

Florence County Health
Department 2015

Community Health Assessment



Connecting You to a **Better Life**



Public Health
Prevent. Promote. Protect.
**Florence County
Health Department**

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MAPP Phases

Organizing

Visioning

Assessments

Strategic Issues

Goals/Strategies

Action Cycle

What is a CHA and CHIP?

Local Health Departments are required to regularly and systematically collect, assemble, analyze, and make available information on the health of their community.

What is a Community Health Assessment, and Improvement Plan?

- A locally based initiative
- Identifies local factors causing health concerns
- Recognizes community assets and resources
- Addresses local health priorities
- Linked to state and national priorities
- Mobilizes community resources to improve the health of residents

Who is here?

- Representatives of the community
- Leaders with knowledge of the community
- Individuals interested and committed to creating a healthier community

Why do a community health assessment and an improvement plan?

- Form and strengthen partnerships
- Increase community awareness
- Tap community's innovative ideas
- Integrate isolated efforts ... build on existing services
- Conserve resources... prevent duplication of efforts
- Develop comprehensive strategies that will work in your community

How do we create a community health improvement plan?

- Examine data: disease, death, disability, injury, community opinion
- Process follows national models (we used MAPP - Mobilizing for Action through Planning and Partnerships)
- Identify priority health problems: factors that can be impacted
- Identify community assets and resources to be supported or tapped
- Develop a health improvement plan to address priority concerns
- Present the health improvement plan to the community
- Implement the identified strategies and measure success

The Collaborative Process

MAPP Phases

Organizing

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Mobilizing for Action through Planning and Partnerships (MAPP)

The Health Department decided to base our Community Health Assessment and Community Health Improvement Plan on the national model which consists of six phases:

- Organizing: Preparing for the process and inviting members to participate
- Visioning: After group is assembled, determine a shared vision and mission
- Assessments: Assess data and analyze results
- Strategic Issues: Identify top concerns as identified by various data sources
- Goals/Strategies: Develop goals related to mission and strategic issues
- Action Cycle: Ongoing cycle of Planning for Action, Implementation and Evaluation

Florence County Community Health Assessment and Improvement Plan Committee Participants

Facilitators:

Angela Nimsgern..... Wis. Div. of Public Health; Director/Northern Region

James Lawrence Wis. Div. of Public Health; Health Ed. Consultant/NR

Members:

Allysa Kerscher..... Florence County Human Services; Social Worker

Jen Steber..... Florence County Human Services; Director

Janet Nanninga..... Florence County Human Services; Social Worker

Ann Price..... Florence County Health Department; RN

Annette Seibold..... Florence County Health Department; Health Officer

Mary Blazer..... Florence County Health Department; RN

Sarah Giddings..... Florence County Health Department; Admin. Assistant

Pat Dooley..... Community Member; Registered Nurse

Carolyn Lemanski..... Board of Health; Community Volunteer

Anna Savino..... Rescue Squad Volunteer; Registered Nurse

Jim Dagostino..... Rescue Squad Volunteer; EMT

Karen Wertanen..... Retired Health Officer; Registered Nurse

Cindy Kmecheck..... Florence County Board of Health; Community Volunteer

Holly Stratton..... Florence County Board of Health Chairperson

Cassie Dumke..... TORPEDOs - Florence High School student

Emily Macha..... TORPEDOs - Florence High School student

Gail Poquette..... Volunteer for St Vincent de Paul; Registered Nurse

Karen Harrison..... Florence County Schools; Physical Ed. Teacher

Sue Mattson..... Golden Living Center; Director

Kurtis Rollin..... Golden Living Center; Intern

Chris Gall..... St. Mary's Catholic Church; Parish Director

Lori Friberg..... ADRC; Information and Assistance Specialist

Margie Yadro..... Florence County Land Conservation; Administrator

Meg Dallapiazza..... UW Extension; 4-H Youth Development Agent

Jeanne Richard..... UW Extension; Nutrition Educator

Jenette Gunville..... UW Extension; Family Living Agent

Terri Miller..... UW Extension; Nutrition Education Coordinator

Corrin Seaman..... UW Extension; Community Development Agent

Ron Yadro..... Florence County School Board; Community Volunteer

Heather Steiner..... University of Phoenix; Public Health Professor

The Collaborative Process

Organizing

- September 11, 2014 - Representatives from the Northern Regional Office (NRO) met with Florence County Health Department staff to discuss the Community Health Assessment process and do a preliminary review of data.
- September 15-17, 2014 - Potential participants from many sectors of the community identified. Agendas and materials sent.
- October 2, 2014 - Twenty-three participants attended “Data in a Day” Community Health Assessment meeting led by Northern Regional Health Department facilitators, Jim Lawrence and Angela Nimsgern to discuss data from twelve Healthiest Wisconsin 2020 focus areas.

The group of 23 participants representing different sectors of the community reviewed data compiled from multiple sources, including the Youth Behavioral Risk Survey (YBRS), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Wisconsin Department of Transportation, Wisconsin Department of Justice, Wisconsin Department of Public Instruction, and *The Burden Of Excessive Alcohol Use in Wisconsin* - University of Wisconsin Population Health Institute. In addition, results of a local “Health Florence County” survey were considered.

- November 19, 2014 - 19 committee members met to discuss results of “Data in a Day”, identify themes and create subcommittees to work on future goals and strategies.



Round Robin discussion at CHIP meeting on November 19, 2014.

Visioning

The group agreed that the Florence County CHIP will be guided by the same vision and goals statements as the state health improvement plan, Healthiest Wisconsin 2020.

Healthiest Wisconsin 2020 Vision and Goals:

Vision:

- Everyone Living Better, Longer

Goals:

- Improve health across the life span
- Eliminate health disparities and achieve health equity

Socio-Economic and Demographic

Overview

In order to better understand the make-up of our community and identify possible contributing factors to health disparities, Corrin Seaman, Community Development Agent for UW-Extension presented demographic information.

Florence County, a rural county in Northeast Wisconsin, has a long history of excellent relationships among community partners collaborating to offer a much broader range of services than any individual, department, or group could provide on its own. However, we face substantial challenges including high rates of poverty and lack of access to general healthcare and mental health care providers.

The health department staff consists of three Registered Nurses, and an administrative assistant serving an area of 495 square miles and a population of roughly 4,400, according to the 2010 Census, the second smallest population of 72 counties in Wisconsin. Florence is one of only two counties in the State of Wisconsin with no incorporated cities or villages. Over 50% of children attending Florence Schools are eligible for free or reduced-price lunch (see page 8), a significant indicator of general economic status for the county because families must be at or below 185% Federal Poverty Level (FPL) to qualify.

Health Disparities and Inequalities

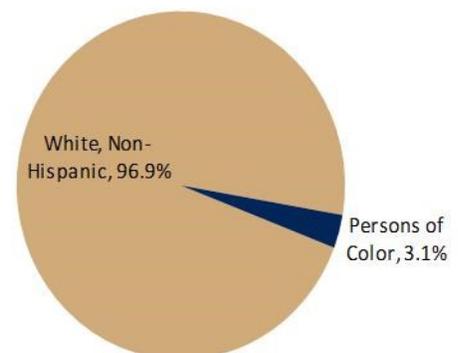
According to the Centers for Disease Control (CDC), health disparities are differences in health outcomes between groups that reflect social inequalities. Since the 1980s, our nation has made substantial progress in improving residents' health and reducing health disparities, but ongoing racial/ethnic, economic, and other social disparities in health are both unacceptable and correctable.

Our sizeable low- to moderately-low-income (less than 200% FPL*) population is prone to poorer health outcomes.

Research has linked race and ethnicity to inequitable health outcomes. However, Florence County has very little diversity, therefore this is not an area we intend to address specifically.

Florence County Population by Race & Ethnicity

Unlikely to be major factors affecting health equity in our county

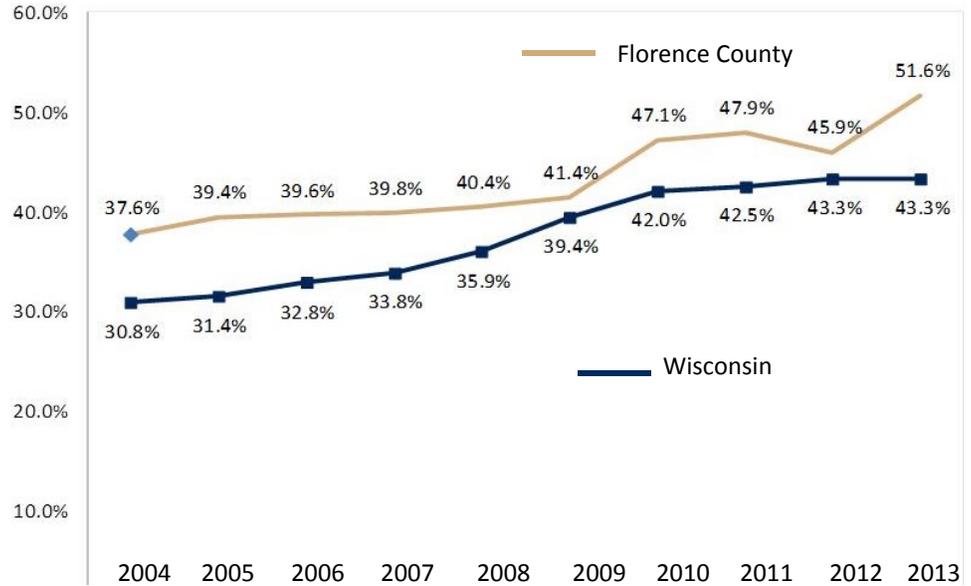


Sources: 2000 Census of Population and Housing, SF1; 2010 Census of Population and Housing, PL 94-171 data.

County Demographics

Children Eligible for Free & Reduced Lunch increasing

Family income must be equal to or less than 185% FPL* to qualify



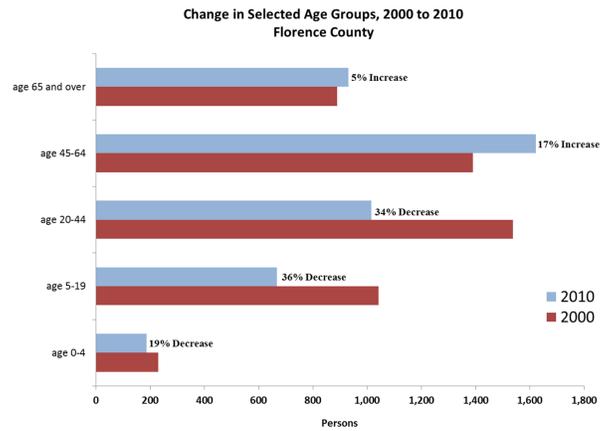
Source Wisconsin Food Security Project <http://www.foodsecurity.wisc.edu>

*Federal Poverty Level (FPL) Guidelines for 2015

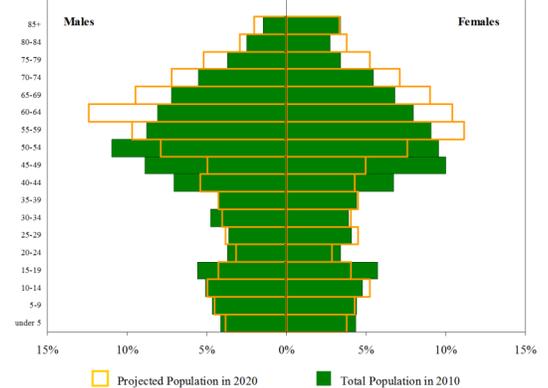
Size of family unit	100 Percent of Poverty	110 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty
1	\$11,670	\$12,837	\$14,588	\$17,505	\$20,423	\$21,590	\$23,340
2	\$15,730	\$17,303	\$19,663	\$23,595	\$27,528	\$29,101	\$31,460
3	\$19,790	\$21,769	\$24,738	\$29,685	\$34,633	\$36,612	\$39,580
4	\$23,850	\$26,235	\$29,813	\$35,775	\$41,738	\$44,123	\$47,700
5	\$27,910	\$30,701	\$34,888	\$41,865	\$48,843	\$51,634	\$55,820
6	\$31,970	\$35,167	\$39,963	\$47,955	\$55,948	\$59,145	\$63,940
7	\$36,030	\$39,633	\$45,038	\$54,045	\$63,053	\$66,656	\$72,060
8	\$40,090	\$44,099	\$50,113	\$60,135	\$70,158	\$74,167	\$80,180

County Demographics

Florence County is often referred to as a “retirement community”, with many residents over age 60 and fewer young people. The aging population trend has been established over the past ten years and is expected to continue into the future. Related to this, we have a high proportion of disabled residents when compared to the state (see below). An aging population is also a consideration in overall health outcomes.



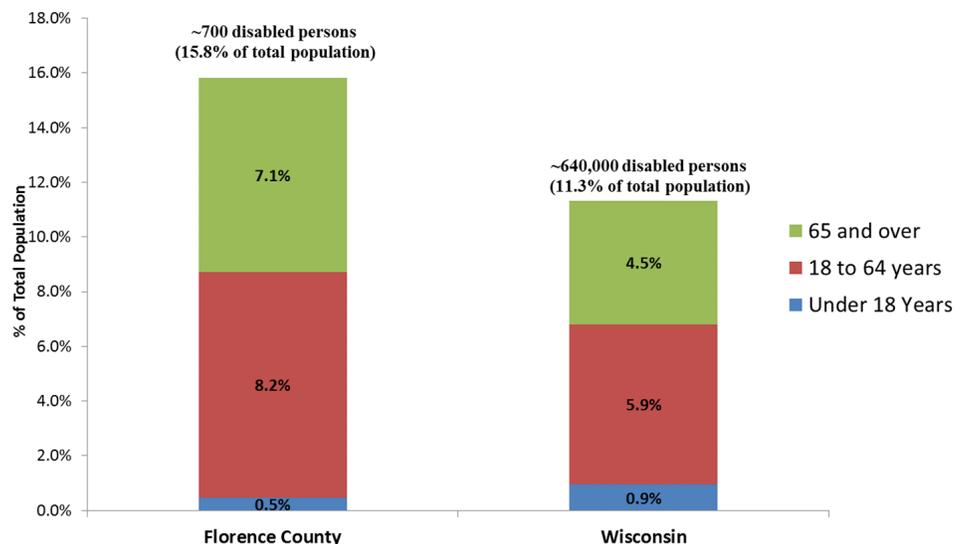
Florence County Population by Age & Sex, 2010 & 2020



Sources: 2000 Census of Population and Housing, 2010 Census of Population and Housing Demographic Profile.

Disabled Persons by Age Group

High rate of disabled persons compared to state



Source: 2008-2012 American Community Survey 5-year Estimates dataset

Alcohol and Drug Use

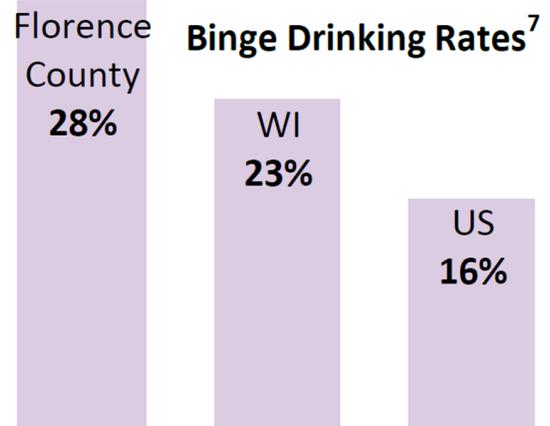
Healthiest Wisconsin 2020 Focus Areas

- Alcohol and Drug Use
- Mental Health
- Chronic Disease Prevention and Management
- Tobacco Use and Exposure
- Injury and Violence Prevention
- Healthy Growth and Development
- Physical Activity
- Reproductive and Sexual Health
- Environmental and Occupational Health
- Nutrition and Healthy Foods
- Communicable Diseases
- Oral Health

Why these?

- Twelve health focus areas identified in a two-year, science-based, state-wide effort culminating with the state health plan *Healthiest Wisconsin 2020*.
- Inter-sector and interdisciplinary workgroup involving almost 200 public health, medical and academic experts
- Reflect the underlying causes of hundreds of diseases and health conditions that affect the people of Wisconsin

Binge drinking is responsible for 76% of the economic cost of excessive alcohol consumption.¹

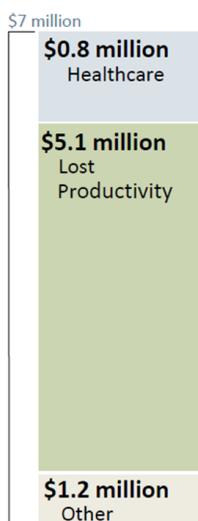


Source: Black PD, Paltzer JT. The Burden Of Excessive Alcohol Use in Wisconsin. University of Wisconsin Population Health Institute, February 2013

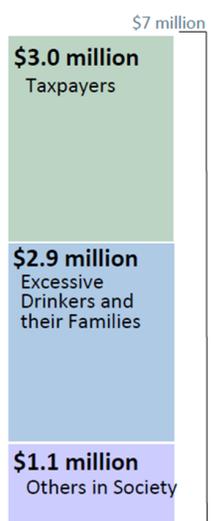
The Cost of Excessive Alcohol Use in Florence County

Annual economic cost of excessive alcohol use in Florence County **\$7 MILLION**

What We Pay For¹



We All Pay¹



Florence County population: 4,423²

Cost per Florence County resident: \$1,584.62

Other includes costs associated with the criminal justice system, motor vehicle crashes, and other consequences.

Others in Society includes private health insurers, employers, crime victims, and others.

Source: Black PD, Paltzer JT. The Burden Of Excessive Alcohol Use in Wisconsin. University of Wisconsin Population Health Institute, February 2013

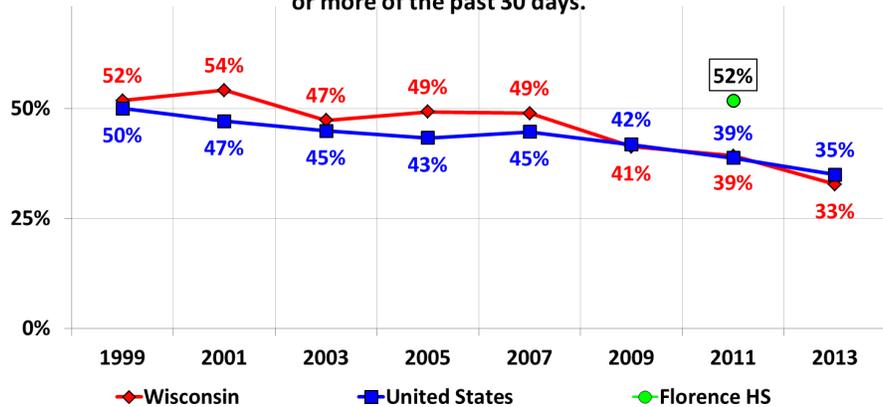
Alcohol and Drug Use

Wisconsin alcohol use and binge drinking rates have been higher than the United States average for most of the past 15 years. Florence High School data from the Youth Risk Behavior Survey (YBRS) showed more prevalent alcohol use and binge drinking behavior among high school students than the state, with 52% of students reporting at least one drink in the past 30 days and 34% reporting binge drinking in the past 30 days.

The YBRS results were a major factor in the group choosing Alcohol & Drug Use as a Community Health Improvement Plan priority focus area.

Underage Drinking Rates

Percentage of students in grades 9-12 who had at least one drink of alcohol on one or more of the past 30 days.

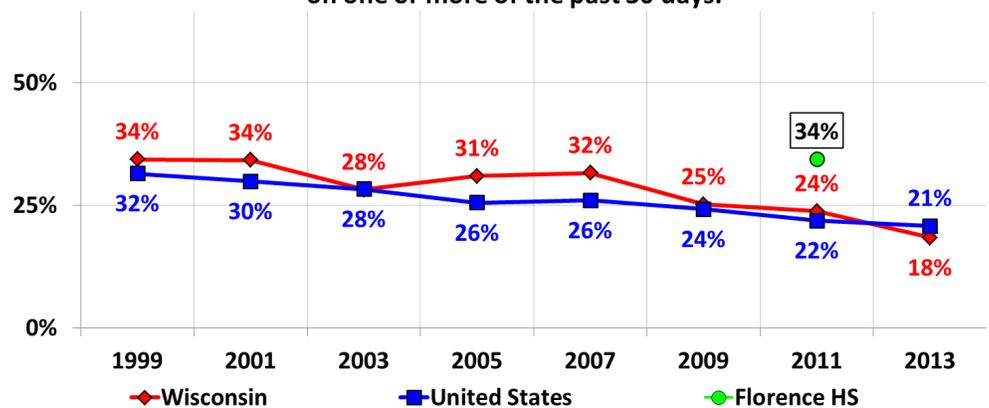


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Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction

Underage Binge Drinking

Percentage of students in grades 9-12 who had 5 or more drinks of alcohol in a row on one or more of the past 30 days.



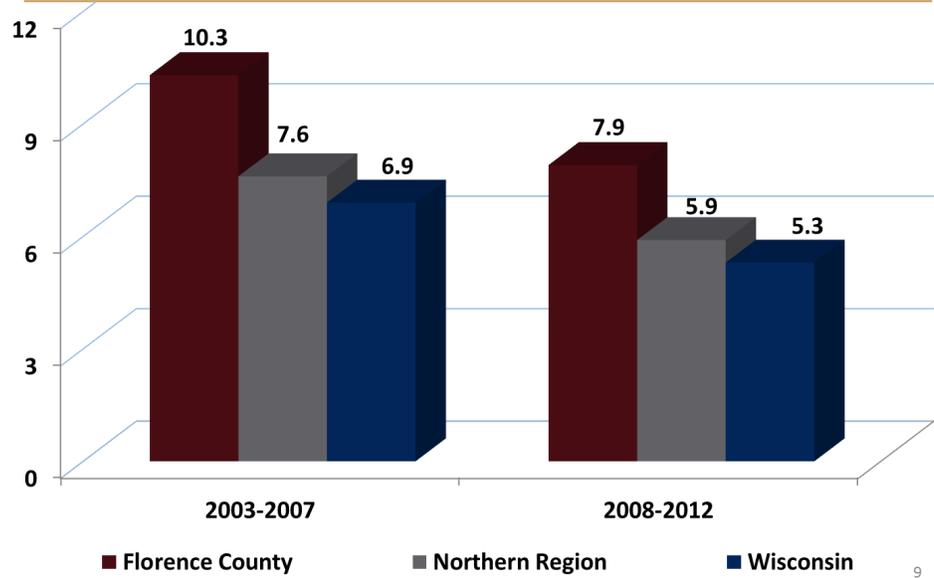
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Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction

Alcohol and Drug Use

Lowering the legal blood alcohol limit appears to have helped reduce motor vehicle accidents overall, however Florence continues to have a higher rate of alcohol-related crashes compared to the state and region.

In 2003 Wisconsin lowered the prohibited alcohol content from .10 to .08.

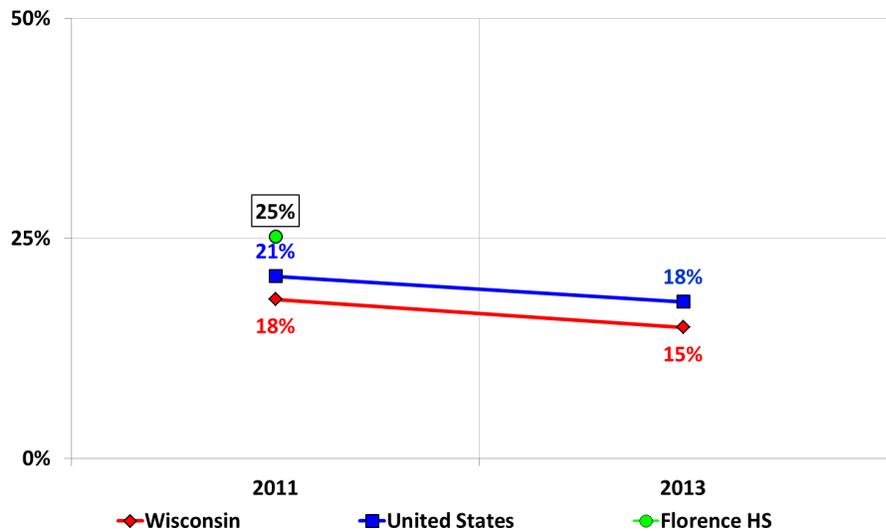


Source: Wisconsin Department of Transportation

Data in a Day participants were concerned about YBRS results in many areas, but prescription drug use was of particular concern.

Prescription Drug Misuse

Percentage of Wisconsin students in grades 9-12 who have ever taken a prescription drug without a doctor's prescription.



Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction

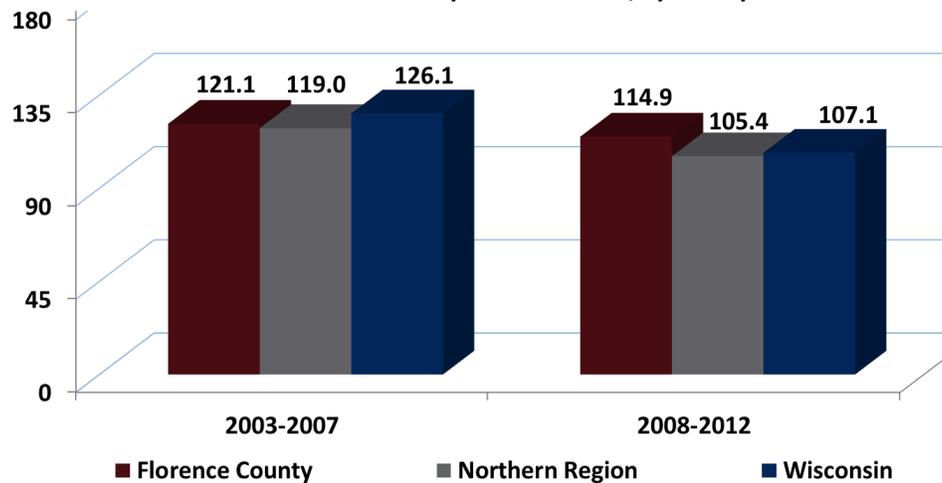
Chronic Disease

The data shows a decrease in deaths from heart disease, stroke, Chronic Obstructive Pulmonary Disease (COPD), and lung cancer in the state and region, but a strong increase in stroke and COPD in Florence County. This could be due to the fact that we are a “retirement community” with an aging population more prone to these conditions.

Heart Disease

Although incidence has gone down overall, Florence’s rate of heart disease as primary cause of death is higher than the state and Northern region.

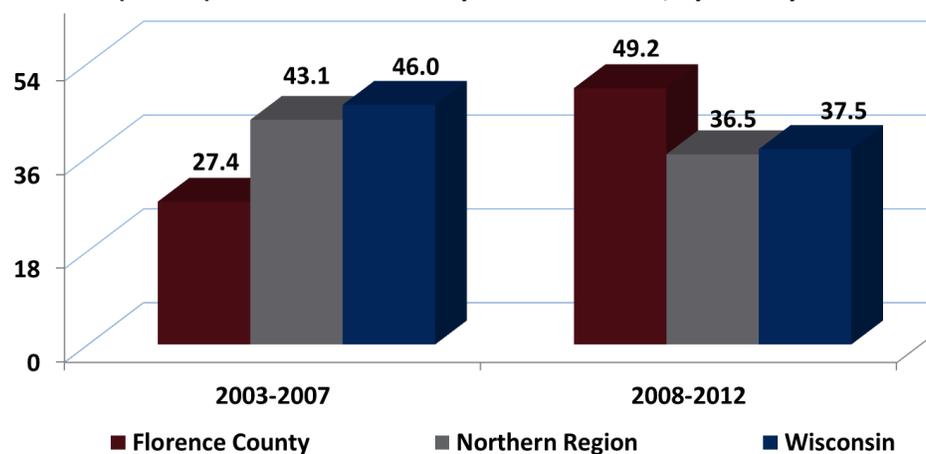
2003-2007 and 2008-2011 Comparison Age Adjusted Mortality Rate with Ischemic/Coronary Heart Disease Listed as the Primary Cause of Death, by County of Residence



Stroke

Primary cause of death listed as stroke has gone down in the region and state, but Florence’s rate of stroke as primary cause of death has nearly doubled in that same time.

2003-2007 and 2008-2012 Comparison Age Adjusted Mortality with Cerebrovascular Disease (Stroke) Listed as the Primary Cause of Death, by County of Residence



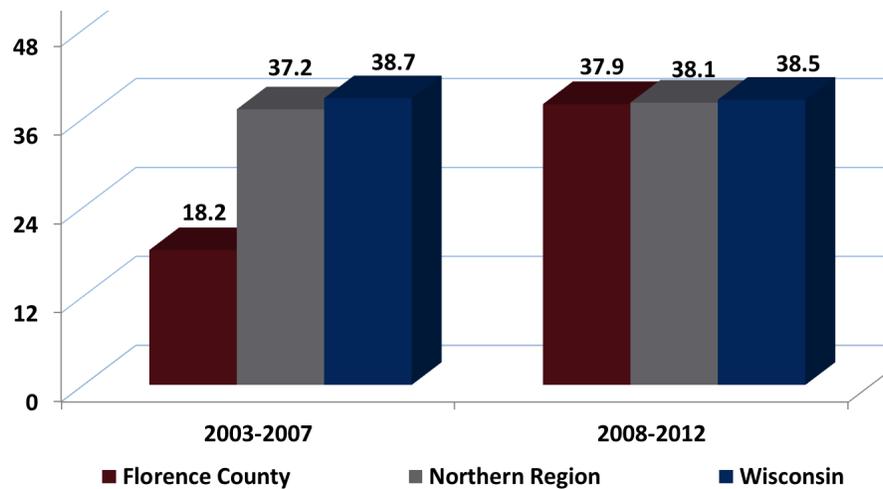
Source: Wisconsin Department of Health Services

Chronic Disease

COPD

Primary cause of death listed as Chronic Obstructive Pulmonary Disease has remained steady in the region and state, but Florence's rate of COPD as primary cause of death has more than doubled in that same time.

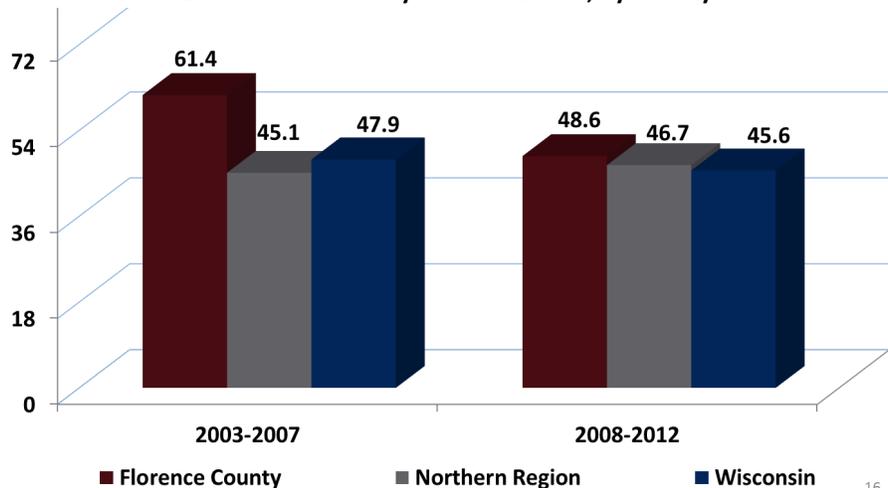
2003-2007 and 2008-2012 Comparison Age Adjusted Mortality Rate with Chronic Obstructive Pulmonary Disease Listed as the Primary Cause of Death, by County of Residence



Lung Cancer

Primary cause of death listed as Lung Cancer has dropped overall in the state, and although Florence's rate of lung cancer as primary cause of death dropped significantly, it still remains higher than the state and region.

2003-2007 and 2008-2012 Comparison Age Adjusted Mortality Rate with Lung Cancer Listed as the Primary Cause of Death, by County of Residence



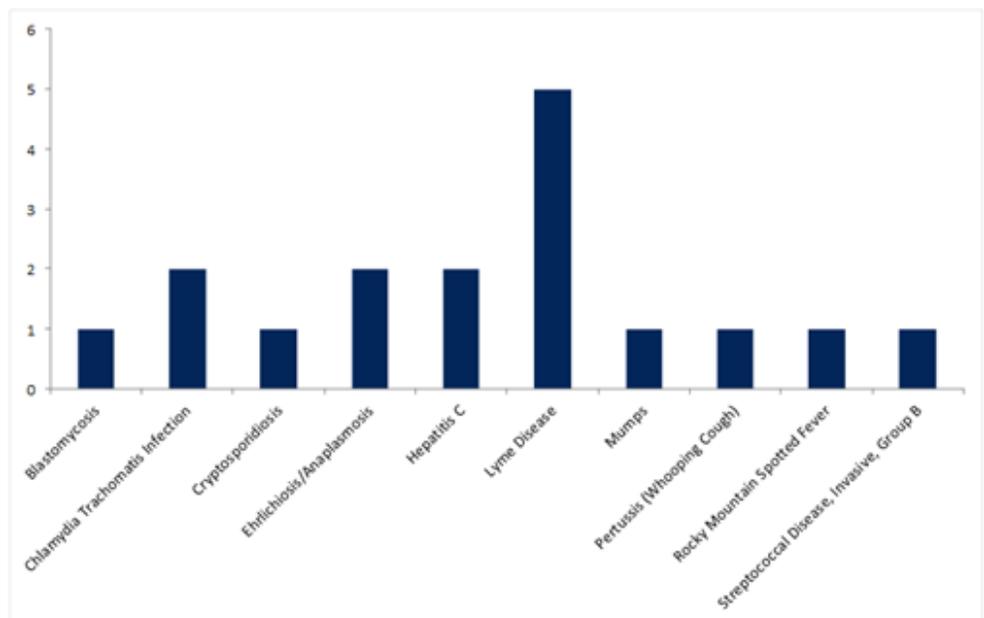
Source: Wisconsin Department of Health Services

Communicable Disease

Law requires providers to notify the local health department whenever they suspect or diagnose any of over 100 reportable communicable diseases. The health department is required to provide surveillance and follow-up.

2014 Communicable Diseases Investigated in Florence County

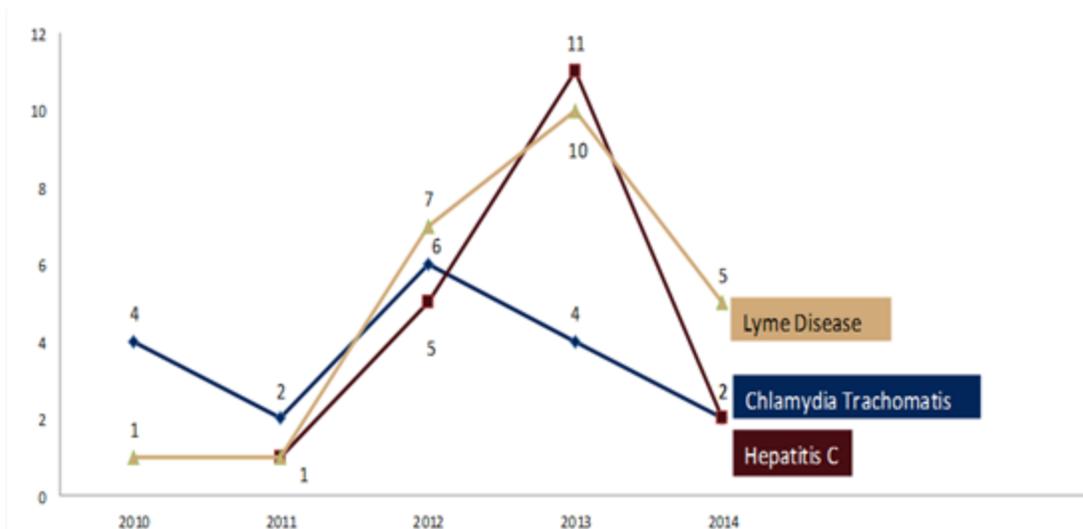
Lyme Disease most commonly reported this year



Source: WEDDS

Sharp increase in Lyme disease and Hepatitis C in 2013

All decreased in 2014

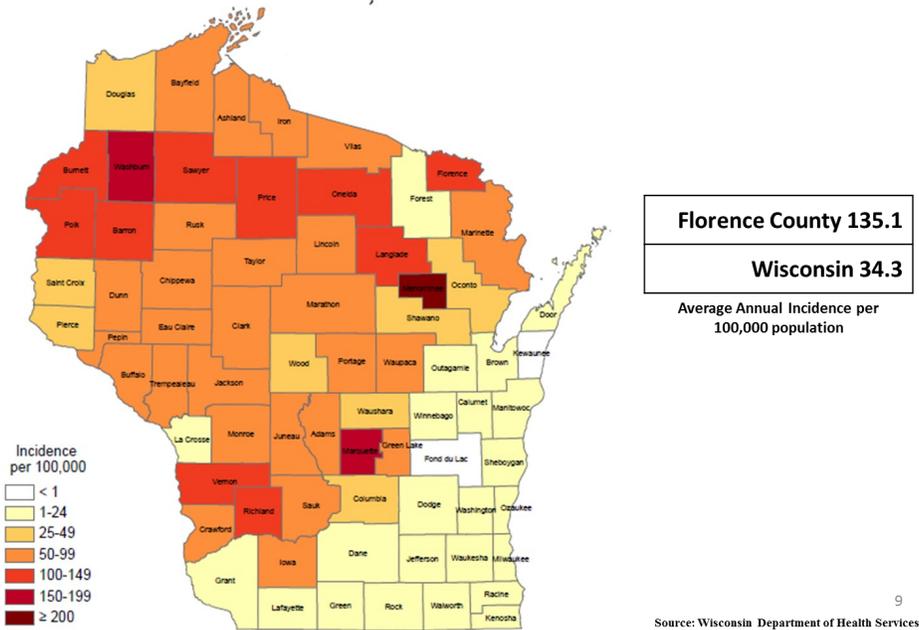


Source: WEDDS

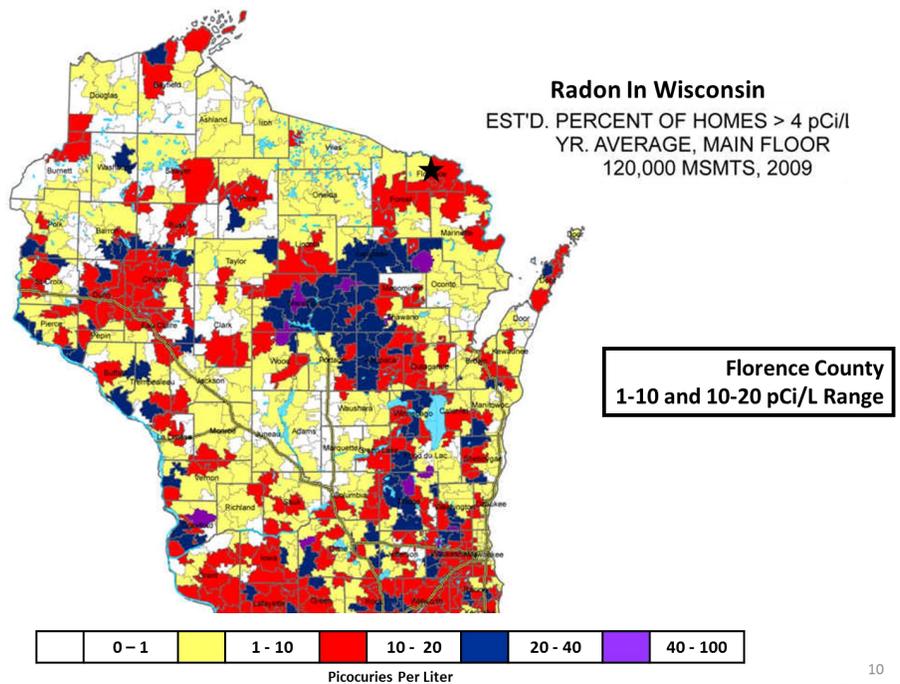
Environmental Health

The state of Wisconsin has a 22% infectivity rate in deer ticks, creating a high risk of Lyme transmission, particularly in some Northern counties, including Florence.

2012 Lyme Disease Average Annual Incidence, by County of Residence
Some infections may have been acquired during travel to/from other areas



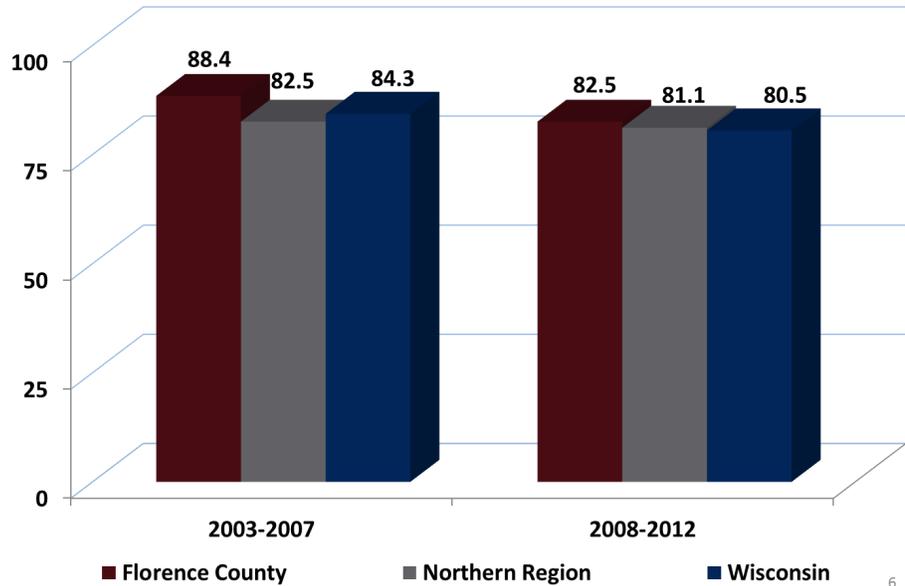
Five to ten percent of homes in Wisconsin have a radon level above the recommended level of less than 4 picocuries per liter of air.



Healthy Growth & Development

Prenatal Care in the First Trimester

High percentage of Florence County mothers receive care

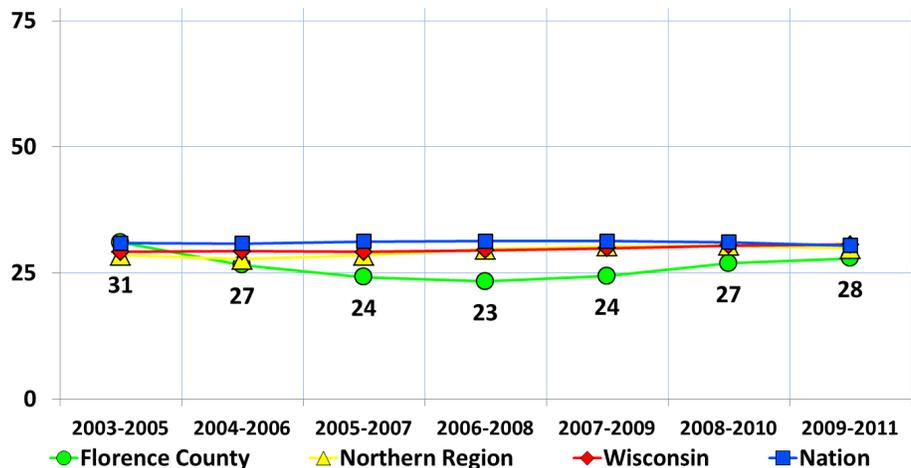


Source: Wisconsin Department of Health Services

Overweight WIC children

Florence County rates similar to state and nation

Percent of WIC Children ≥ 2 to < 5 Years of Age That are Overweight ($\geq 85^{\text{th}}$ Percentile BMI for Age)



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

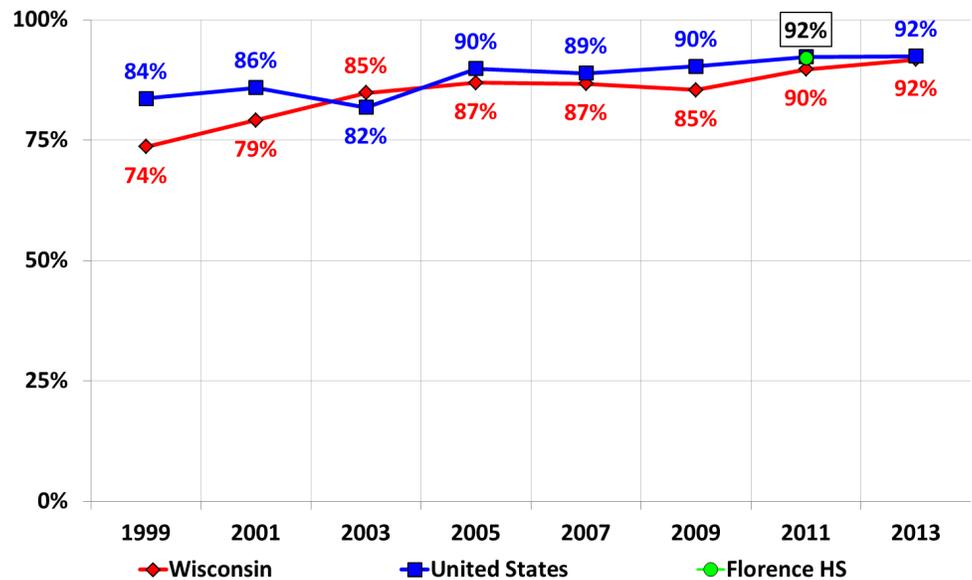
Injury & Violence Prevention

2003-2012 Florence County Selected Cause of Emergency Department Visits

Cause of Injury Emergency Department Visit	Number	Rate per 100,000
Falls	57	124.2
Struck by or Against Object or Person	24	63.6
Overexertion	27	72.1
Cutting or Piercing	20	51.9
Motor Vehicle Traffic Crash	21	52.2
Natural or Environmental Factors	16	32.3
Non-traffic	<5	No rate
Poisoning	<5	No rate
Machinery	<5	No rate
Fire, Heat & Chemical Burns	<5	No rate
Suffocation	<5	No rate
Other, Specified but not Classified, and Unspecified	32	75.6

4
Source: Wisconsin Department of Health Services

Percentage of students in grades 9-12 who most of the time or always wear a seat belt when riding in a car driven by someone else



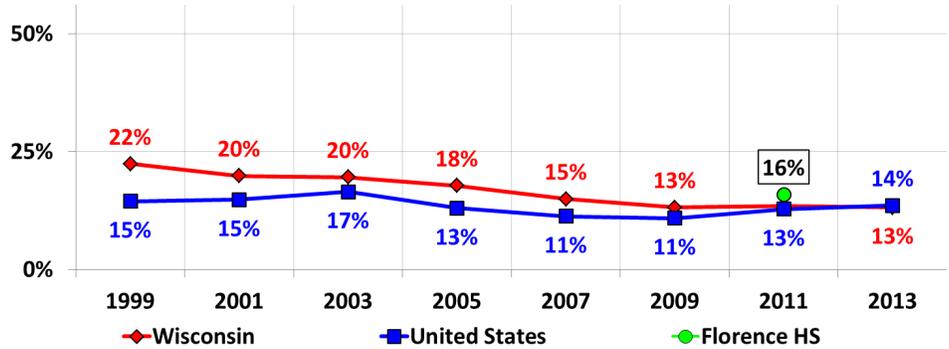
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Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction

Mental Health

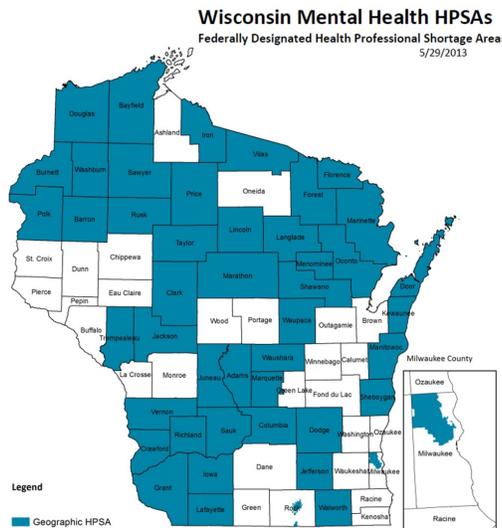
The Human Services Department (HSD) and the Sheriff's department are the two agencies in the county that deal with emergency mental health situations. In 2014, HSD dealt with 27 contacts. Sixteen were diverted, which means they were able to create a safety plan or deemed safe to return to the community. Eleven were hospitalized. According to HSD and the Sheriff's Department, there were two completed suicides in Florence County in 2014.

	Contacts	Diverted	Hospitalized
Youth Age 22 and younger	6	6	0
Adults	21	10	11
TOTAL	27	16	11

Percentage of students in grades 9-12 who seriously considered suicide in the past 12 months.



Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction



Although Florence County suicide and mental health numbers are similar to the rest of the state, participants in the CHA felt strongly that lack of awareness of mental health services and the barriers to care (e.g. closest Medicaid provider is 25 miles away in Marinette county, private providers in Michigan don't accept Wisconsin Medicaid, limited access to school counselors) made this focus area especially important.

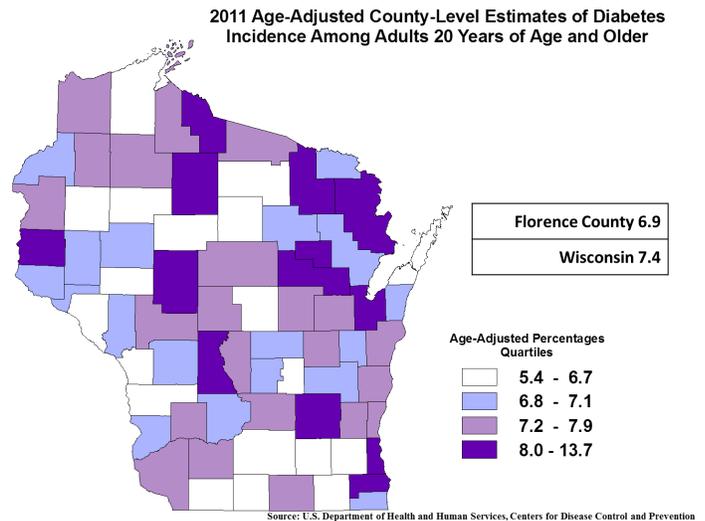
Source: Wisconsin Primary Care

Nutrition & Healthy Foods

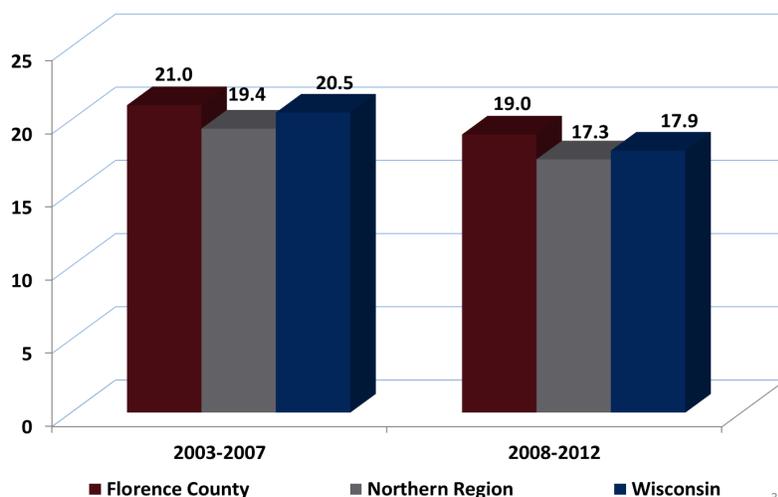
Florence High School 2011 YRBS – Percentage of students in grades 9-12 - Eating habits

- 82.1% of Florence County students reported drinking 100% fruit juices one or more times during the past seven days.
- 43.0% of Florence County students reported eating fruit one or more times per day over the past seven days.
- 71.5% of Florence County students reported eating a green salad one or more times during the past seven days.
- 70.9% of Florence County students reported eating carrots one or more times during the past seven days.
- 90.7% of Florence County students reported eating other vegetables one or more times during the past seven days.

Diabetes rates in Florence County are slightly below state average, however diabetes as primary cause of death is slightly higher than the state and region. See chart below.



2003-2007 and 2008-2012 Comparison Age Adjusted Mortality Rate with Diabetes Listed as the Primary Cause of Death, by County of Residence



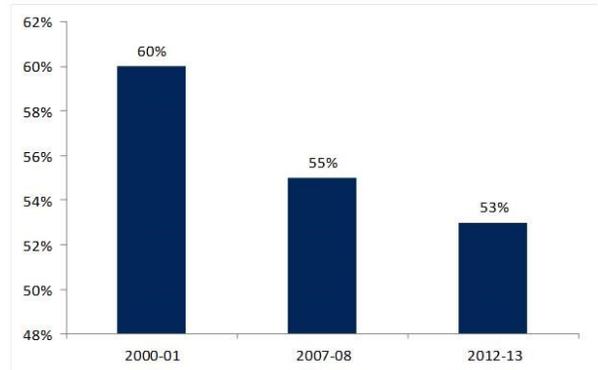
Oral Health

In 2012-13, 53% of Wisconsin third-grade children had cavities.

Northwoods Dental Project has been working to prevent tooth decay and create awareness of oral health since it was formed in March 2007 by Oneida and Vilas County Health Departments. NDP expanded the partnership in 2009 and 2011 to include Forest and

Florence County Health Departments. NDP's dental staff provide free preventive dental services to any family who wants to participate. Northwoods Dental Project relies on funding from community members, area foundations and organizations, various grants and the ability to bill Medicaid for sustainability of its programs. Services are provided using portable dental equipment and supplies.

Wisconsin third grade children with cavities



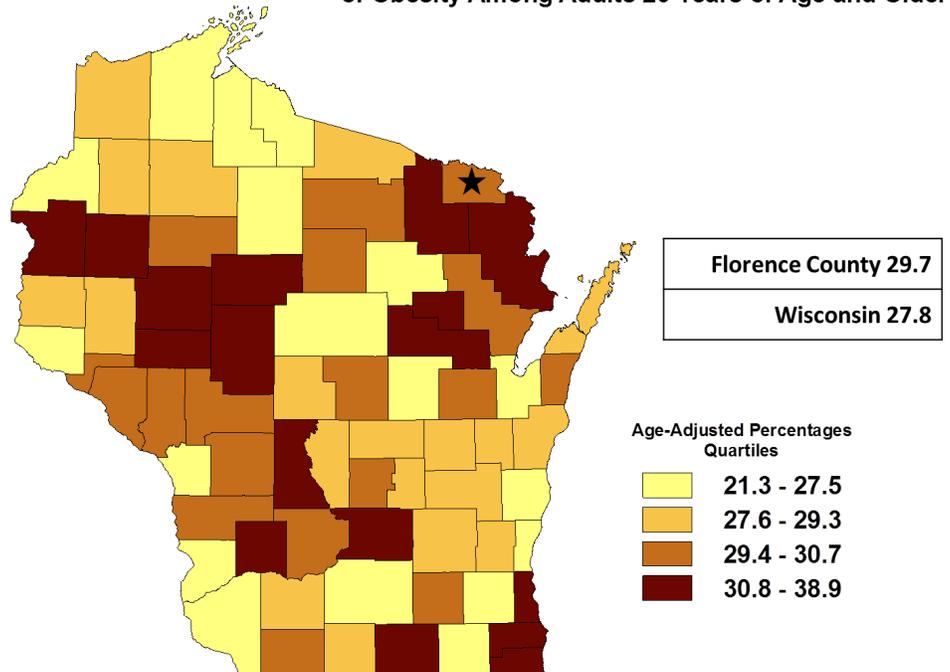
Northwoods Dental Project Florence Data for 2014

Healthy Smiles-Fluoride Varnish	Florence
# Participating sites	1
# Children Participating	23
# Children referred for untreated dental decay	6
% of Children reporting Medicaid	42.1%
# of Fluoride varnish applications	69
Seal-A-Smile-Dental Sealant Program	
# Participating schools/events	1
# Students receiving education	55
# Students receiving oral health exams/dental supplies (includes retention students)	40
# Students participating with special health care needs	4
# Students receiving sealants	26
# of Sealants placed	243
% of Students screened receiving sealants	65%
Average # sealants per student	7.46
# Students referred for untreated dental decay	18
# Students receiving varnish applications	40
# Fluoride varnish applications	79
% of Students reporting Medicaid	35%

Physical Activity

Obesity rates for Florence County are slightly above the state average.

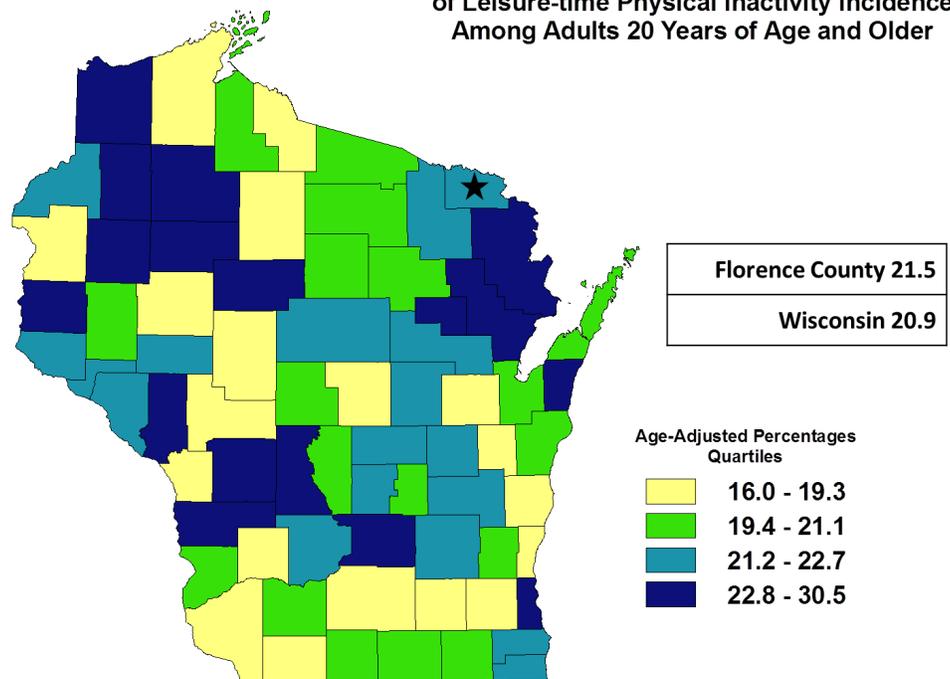
2011 Age-Adjusted County-Level Estimates of Obesity Among Adults 20 Years of Age and Older



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Inactivity rates are also slightly above average.

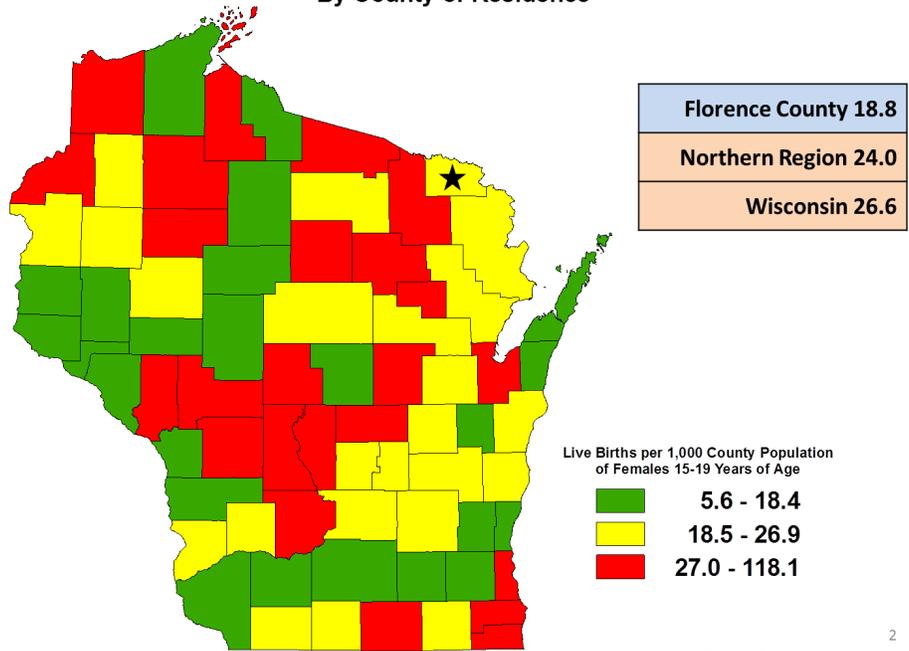
2011 Age-Adjusted County-Level Estimates of Leisure-time Physical Inactivity Incidence Among Adults 20 Years of Age and Older



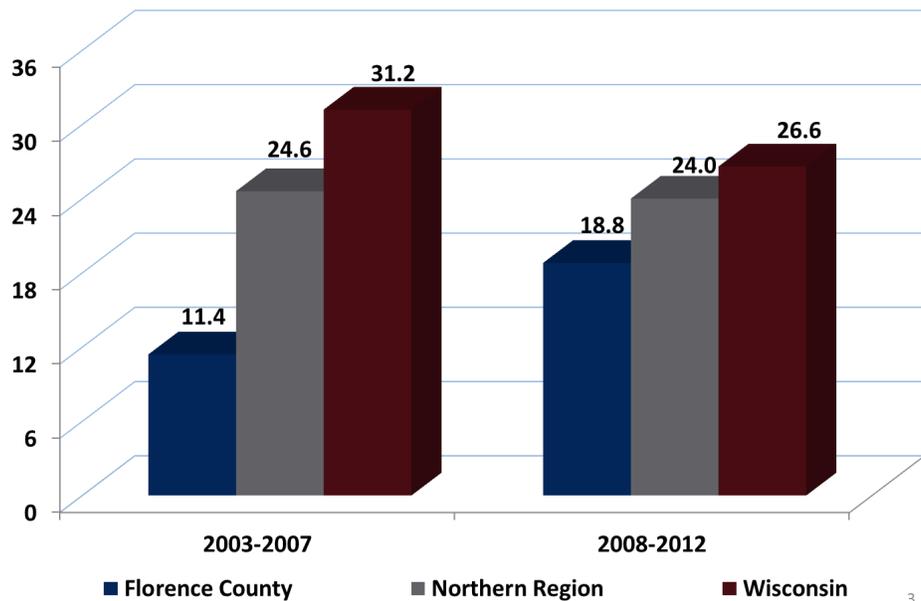
Reproductive & Sexual Health

Florence County has a lower teen birth rate than the Northern Region and the state.

2008-2012 Teen Birth Rate, Mothers less than 20 years of age
By County of Residence



2003-2007 and 2008-2012 Comparison of Teen Birth Rate
Mothers <20 years of age By County of Residence – Births per 1,000 Females 15-19 Years of Age

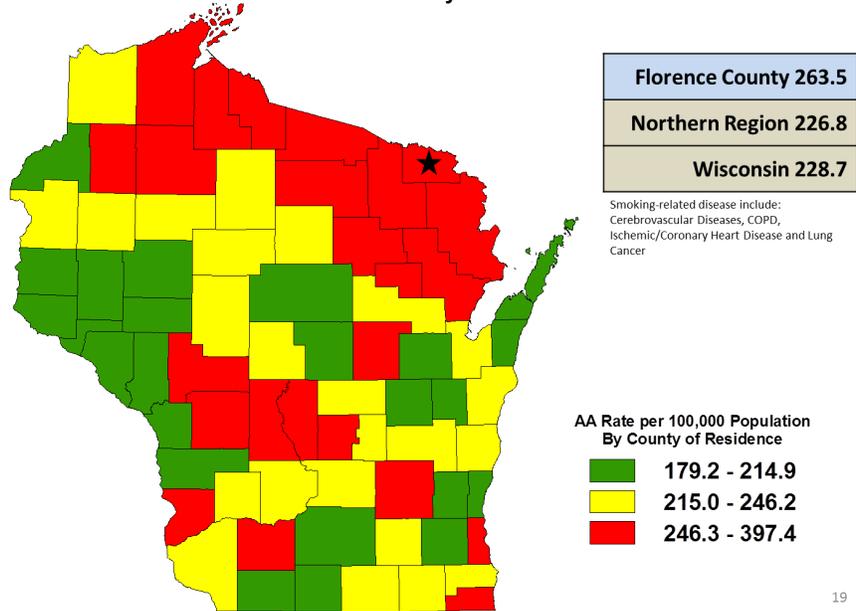


Tobacco Use & Exposure

Mortality due to smoking-related diseases

Florence County death rate higher than region & state

2008-2012 Age-Adjusted Mortality Rate - Smoking - Related Diseases
Listed as the Primary Cause of Death



Wisconsin WINS Compliance Checks for tobacco sales

Florence County Results 2006-2014

	Percent of Retailers Selling to Minors	Number of Sales to Minors	Number of Visits
2006	0%	0	25
2007	0%	0	21
2008	15.20%	5	33
2009	13.60%	3	22
2010	25.00%	2	8
2011	0%	0	6
2012	0%	0	10
2013	0%	0	13
2014	8.30%	1	12

Source: Wisconsin WINS 2014

Community Assets

Notes from October 2, 2014 Community Health Assessment

Alcohol and Drug Use

What is working, what are the good things that are happening? By whom?

- Youth Prevention Initiatives
- Parents who Host Lose the Most campaign
- All night graduation party lock-in – includes freebie door prizes “Project Graduation” (Beach night)
- DARE
- Teen Wellness mock accident
- Community Response increased patrol by law enforcement through grant funding
- Alcoholics Anonymous meetings and open house night
- Incarcerated program getting community members involved – judge identifying community services to sentence people in to
- Narcotics Anonymous meetings
- Server/bartender class
- Have to have trained server on the premises

What needs to be improved?

- Public transportation – safe ride program
- Limit liquor licenses issued
- Holding servers responsible for customer intoxication
- Licensing for all servers
- Random testing in the school for athletes that was ended due to funding
- Substance use/addiction of jail inmates
- More counselors for substance/alcohol use
- Paying volunteer servers in drinks (beer tent events)

Chronic Disease Prevention and Management - Healthy Growth and Development - Nutrition and Healthy Foods

What is working, what are the good things that are happening? By whom?

- Walk fit at Hillcrest 3 days per week
- Insurance coverage of prevention services.
- UW – Extension Nutrition Educator.
- WIC nutrition education.
- Food, Fun and Fitness summer program.
- Commodity nutrition education.
- School providing fruit and vegetables.
- Family Center play groups for parents and children. Increases education, bonding, reducing isolation, abuse and neglect.
- Parent Café – Coffee and education for parents. Encourage them to teach each other and develop support between each other.
- Family literacy and parent nights at school.
- Faith based community support is strong and very inclusive.
- Inmates prepare own meals based on standards by Department of Corrections.
- Crossroads Community Garden – harvest festival with taste testing

Community Assets

- Senior garden initiative with students
- Team Nutrition programs with Torpedos, taste testing, through Fuel Up to Play 60 Grant
- Two farm markets, vendor takes vouchers.
- Florence Grocery providing access to fruit and vegetables.

What needs to be improved?

- Diabetes prevalence and management could be impacted by improved nutrition and reduced alcohol use.
- Opportunities for exercise during the winter months
- Improve connectivity among parents. Agencies are working on getting people connected.

Communicable Diseases

What is working, what are the good things that are happening? By whom?

- Education about hand washing and other disease prevention techniques – good use of bathroom space.
- NEWCAP services for reproductive health – STD testing, family planning – getting better awareness and services provided
- Vaccine preventable diseases and immunization program. Influenza vaccine clinics on-site.

What needs to be improved?

- More services and training through NEWCAP.
- More awareness of the services offered – now mostly word of mouth. Increase awareness in school – 9th grade health class, counselor.
- NEWCAP moved and people not aware of where to access birth control and services.
- Counselor not easily available outside of appointments for High School

Environmental and Occupational Health

What is working, what are the good things that are happening? By whom?

- Tick prevention products are available – low awareness.
- Health Department offers radon and well water test kits.
- Large percentage of children tested for lead. Very few test results high
- Awareness of organic products and impact on environment.

What needs to be improved?

- More education on Lyme Disease – detection, questions to ask, advocate with doctor. More awareness of the prevention methods and products.
- Awareness of other environmental issues causing illness or injury – wild parsnip is prevalent and exposure is severe.
- Follow-up of arsenic study.
- Radon testing awareness and return rate of the tests. Increased training and communication with the kits.
- Residents follow-up on radon and water test results.
- Awareness of levels of fluoride in bottled water and municipal water in personal water bottles.

Community Assets

Injury and Violence Prevention

What is working, what are the good things that are happening? By whom?

- Fall prevention clinics at senior center – one got postponed.
- Physical Therapy got good showing at the fair.
- Multi-faceted program by ADRC focusing on fall prevention – OT, PT, pharmacist
- Caring House presence (domestic violence shelter) in Florence
- Judicial awareness of sentencing options – parenting class
- UW Extension Family Living Agent goes into jail to provide education
- Human Services has educator for prevention – self-referral or agency referral
- Child Death Review Team to address child injury and violence.
- DNR safety classes – strong volunteers
- KAMO – Kids And Mentors Outdoors – program providing outdoor skills and mentoring
- School reminders of not riding ATV to school under age 16.
- Concussion program at school – baseline testing at Athletic Department – testing required frequently based on sport.
- Bike safety class – children and families coalition offering helmets and education.
- Previous education session on internet safety.

What needs to be improved?

- Rescue squads are struggling - Florence has two EMTs, cost for outside provider is much higher, response time extended, unfamiliar with local roads.
- Bullying prevention
- Fall prevention
- Add fall prevention to health fair – seniors attend for other services.
- Child passenger car seat program – certified installer no longer here – reuse of old seats, misuse of seat, hard to use/understand, seats not fitting in car. (include in drivers ed class)
- Drinking and driving rates – designated driver, stay over, no safe level
- Disabled toilet in courthouse not appropriate size/height.
- Internet safety – presence of predators, safe posting, impression of anonymous sites, social media safety, identity theft.

Mental Health

What is working, what are the good things that are happening? By whom?

- Human Services getting calls and averting suicide attempts.
- QPR – Question Persuade and Refer program – continues and getting expanded, into schools.
- ADRC, Human Services and Public Health grant to do Man Therapy program addressing male suicide / mental health awareness.
- Mental Health Crisis Line – advertised in Mining News
- Human Services contract with ADAPT (Niagara) for human service or self referred services.
- Post-partum depression screening for WIC mothers.

Community Assets

Mental Health

What needs to be improved?

- Increased services and referral in the schools – teach skills on how to address it, provide access to counselor/counseling in the school. Student awareness of resources outside the school.
- Access to services.
- Tendency to stop medication when feeling well.
- Students indicating feeling sad/hopeless for two weeks or more.
- Rate of mental health issues in jail.
- High level of attempted suicides.
- Increase awareness of Mental Health Crisis Line
- Inability to access services that are in Michigan – closer than Wisconsin services in Rhineland and Marinette.

Oral Health

What is working, what are the good things that are happening? By whom?

- School sealant program and referral for student needs.
- Local dentist takes Medicaid.
- Free services in Iron Mountain.
- Northern Health Centers, Lakewood Clinic provides services.
- Community water fluoridation in Town of Florence and parts of Commonwealth

What needs to be improved?

- Lack of Oral Surgery services for Medicaid clients which leads to distant travel for services.
- Affordability of services.
- Preventive dental services not included in insurance.
- Michigan dentists don't take Wisconsin Medicaid clients. (topic for Answers program cross-border issues)

Physical Activity

What is working, what are the good things that are happening? By whom?

- 80% of students are involved in sports in high school.
- Play 60 program in the school.
- School open for community use.
- Hillcrest open for community.
- Sidewalk to schools.
- School and Courthouse workplace wellness grants.
- School fitness room for employees.
- Private fitness gym – spinning and yoga.
- Some organized walks.

What needs to be improved?

- Kids not using sidewalk to walk to school. Kids near school taking bus.
- Trails not used much.
- Community efforts supporting activity events.

Community Assets

Reproductive and Sexual Health

What is working, what are the good things that are happening? By whom?

- NEWCAP services at Medical Clinic.
- Previous teen wellness program with keynote speaker to students and parents and breakout session on specific topics.

What needs to be improved?

- Promotion of NEWCAP
- School referral and promotion of services.
- Student awareness of female counselor/psych available.
- Awareness of internet pornography – impact on brain, addiction.
- Education on risks of social media and internet use – Student and parent awareness.
- Teen understanding of the risks of communicable diseases. Many topics covered in short time period. Physiology, emotional risk. Impact on mental health

Tobacco Use and Exposure

What is working, what are the good things that are happening? By whom?

- Tobacco prevention program collaborative (Oneida County) influencing state policy.
- Schools and business are implementing policy to prohibit eCigarette use on their property.
- Athletic policy doesn't allow use.
- System to report smoking in restaurants etc. to health department to support smoke-free air enforcement.
- Health department has citation authority for tobacco sales to minors – support from law enforcement and judicial system.

What needs to be improved?

- Tobacco prevention program collaborative (Oneida County) focus is not always on local needs. Youth participation/tobacco rates. Reduced funding to work in schools.
- Need programs that educate about addictions.
- Smoke-free but not tobacco or nicotine free establishments.
- Tax nicotine and limit youth access. Regulate eCigarettes – access and advertising, content of second hand vapors.
- Employers providing cessation programs as part of wellness programing.

Community Health Assessment

FCHD Community Health Priorities

Priority One: Alcohol and other Drug Abuse

Priority Two: Mental health awareness and suicide prevention

After reviewing data, group members were asked to rank their top three concerns. Results were calculated using a weighted scale. Twenty ballots were submitted; three ballots were invalid. Alcohol and Drug use was a clear concern and Mental Health was determined to be a second important area.

Many areas were ranked lower because participants felt there were already resources in place, for example:

Oral Health: Northwoods Dental Coalition and Fluoride supplement program through the health department.

Tobacco Use & Exposure: Statewide smoking laws, local ordinances in place, Wisconsin WINS compliance checks, Northwoods Tobacco Free Coalition.

The health department will continue past initiatives in all the focus areas, but the 2015-2020 Community Health Improvement Plan will center around the top two concerns identified by the partners.

Rank	Healthiest Wisconsin 2020 Focus Areas	Number of Votes			Weighted Score (1=3 pts, 2=2 pts, 3=1 pt)	
		1	2	3		
				Total		
1	Alcohol and Drug Use	13	1	2	16	43
2	Mental Health	0	3	9	12	15
3	Chronic Disease Prevention and Management	1	3	1	5	10
4	Tobacco Use and Exposure	0	4	1	5	9
5	Injury and Violence Prevention	1	1	0	2	5
6	Healthy Growth and Development	1	0	1	2	4
6	Physical Activity	0	1	2	3	4
6	Reproductive and Sexual Health	0	2	0	2	4
7	Environmental and Occupational Health	1	0	0	1	3
7	Nutrition and Healthy Foods	0	1	1	2	3
8	Communicable Diseases	0	1	0	1	2
0	Oral Health	0	0	0	0	0

Community Health Assessment



Public Health
Prevent. Promote. Protect.

**Florence County
Health Department**