

An Invitation To The Community

The following plan is the result of a community assessment process that brought together a broad representation of Wood County residents. The plan should be used as a guide by community agencies interested in improving the health of Wood County citizens. It is anticipated that this document will be used as a reference and foundation for many efforts within the county.

The plan can be most valuable if action is taken, improvements are measured, and enhanced health status is attained. Community change, and the resulting health improvements, is a difficult process that requires dedication and commitment. In order to meet the health status goals for Wood County, collective action is necessary among all residents, as well as community and business sectors. I invite all Wood County residents to use this plan to improve individual, family and community health.

I would like to express appreciation to all members of the Steering Committee and Community Assessment Team whose efforts, insight and knowledge are included in this document.

Anyone wishing to participate in implementation teams addressing the health priorities identified in this document can contact me at (715) 421-8911 or skunferman@co.wood.wi.us.

Sincerely,

Susan Kunferman
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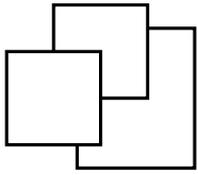
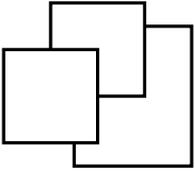


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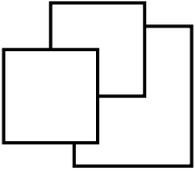
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Executive Summary

Healthy People Wood County began in 1999 as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs in Wood County. This new health plan is the continued effort in the ongoing planning process for our community. Data will continue to be reviewed every five years, both to monitor progress toward identified goals, and to establish new goals and priorities as necessary.

The intent of this plan is to foster successful partnerships of many components of our community in order to improve the health of our residents. A community assessment team representing a broad spectrum of Wood County including business, education, government, health care, not-for-profit agencies and citizens reviewed county and state health data in relationship to State of Wisconsin health priorities and national health objectives for 2010. *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* was used as a guiding document to benchmark our community with state and national health goals (see Appendix 1).

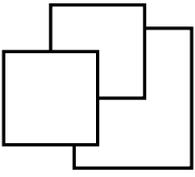
After reviewing data of the eleven health priorities identified in *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*, the Healthy People Wood County Community Assessment Team identified three priorities as areas to focus on during 2007-2012:

- Mental Health and Mental Disorders
- Overweight, Obesity and Lack of Physical Activity
- Access to Primary and Preventive Health Services

Goals, objectives and target outcomes for each of these priorities are included in this plan. Recognizing that collaboration is the key to success of the overall health of our community, potential partners for priority implementation teams are listed in Appendix 4.

While the remaining eight priorities were not selected as the top health priorities, sustaining and building upon current community-wide efforts encompassing all the health priorities is critical in order to assure continual improvement in the health of Wood County citizens and communities. A brief summary of Wood County data related to the remaining eight health priorities is included in Appendix 3.

It is necessary to note that the Community Team recognized “Social and Economic Factors That Influence Health” as underlying issues with the three identified health priorities. In addition, “Adequate and Appropriate Nutrition” has been combined with “Overweight, Obesity and Lack of Physical Activity” for the purpose of this plan.



Statement of Purpose

Goal

To establish an ongoing process for identifying and addressing health needs in Wood County to improve the health status of our residents.

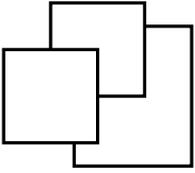
Process

A Community Health Assessment Team has examined causes of preventable disease, death, disability and injury; and created this health plan to address locally identified priorities; and will mobilize community resources to implement this plan.

- Health Focused While this assessment will coordinate with other assessments completed in Wood County, it is unique in focusing specifically on health issues.
- Data Based The assessment is based upon a review of morbidity, mortality, and health risk data specific to Wood County. Data will be compared with benchmarks defined in *Healthy People 2010* and *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. Data related to some health priorities is not collected locally, making a thorough evaluation difficult.
- Community Driven A Community Health Assessment Team with broad representation from throughout the county has reviewed the data and set the top priorities to be addressed. The Community Health Plan will be implemented by many community organizations.
- All Inclusive All Wood County residents were considered in the review of the data.
- Prevention Oriented The assessment focuses on health problems with preventable causes, which intervention can impact.

Benefits

- Raises awareness in the community of the health status of its residents; where we are doing well and where we need to focus more attention.
- Enhances a sense of shared community responsibility to address unmet health needs.
- Develops a coordinated community wide effort directed at a few top priorities.
- Creates new, innovative strategies that fit the unique needs and assets of this community.



Health Priority: Mental Health and Mental Disorders

Mental health is defined as successful performance of mental functions resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.

- Mental health is linked with physical health and is fundamental to good health and human functioning.
- Mental health is indispensable to personal wellbeing, family and interpersonal relationships, and meaningful contributions to community and society (Wisconsin Department of Health and Human Services, 2002).

Mental illness is a term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior, or some combination thereof, which are associated with distress and impaired functioning and result in human problems that may include disability, pain, or death (U.S. Department of Health and Human Services, 1999).

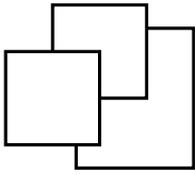
Impact

Mental disorders are real and treatable health conditions. They exact a staggering toll on affected individuals and their families. Mental illness can affect people of any age, gender, ethnic or racial group, educational, or socioeconomic level. In the United States:

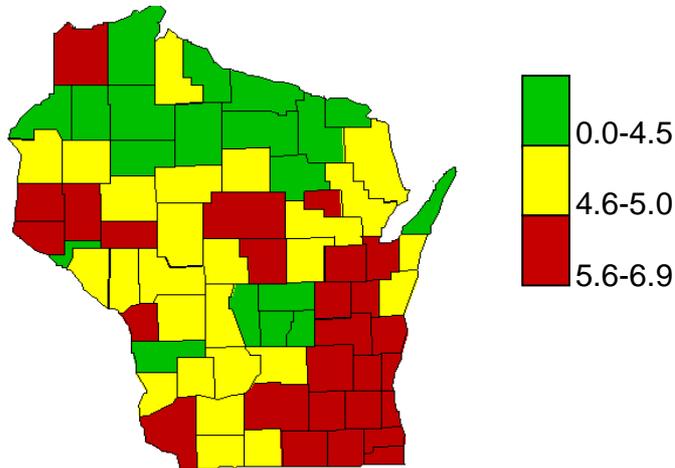
- 1 in 5 children and adolescents aged 9-17 had a diagnosable mental disorder in a given year.
- 22% of adults aged 16-64 years have a diagnosis of mental disorder (19% disorder alone, 3% co-occurring mental and addictive disorder).
- 25% of older adults aged 65 and over experience mental disorders that are not part of the normal aging process.

Residents' Mental Health Conditions

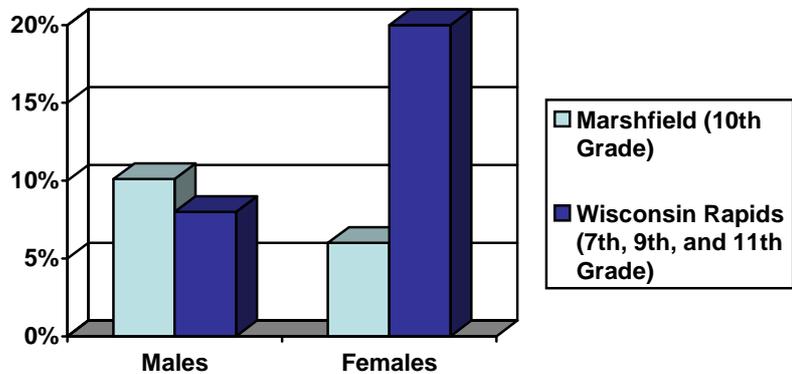
Adult suicide mortality rates in Wood County from 2000-2004 were 11.1 (per 100,000 people). Both the northern region of Wisconsin (12.3 per 100,000 people) and the State of Wisconsin (11.5 per 100,000 people) rates were higher.



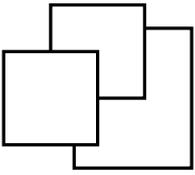
Residents' non-institutionalized prevalence estimates of severe mental illness were 5.0% in 2004. The estimated average for the northern region of Wisconsin were slightly lower at 4.8%. The statewide Wisconsin average was slightly higher at 5.7%.



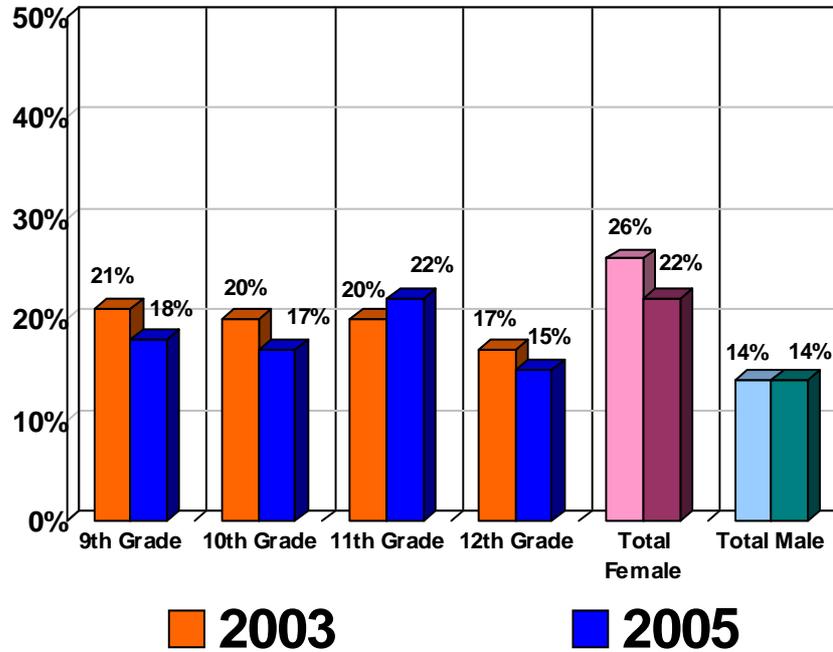
Of particular concern, youth suicide attempts from 2004 were high, with up to 20% of females reporting attempts.



Data of youth self reported suicide attempts taken from Youth Risk Behavior Survey and Search Institute Asset Survey.



Percent of Wisconsin 9-12th Grade Students Seriously Considering Attempting Suicide



Vision

Improve mental health and ensure access to appropriate, quality mental health services for Wood County residents.

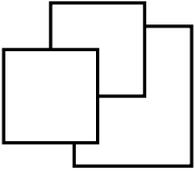
Goal 1

By 2012, a multidisciplinary Crisis Response Team will be functioning in Wood County to respond to residents in crisis.

Outcomes

By 2008:

- ✓ A Crisis Response Planning Team will be convened.
- ✓ Crisis response team models functioning in other communities will be researched.
- ✓ Current crisis response methods in Wood County will be assessed.



By 2010:

- ✓ Resources to create a crisis response team in Wood County will be secured.
- ✓ A crisis response team in Wood County will be piloted.
- ✓ Success and viability of a crisis response team in Wood County will be assessed.

By 2012:

- ✓ If pilot is successful and viable, move to full scale operation.

Goal 2

By 2012, Wood County will have a coordinated and strengthened mental health system.

Outcomes

By 2008:

- ✓ A collaborative relationship with the Wood County Mental Health Coalition will be created to assess gaps in mental health services.

By 2010:

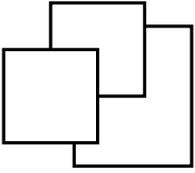
- ✓ A strategic plan to address identified gaps will be developed and implemented.
- ✓ Public awareness and acceptability of mental health issues will be increased.
- ✓ Availability and awareness of mental health community resources will be increased.
 - Worksites, senior services, faith community, schools
 - Regional collaboration to develop and promote local resources will be increased
- ✓ Early identification of mental illness will be improved through expanded QPR (Question, Persuade and Referral) and other efforts.

By 2012:

- ✓ Implementation of the strategic plan goals developed in 2010 will be assessed.
 - Leaders in the mental health field will be interviewed for positive changes recognized, and success in meeting the goals.

Indicators

- By 2010, the number of Wood County residents thinking of committing suicide, and actually attempting suicide, will be decreased.
- By 2012, target areas of the Wood County Mental Health Coalition strategic plan will begin showing improvement.



Health Priority: Access to Primary and Preventive Health Services

Access means that primary and preventive health care services are available and organized in a way that makes sense to individuals and families. Access means that people have the resources, both financial and non-financial, needed to obtain and use available services. Accessible health care includes an infrastructure supporting a range of health services with the capacity to reach diverse people and adapt to the specific access issues that differ in communities.

Impact

When individuals and groups lack access to primary and preventive health care, critical opportunities are lost for the promotion of healthy lifestyle behaviors and for early diagnosis and treatment of health problems. Lack of access to care results in short and long term adverse health consequences, including: higher mortality rates and years of productive life lost, greater rates of more advanced and difficult to treat disease (e.g., heart disease, cancer and stroke), and increased rates of preventable disease (e.g., dental and osteoporosis). Inadequate access to health care services contributes to an overall poorer health status among the medically underserved (Lewis & Altman, 2000).

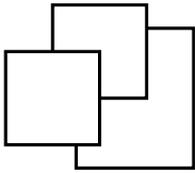
Indicators of access to care:

- Ability to pay for needed care
- Insurance coverage
- Availability of providers for medical, mental and dental health care
- Transportation
- Availability of child care
- Ability to take time away from work to get care

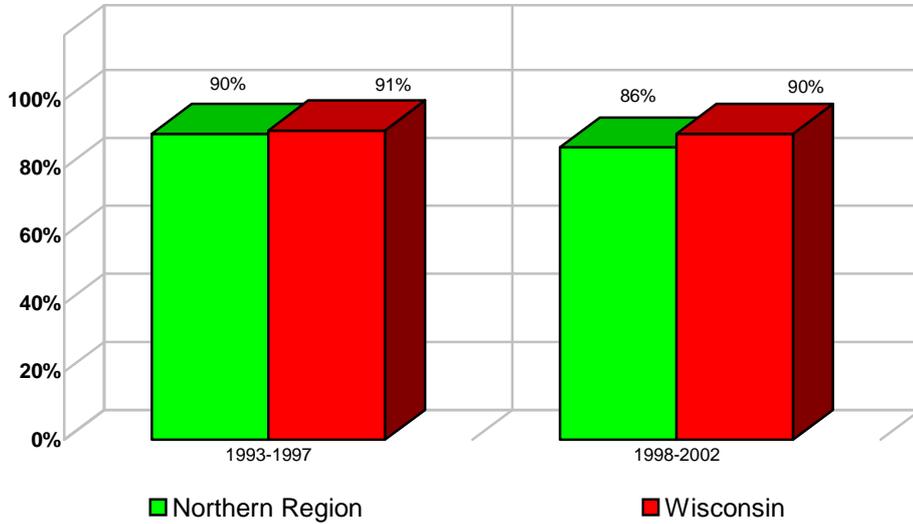
Resident Data Regarding Access to Health Services

The Wisconsin Family Health Survey conducted in 2004 regarding Wisconsin adult residents health insurance coverage indicates:

- Residents are more likely to access health care if they have insurance coverage.
- Residents without insurance coverage are more likely to go in for health care when they need care, rather than to go in for preventive visits.

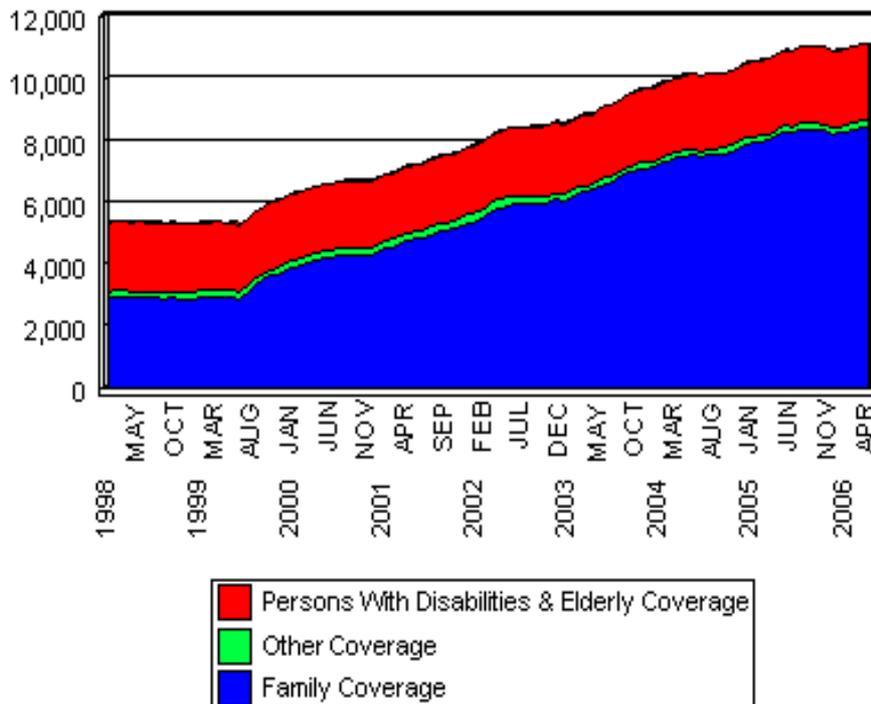


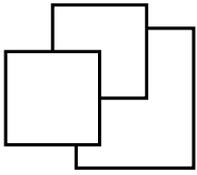
Percent of Wisconsin adults with health insurance coverage at the time of the survey.



Healthiest Wisconsin 2010 goal: 100% of Wisconsin residents with health insurance coverage.

Numbers of county residents receiving Medical Assistance has steadily risen from August, 1999 through April, 2006. (Not dependent on type of coverage: disability, elderly, family or other.)





Vision

By 2012, Wood County residents will be able to access appropriate care.

Goal 1

By 2012, Wood County residents will be better able to access the health care system through improvements in health care referral and public education.

Outcomes

By 2008:

- ✓ The language of health related communications will be understandable by a majority of the community.

By 2010:

- ✓ Patients will establish a primary care medical home.

By 2012:

- ✓ The number of inappropriate Urgent Care or Emergency Room Care visits will be decreased.

Goal 2

By 2012, Wood County residents will have increased preventive health screening availability.

Outcomes

By 2008:

- ✓ Awareness of key referral agencies' points of contact will be increased.

By 2010:

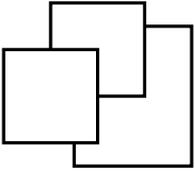
- ✓ An increased amount of low cost screenings will be offered to residents.
- ✓ Initiatives to help residents and providers understand insurance plan coverage and payment options will be increased.

By 2012:

- ✓ Residents will participate in preventive health screenings.

Goal 3

By 2012, Wood County will have improved capacity to meet oral health needs of residents.



Outcomes

By 2008:

- ✓ The feasibility of a dental case management program will be investigated.
- ✓ Regional dental program networking will be increased.
- ✓ The number of “no show” dental patients will be decreased.

By 2010:

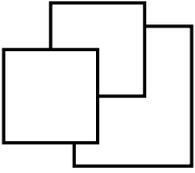
- ✓ The availability of dental care for medical assistance patients and those without dental insurance will be increased.
- ✓ Advocacy for supplemental Medical Assistance reimbursement rates will be increased.

By 2012:

- ✓ The number of children with pain related to dental issues (measured by the number of dental care non-emergency cases accessing care through emergency rooms, and Healthy Smiles Wood County data) will have decreased.

Indicators

- Decrease in inappropriate visits to Emergency Rooms and Urgent Care due to an increase in understanding where to go for care, when, and having a medical home.
- A decline in the length of waiting time for patients with Medical Assistance to be seen at dental clinics.
- Inventory listing of screenings in the area available to residents.
- A decrease in children reporting to Emergency Rooms for severe non-injury related dental needs.



Health Priority: Overweight, Obesity and Lack of Physical Activity

A person's Body Mass Index (BMI) determines overweight or obesity. BMI is a ratio of weight and height correlated with body fat (kg/m^2). BMI does not take into account a person's muscle mass, but is a better predictor of disease than body weight alone.

There is a relationship between nutrition, physical activity, maintaining a healthy body, psychological wellbeing, and preventing premature death associated with being overweight. Similar to obesity, levels of physical activity occur along a continuum.

Impact

Overweight, obesity and lack of physical activity have been causally linked with breast cancer, stroke, diabetes, heart disease, and an increased risk of many chronic conditions: cardiovascular disease, type 2 diabetes mellitus, hypertension, stroke, osteoarthritis and some cancers (Must, Spodano, Coakley, Field & Dietz, 1999).

Similarly, lack of adequate and appropriate nutrition is linked to many health concerns. Their prevalence is increasing across the nation as well as in Wisconsin and Wood County. Obesity has increased in every state, in both sexes, and across all age groups, races and educational levels. Resulting hospitalizations and medical care costs have produced a great burden.

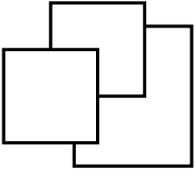
A 2003 American Academy of Pediatrics position paper on obesity stressed that pediatricians need to focus on prevention of childhood obesity and inactivity, stating that co-morbid conditions associated with obesity are likely to persist into adulthood (Pediatrics, 2003).

National 2010 goals:

- Reduce the percentage of adults who are overweight or obese to 40%.
- Reduce the percentage of adolescents who are obese from 10% to 5%.
- Reduce the percentage of children who are obese from 11% to 5%.

Wisconsin 2010 goals:

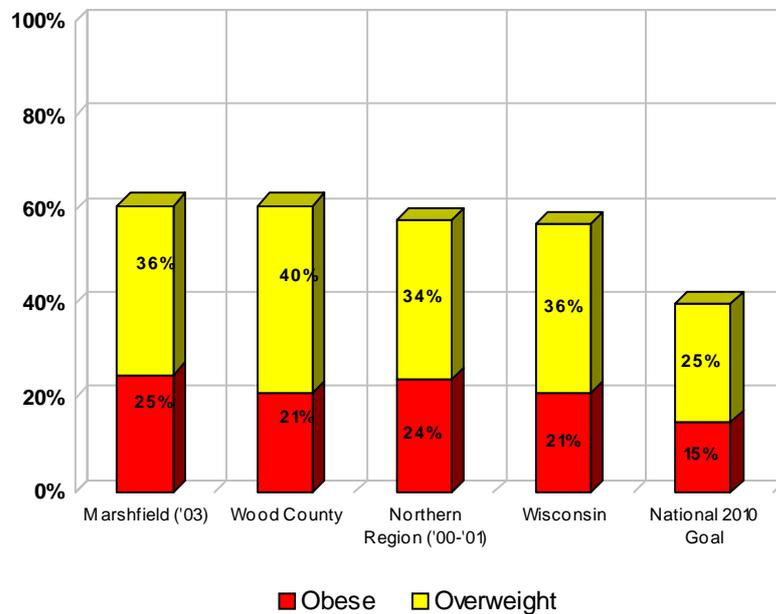
- 37% of children and adolescents will engage in at least 30 minutes of moderate physical activity five or more times a week.
- 38% of adults will engage in regular, preferably daily, moderate physical activity for 30 minutes or more.



- Reduce the proportion of overweight children from 11.4 to 9.4%.
- Reduce the proportion of overweight adolescents from 10% to 8%.
- Reduce the proportion of overweight adults from 20% to 15%.

Residents' Tendency for Overweight, Obesity and Lack of Physical Activity

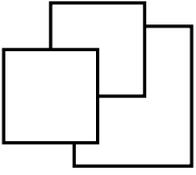
Wood County adult residents self-reported their BMI (representing their overweight and obesity status) during a 2003 Wisconsin telephone behavioral risk factor surveillance system (BRFSS) survey. The Marshfield Area is specifically depicted, as they conducted their own BRFSS in 2003.



Caused in part by levels of overweight and obesity, diabetes has become a concerning chronic disease in Wood County. The age adjusted mortality rate (per 100,000 population) due to diabetes complications from 2000-2004 was 17 for Wood County. In comparison, the northern region of Wisconsin was 20.8. The State of Wisconsin was 22.7.

Among Wood County Adult Residents

- 75.7% consume less than the U.S.D.A. recommended 5 fruits and vegetables a day
 - 49.8% are physically inactive
- (Wisconsin County Health Rankings, 2006.)



Among Wood County Children

- 9.1% of 2-4 year olds were found overweight in 2001 (Centers for Disease Control and Prevention, 2001).
- 34% of third graders were overweight or obese (Wood County Health Department, 2005).

Vision Statement

Wood County residents will make healthy lifestyle choices regarding eating and physical activity habits.

Goal 1

By 2012, Wood County residents will increase their physical activity levels.

Outcomes

By 2008:

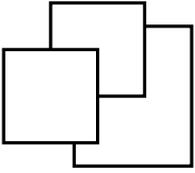
- ✓ Tools will be developed to assist worksites in creating a worksite wellness program for employees.
- ✓ A minimum of quarterly worksite wellness meetings will be coordinated to facilitate networking and sharing best practices.

By 2010:

- ✓ Area schools will have participated in the WI Safe Routes to School program, inventorying, making available and promoting safe pathways.
- ✓ Additional physical activity will be incorporated into the curriculum of area school and after-school programs.
- ✓ Physical activity in the community will be promoted through partnerships between area schools and families, (example, DPI program “Moving Schools”).

By 2012:

- ✓ Programs offered regarding physical activity for “baby boomers” and seniors will be increased.
- ✓ Indoor facilities available to residents for physical activity, especially during the winter season, will be increased.
- ✓ An activity guide for all ages of county residents will be created and distributed, publicizing locations for physical activity during all seasons of the year.



Goal 2

By 2012, Wood County residents will increase their healthy eating habits.

Outcomes

By 2008:

- ✓ Nutritious foods and beverages will be made available and encouraged at local worksites, schools and other public places.
- ✓ All 6 public school districts will enforce their nutrition and physical activity policies.
- ✓ Eight worksites will conduct a nutrition assessment.

By 2010:

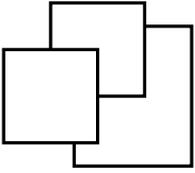
- ✓ Four local grocery stores will agree to offer healthy “grab-and-go” options for customers.
- ✓ Four worksites will develop breastfeeding-friendly policies.

By 2012:

- ✓ More Women, Infant and Children Program, (WIC) and Prenatal Care Coordination Program, (PNCC) eligible mothers will have chosen to breastfeed their babies.
- ✓ More WIC and PNCC mothers will have chosen to breastfeed their babies for 6 months or longer.

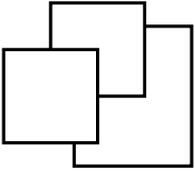
Indicators

- Eight worksites will have improved nutritious choices for employees.
- Students' BMI will decrease by 5%.
- Eight community functions will begin to offer healthy choices.
- Area vending machines will begin to offer healthy choices.
- Public places that support breastfeeding will be increased.



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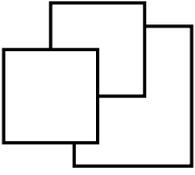


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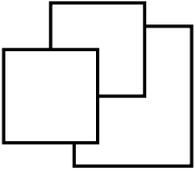
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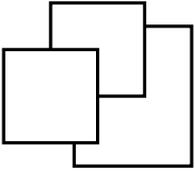
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including: Hypertensive Heart Disease, Acute Myocardial Infarction, Other Acute Ischemic Heart, Atherosclerotic Cardiovascular Disease, So Described, All Other Forms of Chronic Ischemic Heart Disease; Cause of Death Malignant Neoplasm of Breast; Cause of Death Malignant Neoplasms of Trachea, Bronchus, and Lung; Cause of Death Motor Vehicle Accidents; Cause of Death Suicide: Intentional Self-Harm (Suicide) By Discharge of Firearms, Intentional Self-Harm (Suicide) By Other and Unspecified Means. Taken from: <http://www.dhfs.state.wi.us/wish/>

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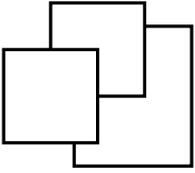
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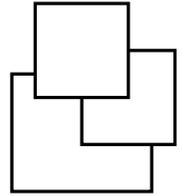
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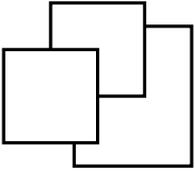
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Appendix 1



Healthiest Wisconsin 2010 Health Priorities (Modifiable Risk Factors)	Selected Health Conditions															
	Breast Cancer	Diabetes	Food and Water Borne Diseases	Heart Diseases	HIV & Sexually Transmitted Infections	Homicide	Infant Mortality	Influenza and Pneumonia	Low Birth weight Births	Lung Cancer	Motor Vehicle Crashes	Respiratory Diseases	Stroke	Suicide	Teen Pregnancy	Vaccine Preventable Diseases
Access to Primary and Preventive Health Services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Adequate and Appropriate Nutrition	X	X	X	X			X		X	X		X	X			
Alcohol and Other Substance Use and Addiction	X			X	X	X	X		X		X		X	X	X	
Environmental and Occupational Health Hazards			X	X	X			X		X	X					X
Existing, Emerging, and Re-Emerging Communicable Diseases			X		X		X									X
High-Risk Sexual Behavior					X		X								X	X
Intentional and Unintentional Injuries and Violence					X	X					X			X	X	
Mental Health and Mental Disorders						X								X		
Overweight, Obesity, and Lack of Physical Activity	X	X		X									X	X		
Social and Economic Factors that Influence Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use and Exposure	X	X		X			X	X	X	X		X	X		X	



Appendix 2

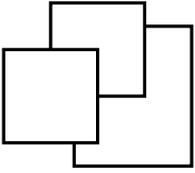
Body Mass Index (BMI) Chart for Adults

To use this table, find the appropriate height in the left-hand column. Move across to a given weight. The number at the top of the column is the BMI at the height and weight. Pounds have been rounded off.

Height	Weight (In Pounds)																			
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188
5'0"	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	248	250	257
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272
6'0"	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38

Underweight:	Less than 18.5
Normal:	18.5 – 24.9
Overweight:	25 – 29.9
Obese:	More than 30

<http://www.fldoe.org/nutrition/general/bmi.asp>



Appendix 3

Other Community Health Priorities

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

Social and Economic Factors Impacting Health

There is a direct relationship between the socioeconomic status of a population and its health. Those who are socio-economically better off, typically do better on most measures of health. Factors that impact the health of a population and the health of an individual are: age composition, family structure, educational level, gender, race, ethnicity/culture, and income.

Wisconsin's 2010 Goals

- 70% or more of Wisconsin households will have annual income at or above 300% of the federal poverty level.
- No more than 5% of families will be at or below 200% of the federal poverty level.
- Increase the literacy rate in Wisconsin to 91%.
- No family will pay any more than 20% of their income toward day care expenses.

Wood County Actions

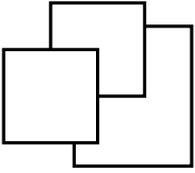
- Support the regional effort of recruiting businesses.
- Support promotion of the region, especially to young adults.
- Encourage residents to invest in the area's younger generation.
- Make the public aware of the poverty rates and amount of homeless people in the area.
- Support efforts to work towards affordable housing.

Existing, Emerging and Re-emerging Communicable Diseases

Communicable disease remains a major cause of illness, disability and death. New infectious agents and diseases are being detected, and some diseases once considered under control have re-emerged in recent years. Attention has recently been focused on increasing surveillance ability of communities to detect and respond to emerging and re-emerging infectious diseases such as food and waterborne outbreaks, pertussis, influenza, and biological threats.

Wisconsin's 2010 Goals

- Assure 90% or more of children and adults are fully immunized.
- Reduce disease caused by reportable food borne and waterborne pathogens.
- Ensure the use of antibiotics and antimicrobials is appropriate.



Wood County Actions

- Continue to educate the public and maintain awareness of the importance of hand washing.
- Continue emergency preparedness planning and quarterly meetings among all providers.

Intentional and Unintentional Injuries and Violence

Injury is classified into two categories: unintentional and intentional. Unintentional includes injuries such as falls, burns, motor vehicle crashes, poisonings and drowning. Intentional injuries include suicide, homicide, violent injury, and assaults such as sexual, intimate partner violence, and child and elder abuse.

Wisconsin's 2010 Goals

- Reduce by 10% the number of children who are abused and neglected in Wisconsin.
- Decrease motor vehicle-related deaths and serious injuries.
- Reduce injury and deaths from falls among all populations in Wisconsin.

Wood County Actions

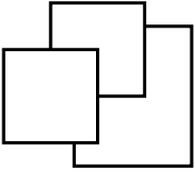
- Support the efforts of current agencies and programs.
- Encourage local programs to develop bullying prevention and coping materials.
- Continue the Wood County Safe Kids Coalition.

Alcohol and Other Substance Abuse and Addiction

The American Psychiatric Association (1994) defines inappropriate use of a substance as use in a manner that exceeds the safe or prescribed amount and frequency, or poses a health or safety risk to the user and others. Examples: use during pregnancy, intoxicated driving, drinking to incapacitation, and underage drinking. It also includes the infrequent or experimental use of illegal street drugs. Inappropriate use and abuse of alcohol and other drugs is associated with many societal problems including: suicide, homicide, accidental injury and death, assault, robbery, domestic violence, child abuse, delinquency, teen pregnancy, diabetes, hypertension, stroke, certain cancers, family dysfunction and break up, lowered academic performance and lowered productivity (U.S. Department of Health and Human Services, 1987).

Wisconsin's 2010 Goals

- Reduce stigma, by increasing understanding among the general public, that alcohol, substance abuse, addiction, and substance use during pregnancy are health problems.



- 90% of the public health system partners will use evidence-based prevention practices, which focus on age of first use by youth, binge drinking, use by pregnant women, and use by elderly persons.
- 90% of the Wisconsin AODA prevention providers who receive state aide or other financial support will alter their funding priorities and policies to adopt the use of evidence-based practices toward increasing the age of first use by youth, and reducing binge drinking among 12-17 year old youth.
- 80% of persons receiving services by the public health system partners will be screened for alcohol, tobacco, and other substance use.
- Appropriate and timely alcohol and other substance use and addiction treatment will be accessible to 80 percent of those who seek such treatment, and will be delivered to 60 percent of those who are affected by these conditions.
- Dysfunctions (injuries, illness, work or school attendance/performance) in family members of persons with substance use disorders, will be decreased by making appropriate prevention, screening, and treatment services available.

Wood County Actions

- Support and increase awareness of the Good Samaritan and Safe Ride Home programs.
- Create an educational piece regarding what a designated driver really is: *no alcohol*.
- Support the Department of Transportation social marketing campaign.
- Support other local agencies' programming.

Environmental and Occupational Health Hazards

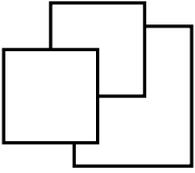
Environmental and occupational health hazards continue to contribute significantly to disease, disability and premature death in Wisconsin. Environmental and occupational health hazards include: exposure to toxic substances, noise, vibration and other hazardous agents in the environment or workplace that can create or aggravate health conditions.

Wisconsin's 2010 Goals

- Decrease the incidence of illness resulting from contamination of food and drinking water.
- Reduce the incidence of illness and death from respiratory diseases related to, or aggravated by environmental and occupational exposures.
- Reduce by 30% the occurrence of occupational injury, illness and death.
- Reduce by 50% the occurrence of illness and death related to chemical and biological contaminants in the home.

Wood County Actions

- Continue to provide the food and safety licensing and inspection program.



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

Tobacco Use and Exposure

Tobacco use is the single most preventable cause of disease and death in Wisconsin and the United States. Tobacco use is attributed to health care costs paid as a result of diseases caused by smoking, and also contributes to the cost of lost productivity.

Recent national and state tobacco prevention and control efforts have been focused on preventing youth from starting to smoke, promoting cessation to those who are current smokers, and eliminating exposure to second-hand smoke.

Wisconsin's 2010 Goals

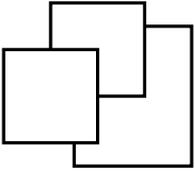
- Reduce tobacco use among adolescents and adults, and decrease the proportion of non-smokers exposed to second-hand smoke.

Wood County Actions

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

Adequate and Appropriate Nutrition

Adequate nutrition refers to food security, meaning people have access to nutritious and safe foods. Appropriate nutrition refers to consumption of foods that promote overall good health. Nutritious foods contribute to healthy birth outcomes for pregnant women, and the growth and development of infants and children. Nutritious foods, in appropriate amounts, help prevent many chronic diseases related to diet and weight (Wisconsin Department of Health and Family Services, 2002). The impact of nutritious foods is addressed in the health plan's Overweight, Obesity and Lack of Physical Activity section.



Wisconsin's 2010 Goals

- Increase the number of Wisconsin households that have access to adequate, safe and appropriate food at all times.

Wood County Actions

- Continue to support local food pantries and neighborhood meal services.
- Continue to work with schools for children, youth and adults of all ages, to incorporate healthy vending options and snacks, and to create and implement policies for both.
- Continue to support local healthy lifestyle education and promotion programs.
- Continue to search for funding for healthy lifestyle programs and initiatives.
- Begin collecting data regarding food pantry and neighborhood table usage.

High Risk Sexual Behavior

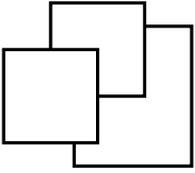
High-risk sexual behavior makes a person more susceptible to infectious diseases that include syphilis, gonorrhea, chlamydia, hepatitis B, human immunodeficiency virus (HIV), and hepatitis C, or can result in an unplanned pregnancy.

Wisconsin's 2010 Goals

- Decrease to 30% the proportion of Wisconsin high school youth who report ever having sexual intercourse.
- Reduce the percentage of unintended pregnancies to 30%.
- Promote responsible sexual behavior throughout the life span to prevent sexually transmitted infection, including HIV.

Wood County Actions

- Continue to support local free clinics.
- Examine the impact of the closing of Planned Parenthood in Marshfield on the rates of sexually transmitted infections in North Wood County.

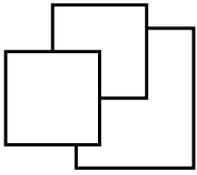


Appendix 4

Potential Partners

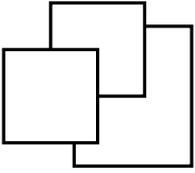
Community change and health improvement requires the dedication and commitment of citizens, businesses, government and the community. The strategies and success of this plan overlap and compliment many key community partners' missions and strategies. Recognizing the benefits of collaboration, we strongly support and encourage joint efforts to meet the goals of this health plan as well as those of community partners.

- YMCAs and fitness centers
- Lowell Center Senior Exercise Coordinator, Aging Resource Center Nutrition Coordinator
- Assisted Living Centers
- Healthcare providers; including billing departments, chiropractors, psychiatrists, dental providers, physical therapists
- Retired physicians
- Governmental Agencies
- City Council, County Board
- Department of Transportation, Planning and Zoning
- Education: preschool, primary, secondary and post-secondary schools. Specifically: Physical Education teachers, Health teachers, Family and Consumer Education teachers, nurses, dieticians, boards, Parent Teacher Organizations
- Businesses, (major employers) including: Heart of WI Business and Economic Alliance, Marshfield Area Chamber of Commerce, grocery stores, restaurants and business' wellness coordinators
- Non-profits, including: community foundations, United Way agencies, food pantries, neighborhood tables, churches
- Youth Serving Agencies: Boys and Girls Club, Woodland Girl Scouts Council, Boy Scouts of America, local 4-H clubs.
- Volunteer Center and Service Based Agencies: Optimist Clubs, Rotaries, Lions Clubs
- Community-based groups: Be Healthy In Pittsville (BeHIP) and Healthy Lifestyles-Marshfield Area Coalition (HL-MAC)
- Recreational sports booster clubs
- Community fire departments or Emergency Medical Technicians
- Disease prevention/support groups
- Wood County Social Services, Unified Services
- Wood County law enforcement
- Aging Disability Resource Center
- Child Care Resource & Referral



- United Way 211
- Private Mental Health Providers (Wood County Medical Society Representative)
- Security Health Plan, Wisconsin Education Association Trust
- Quality Improvement Staff of all local providers
- Other partners in the region
- Ho-Chunk, Hmong, Hispanic population representatives
- Norwood Health Center
- Wood County Mental Health Coalition
- Family support groups
- Media

This list is NOT inclusive; any additional partners interested in joining the efforts of Healthy People Wood County Implementation Teams will be positively welcomed to the process.



Appendix 5

Accomplishments of 2000-2005 Community Plan

From 2000 through 2005 five implementation teams addressed the priorities identified in Healthy People Wood County Community Health Plan 2000-2005. The following is a list of accomplishments for each of these teams:

Accessible and Affordable Early Prenatal Care

- Media campaign providing education and resources.
- Advocacy work with health care providers to offer free/low cost services.
- Referral protocols for high-risk women.
- Collaboration among area providers.
- Incentives in the Ho-Chunk NEST program for first trimester care.
- Outreach in the Hmong community.
- Creation of a five-county coalition for Latino services.
- Creation of the Healthiest Babies Wisconsin Task Force.

Improved Youth Decision-Making Skills to Decrease Risky Behaviors

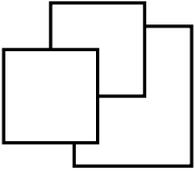
- Creation of Countywide Youth Agency Directory.
- Organized a media blitz for youth.
- Coordinated learning events regarding positive lifestyle choices and resiliency.
- Collaborated with the creation of a countywide alcohol compliance program.
- Encouraged a Parent and Teen Agreement not to drive under the influence of alcohol.

Healthy Lifestyle Habits to Prevent Chronic Disease

- Promoted and coordinated Walk-to-School Day.
- Increased participation in Bike-to-Work Week.
- Organized a 5-A-Day campaign promoting fruit and vegetable consumption.
- Promoted Red Dress Day, Women's Health Month, and Women's Health & Fitness Day, displaying information and hosting walking events.
- Increased participation in Wood County Farmer's Markets.

Early Identification and Treatment for Mental Disorders

- Held area Mental Health Screening Events.
- Organized a Medic campaign providing education and resource information.
- Distributed youth education regarding depression and suicide.
- Creation of a Depression Screening Tool by Head Start.
- Created a guide to highlight formal and informal resources available.



- Conducted an advocacy campaign to legislators on mental health insurance parity.
- Disseminated a Behavioral Health Screening Tool to health care providers.
- Created a traveling mental health library of resources and information.

Reduction of the Health Impact of Air and Groundwater Contamination

- Developed an Open Burning and Industry Air Emissions display.
- Conducted science class surveys to assess awareness of open burning issues.
- Conducted classroom educational sessions regarding open burning and recycling.
- Tested private wells for nitrate, triazines, nitrogen, and phosphorous pesticides and metabolites. Mapped and analyzed results.
- Conduct semi-annual Clean Sweep events for resident and business disposal of hazardous wastes and chemicals.
- Participated in a water-testing program for residents.

We would like to express sincere appreciation to the Pittsville School District for their continued support, allowing us to utilize their facilities.

We also recognize and greatly appreciate Saint Joseph's Hospital for printing this 2007-2012, community health improvement plan.