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Healthy Washington County Implementation Committee

Linda Walter, Chair

Margaret Anderson, Washington County Health Department

Mike Bloedorn, Washington County Department of Social Services

Jennifer Brem, American Cancer Society

Jeff Euclide, Aurora Medical Center at Hartford

Dianna Forrester, Washington County Health Department

Joan Hove, Aurora Medical Center at Hartford

Barbara Hurula, United Way of Washington County

Doug Johnson, Washington County Department of Administration

Pat Kashmerick, Community Memorial Hospital

Margie Klink, St. Joseph's Community Hospital

Barbara Knutzen, St. Joseph's Community Hospital

Marma McIntee, UW-Extension Family Living Educator

Shelly Melzer, Advanced Health Care West Bend General Clinic

Kandi O'Neil, UW-Extension 4H Youth Development Educator

Mary Simon, Council on AODA

Kay Thuecks, Washington County Comprehensive Community Services

Jill Trempe, American Cancer Society

Linda Walter, Washington County Health Department

Introduction

As a continuation of the community assessment process started in 1996, the Healthy Washington County Implementation Committee facilitated a behavioral risk survey completed in Fall 2000 by 403 adults, a Data Analysis Day on August 24, 2001, and a Goal Identification follow-up session on October 17, 2001. Approximately 40 community partners worked in the two daylong sessions to share their expertise and concerns.

Twelve-risk factor categories that impact on the health of Washington County were identified. These categories of risk factors are compatible with those identified in both the current national 10-year health plan, *Healthy People 2010*, and the state of Wisconsin health plan, *Healthiest Wisconsin 2010*. Each risk factor category was considered important because of its ability to be modified. The opportunity to affect change and improve the quality of life in Washington County was important in selection of categories of risk factors.

The Healthy Washington County Implementation Committee recognized that it would be difficult to focus community efforts on 12 categories at once. In December 2001 five of the twelve categories were selected to focus community attention on first based on the Implementation Committee member's perception of their importance and potential for change. These five priority areas were: **tobacco use, physical activity and obesity, alcohol and other substance abuse, injury and violence control, and mental health.**

The committee also recognized that Washington County has many resources available, but that the need for continued awareness, surveillance and broad based community support is important. If it were easy to solve problems in any of these areas it would have been done long ago. It takes many partners to impact the health of a community.

The mission of the Healthy Washington County Initiative is to enhance the health of the community through public and private partnerships.

It's Vision is:

A healthy Washington County is a place where people

- **Reach their highest potential**
- **Have support for their physical, emotional, intellectual, spiritual, and cultural needs**
- **Work together to improve the physical and social environment for their benefit and the future generation's benefits.**

For more information about public and private resources contact the Washington County Resource Center at 262-306-2222 or toll free at 877-306-3030 or search the Washington County Information and Referral Exchange at www.co.washington.wi.us/wire.

For more information about the plan and action committees contact Linda Walter, Chair Healthy Washington County Implementation Committee at 262-335-4469 at the Washington County Health Department.

Healthy Washington County Health Improvement Plan 12 Risk Factor Categories with Desired Outcomes

Access to Health Care

- Increase the proportion of persons with a primary health care provider for ongoing care
- Increase access to affordable pharmaceuticals
- Increase access to affordable dental care

Communicable Diseases New and Emerging

- Increase immunization rates for children under 5 years old
- Increase influenza and pneumococcal vaccine given annually
- Prepare for ongoing and emerging outbreaks

Economic Factors Affecting Health

- Increase outreach to young adults about resources for GED and advanced education, budgeting skills, housing, healthcare and employment

Environmental /Occupational Health

- Citizens of Washington County will be protected from human health hazards and lead poisoning
- Citizens of Washington County will be assured that licensed facilities/services in restaurants, lodging, and public swimming sites meet state/local safety and sanitary codes
- Citizens of Washington County will have the information and knowledge needed to protect their health and safety to assure that they live, work, and play in a health environment

High-Risk Sexual Behavior

- Reduce high-risk sexual behaviors
- Increase access to resources
- Reduce unplanned pregnancies

Inappropriate Use/Abuse of Alcohol and other Substances – **Priority Area**

- Reduce substance abuse to protect the safety, health, and quality of life to all

Intentional and Unintentional Injuries and Violence – **Priority Area**

- Reduce injuries, disabilities and death due to unintentional injuries
- Reduce deaths caused by Motor Vehicle Collisions
- Reduce homicides, suicides, and injuries related to domestic violence and sexual assault

Mental Health – **Priority Area**

- Increase education about mental health
- Increase treatment for mental health

Nutrition

- Promote health and reduce chronic disease associated with diet, exercise and lifestyle
- Enhance food security
- Increase knowledge and adherence to food safety guidelines

Obesity and Lack of Physical Activity – **Priority Area**

- Improve health, fitness and quality of life through physical activity and weight control

Social/Cultural/Familial/Spiritual

- Increase community appreciation and value towards youth as contributing citizens
- Reduce injuries, physical and psychological, due to violence in the home, school, or community
- Increase cultural competence of service providers in Washington County

Tobacco Usage/Exposure – **Priority Area**

- Reduce cigarette smoking by adolescents
- Reduce cigarette smoking by adults
- Reduce the proportions of all people exposed to secondhand smoke

Healthy Washington County Health Improvement Plan

Outcomes from Priority Risk Factor categories

Tobacco Usage/Exposure

- ❑ Reduce cigarette smoking by adolescents
- ❑ Reduce cigarette smoking by adults
- ❑ Reduce the proportions of all people exposed to secondhand smoke

Obesity and Lack of Physical Activity

- ❑ Improve health, fitness and quality of life through physical activity and weight control

Inappropriate Use/Abuse of Alcohol and Other Substances

- ❑ Reduce substance abuse to protect the safety, health, and quality of life to all

Intentional and Unintentional Injuries and Violence

- ❑ Reduce injuries, disabilities and death due to unintentional injuries
- ❑ Reduce deaths caused by motor vehicle crashes
- ❑ Reduce homicides, suicides, and injuries related to domestic violence and sexual assault

Mental Health

- ❑ Increase education about mental health
- ❑ Increase treatment for mental health

Chapter 1: ACCESS TO HEALTH CARE

According to the data, what are the broader issues related to this indicator?

- Employer-offered insurance
- Mental health/illness
- Medication assistance
- Decreased staffing – funding for and availability of affiliated health care staff – even volunteer help
- Limited number of pharmacists, decreased hours
- Dental care – Title 19 (T19) and Badger care
- Vision care – T19
- Personal responsibility for lifestyle – Willingness to seek treatment and valuing the treatment
- Issue with no specific data
 - Transportation – Cost, hours, volunteer provided
 - Changes in HMO providers – unknown to insured (T19) mental health services

What data identified here is relevant to this issue?

- Employer insured
 - Employment ratio
 - Number of adults 18-24 with insurance
 - Not available:
 - Number of employers who offer insurance
 - Percentage of employers based on number of employees
 - Cost of health insurance benefits (premium – deductibles)
 - Data by zip code
- Having a mental illness interfere with seeking and maintaining health care – physical/medical
 - Refer to mental Health Committee
- Medication assistance
 - Number of people who use drug company assistance programs
 - Number of people who use drug samples
 - Number of people who don't refill prescriptions or partially refill or late refill
- Staffing
 - 1994 – Physician number
 - Nurses
 - Dentists
 - Chiropractors
 - Number of new clinics
 - Population growth numbers
 - Mental health providers
 - How can we access current data?
 - Number of students enrolled
 - Number of people on waiting lists for services
 - Vacancy rates in facilities
- Pharmacy services and pharmacists
 - Decreased hours of local pharmacies in past year

- Dental care
 - Number of dentists
 - Washington County survey – 69% of respondents went to dentist
 - Number of dentists who take Title 19 (T19)
 - Employers who provide dental insurance
 - Number of people with insurance who don't go to dentist
- Vision care – 39% had checkup
- Personal lifestyle behaviors
 - Washington County and state data
 - Number of professionals
 - Willing to take T19

Is there a population with a greater or lesser need?

- Population with greater access need
 - Hearing impaired – Advocacy
 - Children in unhealthy homes – 0-5 years, safety, abuse
 - Young adults – 18-24 years – medical care
 - Single, uninsured women – 35-64 years - medical care
 - Developmentally disabled – Advocacy to access
 - Mental health/AODA affected – Advocacy to access
 - Elderly with medication assistance
- Population with less need
 - Employed with adequate, affordable insurance
 - Children with T19/Badger Care
 - Medicare people with supplemental insurance

What are the community's existing resources and strengths in addressing the major issues?

- Comprehensive Community Services Agency (CCSA)
- Local hospitals and clinics
- Donated Health Services
- Community Outreach Health Clinic
- Business coalition – KMEGH/CMS
- Mental health services – In-patient and out-patient day treatment
- Friends of Abused Families
- Group homes
- Youth and Family Project
- Sense of community value and support
- 4-H – UWEX
- Health Department
- Association of Commerce/Chamber of Commerce
- American Cancer Society
- American Heart Association
- American Red Cross
- American Lung Association
- Food pantries
- Job Center – Threshold

- Department of Social Services
- More pharmacies available
- Increased population growth in positive economic sense
- Cedar Campuses system
- Parish nurses/churches
- Schools
- Birth – 3 program
- WIC and Healthy Start
- Immunization clinics
- Increased communication/collaboration with health care providers
- News media support
- YMCA/Boys and Girls Club
- Rotary, Optimist, Lions, Kiwanis, service clubs
- County Board
- Resource Center single phone number

What are the barriers to addressing the major issues?

- Public perceptions and belief that there are no access issues
- Bureaucracy of insurance companies
- Value of health cost, well being to personal income
- Unwillingness to pay for health care – with discretionary income – entitlement
- Transportation – bus/limited taxi range
- Loss of large employers – shift in employer base – shift of ownership – lack of commitment to the community
- Reimbursement and state “red tape” to dental care
- Evening hours not available for services
- Finances – State, county, and federal
- Don’t know available research and resources by providers
- Increasing demand and number of staff not matching and not funded

OBJECTIVE 1: Increase the proportion of persons with a primary health care provider for ongoing care

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Patient visits to free clinics per year
- Number of persons enrolled in medical assistance programs per year.
- Number of people visiting a doctor or clinic for a routine medical checkup yearly

Activities:

- Resurvey Washington County residents with a Community Health Survey in fall 2005.

Short-term outcome(s) for addressing this long-term objective.

- Lobby state representatives to increase incentives to physicians and dentists to participate in state and federally funded health care programs.
- Agency/organization partners involved with this outcome: Women’s Health Initiative and the Washington County Health Department
- Expand Donated Health Services support of chronic disease patients by establishing primary providers for designated patients.

A partnership already exists and the Health Access Sub-committee of Healthy Washington County should be reconvened to evaluate membership and this report.

OBJECTIVE 2: Increase access to affordable pharmaceuticals.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Number of telephone calls to the Washington County Resource Center and office per year
- Number of Washington County residents enrolled in the new senior care program beginning in the fall of 2002 per year
- Statistics from the free clinics and Office on Aging on the number of residents enrolled in drug assistance programs.

Short-term outcome(s) for addressing this long-term objective.

- Increase awareness of drug assistance programs to health care providers and the community
- Agency/organization partners involved with this outcome: Washington County Resource Center and Office on Aging, hospitals and clinics

A committee/partnership/collaboration should continue working on this long-term objective including the Department of Social Services, Resource Center, pharmacists, Cheryl Gray from the Office on Aging, hospitals, home care agencies, clinics, free clinics and the Health Department.

OBJECTIVE 3: Increase access to affordable dental care.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Increase number of dental providers for T19 recipients
 - Increase number of dental providers who participate in local donated services
 - Number of people with a routine dental check-up in past year/year.
- Activities: Resurvey Washington County residents with a Community Health Survey in fall 2005.

Short-term outcome(s) for addressing this long-term objective.

- Start the Healthy Smiles Sealant program for children –grant from government.
Agency/organization partners involved with this outcome: West Bend School District, Washington County Dental Association, State Coordinator for Healthy Smiles program, Washington County Health Department, Waukesha County Technical College, Dental Hygiene Program
- Expand Donated Health Services support of chronic disease patients by establishing primary providers for designated patients.

According to the data, what are the broader issues related to this indicator?

- A. Immunization Rates
- B. Food, Water, and Environmental Safety
- C. Sexual Transmitted Diseases (STDs)
- D. Tuberculosis (TB) Infections
- E. New Diseases (West Nile Virus)

PART A – IMMUNIZATION RATES

According to the data, what are the broader issues related to this indicator?

- Improving immunization rates

What data identified here is relevant to this issue?

- CASA report for county
- 2010 on immunization rate
- Hospital rates for Communicable Disease (CD) admissions

What other information do you have about this issue that is not identified in the data provided?

- Our overall county immunization rates
- Data on why immunization delayed or not received

Is there a population with a greater or lesser need?

- Small children (greater)
- Elderly

What are the community's existing resources and strengths in addressing the major issues?

- Public Health (PH) – Contacts when child is due for immunization/advertising
- Physician – Regular CASA reports
- Adult Immunization Coalition

What are the barriers to addressing the major issues?

- Physicians giving messages not in compliance with Centers for Disease Control (CDC) immunization recommendations
- Physicians not sharing immunization data
- Young parents not reached by local media

PART B – FOOD, WATER, AND ENVIRONMENTAL SAFETY

According to the data, what are the broader issues related to this indicator?

- Food, Water, and Environmental Safety

What data identified here is relevant to this issue?

- Morbidity – Data on CD's 1995-1999; Healthy Washington county Survey p7

What other information do you have about this issue that is not identified in the data provided?

- Possibility of food, water, or environmental CD outbreaks
- Restaurant inspection data
- Public knowledge of CD transmission
- Land Use/Land Conservation information

Is there a population with a greater or lesser need?

- No

What are the community's existing resources and strengths in addressing the major issues?

- Environmental specialist on staff of Health Department
- Infection Control Practitioners at hospital
- Testing of recreational waters
- Availability of water testing kits
- UW-Extension
- State restaurant inspection program

What are the barriers to addressing the major issues?

- Resistance from bar/restaurant establishments regarding inspections
- Lack of consistent education for all food handlers
- Health Care providers lack of willingness and/or knowledge to test for CD's
- General public's lack of knowledge or willingness to follow guidelines to prevent CD's

PART C – Sexually Transmitted Diseases

According to the data, what are the broader issues related to this indicator?

- STD's

What data identified here is relevant to this issue?

- Responsible sexual behavior
- Tracking hidden epidemics
- STD's – Wisconsin statistics
- AIDS/HIV update
- Morbidity

What other information do you have about this issue that is not identified in the data provided?

- Parochial and public schools – What is being done as far as sex education teaching/education?
- Hepatitis C data lacking

Is there a population with a greater or lesser need?

- Education – school age

What are the community's existing resources and strengths in addressing the major issues?

- Religious institutions
- Planned Parenthood
- Public Health – F/U

- Education by individuals and practitioners

What are the barriers to addressing the major issues?

- “Touchy” subject
- Denial
- Knowledge deficit

PART D - Tuberculosis

According to the data, what are the broader issues related to this indicator?

- TB (Infections)

What data identified here is relevant to this issue?

- Washington County numbers of infected individuals

What other information do you have about this issue that is not identified in the data provided?

- Knowledge of new cases including refugees, high-risk setting individuals

Is there a population with a greater or lesser need?

- Refugees
- People who work in high-risk settings

What are the community’s existing resources and strengths in addressing the major issues?

- Strong state and local Health Department program
- Free medications
- Donated Health Free Clinic
- Physicians
- Infectious disease practitioners

What are the barriers to addressing the major issues?

- Misinformation/lack of knowledge
- Language

PART E – NEW DISEASES – emerging and reemerging

According to the data, what are the broader issues related to this indicator?

- New Diseases
 - West Nile Virus
- Antibiotic overuse
- TB infection

The desired long-term outcome(s) of addressing this issue.

- Maintain the proportion of young children who receive all vaccines that have been recommended for universal administration for at least five years.
- Increase the proportion of non-institutionalized adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- Increase the preparedness of the Washington County community to effectively respond to ongoing and emergency infectious disease outbreak.

Key evidence indicating the need to address this issue.

- Prevention of debilitating and fatal disease, high vaccine rates, protect the community, cost savings (medical care and loss of work).
- Organisms that cause disease have not disappeared. They have receded and will reemerge if vaccine rates drop.
- Infectious diseases are global in context – increased travel, increased refugee relocation, increased importation of food, environmental changes.
- Recent cases of anthrax in the US, suspected as Bioterrorism.

Importance of this issue.

Infectious diseases remain major causes of illness, disability and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have re-emerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital and community-acquired infections.

This is an ongoing issue.

OBJECTIVE 1: Immunization rates for children under 5 years old

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- CASA rates (Washington County Health Department).
- Profile for Washington County (immunizations).
- 40-day school report (Washington County Schools) (Washington County Daycares).

Activities:

- CASA assessments for local physicians and daycares.
- Wisconsin Immunization Registry (WIR) use.

Short-term outcome(s) for addressing this long-term objective.

- Increase immunization rates of two year olds measured via CASA report - agency/organization partners involved with this outcome: Washington County Health Department (WCHD)
- Increase the proportion of providers who have measured the vaccination coverage levels among children in their practice population within the past two years. Agency/organization partners involved with this outcome: WCHD, physicians, clinics.
- Increase the proportion of children who participate in fully operational population-based immunization registries. Agency/organization partners involved with this outcome: WCHD, physicians, clinics, hospitals, regional public health-South Eastern region, Department Health and Family Services (DHFS), state, WIR.

A committee/partnership/collaboration should continue working on this long-term objective.

A partnership already exists and who is it? Washington County Adult Immunization Coalition – could be expanded and include pediatricians and family practice physicians if childhood vaccines added.

OBJECTIVE 2: Increase influenza and pneumococcal vaccine given annually

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Hospitalization reports (pneumonia, influenza)
- Activities:
 - Use of WIR
 - Obtain immunization number from other providers in Washington County.
 - Continue questioning Washington County residents regarding immunization status.

Short-term outcome(s) for addressing this long-term objective.

- Develop a tracking system to monitor number of adults immunized.
- Agency/organization partners involved with this outcome: WCHD, physicians, VNA, Immunization Coalition, employers, schools.

A partnership already exists, and who is it? Washington County Adult Immunization Coalition.

OBJECTIVE 3: Prepare for ongoing and emerging outbreaks.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Profile for Washington County (STD report)
- Wisconsin AIDS/HIV update
MMWR (CDC Publication) for Wisconsin
- 4151 reports received by WCHD/MCH database stats
- Activities:
 - Bioterrorism group at St. Joe's in West Bend
 - Washington County Emergency Government
 - Health Alert Network (HAN)

Short-term outcome(s) for addressing this long-term objective.

- Decrease the incidence of STDs in Washington County.
- Agency/organization partners involved with this outcome: Planned Parenthood, hospitals, clinics, physicians, nurses, PHD, schools, teens.
- Increase the proportion of all TB or Latent TB patients who complete curative therapy within 12 months.
- Agency/organization partners involved with this outcome: PHD, clinic, and physician.
- Develop a communication system with health agencies in Washington County.
- Agency/organization partners involved with this outcome: WCHD, WC sheriff, hospitals, clinics, fire and police departments.

A partnership already exists, and it is who? Bioterrorism work group

According to the data, what are the broader issues related to this indicator?

- Education
 - Lack of high school education
 - High school education without basic skills
- Affordable housing – 42% cannot
- Low median wage – 10 of 15 selected occupations
 - Washington County below \$11.63 (fair market rent)
- Self-sufficiency wage - \$19.73
 - Adult
 - Infant
 - Pre-schooler
 - None of 15 occupations is \$19.73
- **Housing – negative impact on children – crisis, stress, lack of continuity for schools, neighbors**
 - Unemployment rate
 - Bankruptcy

What other information do you have about this issue that is not identified in the data provided?

- Poverty is risk factor for Alcohol and Other Drug Abuse (AODA), depression, domestic abuse, child abuse, low self esteem, “hopelessness,” poor health
- Increased case loads, food stamps, medical assistance, child care subsidies in Washington County
- Housing Authority
 - Increase in numbers served
 - Increase in dollars available
 - 49% working families

Is there a population with a greater or lesser need?

- Population – greater or lesser need
 - Middle age, no dependents and not disabled – no government subsidized health care
- Adults – young 18-24 not in school
- Elderly – out-of-pocket medical expenses – drugs or food?

What are the community’s existing resources and strengths in addressing the major issues?

- Donated Health
- WDC – Workforce Development Center
 - Programs for education/training
- Housing Authorities
- Government programs
- Other non-profits
 - Food pantries, etc.
- Churches – parish nurses, etc.

What are the barriers to addressing the major issues?

- Transportation
- Lack of information of resources
- Lack of understanding of poverty and major impact on individual/family/society
- Negative attitudes toward people who are “different”
 - Fear of change and unknown
- Rising cost of health care/insurance

The desired long-term outcome(s) of addressing this issue.

- Increase outreach to young adults about resources for GED and advanced education, budgeting skills, housing, healthcare and employment.

Key evidence indicating the need to address this issue.

- Self-sufficiency wage, affordability of fair market unit, link between education and employability, half of clients served by housing authority are working families.

Importance of this issue.

Cyclical relationship of education, employability and self-sufficiency and family security. Importance of partnerships with schools, businesses, agencies, higher education.

This is an ongoing issue.

OBJECTIVE: Increase outreach to young adults about resources for GED and advanced education, budgeting skills, housing, healthcare and employment.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Increase in young adults get records GED in basic skills education
- Increased? % of young adults using outreach services
- Related indicator from family cultural/social factors group

Activities:

- Form increased partnerships between agencies, schools, and businesses, to address issues of young adults.
- Increase outreach to young adults before high school graduation, at workforce development, higher education, and teen parenting services, other family members.

Short-term outcome(s) for addressing this long-term objective.

- Dialogue between differing agencies and later action. Planning by community – target specific communities as models.
- Agency/organization partners involved with this outcome: Workforce development, schools, business through Chamber, higher educational institutions, service agencies
- Action planning and outreach for above.
- Agency/organization partners involved with this outcome: Same (who is working presently with workforce development and businesses in school for employment development)

A committee/partnership/collaboration should continue working on this long-term objective.

Chapter 4: ENVIRONMENTAL/OCCUPATIONAL HEALTH

According to the data, what are the broader issues related to this indicator?

- Public awareness and education on the level of safety that exists in our environment today
- What changes have occurred over time that compromise health and safety
- Education of public officials on environmental issues and existing health risks

What data identified here is relevant to this issue?

- Outdoor air quality
 - Ozone
- Indoor air quality
 - Radon
 - Tobacco smoke
- Lead poisoning
- Public opinion survey
- Mortality data related to environmental causes

What other information do you have about this issue that is not identified in the data provided?

- Mercury – lakes/fish
- Abandoned land fills and water quality
- Animal issues – strays/bites
- Noise levels
- Data collected by Public Health Department (PHD) of public concerns

Is there a population with a greater or lesser need?

- Elderly and young (non-effective immune systems)
- Low income persons'
- Persons with rural wells/septic systems

What are the community's existing resources and strengths in addressing the major issues?

- Public Health Department
- DNR
- UW-Extension
- State Health Department
- Health care facilities
- Department of Agriculture
- Land Use
- Land Conservation
- Office on Aging
- Lake associations
- Humane Society

What are the barriers to addressing the major issues?

- Education
- Funding
- Changing the “it-can’t-happen-to-me” attitude
- Sensationalistic reporting
- Lack of data on some issues
- Networking structure between community resources
- Lack of local regulations and ability/authority to enforce

The desired long-term outcome(s) of addressing this issue.

- Citizens of Washington County (WC) will be protected from human health hazards and lead poisoning.
- Citizens of WC will be assured that licensed facilities/services in WC restaurants, lodging, and public swimming sites meet state/local safety and sanitary codes.
- Citizens of WC will have the information and knowledge needed to protect their health and safety to assure that they live, work, and play in a health environment.

Key evidence indicating the need to address this issue.

- Health Departmental Annual Environmental Health Report tracking Human Health Hazards (HHH) concerns.
- Existing barriers that delay resolution/response to HHHs.
- Community assessment indicated that 25% of citizens are concerned with environmental issues.

Importance of this issue.

The negative impacts on the quality of life that results from HHHs are numerous. Families living with unresolved HHHs in their homes or communities are at higher risk for disease, injury, and long-term disabilities. Loss to society related to financial burdens and decreased individual productivity.

This is an ongoing issue.

OBJECTIVE 1: Citizens of Washington County will be protected from human health hazards and lead poisoning.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Human Health Hazard Ordinance/Lead Hazard Abatement adopted by WC Board of Supervisors.
- Tracking state/local data of children who are tested for blood lead levels.
- Track timeline from identification of HHH/lead hazard to abatement.

Activities:

- Annual Health Department report to WC Board of Supervisors.
- Report card to public.

Short-term outcome(s) for addressing this long-term objective.

Human Health Hazard (HHH)/Lead Hazard Ordinance Development

Agency/organization partners involved with this outcome: Health Department, Board of Health (BOH), County Board of Supervisors, Corporation Council and Advisory Committee from local municipalities.

OBJECTIVE 2: Citizens of WC will be assured that licensed facilities/services in restaurants, lodging, and public swimming sites meet state/local safety and sanitary codes.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- All restaurants receive a complete inspection annually.
- Tracking food and water related illnesses.
- Tracking complaints by citizens.

Activities:

- State/local report on restaurant inspection.
- Development of food handler training program.

Short-term outcome(s) for addressing this long-term objective.

- Food handlers will have appropriate knowledge for handling food safety.
Agency/organization partners involved with this outcome: Health Department (HD), facility operators, state Department of Health and Family Services (DHFS).

A committee/partnership/collaboration should continue working on this long-term objective including Health Department, DHFS, facility operators, and concerned citizens, Board of Health.

OBJECTIVE 3: Citizens of WC will have the information and knowledge needed to protect their health and safety to assure that they live, work, and play in a health environment.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Tracking number of homes abated for lead and radon.
- Tracking number of well water test bottles distributed.

Activities:

- Citizen response to next community assessment.
- Annual report from state lead program.
- Health Department records for radon test results.

Short-term outcome(s) for addressing this long-term objective.

- Development of environmental column in one or more local papers.
- Cable TV program.

A committee/partnership/collaboration should continue working on this long-term objective.

A partnership already exists, and it is who? Healthy Washington County Environmental Sub-Committee.

According to the data, what are the broader issues related to this indicator?

- Sexually Transmitted Diseases (STDs)
 - Infertility problems (male/female)
 - Increase cervical cancer
 - Increased risk for HIV
- Unplanned pregnancy (not just teen problem)
 - Completion of education – both
 - Future employment
 - Low birth weight – increased expense to community
 - Financial burden – both parents
 - Preventing repeat (subsequent) pregnancy
- Abortion rate
- The need for legislation to protect under-age partners
- The need for asset building
 - Self esteem
 - Relationship building
- Morals breakdown in our country
 - Explicit sexuality on media – TV, magazines, radio, Internet
- Parent education on sexual trends and data
- Family of origin influences sexual behavior of children

What data identified here is relevant to this issue?

- Low birth weight
- Health care – Lack of early prenatal care
- We know STD's are here in Washington County and Wisconsin
- Unintended pregnancy rate high
- 37-38% do not have high school diplomas
- Medical risk factors high
- High school students are having sexual intercourse – data validity? (25%)
- 2790 using no birth control
- Almost 50% not using condoms – risk for STD's

What other information do you have about this issue that is not identified in the data provided?

- Adolescent sexual health in Europe and us – why the different

Is there a population with a greater or lesser need?

- Greater need
 - Teens
 - Low income
 - Women who are victims of abuse

What are the community's existing resources and strengths in addressing the major issues?

- Big Brothers/Big Sisters
- Healthy families
- Planned Parenthood
- Health Department
- Department of Social Services
- Schools
- Youth and Family Project
- Street outreach
- Mental Health Center
- Friends
- Family Center
- Church groups
 - New Life
- Media – TV/cable
- WIC Program
- AODA
- Maternal Child Health/Teen Pregnancy Prevention Committee of Healthy Washington County 2000
- Donated Healthcare
- Community pregnancy counseling agencies
- Catholic charities
- Hospitals
- Workforce Development
- Police/law enforcement
- Children's Resource Project
- CCSA
- United Way
- County Board/policymakers

What are the barriers to addressing the major issues?

- Money for programs (finances)
- Limits on education
- Cultural inhibitions to speak to this issue as a normal process
- Inability to control media/outweighed by parental guidance
- We don't support healthy sexuality here
- Quality time (parents, teachers, ministers)
- Male responsibility needs to be addressed

The desired long-term outcome(s) of addressing this issue.

- Education of healthy relationships/sexual behavior for parents & youth
- Reduce the numbers of persons having high-risk sexual behavior, particularly among teens/young adults in Washington County.
- Increased access to resources.
- Reduce unplanned pregnancies/STDs in Washington County.

Key evidence indicating the need to address this issue.

- 80-90% of high-risk pregnancies of teens and young adults are unintended.
- 1999 Washington County STDs profile: Chlamydia – 49; Genital Herpes – 30; Gonorrhea - 8.

- 89 live births to teens in Washington County in 1999.

Importance of this issue.

- High risk sexual behavior impacts on:

This is an ongoing/urgent issue.

OBJECTIVE 1: Reduce high-risk sexual behavior

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Increase educational opportunities to persons.
- Reduce number of STDs.

Activities:

- All high schools in county will provide mandatory health classes.
- Develop and provide education materials to fifth graders' parents.

Short-term outcome(s) for addressing this long-term objective.

- Promote collaboration between community and schools. Contact health curriculum advisor at each area high school.
- Check on certified health teachers in schools, pamphlets available at clinics to educate parents/teens.
- Assess Building for Teens
Get Up-Connection

A committee/partnership/collaboration should continue working on this long-term objective. A partnership already exists, and who is it? Washington County MCH and teen pregnancy prevention.

OBJECTIVE 2: Increase access to resources.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Increase the number of schools that have a health professional available for students.
- Increase the number of agencies that promote pamphlets/education on relationship building in the county.
- Increase ongoing community health education programs.

Activities: None

Short-term outcome(s) for addressing this long-term objective.

- Contact and have them include information with all patient contact.
- Medical clinics/health professionals get pamphlets printed.
- Printing businesses. Get published articles on a regular basis. Media

A committee/partnership/collaboration should continue working on this long-term objective. Include: Task force: Media, printing businesses, medical clinics, health professionals. Partner with MCH and teen pregnancy group of Washington County.

OBJECTIVE 3: Reduce unplanned pregnancies

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Reduce number of unintended pregnancies per Washington County states.
- Increase community awareness of abstinence support and family planning.
- Activities:
- Contact Peers for Peers will promote healthy decision-making.
- Collate abstinence resource list, speaker list.
- Distribute abstinence information with others.

Short-term outcome(s) for addressing this long-term objective.

- Distribute abstinence information to clinics/schools.
- News release of pregnancy stats.
- Media. Promote resources to high-risk teens.
- Law enforcement and school liaisons.

A committee/partnership/collaboration should continue working on this long-term objective.
A partnership already exists. MCH and teen pregnancy prevention co. of Washington County.

Chapter 6: INAPPROPRIATE USE/ABUSE OF ALCOHOL AND OTHER SUBSTANCES

According to the data, what are the broader issues related to this indicator?

- Public safety
- Health related issues
- Compulsive behavior

What data identified here is relevant to this issue?

- Illegal behavior

What other information do you have about this issue that is not identified in the data provided?

- Anecdotal
- Research on family systems
- Perceptions of societal values

Is there a population with a greater or lesser need?

- Adolescent females
- Older adults

What are the community's existing resources and strengths in addressing the major issues?

- Volunteerism attitude in county
- Agencies (treatment and The Council)
- Faith community
- Access to research on what works/why things happen

What are the barriers to addressing the major issues?

- Enabling
- Confusing/mixed messages
- Medical community

When do people start using "harder drugs" (e.g., cocaine...)

Why is there an increase in adolescent girls in system – relationships with older men?

Why doesn't binge drinking continue to go down with age?

Why is compulsive behavior increasing?

Inhalant use by middle school; increased use by younger kids (13 and younger)

Increased selling by youth (marijuana)

Not as much "variety" in drugs available

More adults "encouraging use"

More adult men in treatment than women

More adolescent females in treatment than previously

Drinking as a part of society

People entering system later in disease

The desired long-term outcome(s) of addressing this issue.

- Reduce substance abuse to protect the safety, health, and quality of life to all.

Key evidence indicating the need to address this issue.

- Youth assets survey indicating alcohol use and driving with drinking driver and drug use.
- Binge drinking by adults as indicated by Washington County Community Health Survey
- Drunk driving arrests in WC.
- Citations issued to juveniles for alcohol and drug use.
- Statistics on first time of use.

Importance of this issue.

Because it affects the safety, health and quality of life through increased tax costs for convictions, medical care, law enforcement, and safety on the roads. It affects families when abuse goes untreated and employment/workplace through absenteeism and poor work habits.

This is an ongoing issue.

Objective: Reduce substance abuse to protect the safety, health, and quality of life to all.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

- :
- Increase the portion of adolescents not using alcohol or illicit drugs in post 30 days as indicated through youth assets survey.
 - Increase public safety by reducing the number of convictions for drunk driving and fatalities due to alcohol use.
 - Reduce the portion of adults/youth using any illicit drug during post 30 days as indicated by emergency room and inpatient hospital stays.
- Activities: None

Short-term outcome(s) for addressing this long-term objective.

- Increase public awareness of the negative impacts of drinking and driving at a personal family/community level.
Agency/organization partners involved with this outcome: CCSA Council, all schools, DARE, Tavern League, Taxi Service, STAND, business community.
- Increase number of alcohol-free activities and/or accommodations for safety at non-alcohol-free activities.
Agency/organization partners involved with this outcome: Business community, churches.
- Increase involvement of community members to take an active role in decreasing substance abuse.
Agency/organization partners involved with this outcome: CCSA Council, business community.

A committee/partnership/collaboration should continue working on this long-term objective.

Chapter 7: INTENTIONAL AND UNINTENTIONAL INJURIES AND VIOLENCE

According to the data, what are the broader issues related to this indicator?

- Motor vehicle crashes
 - Lack of seat belt use
 - Alcohol and drug use
- Perception of personal safety
 - Firearms in homes
 - More and more firearms including handguns
 - Bike helmets – Percentage high reporting on another youth's behavior
 - Domestic violence – sexual assault
 - Hip fractures
 - Poisonings
- Suicide

What data identified here is relevant to this issue?

- Injuries are the third leading cause of death behind heart disease, cancer, and stroke.

What other information do you have about this issue that is not identified in the data provided?

- Data provided in survey – not consistent with Washington County Sheriff's Department. Four times a year survey only 50-60% wear seat belts (survey says 84%)
- Domestic violence (accuracy can't be based on one interview for sensitive components) – only one in ten report –38% say stranger based – actual statistics is less

Is there a population with a greater or lesser need?

- Underinsured single male or female
- Some college or less 18-24
- Non-English speaking residents

What are the community's existing resources and strengths in addressing the major issues?

- Partnerships between agencies and business – good network
- Washington County Injury Prevention Coalition
- Friends of Abused Families – Incorporate personal safety in
- The Council Peers 4 Peers & Youth Assets Outcomes – (safety plan)
- School systems (Hartford, Germantown, West Bend)
- Tobacco Coalition

What are the barriers to addressing the major issues?

- Standard reporting tool
- Consistency and sensitivity in screening
- Lack of county data
- Lack of constituent programming in schools
- Transportation
- Lacking youth and business at table

The desired long-term outcome(s) of addressing this issue.

- Reduce injuries, disabilities, and deaths due to unintentional/intentional injuries and violence.
- Reduce deaths caused by motor vehicle crashes.

- Reduce homicides and suicides.

Key evidence indicating the need to address this issue.

- Injuries and the third leading cause of death behind heart disease, strokes and cancer.
- Injuries do not happen by chance.
- Frail elderly are more likely to be injured or die from MVC because of thinning bones.

Importance of this issue.

The emotional and financial burden at injury and loss of life to individuals, families and society can be reduced because injury does not happen by chance. Injury and violence follows distinct patterns. It is predictable and preventable.

This is an ongoing issue.

OBJECTIVE 1: Reduce injuries, disabilities and death due to unintentional injuries.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Injury rates for Washington County
- Falls
- Injuries in the home/hip fractures

Activities:

- Bicycle and bicycle helmet education/wheels support Police Department programs, bike safety
- Educate parents 4-8 years, Children 9-11 years.
- Household safety education for families and seniors.

Short-term outcome(s) for addressing this long-term objective.

- Decrease injuries, hospitalizations from wheel injuries. Children and adults wear helmets. Increase helmet use.
 - Agency/organization partners involved with this outcome: Police departments, schools, WCIPC, parents, citizens, hospitals, and medical clinics.
- Safe bikes for children.
 - Agency/organization partners involved with this outcome: Police Departments, Washington County Injury Prevention Coalition, hospitals, medical clinics, schools.
- Homes are safe. Scatter rugs have skid-free backing. Stairs are gated.
 - Agency/organization partners involved with this outcome: Adult services, office on aging schools.

A committee/partnership/collaboration should continue working on this long-term objective including schools, hospitals, medical clinics, citizens, and law enforcement. The Washington County Injury Prevention Coalition is a resource.

OBJECTIVE 2: Reduce deaths caused by Motor Vehicle Collisions (MVC)

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Deaths by age from Motor Vehicle Collisions (MVC).
- Injuries by age from MVC.

Activities:

- Pass primary seatbelt law. Booster seat law protecting children 4 to 11?
- Enforcement of existing child restraint law and secondary seatbelt law.
- Education – Prenatal classes, parenting classes, home safety, booster seat programs, teenage programs in high schools. Car seat check sites?

Short-term outcome(s) for addressing this long-term objective.

- Increased seatbelt use (adults) (elderly) (teenagers).
- Agency/organization partners involved with this outcome: Sheriff’s Department, EMS, schools, police, citizens, Washington County Health Department, Washington County Injury Prevention Coalition, hospitals, medical community.
- Increase booster seats 4-11 and correct car seat installation.
Agency/organization partners involved with this outcome: Washington County Injury Prevention Coalition, schools, Washington County Health Department, police, hospitals, medical clinic community, Emergency Medical Services (EMS).

OBJECTIVE 3: Reduce homicides/suicides and injuries related to domestic violence and sexual assault.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Homicide rates
- Suicide rates
- Firearm injuries
- Number of domestic abuse injuries
- Number of sexual assaults
- Number of child abuse injuries
- Activities: Recognize, develop and make known:
- Support Anger Management Programs through the life span.
- Support reducing stigma of mental health and substance abuse programs (advocacy)
- Assess presence of firearms in homes and educate
- Parenting programs
- Education regarding protective behavior to begin at a preschool age, “I have the right to feel safe all of the time”.
- Education as power and control as a mandates for offenders of DVI

Short-term outcome(s) for addressing this long-term objective.

- Reduce maltreatment of children, domestic violence, physical assaults, and physical fighting among adolescents - Agency/organization partners involved with this outcome: Citizens, parenting programs, DSS, law enforcement, schools, Friends of Abused Families.
- Increase number of guns locked safely in homes - Agency/organization partners involved with this outcome: Schools, hospitals, medical clinics, and when gun shows are held on county property.
- Support existing gun safety programs.

Chapter 8: MENTAL HEALTH

According to the data, what are the broader issues related to this indicator?

- Stress, suicide, depression – Narrow, Negative
- Shift public's perception to positive mental health - Lower stigma
- Healthy lifestyle or "asset" emphasis

What are the community's existing resources and strengths in addressing the major issues?

- Health promotion emphasis
- Mental health professionals need to communicate across levels of care
- Communicate with others invested in public health
- Overall emphasis on education/acceptance

The desired long-term outcome(s) of addressing this issue.

- Increase education in county residents on positive mental health lifestyles.
- Increase number of individuals seeking treatment for mental health related issues.

Key evidence indicating the need to address this issue.

- Focus on "scary" negative information.
Focus on illness rather than health.
- Community Health Needs Map – 8 Root Causes of Death.
- 50% of population reported feeling stressed.
- Inability of insurance companies/states to recognize illness.

Importance of this issue.

Healthy mental health is vital to our community. Stress, depression, hopelessness, affects every family. Adequate education and funding enables the community to access support and treatment. The community is more accepting of seeking services, creating a healthier community.

This is an ongoing, urgent issue.

OBJECTIVE 1: Increase education about Mental Health

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Number of presentations provided in the community on mental health issues.

Activities:

- Healthy community/healthy youth involvement
- Mental Health fairs
- Provide screenings for all populations in any setting

Short-term outcome(s) for addressing this long-term objective.

- More widely distribute information to schools, hospitals, clinics.

A committee/partnership/collaboration should continue working on this long-term objective including providers and service organizations.

A partnership already exists, and it is who? No.

OBJECTIVE 2: Increase Treatment for Mental Health

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Number of people seeking treatment increases.
- Reduction in number of individuals subject to involuntary treatment.

Activities:

- Support groups
- Promote mental health issues with legislators
- Promote screenings for all ages within non-mental health settings

Short-term outcome(s) for addressing this long-term objective.

- Define and collate the support groups serving Washington County.
Agency/organization partners involved with this outcome: Providers, support groups, resource line.
- Work with law enforcement related to the management of crisis situations.
 - Agency/organization partners involved with this outcome: Law enforcement, providers.

A committee/partnership/collaboration should continue working on this long-term objective including providers, law enforcement, local legislators, and hospitals.

A partnership already exists, and it is who? No.

Chapter 9: NUTRITION

According to the data, what are the broader issues related to this indicator?

- Nutritional
- Money, education, and time
- Cultural barriers and no united group to represent
- No preventative care information specific for kids

What data identified here is relevant to this issue?

- Risk conditions
- Nutrition and diet
- Overweight stats
- Education and income levels did not have significant differences
- Information regarding milk, sodium, balanced diet
- Reading USDA reports
- Experience
- Continuing education
- All A+ research data
- Dietary guidelines

What other information do you have about this issue that is not identified in the data provided?

- Trend to increase overweight
- Calcium and sodium
- Breast feeding issues have not been addressed

Is there a population with a greater or lesser need?

- All need

What are the community's existing resources and strengths in addressing the major issues?

- Meals on Wheels
- Doctors
- Nurses
- Women Infants and Infants (WIC) program
- Free clinic
- Youth groups
- Food Pantry
- Office on Aging
- Farmers Market
- School lunch and breakfast program

What are the barriers to addressing the major issues?

- High cost of living
- Increased out-of-pocket medical costs
- Time shorter
- Alcohol
- Inaccurate data re: WIC households
- Incomplete data
- Lack of data specific to Washington County
- Media advice re: Nutrition
- Need input from nutrition profession in the county
- Lack of elective participation in schools

NUTRITION Part 2

According to the data, what are the broader issues related to this indicator?

- Housing cost in Washington County so not enough dollars on food
- Cost of medication for elderly
- Misinformation on balanced diet
- Poor motivation
- Cause and effect not seen
- Alcohol use
- Drug/nutrition interactions
- Money
- Nutrition education time
- Language/culture

What data identified here is relevant to this issue?

- National averages (2010)
- Education and income don't necessarily determine healthy diet

What other information do you have about this issue that is not identified in the data provided?

- Did not identify overweight youth and diabetes
- Study calcium intake, sodium intake, balanced diet
- No preventative with kids
- No food safety

Is there a population with a greater or lesser need?

- All
 - Children
 - Middle aged
 - Older

What are the community's existing resources and strengths in addressing the major issues?

- Meals on Wheels
- Community Health nurses
- WIC
- American Heart in school
- Dairy Council

- UW Extension
- Hospital RNs
- 4-H
- Girl Scouts
- Food Pantry
- SHARE
- Meal sites
- Farmers Market
- FMNP
- Library
- School lunch and breakfast programs
- Doctors

What are the barriers to addressing the major issues?

- Inaccurate WIC data
- Not enough data
- More input from nutrition professionals in county
- Family and consumer science not taught (don't know how to cook)
- Survey questions not relative to dietary guidelines
- No food security issues for Washington County – 2010 regional only
- Conflicting nutrition advice (reliable sources)
- No role models
- No united county or community effort for cultural concerns

Notes:

- Is the prevalence of overweight children in Washington County similar to that of the nation
- We need more comprehensive dietary data for better evaluation
- Other issues our county also needs to address relate to diet, heart disease, cancer
- Calcium and sodium intake relate to disease – let's study these
- Why haven't we collected data on kids? Preventative care may work with them
- Excessive alcohol use in the county impacts nutritional health
- Why not study prevalence of breast feeding

NUTRITION Part 3

According to the data, what are the broader issues related to this indicator?

- Monetary issues
 - Relatively high housing costs in county affect amount of food dollars available
 - High out-of-pocket costs (e.g., elders pay for medications)
 - Lack of adequate transportation
- Lack of Knowledge/Skills
 - Misinformation
 - Family role modeling poor
 - Poor motivation as may not see cause and effect between diet quality and health
 - Lack knowledge of how to work convenience foods into a healthy diet
 - Beverage choices
 - Drug/medication interactions – use of supplements and herbs
- Lack of time with many caregivers working
- Language and cultural barriers

What data identified here is relevant to this issue?

- The Healthy People 2010 target helps to evaluate status of health of Washington County residents
- Health Washington County survey data re: income, education

What other information do you have about this issue that is not identified in the data provided?

- Work experience, professional development, American Heart Association and other agency research data
- Journals and other professional resources
- USDA, Dietary Guidelines for Americans (DGA), Websites on the Internet
- Prevalence of breastfeeding in the county as it can positively impact the incidence of developing a chronic health problem
- Possibly more overweight youth developing Type 2 Diabetes
- Calcium and sodium intake of survey participants as it relates to cause and effect of osteoporosis and hypertension, respectively
- Only certain diseases were identified; heart disease and cancer were not in spite of their high prevalence in the county
- Excessive alcohol use negatively impacts nutritional status
- Data to evaluate preventative care efforts
- Data specific to children
- Food safety practices

Is there a population with a greater or lesser need?

- All have a need
- Seniors – some may need rationale for changing established dietary and food safety practices
- Mid-life – responsible for elders and youth, role-modeling
- Youth – school meal programs need to be evaluated

What are the community's existing resources and strengths in addressing the major issues?

- MOW
- WIC/WNEP/FMNP
- American Heart Association
- FMNP
- Dairy Council
- Public Health Department
- Hospital Registered Dietitians
- Free clinic
- Farmers Markets
- 4-H and other youth groups
- SHARE
- Elderly Nutrition Program
- Library system
- School breakfast/lunch program
- Health care system
- Emergency food access (pantries, meal site)

What are the barriers to addressing the major issues?

- WIC data reported inaccurate
- Some of data asked in survey questions not relative to DGA
- No county-relevant statistics regarding food security (national statistics available in Healthy People 2010)
- Media reporting/unreliable nutrition information resources
- Inaccurate or irrelevant data
- Missing data
- Lack of education
- Language/culture
- No united community effort (i.e., task force)
- Input from other nutrition/health professionals in the community/county and lay people who delivery MOW (2 of 3 of us serve limited income population of the county)
- Little education in schools on family and consumer sciences (it's an elective, so few know how to cook)
- Role models not as prevalent in the home
- Lack of education on cause and effect for maintaining good health
- Lack of time to plan for nutritional health
- Language and cultural barriers
- No united community effort (i.e., task force) for hunger or cultural concerns (e.g., Hispanics are at high risk for overweight thus developing Type 2 Diabetes)

The desired long-term outcome(s) of addressing this issue.

- Promote health and reduce chronic disease associated with diet, exercise and lifestyle.
- Enhance food security.
- Increased knowledge and adherence to food safety guidelines.

Key evidence indicating the need to address this issue.

- Increased demand for information on food safety guidelines.
- Increased incidence of prevalence in children and undiagnosed Type 2 diabetes in adults.
- Lack of knowledge among the general public relating to diet, physical activity, and medical indicators and how they affect overall health.
- Increased usage of community food and nutrition resources.

Importance of this issue.

The negative effects of poor nutrition, inactivity and lifestyle habits impacts the quality of life and economic health of the county.

This is an ongoing issue.

OBJECTIVE 1: Promote health and reduce chronic disease associated with diet, exercise and lifestyle.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Annual (Health) profile for Washington County
- HWC
- WIC Pre-pregnant weight data
 - Activities:
- Celebrate families

- Fairs – Healthy Washington County
- Hospital Clinic and workplace programs

Short-term outcome(s) for addressing this long-term objective.

- Establish measuring methods to track educational contacts.
- Agency/organization partners involved with this outcome: Hospital and clinics, schools, WIC, WNEP, home health, pantries, public health department

A committee/partnership/collaboration should continue working on this long-term objective. The agencies in 1 above (maybe heart, diabetic, and cancer associations, daily council, Washington County Agriculture Beef Council, Family Center, YMCA

OBJECTIVE 2: Enhance food security.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Participation in the free and reduced cost school meal programs and church-opposed food programs
- Pantry usage and food stamp program enrollments
- WIC

Activities:

- Food drives
- WNEP programming on community resources
- SHARE

Short-term outcome(s) for addressing this long-term objective.

- Improved community awareness of the mild year-round donations to food programs.
- Agency/organization partners involved with this outcome: All
- Impact of the school breakfast programs on measurable indicators such as ability to learn tardiness, attentiveness, and usage of on-site health services.
- Agency/organization partners involved with this outcome: Village shared decision teams within the school districts.

OBJECTIVE 3: Knowledge and adherence to food safety guidelines

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Educational contacts by WNEP
- Food-borne illness incidence tracked and reported to PHD
- State health inspector report on violations of food service agencies in the county

Activities:

- Health Department Food Safety Powerpoint
- WNEP programming
- Formal sanitation and food safety courses and/or certification

Short-term outcome(s) for addressing this long-term objective.

- Improvement in evaluation outcomes of knowledge and intentions to change after attending WNEP programming
- Facility improvements seen in acquiring knowledge from sanitation and food safety training

Chapter 10: OBESITY AND LACK OF PHYSICAL ACTIVITY

According to the data, what are the broader issues related to this indicator?

- Lifestyle – we are a product – more sedentary TV, computer
- Society's image of perfect body
- Safety factors – can be dangerous to walk, kids – any fitness - not stress like in the 80's
- Knowledge – people don't realize breakfast is important; exercise makes you feel better

What data identified here is relevant to this issue?

- Jump from 76-80 to 88-94 in overweight kids
- Percentage overweight kids and adults an escalating problem
- We are in the ballpark with rest of state – lack of exercise
- Diseases associated with obesity/lack of exercise also increasing

What other information do you have about this issue that is not identified in the data provided?

- Local champions out there to step forward to make a difference – Mayor Mike Miller
- What are school standards non-physical ed, President's Fitness Award

Is there a population with a greater or lesser need?

- Youth and elderly – greater need, really a lifespan problem
- Low income - greater

What are the community's existing resources and strengths in addressing the major issues?

- Future fit, YMCA, recreation departments, Curves for Women, hike, bike, ski trails, track at Badger School
- Larger employers have fitness programs, incentives, food, Weight Watchers

What are the barriers to addressing the major issues?

- Danger – ride/run on road, pollution, traffic
- Time motivation, accessibility
- Cost of intramural sports – private sports
- Team sports – only the fit can make the team
- Recreation centers – need to live in that community

The desired long-term outcome(s) of addressing this issue.

- Improve health, fitness and quality of life through physical activity and weight control.

Key evidence indicating the need to address this issue.

- 35% of adults responding to the Healthy Washington County phone survey were overweight (fall, 2000).
- 55% of adults surveyed by Froedtert in 2000 were overweight in Washington County.
- 56% of Wisconsin adults were overweight in 2000.
- Estimates indicate percent of overweight kids is an escalation problem.
- In Wisconsin in 2000 – 22% of adults reported no leisure time physical activity in the past month.
- Nationally it is estimated that approximately 20% of the population exercises regularly.

Importance of this issue.

Lack of physical activity contributes to being overweight, which in turn contributes to many chronic heart conditions like heart disease and cancer. Fitness involves balancing food intake and activity, output to achieve a weight that supports good health.

This is an ongoing issue.

OBJECTIVE: Improve health, fitness and quality of life through physical activity and weight control.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Overweight
- No leisure time physical activity

Short-term outcome(s) for addressing this long-term objective.

- Increase awareness of individual's ability to affect own health.
- Increase awareness of population(s) to affect health and insurance costs.
- Agency/organization partners involved with this outcome: Develop and establish fitness coalition in one community to model a pilot for others.

A committee/partnership/collaboration should exist to work on including business partners (KMEGH), medical clinics, schools, Health Department, recreational facilities, YMCA, etc.

A partnership already exists, and it is who? No.

Chapter 11: SOCIAL/CULTURAL/FAMILIAL/SPIRITUAL

According to the data, what are the broader issues related to this indicator?

- Lack of diversity
- Increase of child abuse – 0-5 years
- Students don't feel welcome in schools
- Access to child care
- Families that can't afford housing

What data identified here is relevant to this issue?

- 97.7 population is white
- Increase in children 0-5 years
- High school 46%, middle school 59%
- 113 providers – 226 get subsidized

What other information do you have about this issue that is not identified in the data provided?

- Office on Aging
- Cultural resources
- Museums, art centers, etc.
- Volunteer opportunities, social organizations (4-H, scouting, etc.)
- What percentage of population are affiliated with religious organizations
- Householders living alone, broken down by age brackets
- Benchmarks for social/familial factors

Is there a population with a greater or lesser need? Greater

- Greater - Middle and high school youth, Seniors, Ethnic population
- Lesser - High median income

What are the community's existing resources and strengths in addressing the major issues?

- Strong community collaborations
- Child care network and support
- Organizations get strong community support
- Peers for Peers, ACT scores
- Many cultural resources
- Innovative programs for youth
- Community willing to take chances

What are the barriers to addressing the major issues?

- Isolation
- Transportation
- Awareness of resources
- Attitude toward asking for help
- Language and cultural awareness

The desired long-term outcome(s) of addressing this issue.

- Increase community's appreciation and value towards youth as contributing citizens.
- Reduce injuries, physical and psychological due to violence in the home, school and community.
- Increase culturally competence of service providers in Washington County.

Key evidence indicating the need to address this issue.

- Lack of diversity and projected increase.
- Increase of child abuse – 0-5 years.
- Students don't feel welcome in schools.

Importance of this issue.

Children and youth need to feel safe and valued in their communities, to become productive students and citizens; people of all cultures need easy access to services and resources that will maintain an optimal level of health.

This is an emerging, ongoing issue.

Objective 1: Increase community's appreciation and values towards youth as contributing citizens

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

- Number of youth serving on boards and committees with voting rights. (school board, YMCA board, 4-H leaders association, policymaking.
- Increase in service activities. Mentoring, Volunteer Center, church, YMCA
- Survey results of assets.
- Increase in membership in youth organizations and involvement in extracurricular activities.
Activities:
 - Youth asset survey. (SEARCH Institute)
 - Training for board members to successfully involve youth and nurture their participation on the boards/committees, PAAT instrument
 - Family Impact Seminar
 - Celebrate Families

Short-term outcome(s) for addressing this long-term objective.

- More youth selected on committees and staying on committee.
- Agency/organization partners involved with this outcome: Schools, youth organizations, and non-profit youth serving agencies.
- Youth increase participation in extracurricular activities (5%). (school)
- Youth participation in Family Impact Seminar.

A committee/partnership/collaboration continue working on this objective including schools, agencies, public and private, youth, churches.

Does a partnership already exist, and who is it? Youth Assets, Volunteers for Youth.

OBJECTIVE 2: Reduce injuries, physical and psychological, due to violence in the home, school, or community

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Fewer child abuse reports for age groups 0-5.
- Decrease in bullying reports on the playground and the bus.
- Increase in parent education opportunities for parents of children.

Activities:

- Provide consistent training to bus drivers and teacher aides related to bullying video and fact sheets – training opportunities.
- Offer peer mediation training to middle-high schools. Expand Peers for Peers, Friends Helping Friends.
- Increase parent education, recognition opportunities, daycare, Headstart, early childhood.
- Mandate – parent education program to any substantiated abuse cases.

Short-term outcome(s) for addressing this long-term objective.

- Increased parent education programs.
- Contact with all five bus companies to get approval to implement bus driver training programs.
Agency/organization partners involved with this outcome: Schools, bus companies.
- Develop educational package on bullying for use with school aides and bus drivers.
Agency/organization partners involved with this outcome: UWEX, schools, clearinghouse.

Objective 3: Increase cultural competence of service providers in Washington County

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Identify needs current and emerging.
- Agencies, schools, service providers will have staff with the skills to work with families from different cultural backgrounds.

Activities:

- Address language barriers and cultural differences.
- Have access to interpreters.
- Training for school personnel available to meet the needs of a culturally diverse population.
- Short-term outcome(s) for addressing this long-term objective. Share knowledge of existing resources.
- Look at staffing needs.
Agency/organization partners involved with this outcome: Schools, DSS, churches

A committee/partnership/collaboration continue working on this long-term objective including schools, hospitals, and physicians.

Chapter 12: TOBACCO USAGE/EXPOSURE

According to the data, what are the broader issues related to this indicator?

(Following title listings each detailed on separate pages for questions #2 through #4)

- A. Environmental Tobacco Smoke
- B. Economic and Human Cost of Tobacco Use
- C. Smoking is Generally Accepted
- D. Lack of Initiative by Some Healthcare Providers on Tobacco Education
- E. Increase in Usage Among College-Age Adults
- F. Smoking During Pregnancy
- G. Youth Access

What are the community's existing resources and strengths in addressing the major issues?

- Washington County Tobacco-Free Coalition
- WISE – A subcommittee of the Coalition which stands for Washington County Initiative for Smoke-Free Environments
- Tobacco Control Specialist – Health Department
- The Council on AODA
- 2001 Washington County Smoke-Free Dining Guide – Listing 67 completely smoke-free restaurants, taverns, coffee houses
- Government support
- Smoke-free schools and public buildings
- American Cancer Society Community Action Team
- American Cancer Society, American Heart Association, and American Lung Association
- Wisconsin Tobacco Quit line
- FACT – New youth-led movement which stands for Fighting Against Corporate Tobacco
- School systems
- Health Department – WIC, Healthy Start, Public health nurses
- Respiratory therapists/other medical professionals

What are the barriers to addressing the major issues?

- People give numerous reasons why not to quit:
- Tobacco use is seen as a stress reducer
- Weight gain
- Physical addiction
- Lack of knowledge about resources to assist them
- Money/funding
- Peer pressure
- Easy access to youth
- Ignorance about the issue
- Healthcare providers not asking enough regarding tobacco usage?
- Lack of community awareness about the issue/effects of Environmental Tobacco Smoke
- Fighting Against Corporate Tobacco
- Advertising which targets youth
- Media campaigns that make smoking seem cool or glamorous

PART A – ENVIRONMENTAL TOBACCO SMOKE

According to the data, what are the broader issues related to this indicator?

- Environmental tobacco smoke
- Secondhand smoke widespread around non-smokers
- Home and work place environments are major sources

What data identified here is relevant to this issue?

- 15 million children are estimated to be exposed to smoke in their homes '96
- ENVIRONMENTAL TOBACCO SMOKE increases the risk of heart disease and respiratory infections in children
- 3,000 cancer deaths of adult non-smokers in 1996
- During years 1988-94, 65% of non-smokers were exposed to ENVIRONMENTAL TOBACCO SMOKE (Health People 2010)
- Over half of adult respondents reported favoring an ordinance in their community prohibiting smoking in eating establishments (37% strongly favored, 20% moderately favored) in HAWKS
 - 49% blue-collar businesses prohibited smoking
 - 49% county government buildings prohibited smoking

Is there a population with a greater or lesser need?

- Birth to death – greatest
- Non-smoking employees who work in establishments where smoking is allowed

PART B – ECONOMIC AND HUMAN COST OF TOBACCO USE

According to the data, what are the broader issues related to this indicator?

- Economic and human cost of tobacco use
- Leading preventable cause of death in Wisconsin

What data identified here is relevant to this issue?

- 1995 – 7,700 Wisconsin residents died from smoking-related illness and injuries
- (112) 16% of Washington County residents died from tobacco-related causes
- Estimated cost of health-related tobacco usage in Washington County - \$20.6 million (physician visits, hospitalizations, etc.)
- In Wisconsin average annual years of potential life lost per death due to smoking between 1990-1994 was 12.8
- In 1998 and 1999, the 3 leading causes of death in Wisconsin were heart disease, cancer, stroke which accounted for 61% of total deaths of state residents
- Washington County's leading causes of death for the same time period were the same

Is there a population with a greater or lesser need?

- All segments of the population

PART C – SMOKING IS GENERALLY ACCEPTED

According to the data, what are the broader issues related to this indicator?

- Smoking is generally accepted

What data identified here is relevant to this issue?

- 26% of Health Washington County Survey (HAWKS) respondents were smokers
- 24% of adult Wisconsin residents and 23% surveyed throughout the nation are smokers
- In the HAWKS over half 18-24 year olds are smokers, six times more likely than respondents 65 and older to smoke
- As education of the respondents increases, the likelihood of being a smoker decreases
- As income increases, the likelihood of being a smoker decreases

Is there a population with a greater or lesser need?

- Greater need
 - College age adults 18-24
 - Youth/children
 - Pregnant women
 - Non-smoker who live with smokers
- Lesser need
 - 45 and older
 - Higher income and education levels

PART D – LACK OF INITIATIVE BY SOME HEALTHCARE PROVIDERS ON TOBACCO EDUCATION

According to the data, what are the broader issues related to this indicator?

- Lack of initiative by some healthcare providers on tobacco education

What data identified here is relevant to this issue?

- 46% of HAWKS respondents reported health care talked to them regarding tobacco use
- Cigarette smoking is the single-most preventable cause of death and disease in the United States. Smoking results in more deaths each year in the US than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined
- As tobacco use decreases, eventually so will death and disease associated with it along with heart disease, stroke, lung cancer, and chronic lung disease

Is there a population with a greater or lesser need?

- Greater need - Youth/children, College-age adults & pregnant women

PART E – INCREASED USAGE AMONG COLLEGE-AGE ADULTS

According to the data, what are the broader issues related to this indicator?

- Increase in usage among college-age adults

What data identified here is relevant to this issue?

- 52% of 18-24 year old respondents reported smoking
- Over half of 18-24 year olds were smokers and were nearly six times more likely to be current smokers than respondents 65 and older

Is there a population with a greater or lesser need?

- 18-24 year olds

PART F – SMOKING DURING PREGNANCY

According to the data, what are the broader issues related to this indicator?

- Smoking during pregnancy

What data identified here is relevant to this issue?

- While pregnant:
 - Ages 15-17 – 25% smoked
 - Ages 18-19 – 30% smoked
 - Ages 20-24 – 26% smoked
- 18% of mothers who were pregnant smoked (Washington County and Wisconsin statistics)
- Lung cancer has surpassed breast cancer as the leading cause of death among women
- Females were more likely than males to say their healthcare provider has talked to them about tobacco

What other information do you have about this issue that is not identified in the data provided?

- Maternal and Child Health Committee/Teen Pregnancy Prevention Committee

Is there a population with a greater or lesser need?

- All women

PART G – YOUTH ACCESS

According to the data, what are the broader issues related to this indicator?

- Youth access

What data identified here is relevant to this issue?

- 1999 Wisconsin Youth Risk Behavior Survey
- Wisconsin youth smoking rate is 2% higher than the national average of 36%
- Having a smoker in the house significantly increased tobacco use among high school students
- Tobacco usage is addicting – lesser level to start than to stop
- Wisconsin Tobacco Facts November 2000
- Wisconsin: 38.1% of grades 9-12 smoke
- 19.1% of grades 9-12 obtain their own cigarettes

What other information do you have about this issue that is not identified in the data provided?

- Washington County Tobacco-Free Coalition has more information based on compliance checks

Is there a population with a greater or lesser need?

- Youth under 18

The desired long-term outcome(s) of addressing this issue.

- Reduce cigarette smoking by adolescents.
- Reduce cigarette smoking by adults.
- Reduce the proportion of all people exposed to secondhand smoke.

Key evidence indicating the need to address this issue.

- 1999 Wisconsin Youth Risk Behavior Survey
- Wisconsin Tobacco Facts 2000
- Washington County Health Survey 2000

Importance of this issue.

Tobacco usage is addicting.

Tobacco usage is a health issue for Washington County residents, because it is a major risk factor for many leading causes of death. Surveys indicate that youth have easy access to tobacco products in our community. Information strongly supports the negative impact secondhand smoke has on all who are exposed.

This is an ongoing issue.

OBJECTIVE 1: Reduce cigarette smoking by adolescents

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Decrease by 10% the amount of youth, grades 9-12 that smoke.
- Reduce by 5% the number of households who allow smoking indoors.

Activities:

- Educate youth about reasons why they smoke and media and peer pressure.
- Advocate for increased sales taxes on cigarettes.
- Collaborate with youth advisors to promote cessation resources within the school system.
- Promote Wisconsin Quit Line.
- Encourage law enforcement to ticket underage users.

Short-term outcome(s) for addressing this long-term objective.

- Develop a FACT (Fighting Against Corporate Tobacco) youth movement in Washington County.
- Agency/organization partners involved with this outcome: Healthy Washington County Tobacco Free (HWCTF) Coalition area high school youth.
- Continue to encourage the community to contact their legislators.
Agency/organization partners involved with this outcome: HWCTF Coalition
- Youth advisors will attend youth cessation training.
Agency/organization partners involved with this outcome: American Lung Association, HWCTF Coalition, and area high schools.

A committee/partnership/collaboration should continue working on this long-term objective including any interested community member.

A partnership already exists, and it is who? Healthy Washington County Tobacco Free Coalition.

OBJECTIVE 2: Reduce cigarette smoking by adults

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Reduce by 10% the amount of adults who smoke.
- Reduce by 5% the amount of females who smoke while pregnant.

Activities:

- Target adults age 18-34 by educating about the effects of tobacco use.
- Continue to educate and work with healthcare providers to assess, educate, and provide resources for pregnant women who smoke.
- Promote the Wisconsin Quit Line.

Short-term outcome(s) for addressing this long-term objective.

- Coalition Coordinator continues to educate all professionals about resources, which may reduce adult usage.
Agency/organization partners involved with this outcome: Coalition and various professionals.
- Display Quit Line resources at key locations within Washington County.
Agency/organization partners involved with this outcome: Coalition Center for Tobacco Intervention and Research.

A committee/partnership/collaboration should continue working on this long-term objective including any interested community.

A partnership already exists, and it is who? Washington County Tobacco Free Coalition.

OBJECTIVE 3: Reduce the proportions of all people exposed to secondhand smoke.

Impact indicator(s) and activities that are viable/practicable to track this long-term objective.

Impact Indicators:

- Increase by 25% the number of restaurants in Washington County that are completely smoke-free.
- Reduce by 5% the number of facilities (households, cars, workplaces).

Activities:

- Continue to update and distribute Washington County smoke-free dining guide.
- Collaborate with American Lung to encourage smokers to "Take it Outside".
- Educate community on the effects of secondhand smoke.

Short-term outcome(s) for addressing this long-term objective.

- Build coalition membership.
Agency/organization partners involved with this outcome: HWCTF Coalition and interested community members.
- Build support for W.I.S.E. (Washington County Initiative for Smoke-Free Environments).
Agency/organization partners involved with this outcome: W.I.S.E. HWCTF Coalition, and community members.