholaas P. Pronk**, PhD, FACS, Vice President and Health Science Officer, JourneyWell, HealthPartners; and Senior Research Investigator, HealthPartners Research Foundation

CONTINUED COLLABORATION

The benefits of participating in this process together are many. The operative word is “together”. Collaboration helps communities improve their capacity to improve policies, draw attention to public health issues, and develop partnerships that can be applied in other areas.

The process is intended to be a group initiative rather than an individual endeavor. **Healthier Together – St. Croix County** emphasizes a community-building approach where organizations and individuals are engaged to participate in their own improvement initiatives. It’s important that members are affected by, interested in, and/or have the capacity to impact the issue.

Collaboration also reduces isolation and working in silos. Working together increases program reach and impact. Through in-the-trenches teamwork, members build mutual trust and benefit from each other’s expertise in the process. It is this group’s goal to successfully leverage resources and address broad community health concerns, so as to have the greatest potential for improving health outcomes.



“For the Family Resource Center of St. Croix Valley, collaboration is critical as economic challenges pose hardships for families and public funding cuts for public health programs that serve such families continue. Funding cuts impact nonprofit organizations, just like ours. The Family Resource Center partners with governmental agencies to serve families. When public funding is cut, the burden to serve families continues yet the funding responsibility falls to the nonprofit sector — or in this case to us. This growing demand for programs and services creates waiting lists and in turn frustration for families in need.

Community partnerships, like those within **Healthier Together – St. Croix County**, allow for the sharing of knowledge, expertise and resources so as to maximize impact and touch the lives of the greatest number of people.”

Patty Draxler, Executive Director
Family Resource Center
St. Croix Valley, Inc.

BUILDING CAPACITY

A community with capacity turns plans into results.

Every community that is trying to change its current condition starts from a different place, with different problems and different opportunities. All communities and community groups have capacity in some measure, and are capable of developing more. They can increase their ability to build community, to grow with opportunities, and to confront threats to the community's health and vitality.¹

The three essential ingredients of community capacity — commitment, resources, and skills — are developed through effort and will, initiative and leadership and are used to build on community strengths and address community problems and opportunities. Communities that have the ways and means to undertake challenges demonstrate “capacity.” Capacity is required to develop a healthier community.

The purpose of community capacity building is to enable people in a community to work together, make well-considered and collaborative decisions, develop a vision and strategy for the future, create local solutions for local problems, and act over time to make these real. **This process takes time.**

Healthier Together – St. Croix County facilitators intentionally and strategically worked to develop the group's capacity to build a healthy community through large group meetings, 1:1 meet-n-greets to determine “best fit”, community presentations, continued networking and the offering of numerous educational opportunities and workshop trainings outlined in the following timeline.

Throughout the community health improvement process, the facilitators noticed signs that the group could make good decisions and had a common understanding of what it means to build a healthy community. Healthy attributes such as optimism, problem solving, consensus building, consideration for broad public interests, collaboration, tolerance and respect, trust, ability to challenge ideas, listening, sharing power, and “We can do it!” attitude emerged.

TIMELINE OF EVENTS

2008

- **Steering Committee Formation (June)**
- **Patrick Remington, MD, MPH, Director, UW Population Health Institute**
Spoke on the use of *County Health Rankings* — specifically for St. Croix County — to help steering committee members better understand the relationship between health factors and health outcomes.
- **Photovoice® – Using Photography to Hear the Voices of Mothers Raising Children in St. Croix County** (qualitative research). Mothers with cameras were asked to capture images representing *Community Asset, Community Barrier/Need* and *Parenting Strategy/Reflection* in one of three topic areas.
* To learn more visit www.hudsonhospital.org/community/show/96-community-health-improvement

2009

- **Community Needs Assessment**
Healthiest Wisconsin 2010, the state public health plan, provided the framework for St. Croix County’s community needs assessment conducted. Various types of research and activities were used to inform decisions and help determine the county’s top 5 health priorities for the years 2009 – 2014 including: Photovoice®; *Use Your Voice* county-wide survey; and secondary research — steering committee review of quantitative data, including *County Health Rankings*.

2010

- **Mobilize for Action (January)**
Reconvened steering committee to review findings of community needs assessment and discuss next steps for sharing information.
- **Community Forum/Workshops/Leadership Orientation/Task Force Work**
Presentations (lecture, case studies, and small group activities) by content experts were invaluable to the process and instrumental in educating steering committee members, task force champions and engaging community stakeholders.

- **Community Forum (February)**

“If you bring the appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing the shared concerns of the organization or community.”

David Chrislip and Carl Larson, Collaborative Leadership

Results of the community needs assessment were presented to over 110 community stakeholders: Overview of St. Croix County community health improvement process; importance of collaboration; and introduction to community health actions. Information was used to make stakeholders aware of health-related concerns and mobilize them for action.

continued

2010 (continued)

- Key note: *Community Health Actions* (Nico Pronk, PhD)
- Letter: *Determinants of Health* (Tom Kottke, MD, MSPH, Cardiologist)
- **Workshop #1 (March)**

“Never doubt that a small group of committed citizens can change the world; indeed it is the only thing that ever has!”

Margaret Mead

Initiated strategic planning — task force assembly and orientation to expectations and framework. Purpose was to connect people (75+ participants), ideas and resources and to further engage participants at a community level. Introduced *Healthy Wisconsin Leadership Institute Community Health Improvement Toolkit* (Root Cause Analysis Worksheet, Intervention Planning Matrix, Action and Evaluation Plan).

 - Key note: *Case Studies in Community Health* (Nico Pronk, PhD)
 - Training: Toolkit Introduction & Application (Lieske Giese, RN, MSPH)
- **Workshop #2 (April)**

“I am of the opinion that my life belongs to the community, and as long as I live it is my privilege to do for it whatever I can.”

George Bernard Shaw

Discussed leadership model/roles and responsibilities (Task Force Champion/Work Group Lead)

 - Training: Root Cause Analysis (direct and indirect contributing factors), Intervention Planning & Prioritization Exercise, Action and Evaluation Plan Examples (Lieske Giese, RN, MSPH)
- **Leadership Orientation (April)**

Orientation for those who expressed interest in a leadership role; whether steering committee member, task force champion or work group lead. Revisited community health improvement process framework, leadership expectations, and *Roles & Responsibilities* form.

 - Special Presentation: *The Social Entrepreneur’s Approach to Public Health: Changing Society’s Performance Capacity* (Michael Kretz, MD)
- **Task Force Work (June 2010 – April 2011)**

Each Task Force developed a community health improvement plan — goals, objectives, activities and measurable outcomes for respective health priority (independent task force work moving problems to solutions). Presented updates to steering committee as requested.
- **Special Presentation (July)**

Screening, Brief Intervention and Referral to Treatment (SBIRT) Program (Richard Brown, MD)
Overview/Program Feasibility/Grant Funding for St. Croix County

2010 (continued)

- **Special Presentation (September)**
Hudson Physicians – *SBIRT Program Consideration/Grant Proposal*
- **Legislative In-district Meeting (December)**
Steering Committee members/Task Force Champions met with Representative-Elect Dean Knudson to educate and inform him about the CHIP initiative and the work being done, specifically tobacco prevention and control efforts in his district. Updates included key messages, impact statements and demonstrated need for funding.

2011

- **Legislative Breakfast (February)**
Quarterly event hosted by St. Croix Co. Department of Health & Human Services. Wendy Kramer and Karen Hansen attended. Updated attending legislators about *Community Health Improvement Process* (CHIP) for St. Croix County. Heard updates from Polk, Burnett, Dunn and Pierce counties as well.
- **Food for Thought Film Festival (February)**
The Ethics of Eating (The Phipps Center for the Arts)
Event support — displays included Photovoice exhibit and CHIP initiative materials.
- **Brand Identity (March)**
Creation of new name and logo for “CHIP” that represents its mission and its members within — a collaboration of community partners (*Healthier Together – St. Croix County*)
- **Healthier Together Leadership and Sustainability (April)**
(Explore transition from planning model to implementation model and means of sustainability).
- **Task Force Plan Review/Steering Committee Final Recommendations (April/May)**
- **Master Report/Plan Roll-Up (May/June)**

2011 – 2013

- **Implement Community Health Improvement Plans (June)**
Release *Healthier Together – St. Croix County* Master Report/Plan. Task forces begin implementation.

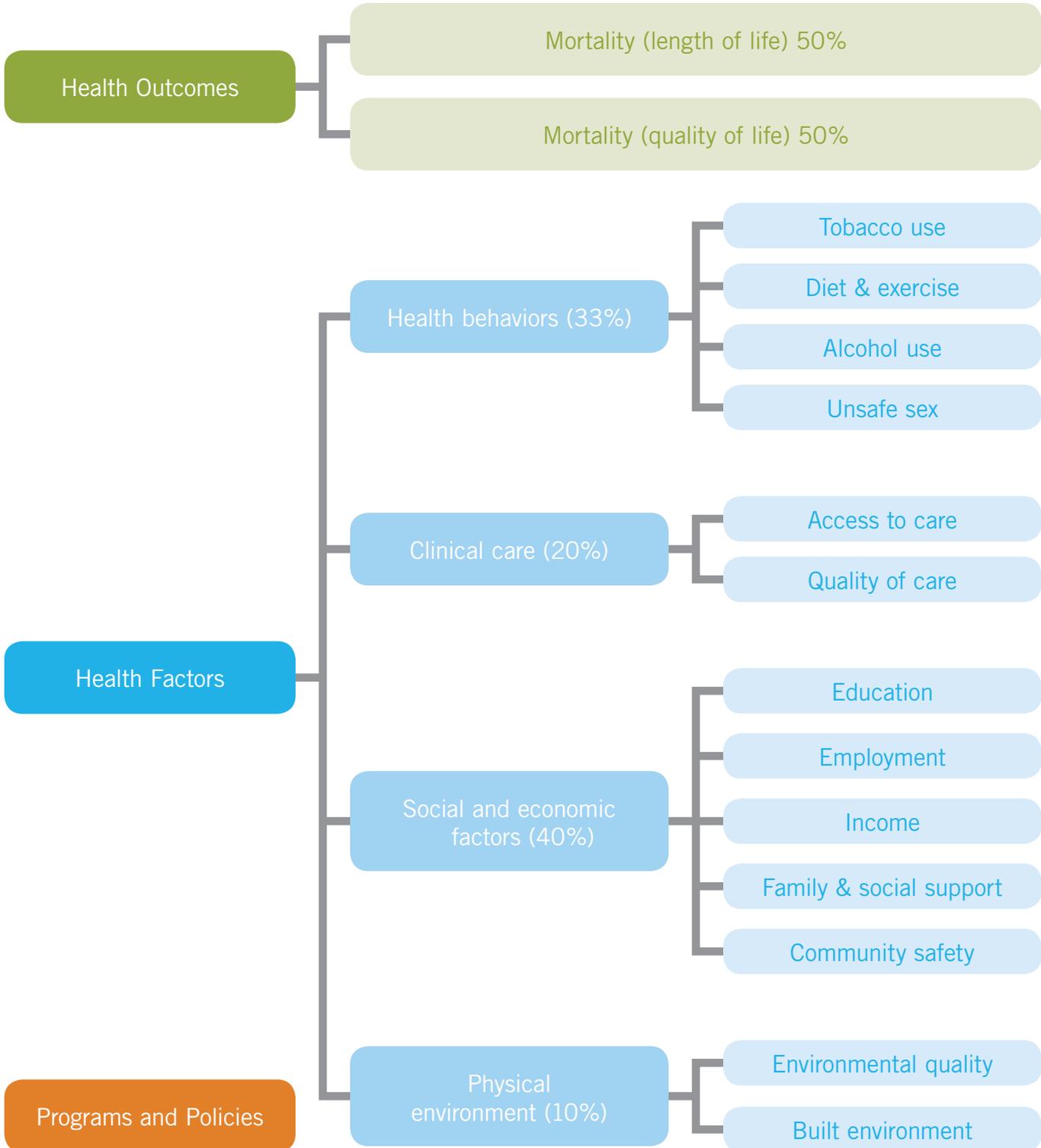
2012 – 2014

- Track health indicators over time to determine effectiveness of interventions and assess impact (annual evaluation). Promote Plan successes and modify individual plans needing improvement.

2014

- Begin reassessment of community needs in compliance with various reporting requirements (move from 5-Year to 3-Year reporting cycle).

COUNTY HEALTH RANKINGS: MODEL



COUNTY HEALTH RANKINGS

From 2003 – 2009, the University of Wisconsin Population Health Institute released *County Health Rankings*, a report that ranked the overall health of all Wisconsin counties. The report took a broad look at community health across the state.

In 2010 and 2011, with the help of the Robert Wood Johnson Foundation, they were able to rank the overall health of nearly every county in all 50 states using a standardized method to measure how healthy people are and how long they live. The reports released continue to confirm the critical role that factors such as education, jobs, income and environment play in determining community health. Where we live matters and there is more to health than health care.

For St. Croix County, the release of *County Health Rankings 2010* came at the perfect time. The strengths and weaknesses identified in the report validated the findings (health priorities) recently identified in the county community needs assessment. The similarity in both reports helped the county focus on areas where public health efforts were lacking, as addressed in this Plan.

Why Rank?

The reason for ranking county health is to serve as a call to action for communities to:

- Understand the health problems in their community
- Get more people involved in building a healthier community
- Recognize that much of what influences our health happens outside the doctor’s office

The *Rankings* is an improvement tool which allows counties to compare their overall health in relation to other counties in their state, and compare performance on specific health factors against national benchmarks. Counties are able to see where they are doing well and where changes are needed to improve health.

Health Factors and Health Outcomes

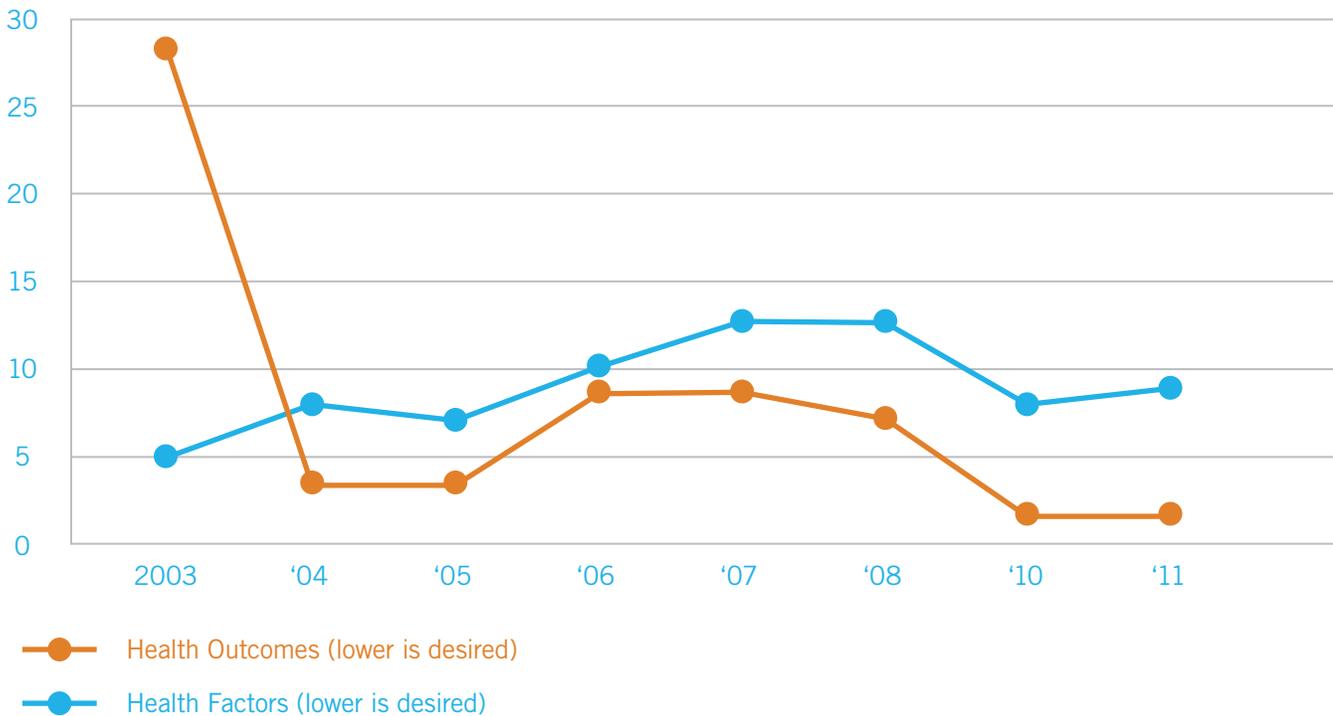
Both are used to determine how healthy a community is. *Health factors* represent what influences the health of a county “tomorrow” and include four types: health behaviors, clinical care, social and economic factors, and the physical environment. In turn, these factors are based on several measures (see *County Health Rankings Model*), many of which *Healthier Together* has addressed in this Plan — tobacco use, diet and exercise, alcohol use, access to care, quality of care, family and social support, and built environment. **In 2011, St. Croix County ranked #9 (out of 72 counties) in Health Factors, a slight decrease from the previous year (#8).** See *County Health Rankings* graphs — page 14.

Health outcomes represent “today’s health” — how healthy a county currently is by measuring: how long people live (mortality) and how healthy people feel (morbidity). **In 2011, St. Croix County ranked #2 (out of 72 counties) in Health Outcomes, as it did in 2010.**

Because programs and policies implemented at the local, state and federal levels impact a variety of health factors, which in turn determine health outcomes, it is important to find evidence-based programs and policies that work, implement strategies for change and evaluate efforts.

COUNTY HEALTH RANKINGS: ST. CROIX COUNTY

Measure	2003	'04	'05	'06	'07	'08	'10	'11
TOTAL WISCONSIN COUNTIES	72	72	72	73	73	73	72	72
HEALTH OUTCOMES	28	4	4	9	9	7	2	2
Mortality	30	5	8	13	6	3	3	4
Morbidity	26	9	9	11	21	18	11	4
HEALTH FACTORS	5	8	7	10	13	13	8	9
Health Behaviors	13	28	50	44	38	37	15	17
Clinical Care	62	54	38	24	24	26	55	49
Social & Economic Factors	4	6	6	4	7	6	3	3
Physical Environment	6	29	30	20	56	62	38	39



ST CROIX COUNTY SNAPSHOT

By every picture of mortality (length of life) and morbidity (how healthy people feel), St. Croix County presents as a place where people tend to live well and live long. In fact, it is the second healthiest county in the state, according to results published in the recent *2011 County Health Rankings*. This message resonates well with those living in or relocating to western Wisconsin. St. Croix County's population grew by 34 percent in the first decade of the 21st century and is currently the fastest growing county in the state.

Plenty to be proud of

The county has many strengths that support healthy communities including a highly educated population — 73% of adults, ages 25 – 44, have some post-secondary education; residents with resources making it easier to stay healthy (median household income of \$69,682 as compared to state median of \$52,103); high immunization coverage; low rate of uninsured adults; and fewer poor mental health days per month reported.² People generally feel good.

Room for improvement

Even top-scoring counties in the state have areas related to health that need improvement, and St. Croix County is no exception. *County Health Rankings* was just one tool used to identify those areas needing attention. When compared to state averages, St. Croix County fares worse in binge drinking; ratio of residents to primary care providers; preventable hospital stays; access to healthy foods; prevalence of obesity; and low per capita public health funding to address these needs.

Finding solutions

We are all responsible for assuring that our communities are healthy places to live, learn, work and play. ***Healthier Together*** – *St. Croix County* is ready to take on these challenges and implement solutions. Are you?

2011 ST CROIX COUNTY, WISCONSIN

	St. Croix County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
HEALTH OUTCOMES					2
<i>Mortality</i>					4
Premature death	4,633	4,116–5,150	5,564	6,230	
<i>Morbidity</i>					4
Poor or fair health	9%	7–13%	10%	12%	
Poor physical health days	2.7	1.9–3.4	2.6	3.2	
Poor mental health days	1.9	1.4–2.4	2.3	3.0	
Low birthweight	5.6%	5.1–6.1%	6.0%	6.8%	
HEALTH FACTORS					9
<i>Health Behaviors</i>					17
Adult smoking	18%	14–23%	15%	21%	
Adult obesity	28%	23–32%	25%	28%	
Excessive drinking	29%	23–36%	8%	25%	
Motor vehicle crash death rate	17	13–20	12	15	
Sexually transmitted infections	106		83	375	
Teen birth rate	16	14–18	22	32	
<i>Clinical Care</i>					49
Uninsured adults	11%	8–13%	13%	11%	
Primary care providers	1,130:1		631:1	744:1	
Preventable hospital stays	80	74–85	52	61	
Diabetic screening	85%	70–99%	89%	89%	
Mammography screening	74%	61–87%	74%	71%	
<i>Social & Economic Factors</i>					3
High school graduation	100%		92%	89%	
Some college	73%		68%	63%	
Unemployment	8.0%	7.7–8.2%	5.3%	8.5%	
Children in poverty	6%	5–8%	11%	14%	
Inadequate social support	12%	8–18%	14%	17%	
Single-parent households	20%		20%	29%	
Violent crime rate	76		100	283	
<i>Physical Environment</i>					39
Air pollution-particulate matter days	3		0	5	
Air pollution-ozone days	1		0	1	
Access to healthy foods	55%		92%	59%	
Access to recreational facilities	13		17	12	

* 90th percentile, i.e., only 10% are better
 Note: Blank values reflect unreliable or missing data
www.countyhealthrankings.org/wisconsin/st-croix

* Data supplied on behalf of state
 Note: Blank values reflect unreliable or missing data
www.countyhealthrankings.org/node/3238/other-measures

2011 ST CROIX COUNTY, WISCONSIN

	St. Croix County	Wisconsin
DEMOGRAPHICS		
Population	83,351	5,654,774
% below 18 years of age	26%	23%
% 65 and older	10%	13%
% African American	1%	6%
% American Indian and Alaskan Native	0%	1%
% Asian	1%	2%
% Native Hawaiian/Other Pacific Islander	0%	0%
% Hispanic	1%	5%
% not proficient in English	1%	3%
% Females	50%	50%
% Rural	57%	32%
HEALTH OUTCOMES		
% diabetic	7%	7%
HIV prevalence rate	35	
HEALTH BEHAVIORS		
Binge drinking	28%	23%
Physical inactivity	19%	23%
*Smoking during pregnancy	9%	14%
*Motor vehicle crash occupancy rate	30	46
*Motor vehicle crash-related ER visits (onroad)	373	687
*Motor vehicle crash-related ER visits (offroad)	108	85
HEALTH CARE		
Mental health providers	82,487:0	8,437:1
*No recent dental visit	27%	25%
*Did not get needed health care	2%	2%
SOCIAL & ECONOMIC FACTORS		
Median household income	\$69,682	\$52,103
% with high housing costs	34%	33%
% of children eligible for free lunch	11%	32%
% illiterate	4.5%	7.3%
PHYSICAL ENVIRONMENT		
Liquor store density	17.0	7.0
% of labor force that drives alone to work	82%	80%
*Lead poisoned children	0%	2%
*Municipal water	42%	71%
*Contaminants in municipal water	0%	31%

PLAN OVERVIEW

The *Healthier Together – St. Croix County* Community Health Improvement Plan was designed by community stakeholders and partners who are putting it into action. In it, are defined specific goals for each of the five identified health priorities, individual tactics that will help achieve these goals, and leaders and partners who can make them happen.

While the Plan does not address every weakness and strength outlined in the community needs assessment, it does serve as a roadmap, and provides sufficient details to map a clear course of direction over the course of the current Plan cycle (2009 – 2014).

Approach

Healthier Together's approach was to develop intervention strategies that:

- best address identified health needs
- focus on improving health factors and health outcomes in St. Croix County
- engage a network of multidisciplinary, multisectoral stakeholders at all levels
- use data to identify and measure health impact
- increase program reach and impact county-wide (through replication of models created)
- concentrate on local area solutions that communities can benefit from
- support programs or policies recommended in both the Wisconsin and national health plans
- do more than educate about healthy lifestyles — initiate change strategies that require participants to “do” and empower residents to make the right decisions
- are realistic given the time and resources available

The success of each goal is based on outcome measurement to track community progress and project impact. Each goal has an assigned task force, and for some, additional work groups who worked together to develop coordinated Action and Evaluation plans. The task forces, with support and guidance from the steering committee, are ready to begin the *Implementation Phase* of the community health improvement process.

Tracking Results

Evaluation will remain important throughout the remainder of the 5-year Plan cycle (December 31, 2013) so that progress toward Plan goals is meaningful and measurable. Continual plan updates will occur based on feedback from task force members. Lessons learned from what's been done (what worked — what didn't) will help guide future actions. Evaluation will also help to inform key decision makers and help answer the important questions as to whether the right strategies were implemented and the desired impact achieved.

ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES – WHY ADDRESS?

- From 2004 – 2007, public coverage rose faster in St. Croix County than throughout the rest of the state, attributable, at least in part, to the fact that the percent of low-income people increased in St. Croix County while it dropped statewide.
- In the 2010 *County Health Rankings* report, issued by the Wisconsin Institute on Population Health, St. Croix County fared relatively poorly in the measure related to provision of health care services to those in need of (44 out of 72 counties), despite the high levels of insurance coverage.

Primary Care Providers	Year	St. Croix Co.	Benchmark	Wisconsin
(Rate per 100,000 population)	2010	109	182	134
(Ratio of population to primary care providers)	2011	1,130:1	631:1	744:1

Uninsured Adults	Year	St. Croix Co.	Benchmark	Wisconsin
(Percent of population age 65 without health insurance)	2010	10%	9%	10%
	2011	11%	13%	11%

- Access to oral health continues to be a major concern. Ironically, as more and more children are added to state programs, the number of providers willing to accept patients served by these programs remains inadequate.

No Recent Dental Visit	Year	St. Croix Co.	Benchmark	Wisconsin
(Percent of population age 2+ – no dental visit past year)	2010	27%	20%	25%
	2011	27%		25%

- While the Wisconsin Parity Act went into effect April 30, 2010 and provides people living with mental illnesses and addiction disorders full benefits to receive the care they need, there still remain barriers — both for providers and consumers, limiting access to mental health care.

Mental Health Providers	Year	St. Croix Co.	Benchmark	Wisconsin
(Ratio of population to mental health providers)	2010	N/A	N/A	N/A
	2011	82,487:0		8,437:1

- As health care costs spiral out of control, inpatient hospital stays for chronic or acute conditions that could have been handled on an outpatient basis continue to be an area of concern and opportunity for cost savings. Proper outpatient care could have prevented hospital stays for conditions such as diabetes, dehydration and certain heart conditions and infection.

Preventable Hospital Stays	Year	St. Croix Co.	Benchmark	Wisconsin
(Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees)	2010	83	51	63
	2011	80	52	61

ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES – GOALS

Access to Medical Care Services

Goal: Expand free or reduced cost medical care to indigent (uninsured or underinsured) residents of St. Croix County and neighboring counties.

- **Objective 1:** By March 1, 2011, 20% of physicians practicing in St. Croix County will respond to an online survey to determine interest in providing care for indigent residents of St. Croix County and preferred model of care
- ! Survey tool (electronic) was created and pre-survey letter written explaining reason for survey and differentiation between Community Health Center and Health Care Network. Survey results used to create a list of potential provider volunteers for a Health Care Network. ***Looking for providers to sit on Steering Committee or assist with initiative.**
- **Objective 2:** By August 31, 2011, information and data will be collected to identify three health care delivery models that serve indigent residents and determine feasibility for St. Croix County. (Models: Free Clinic, Health Care Network and Community Health Center)
- ! Explored state and federal guidelines for various health care delivery models and assessed Emergency Room usage in St. Croix County — how many low income and uninsured patients accessed care through the ER? Investigated various models and proposed locations being considered.
- **Objective 2A:** By March 31, 2013, a Health Care Network (HCN) will be implemented in St. Croix County to serve indigent residents.
- ! As a result of provider survey feedback and preliminary findings (feasibility, funding, etc.), the Health Care Network model looks most promising. Meet with local hospital CEOs, Clinic Administrators, and interested providers to discuss in detail and assess interest.

Goal: Connect indigent residents of St. Croix County with the resources they need to be happy.

- **Objective 3:** By December 31, 2013, Public Health will partner with at least two health care providers in St. Croix County to provide a preventive screening service based on community needs assessment results.
- ! Team will evaluate recognized sources of preventive care, conduct a gap analysis to identify existing services vs. needed services, and select and provide for our communities. Consumer education about preventive health screenings available and recommended screening measures will be important.
- **Objective 4:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available and link users to appropriate primary and preventive medical care services.
- ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
- **Objective 5:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
- ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES – GOALS

Access to Mental Health Services

Goal: Improve the understanding of the barriers and gaps related to access of Mental Health Services in St. Croix County from both a community resource and consumer perspective.

- **Objective 1:** By February 28, 2011, a minimum of 158 key community resources will be surveyed regarding barriers and gaps related to access of Mental Health Services in St. Croix County and results analyzed.
- ! In effort to better understand county-wide mental health services access issues, task force work group developed survey tools including online survey questionnaire, email distribution lists, and script explaining reason for request. Results analyzed and gap analysis done to identify key barriers and gaps
- **Objective 2:** By September 30, 2011, a minimum of 100 consumers will be surveyed regarding barriers and gaps related to access of Mental Health Services in St. Croix County and results analyzed.
- ! Survey tool (paper) created and distributed to counseling services willing to administer the survey to their patients. Additional phone survey work to be done with point staff (access and referral) to determine why *potential customers* have not accessed mental health services.
- **Objective 3:** By July 31, 2012, an analysis of key barriers and gaps identified by both community resources and consumers will be completed and strategies for change developed.
- ! Comparison of similarities and differences between community resources and consumers with the intent of recommending ways to change or remove barriers and fill gaps. New *Action, Implementation and Evaluation* plans will be created at that time specific to and in support of selected strategies.
- **Objective 4:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available and link users to appropriate primary and preventive health services that support mental health.
- ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
- **Objective 5:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
- ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES – GOALS

Access to Oral Health Services

Goal: To achieve optimal dental health and access to dental care for all residents of St. Croix County.

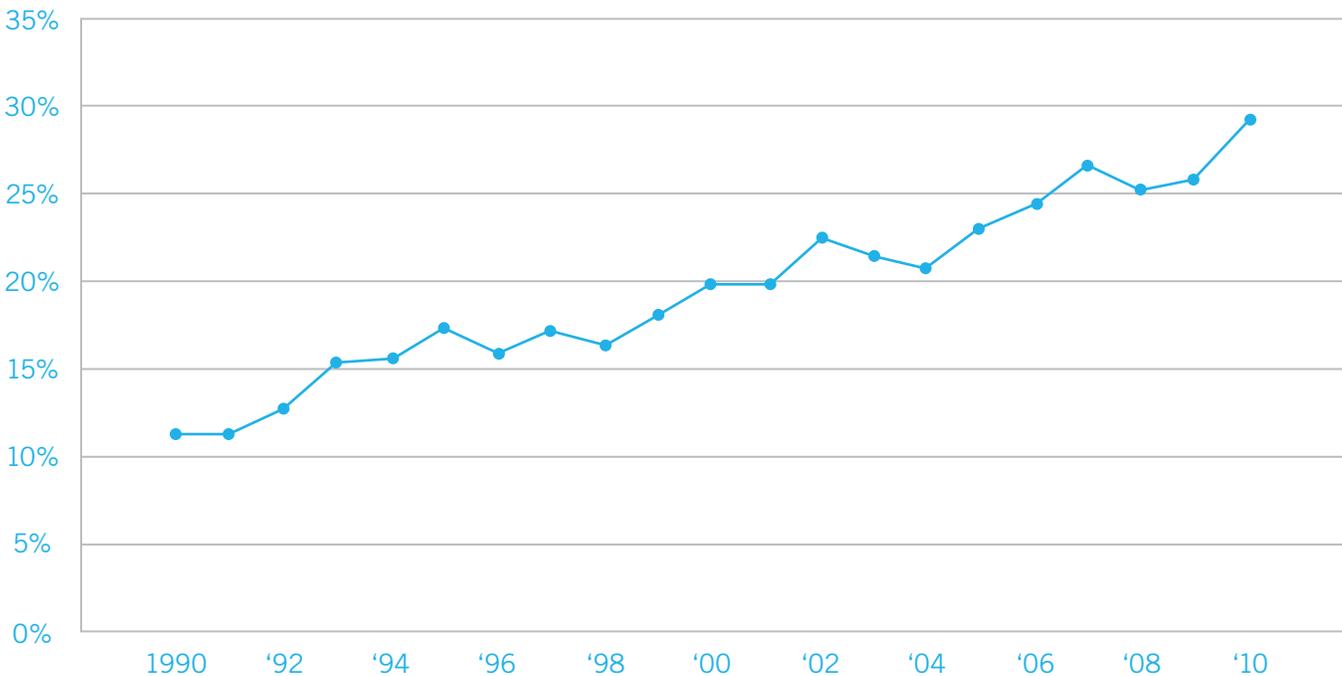
- **Objective 1:** By August 31, 2010, at least three preventive oral health programs will be evaluated and findings documented.
- ! In effort to better understand county-wide dental needs, task force work group researched current county programs, past efforts, industry standards, and legislative involvement regarding dental access issues.
- **Objective 2:** By August 31, 2011, all dentists in St. Croix County will be surveyed to identify key barriers and gaps prohibiting dental service delivery to underserved communities and results analyzed and shared.
- ! Survey tool, cover letter and link to online survey were created and survey was administered. Group has completed gap analysis and is ready to share results with all dentists to further determine interest in dental access opportunities.
- **Objective 3:** By March 31, 2013, 5% of dentists in St. Croix County will participate in an established Health Care Network serving indigent (uninsured/underinsured) residents.
- ! Group is looking to engage interested St. Croix County dentists in discussions about this care delivery model in alignment with Medical Care Access work group efforts.
- **Objective 4:** By July 1, 2012, six school districts in St. Croix County will be assessed to determine appropriateness and viability of a school-based fluoride program and next steps initiated for those interested.
- ! Work to be done is to help determine whether evidence and data support school-based fluoride programs (whether Swish and/or Varnish) in individual county school districts and to assess interest in various program offerings.
- **Objective 4A:** By December 31, 2013, 30% of children in grades K – 6 in one or more school districts in St. Croix County will receive at least one Fluoride Varnish treatment during the school year.
- ! Goal is to increase eligible student participation rates through collaboration in service delivery (school district reps, public health staff, Chippewa Valley Technical College (CVTC) dental students and staff, etc.)

-
- **Objective 5:** By June 30, 2012, officials in at least four local municipalities in St. Croix County without fluoridated water will receive information about the benefits to residents of municipal water fluoridation.
 - ! Activities are meant to educate and inform key municipality officials about the benefits of fluoridated water. This initiative focuses on policy and procedural changes. ***Group is looking for local dental input and willingness to attend local government meetings to affect change.**
 - **Objective 5A:** By December 31, 2013, one non-fluoridated municipality in St. Croix County will implement water fluoridation.
 - ! Goal is to secure commitment from at least one municipality and to work together to draft an *Action, Implementation and Evaluation* Plan to aid process.
 - **Objective 6:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available and link users to appropriate primary and preventive health services that support oral health.
 - ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
 - **Objective 7:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
 - ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

OVERWEIGHT, OBESITY, AND LACK OF PHYSICAL ACTIVITY – WHY ADDRESS?

- Obesity continues to be one of the fastest growing health issues in our nation and America is spending billions in direct health care costs associated with poor diet and physical inactivity.
- “Obesity and tobacco use are top contributors to a variety of diseases and other leading causes of premature death and disability. We cannot avoid these critical public and personal health battles. We must work with multiple stakeholders and our public health partners to develop comprehensive solutions to solve this problem.”
(Georges C. Benjamin, M.D., executive director of the American Public Health Association)
- Obesity increases the risk for health conditions such as coronary heart disease, type two diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gall bladder disease, sleep apnea and respiratory problems, and osteoarthritis.
- Across the nation, obesity rates are increasing, in fact, at a more rapid rate in Wisconsin, and in St. Croix County.

Adult Obesity (Percent of adults that report a BMI >= 30)	Year	St. Croix Co.	Benchmark	Wisconsin
	2010	26%	24%	25%
	2011	28%	25%	28%



Obesity has increased 132 percent from 11.6 percent of the population in the 1990 Edition *America's Health Rankings*® to 26.9 percent in the 2010 Edition; meaning today, more than one in four Americans are considered obese.

OVERWEIGHT, OBESITY AND LACK OF PHYSICAL ACTIVITY – GOALS

Goal: Through *Healthier Together* contribute to an increase in the percent of children, adolescents and adults in St. Croix County classified as healthy weight and physically active.

- **Objective 1:** By September 30, 2012, three school districts in St. Croix County will implement a physical activity and nutrition program for children in grades K – 6.
- ! Through partial grant funding received May 2011 from the St. Croix Valley Foundation, three school districts (Hudson, New Richmond and Somerset) and their Community Ed representatives will begin a 1-year pilot program this fall offering an after school and/or Saturday morning program to children K – 6 not in organized sports. ***Volunteers needed to assist with a variety of seasonal sports-related activities and connect youth to the outdoors.**
- **Objective 2:** By September 30, 2013, at least one additional school district in St. Croix County will implement a *Farm to School* program.
- ! Goal is to connect schools with interested Community Supported Agriculture (CSAs), a popular way for consumers to buy local, seasonal food directly from a farmer. This arrangement is beneficial for both parties, even the kids, who typically favor food from “their” farm — even veggies they’ve never been known to eat. ***Looking for work group members and interested CSAs/farmers to help advance this program.**
- **Objective 3:** By May 31, 2013, at least four new *Healthier Together* community gardens will be established and maintained by organizations willing to foster participation within.
- ! A garden sub-committee was formed (new members welcome) who developed a community garden model (template) which is easily replicable for interested businesses and organizations joining the initiative. Plan metrics are included to ensure objective is meaningful and measurable. Pilot garden created: *Community Garden – Hudson Hospital & Clinics*. Forty-four plots planted this spring. ***Additional plots available. Topic experts wanted for community gardener education and training programs, as well as, those interested in youth gardening.**
- **Objective 4:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available that support optimal lifestyle behaviors.
- ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
- **Objective 5:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
- ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

ADEQUATE AND APPROPRIATE NUTRITION – WHY ADDRESS?

In response to the St. Croix County community needs assessment completed in 2009, the task force is addressing some of the identified health priority issues outlined in the *CHIP Executive Summary*:

- **Percentage of residents eating adequate amounts of fruits and vegetables** – nearly 80% of residents in St. Croix County report eating insufficient amounts.
- **Rate of growth of participation in the Free and Reduced Lunch Program** – in 2006, St. Croix County reported 14.72% of children were enrolled in the program as compared to statewide average of 32%.
- **Rate of growth for the Food Share Program (Food Stamps)** – according to a report released in November 2009, only 64% of eligible individuals in Wisconsin were enrolled in program.
- **Increase rise in Food Insecurity** – in 2008, 17 million households (14.6 percent) across the nation were food insecure and had difficulty putting food on the table. While Wisconsin showed lower than average food insecurity during this period, WIC food insecurity figures for St. Croix County point to a likely population health disparity — the “working poor”.
- **Access to Healthy Foods** – studies have linked physical environment (built environment) to consumption of healthy food and overall health outcomes.

Access to Healthy Foods	Year	St. Croix Co.	Benchmark	Wisconsin
(Percent of zip codes in a county with a healthy food outlet including grocery stores and produce stands/farmers markets)	2010	55%	63%	46%
	2011	55%	92%	59%

- Based on *America’s Health Rankings 2010* (a long-running annual report on national health), Wisconsin dropped from 11th place overall in 2009 to 18th place in 2010. The state ranked 7th when the annual rankings began in 1990. This includes poverty as well as access to food.
- Our action plan reflects current legislation — *The Healthy, Hunger-Free Kids Act of 2010* authorizing funding for federal school meals and child nutrition programs and increased access to healthy food for low-income children.

Impact our work has or we anticipate it will have:

Addressing these issues will assist the county in *increasing access* for those in need; *ensuring adequate nutrition* to the increased number of residents needing food assistance; and *ensuring that the food is appropriate* to support healthy eating within a budget.

ADEQUATE AND APPROPRIATE NUTRITION – GOALS

Goal: Increase consumption of fruit and vegetables by residents of St. Croix County.

- **Objective 1:** By August 31, 2012, one or more targeted school districts will enroll and participate in an intervention program to increase student participation in free/reduced lunch program by 5%.
 - ! Efforts are underway to increase eligible student enrollment and participation in program in school districts with lowest participation rates. Initiative provides opportunity for targeted interventions with students including increased consumption of fruits and vegetables.
- **Objective 2:** By December 31, 2013, St. Croix County will decrease the percentage of insufficient fruit and vegetable intake from 79.6% to 77.2% (Wisconsin average) or lower, through increased nutrition education and access to area food resources.
 - ! Revised and updated *Community Food Resource Directory* will be made available as a resource. Surveys will be administered to assess foods available/taken by clients at local food shelves and another, to assess food shelf staffing needs, facility and other resource issues. Goal is to increase the availability, accessibility and distribution of fruits and vegetables.
- **Objective 3:** By December 31, 2013, increase utilization of farmers markets by 20% and increase utilization of WIC vouchers at farmers markets by 20%.
 - ! A marketing plan will be created to increase awareness of farmers markets in St. Croix County and help promote WIC voucher usage at farmers markets. Campaigns will be targeted to specific populations who might benefit most.
 - ! Objective also includes implementation of a plan to offer Electronic Benefit Transfer (EBT) at farmers markets and outreach and training for market vendors.
- **Objective 4:** By December 31, 2013, newsletter readership and participation rates for proposed community projects, classes, and demos (created to help increase knowledge and skills needed to prepare easy, affordable, nutritious meals according to nutrition guidelines) will increase by 25%.
 - ! Development of newsletter “Food Sense” with distribution to targeted populations, outreach strategies for food shelves to include provision for recipes, cooking demos, samples, etc. and engagement of county-wide representatives (hospital, school, nutritionists, etc.) to advocate for and work collaboratively for community education.
- **Objective 5:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available that support adequate and appropriate nutrition.
 - ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
- **Objective 6:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
 - ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

ALCOHOL AND OTHER SUBSTANCE USE AND ADDICTION – WHY ADDRESS?

- Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.
- Wisconsin is a national leader of heavy and high-risk drinking and drug abuse.
- Substance abuse is the fourth leading cause of death in Wisconsin.
- St. Croix County is among the top 10 counties in Wisconsin with the highest rates of binge drinking.

Binge Drinking	Year	St. Croix Co.	Benchmark	Wisconsin
(Percent of adults that report binge drinking in the last 30 days)	2010	27%	16%	23%
	2011	28%	—	23%
Excessive Drinking (Binge + heavy drinking)	2011	29%	8%	25%

- St. Croix County high school students report a slightly higher use than their peers statewide with regard to binge drinking before age 13 and sniffing/inhaling glue, aerosols, paints, or sprays.
- The physical environment (built environment) plays a role in alcohol consumption and overall health outcomes.

Liquor Store Density	Year	St. Croix Co.	Benchmark	Wisconsin
(Number of stores per 10,000)	2010	1.9	—	0.8
	2011	17.0	—	7.0

- While St. Croix County alcohol-related car crashes and related deaths are down since 2000, the number of adults arrested for *Operating While Intoxicated* has increased dramatically.
- A strong correlation between excessive drinking and alcohol-impaired driving exists, with approximately 17,000 Americans killed each year in alcohol-related motor vehicle crashes.

Motor Vehicle Crash	Year	St. Croix Co.	Benchmark	Wisconsin
Death Rate (Crash rate per 100,000 population)	2010	16	12	16
	2011	17	12	15

Motor Vehicle Crash-Related	Year	St. Croix Co.	Benchmark	Wisconsin
ER Visits (off road) (Visits per 100,000 population)	2010	109	74	90
	2011	108	—	85

ALCOHOL AND OTHER SUBSTANCE USE AND ADDICTION – GOALS

Goal: Reduce, to the greatest extent possible, the factors that contribute to alcohol abuse.

- **Objective 1:** By December 31, 2013, reduce Citations for Underage Possession of Alcohol by 20%.
- ! Efforts are underway to increase compliance of laws involving alcohol sales points and accessibility of alcohol by underage persons. Initiative includes vendor education program and employee training.
- **Objective 2:** By December 31, 2013, one or more *Screening, Brief Intervention, and Referral to Treatment (SBIRT)* programs will be implemented in a St. Croix County hospital or clinic.
- ! Program provides for screening of all patients for alcohol, drug and tobacco problems and brief intervention including follow-up and outcome measures. Referral to other treatment services when appropriate. Opportunity to help individuals before crisis situation or chronic health conditions develop.
- **Objective 2A:** By September 30, 2011, determine baseline utilization rates for screenings, brief interventions, and referrals to treatment services as provided through SBIRT program.
- ! Using SBIRT generated outcome data from Baldwin Area Medical Center, assess whether there was an increase in the number of people receiving screening, treatment, etc. for alcohol, drug and tobacco abuse. Data results will show effect of screening, early detection, and prevention services on behavior change, if any.
- **Objective 3:** By December 31, 2013, 25% more adolescents and their families will receive Alcohol and Other Drug Abuse (AODA) treatment services that incorporate a family component.
- ! Task force is developing and implementing a Matrix Based Treatment Program for adolescents and their families, with the goal of increased family participation.
- **Objective 4:** By June 1, 2013, one additional St. Croix County community will participate in the *Parents Who Host Lose the Most* campaign.
- ! Purpose of campaign is to educate parents and community members about the consequences of underage drinking. ***Students and businesses and organizations will be needed to help promote the campaign in selected community.**
- **Objective 5:** By December 31, 2013, decrease elementary and secondary level alcohol and drug incidences by 10%.
- ! Activities to help accomplish this include the building of a comprehensive K–12 evidence-based AODA curriculum and interventions in all St. Croix County schools. Hope is that there will be an increase in student self-reporting, reduction in risk behaviors, and decrease in student substance use.
- **Objective 6:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available to help with alcohol and other substance use and addiction.
- ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
- **Objective 7:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
- ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

TOBACCO USE AND EXPOSURE – WHY ADDRESS?

- More than 915,000 Wisconsinites still smoke cigarettes.³

Adult Smoking (Percent of adults that report smoking at least 100 cigarettes and currently smoke)	Year	St. Croix Co.	Benchmark	Wisconsin
	2010	21%	16%	21%
	2011	18%	15%	21%

- 6,900 Wisconsin kids (under 18) become new smokers each year.⁴
- Tobacco is still the #1 cause of preventable death. Nearly 7,000 Wisconsin adults die each year from their own smoking.⁵
- Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health outcomes.
- We all pay — annual health care costs in Wisconsin directly caused by smoking total \$2.8 billion.⁶
- For each smoker who quits, Wisconsin saves \$1,623 in Medicaid and other health care costs.⁷
- Program funding is at an all-time low. Wisconsin invests only 10% of the amount recommended by the Centers for Disease Control.⁸
- Program funding cuts resulted in a reduction in the number of tobacco prevention and control programs across the state, a reduction in the number of compliance checks done, as well as cessation counseling services for smokers.
- Youth smokeless tobacco use is on the rise in Wisconsin.⁹ Candy flavorings and bright colors make smokeless products extremely appealing to young people.
- The health consequences of smokeless tobacco use include oral, throat and pancreatic cancer, tooth loss, gum disease, and increased risk of heart disease, heart attack and stroke.¹⁰
- In the 2010 *State of Tobacco Control Report* released by the American Lung Association, Wisconsin received an “F” for tobacco control funding, an “A” for implementing the new Smoke Free Air law, a “B” for our sales tax on cigarettes and chew, and an “F” for cessation services.

TOBACCO USE AND EXPOSURE – GOALS

Goal: Support for Wisconsin Tobacco Prevention and Control Program, Policies and Laws, and Cessation Services.

- **Objective 1:** By December 31, 2013, 90% of businesses possessing a license to sell tobacco will be in compliance with the “sales to minors” law.
- ! Increase awareness and support for the *WI Wins Program* and the sales to minors law in hopes of decreasing sales of tobacco to minors and decreased youth tobacco initiation and use.
- **Objective 2:** By December 31, 2013, increase support of, and compliance with, the 2010 Wisconsin Smoke Free Air Law by 20%.
- ! Efforts to educate business community, law enforcement, judges, key stakeholders, the public, and other identified groups about the law, so as to increase support for and compliance and enforcement of law, as well as increase number of people protected from secondhand smoke.
- **Objective 3:** By December 31, 2013, there will be a 30% increase in affordable, accessible and appropriate cessation programs/services offered and utilized by St. Croix County residents wanting to quit tobacco.
- ! Plan to mobilize identified community partners to address current services, need for services, best practices for implementation of services, promotion of services, and outcome of services. Goal is to increase number of organizations offering cessation services and decrease number of individuals who use tobacco.
- **Objective 4:** By December 31, 2013, there will be a 20% increase in funding for the *Tobacco Prevention and Control* program in Wisconsin.
- ! Educate key stakeholders on the impact of an adequately funded and sustainable program through state budget allocations, in-district and town hall meetings, candidate forums, legislative events, and media outlets. Work to leverage resources to comprehensively address identified needs.
- **Objective 5:** By June 30, 2013, create a county-wide online resource directory to inform communities of resources available that support smoking cessation.
- ! Sub-committee (including task force appointee) will be formed to research and create an online resource directory.
- **Objective 6:** By December 31, 2011, a new website will be launched to promote *Healthier Together* initiative and the five identified health priorities.
- ! Website is communication portal for *Healthier Together* initiative (community resource for education, updates, event calendar, health engagement, volunteer opportunities, etc.)

USING THE PLAN

Despite St. Croix County’s general “good health,” there is still room for improvement. Each of us can play an important role in community health improvement whether in our homes, schools, workplaces, churches, or in our communities. Encouraging and supporting healthy behaviors from the start is so much easier than altering unhealthy habits. Below are some simple strategies¹¹, ways to use the County Health Rankings and this Plan, to improve the health of your community:

Employers

- Use the Plan to improve the health of your employees and your community in which you work
- Understand priority health issues that affect the health of your community
- Use objectives to talk with employees about health issues that affect their well-being, productivity, and health care costs
- Develop worksite wellness programs

Educators

- Because life-long habits are often developed in childhood, understand you are key partners in improving the long-term health of a community
- Use Plan to integrate prevention into education — across the continuum — starting from the earliest ages
- Align Plan and school district Wellness Policy (collaborative efforts to support Plan — leadership, wellness team, teachers, parents and students)
- Identify youth opportunities within each plan and offer to get involved

Government Officials

- Identify the barriers to good health in your communities, and mobilize community leaders to take action — investing in programs and policy changes that help residents lead healthier lives

Health Care Professionals

- Use Plan to remove barriers and create solutions for identified health priorities

- Offer your time and expertise to local improvement efforts (Health Care Network, committee member, content resource, etc.)
- Offer patients relevant counseling, education, and other preventive services in alignment with identified St. Croix County health needs

State and Local Public Health Professionals

- Use the Plan to improve population health
- Understand how Wisconsin and St. Croix County compare with the U.S. population as a whole
- Learn about key issues that are important to address on a national level — align efforts locally to support

Faith-based Organizations

- Talk with parishioners/members about the importance of overall wellness (mind, body and spirit) and local community health improvement initiatives that support wellness
- Identify Plan opportunities that your organization or individual members can help support and encourage participation (i.e. community garden, food pantry initiatives, Farm to School program, etc.)

Community Residents

- Use plan to improve the health of your community
- Understand how health issues are changing in your community over time
- Use information to talk with community leaders about those health issues important to you
- Get involved — join a task force, volunteer your time or expertise for an event or activity, or financially help support initiatives planned

HEALTHIER TOGETHER

Because community health improvement is a shared responsibility among us all, everyone is invited to join the efforts of *Healthier Together – St. Croix County*. The Community Health Improvement Plan (2009–2014), including detailed task force *Action, Implementation* and *Evaluation* plans, is available online at www.hudsonhospital.org/community or www.co.saint-croix.wi.us/publichealth for review.

For more information, to request a copy of the Plan, to schedule a *Healthier Together* representative to speak at your organization, or if you are interested in participating in any of the Plan initiatives, please contact:

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ENDNOTES

- ¹ *Measuring Community Capacity Building, Tools for Practice*. Aspen Institute/Rural Economic Policy Program, Version 3-96.
- ² University of Wisconsin Population Health Institute. *County Health Rankings 2011*.
- ^{3,5,6} *Burden of Tobacco in Wisconsin, 2010*.
- ⁴ Campaign for Tobacco-Free Kids, *Toll of Tobacco in Wisconsin, 2009*.
- ⁷ University of Wisconsin Center for Tobacco Research and Intervention. *Quit Line Fact Sheet, 2010*.
- ⁸ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs, 2007*.
- ⁹ Campaign for Tobacco-Free Kids. *The Danger from Dissolvable Tobacco and Other Smokeless Tobacco Products, 2010*.
- ¹⁰ American Cancer Society. *Smokeless Tobacco, 2010*.
- ¹¹ County Health Rankings *Mobilizing Action Toward Community Health*. Available at www.countyhealthrankings.org/print/take-action

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