

Sheboygan County Community Health Improvement Plan



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Executive Summary

[Healthy Sheboygan County 2020](#) began in 1993 as a community-based initiative seeking to make positive changes in the health status of Sheboygan County. The Sheboygan County Community Health Improvement Plan is part of the ongoing effort put forth by Healthy Sheboygan County 2020 and Sheboygan County Division of Public Health to improve the health and quality of life in our community.

The intention of Healthy Sheboygan County 2020 and this Health Improvement Plan are to increase community awareness of Sheboygan County's public health issues, establish or build upon existing community partnerships focused on improving the health of our community while reducing fragmentation of present coalitions, and to engage residents to take responsibility in adopting a healthier lifestyle.

On June 22, 2011, a Healthy Sheboygan County 2020 Community Health Improvement Call to Action event took place. Various community leaders and representatives from government, not-for-profit, healthcare, education, public safety and business met to review county and state health data in relation to Healthy People 2020 and Healthiest Wisconsin 2020 framework. Those in attendance then prioritized the health needs of Sheboygan County based on the information given and discussions that ensued. The top five health priorities identified were:

- 1) Dental Access/Oral Health
- 2) Mental Health
- 3) Health Literacy
- 4) Alcohol and Other Drug Abuse, Including Tobacco
- 5) Obesity and Nutrition

This plan includes goals, objectives, outcomes and strategies developed by Healthy Sheboygan County 2020 Community Health Coalitions and other community partners to guide their work focused on the identified priorities.

Indeed, this is an ongoing process. Every five years, comprehensive health data will be collected, disseminated, and reviewed to measure progress and identify new goals and priorities for our community. For the past eighteen years, Healthy Sheboygan County has used this process to accomplish goals that have improved the community and will continue to do so in the years to come.

Community Health Improvement Plan Introduction & Process

Sheboygan County Division of Public Health began the development of a Community Health Improvement Plan (CHIP) in April 2011 with grant support from the Centers for Disease Control and Prevention's Public Health Infrastructure Grant. The purpose of the CHIP is to comprehensively identify community health needs through a health needs assessment and engage a broad representation of community members, social service providers and public health partners in identifying strategies to address social determinants of health. Once needs have been identified, CHIP processes include the development of a plan that identifies the following components:

Goals: A broad statement of what the community hopes to accomplish and the approach the community will take to achieve that goal.

Objectives: Specific and measurable end-products of an intervention that is often expressed in terms of behavior change, norms, knowledge attitudes, capacities, or conditions.

Indicators: Data metrics or processes that communities might measure to determine whether or not changes have occurred.

Activities: Communities should outline what specific activities it will take to achieve the desired objectives.

Timeframe, Required Resources, and Lead: These items answer the questions: Who will do what? By when? What resources are needed? Identifying these key action items is critical to the success of any plan.

The Sheboygan Division of Public Health completed a Community Health Assessment (CHA) in 2009. The 2009 CHA included a robust analysis of demographic and economic profiles, review of previous Community Health Assessments, and data related to the twelve Healthiest Wisconsin 2020 Focus Areas. Sheboygan County Division of Public Health staff updated the health assessment data in 2011 to reflect new 2010 Census data and changing health trends.

On June 28, 2011, Healthy Sheboygan County 2020, a coalition of committed public health system partners, convened a meeting of nearly 60 community members with broad representation from local health care systems, human service agencies representing various populations within the community, public safety, education and private/corporate employers within Sheboygan County. Healthy Sheboygan County 2020 Coalition members provided a 'Healthy People' overview that described state and national public health plan priorities and a

review of Sheboygan County's CHA data. Participants received summaries of each presentation within their participant packets for further review.

Assisted by an external facilitator, the group spent a significant amount of time in smaller discussion groups that were tasked with identifying and discussing community strengths and gaps, including: the perception of the quality of life within Sheboygan County, social determinants that impact the health of Sheboygan County, community assets, current health needs and/or gaps, and what leading health priorities required community action. Following the small group discussions, the large group reconvened to distill common themes and significant issues identified through discussions. The following were identified as areas to address within Sheboygan County.

- Dental Access/Oral Health
- Mental Health
 - o Positive lifestyle
 - o Stress management
 - o Access
 - o Child Psychology
- Health Literacy
 - o Cultural Competent Providers
 - o Outreach & Marketing
 - o Preventative Messaging
- Alcohol and other drug abuse (including tobacco)
- Obesity
- Access to Healthy food/Nutrition
- Community Culture
 - o Personal accountability
 - o Good work ethics
- Physical Activity
- Transitional Services
 - o In/Out Jail
- Integration of care
 - o Holistic health perspective
- Preparedness
 - o Financial
 - o End of life planning
 - o Individual & Family Prep
- Fall Prevention
- Transportation to Medical Care
- Diabetes
- Trauma Informed Care
- Sexually Transmitted Diseases
- Lack of Employment Opportunity
- Birth-Death (Life Long Learning)
 - o Education – Quality
- Stress Management
- Services for newly displaced workers
- Financial Health
- Housing
- Water Quality

With common themes identified, the group engaged in a nominal process to rank the health issues. The top five issues identified were:

1. Dental Access/Oral health
2. Mental Health
3. Health Literacy
4. Alcohol and Other Drug Abuse, Including Tobacco
5. Obesity and Nutrition

Healthy Sheboygan County 2020 Co-Chairs, Philip Duket and Jean Beinemann ended the meeting with a reminder of next steps. Participants were asked to complete commitment cards indicating their willingness to: 1) lead/convene a group; 2) participate in the further development of the CHIP; 3) assist with writing sections of the plan.

In July 2011, the Health Sheboygan County 2020 Steering Committee met to reflect on the results of the Call to Action meeting and agree on the next steps in the plan development. The group approved the framework for the overall CHIP and requested that existing Community Health Coalitions (CHCs) for Mental Health, Alcohol and Other Drug Abuse, and Activity and Nutrition begin to develop action plans for their respective priorities. The Division of Public Health would take a lead in meeting with the existing Dental Access Committee and a new CHC would be formed to develop a plan for Health Literacy.

On August 10, 2011, each CHC met with the external facilitator to discuss the development of specific plan components. After this meeting, working and meeting independently, each CHC refined and completed the following action plans to guide their work for the next three years.

Sheboygan County Snapshot

Population: 115,507

Population Growth since 2000 Census:

- Sheboygan County: 2.5%
- State: 6%
- National: 9.7%

Socioeconomic Demographics:

- 95% of residents were born in US
- 78% of residents were born in Sheboygan County
- 84.4% of adults 25 + years are High School graduates (WI 85.1%, US 80.4%)
- 17.9 % of adults 25+ years have Bachelor Degree or higher (WI 22.4%, US 24.4%)

Changing Demographics in Sheboygan County

- 67% increase in Hispanic/Latino population from 3,789 in 2000 to 6,329 in 2010
- 43% increase in Asian population from 3,698 in 2000 to 5,279 in 2010
- 31% increase in Black/African American population from 1,224 in 2000 to 1,605 in 2010

Underlying Social Determinants of Health in Sheboygan County

- 7.7% of population at below poverty level
- 11% percent of children at or below poverty level
- 2009 Median Household income \$52,848, now above state and national level
- In 2008, 25,427 have incomes below 200% FPL
- Average monthly unemployment (8.7% in 2010; 8.36% in Jan-March 2011)
- 71.4% own their own home (US: 66.2%)
- 541 home foreclosure in 2009
- 531 home foreclosures in 2010

Priorities: Dental Access/ Oral Health

Oral health is essential to overall health. Many diseases exhibit early oral symptoms and many diseases beginning in the mouth can affect overall health. Although preventable, tooth decay is a chronic disease affecting all age groups. Among children, untreated decay has been associated with difficulty in eating, sleeping, learning, and proper nutrition. Among adults,

Key Facts

- Of all of the health care needs in Sheboygan County, dental care is cited as the greatest need by those in attendance at the June 2011 Community Call to Action Forum addressing health needs.
- Currently no dental providers in Sheboygan County are accepting new Medicaid enrolled patients.
- 379 persons sought Emergency Room care at local hospitals for dental problems in 2008.
- During 2008, only 19.52% of Sheboygan County children enrolled in Medicaid visited the dentist or dental clinic within the previous 12 months.

untreated decay and tooth loss can also have negative effects on an individual's self-esteem and employability. The burden of oral disease is found to be far worse among those who have limited access to prevention and treatment services.

Many Sheboygan County residents do not have access to dental services. A person's ability to access oral health care is often correlated with education level, income, race and ethnicity.

The Division of Public Health will work with the Sheboygan County Dental Access Coalition (SCDAC), the Lakeshore Community Health Center (LCHC) and Healthy Sheboygan County 2020 on following goals that address dental/oral health.

Sheboygan County Dental Access Coalition and Lakeshore Community Health Center Action Plan

Goal Statement #1: By 2014, persons residing in Sheboygan County will have improved access to dental/oral health education, prevention, screening, early intervention and treatment services in order to promote healthy behaviors and improve and maintain

oral health.

Objective # 1: By December, 2012, will provide education and prevention literature and programs to three underserved populations in the community: targeted groups may include Head Start, WIC, Sheboygan Schools Seal a Smile Program.

Indicators: Evaluate with community partners regarding:

- age appropriate written material
- how it will be presented
- who will deliver the message prior to the event
- what information parents receive if child is in the school setting
- language/literacy concerns

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Head Start Nurse will conduct an education session with each classroom regarding oral health and varnish procedures.	October 2011 – May 2012.	Time, planning, age appropriate learning materials.	Patti Fallon RN.	Increased knowledge level and comfort level.	
Head Start Nurse will provide written material for parents that explains after care and proper brushing techniques in a goody bag that goes home the day of the varnish application.	October 2011 – May 2012.	Time, planning, parent focused learning materials.	Patti Fallon RN.	Parent understands aftercare instruction.	
Head Start nurse will educate food preparation staff regarding aftercare dietary restrictions and recommendations.	October 2011 – May 2012.	Time, planning, written food instructions.	Patti Fallon RN.	Meal plans modified to accommodate varnish clinic days.	
Head Start Nurse and Public Health Nurses applying varnish will use one-on-one opportunity to instruct, question and praise students regarding oral hygiene techniques.	October 2011 – May 2012.	Time, cooperation, understanding of child development.	Patti Fallon RN Beth TenPas RN Liz Campion RN.	Children will enjoy the experience.	
WIC nutritionists will question parents on oral health and offer any available programs while here for appointments.	October 2011 – December 2012.	Time, planning, interviewing skills.	Laura Graney RD Jean Pittner RD Marcia Beauchaine RD.	Parents will accept programs.	

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
WIC nutritionist will offer a new toothbrush to each child during WIC interaction.	October 2011 – December 2012.	Time, planning.	Laura Graney RD Jean Pittner RD Marcia Beauchaine RD.	Children will elect their new brush.	
Public Health nurse will provide Oral Health display including written literature in English and Spanish for the WIC office once each year.	February 2012.	Display area, written material, time.	Beth TenPas RN.	Literature utilized by parents.	
SASD Seal a Smile Coordinator will provide education for each classroom regarding oral health and sealant/varnish procedures.	September 2011 – May 2012.	Time, planning, age appropriate learning materials.	Sharon Daun RN April Navis DA.	Increased knowledge level and comfort level.	
SASD Seal a Smile Coordinator will provide written material for parents that explains after care and proper brushing techniques in a goody bag that goes home the day of the varnish application.	September 2011 – May 2012.	Time, planning, parent focused learning materials.	Sharon Daun RN April Navis DA.	Parent understands after-care instruction	
Hygienists applying sealants and varnish will use one-on-one opportunity to instruct, question and praise students regarding oral hygiene techniques, and give instructions on after care.	September 2011 – May 2012.	Time, planning, written food instructions.	Sharon Daun RN April Navis DA Hygienists.	Food choices modified to accommodate clinic days.	

Objective # 2: By December, 2012 will increase networking to build internet links and social networking, addressing the importance of oral health and dental care in two locations.

Indicators: Use of internet trafficking monitoring will provide overall numbers and numbers specific to individual messages.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Oral Health Coordinator will update information for Sheboygan County.gov website to include reliable sources for the public seeking oral health information and access to care.	October 2011 – December 2012.	Time, planning, local dentist endorsements.	Beth TenPas RN.	Increased amounts of oral health information for public access when on the Sheboygan County Site.	
Oral Health Coordinator will explore ability to create social network to provide oral health information and access to care issues in a contemporary manner.	October 2011 – December 2012.	Time, planning, local dentist endorsements, Information Systems assistance.	Beth TenPas RN.	Increase exposure of oral health facts for community members who use social networking.	

Objective # 3: By December, 2012 will increase the capacity for the provision of oral health education throughout Sheboygan County through collaborative recruitment and training opportunities with Healthy Sheboygan 2020, Registered Hygienists and interested community resources.

Indicators: Will be able to document new persons and groups expressing interest in Sheboygan County Oral Health programs.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Oral Health Coordinator will explore the creation of e-mail opportunity to network and recruit additional dental professionals (such as Dental Hygienists and dental assistants) and interested community members for the purposes of updating them on access to care issues, public health projects and other health care related opportunities.	October 2011 – December 2012.	Time, planning, local dentist endorsements, Team building skills.	Beth TenPas RN.	Increased pool of resources needed to grow dental program.	

Objective # 4: By January, 2012, to establish a community dental clinic designed to provide comprehensive primary dental care including, but not limited to exam, x-ray, cleaning, fluoride treatment, sealants, fillings, extractions, denture, oral hygiene instruction and dental education for Sheboygan County children and adults who are unable to access dental care due to financial limitations.

Indicators: Number of clients served, services provided.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Healthy Teeth Healthy Communities of Manitowoc County, Inc (HTHCMC) in coordination with Lakeshore Community Health Center (LCHC) will open a satellite community dental clinic in Sheboygan.	Opening date 1/6/2012.	Funding, facility, qualified staff, community support.	HTHCMC and LCHC Board.	688 dental encounters to be provided by 9/30/2012. Services provided one day/wk Jan-May, four days a week June through September.	

Priorities: Mental Health

Mental disorders are real and treatable health conditions that affect people of all walks of life. According to the National Institute of Mental Health (NIMH), an estimated 1 in 4 adults suffers

Key Facts

Sheboygan County suicide rates exceed regional and state levels with 301 suicides in Sheboygan County from 1988 to 2009 and 13 reported suicides in 2010 alone.

Of the suicides reported in 2010, 4 were among minority groups, which are raising alarm about racial and ethnic disparities.

The average number of mentally unhealthy days reported in the past 30 days in Sheboygan County is currently 3.1 days.

Sheboygan County Crisis Line Calls and Mobile Crisis in Person Contacts increased from 3233 in 2009 to 4278 in 2010. Top reasons for Person Crisis Contacts include:

- Suicide
- Anxiety/Depression
- Mental Health
- Family
- Relationship Issues
- Medical Physical Health

from a diagnosable mental disorder in a given year. Additionally, mental health disorders are the leading cause of disability in the United States. This can have an overwhelming toll on affected individuals and their families. Holistically, mental health and physical health are closely linked and affects one's ability to maintain good overall health. Conditions like depression and anxiety impinge upon people's ability to participate in health-promoting behaviors. For example, a [2000 JAMA article](#) concluded people living with mental illness are about twice as likely to smoke as other persons. In turn, problems with physical health, such as chronic diseases, can impact a person's ability to participate fully in their treatment. Despite effective treatment options available, many individuals with mental disorders do not receive mental health services for various reasons, including stigma and lack of access to mental health care.

Healthy Sheboygan County 2020-Mental Health Committee Action Plan

Goal Statement #1: To raise awareness about the importance limiting access to lethal means of self-harm by educating individuals about gun safety and the safe disposal of medications.

Objective # 1: By January 2012, connect with the AODA committee to receive information on safe disposal of medications.

Objective #2: By June 2012, obtain a supply of trigger locks.

Objective #3: By January 2013, obtain print materials written at the 5th grade reading level concerning the safe storage of weapons.

Indicators:

- How much print material is distributed about the safe disposal of medications
- The number of those interested in obtaining a trigger lock
- Number of print materials that are distributed about the safe storage of weapons

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Collaborate with the AODA committee for the purpose of obtaining print materials on the safe disposal of medications.	April, 2012.	Flyers, brochures.	Mary Paluchniak.	<ul style="list-style-type: none"> • Have information that can be used by members of the committee for presentations, at health fairs, etc. • Include information in the <i>Mental Health Matters</i> newsletter. • Collaborate with the AODA committee on having a letter to the editor appear in area papers. 	
Obtain free trigger locks through the Child Safe program.	By June, 2012.	Trigger locks.	Bev Randall.	Trigger locks will be used for raffle drawings at health fairs.	
Obtain print materials at the 5 th grade reading level from reputable groups pertaining to the safe storage of weapons.	January, 2013.	Brochures and fact sheets.	Patty Damon.	Have print materials that can be distributed to the public at business locations, health fairs, etc.	

Goal Statement #2: To create awareness through educational programs that depression is a treatable medical condition.

Objective # 1: By December, 2012, provide educational programs about depression and treatments for 150 senior citizens.

Objective #2: By December, 2013, provide educational programs on depression and treatments for 500 students.

Objective #3: By December, 2013, provide educational programs on depression in the workplace for SHRM members.

Indicators (How you will measure progress toward achieving the objective):

- Number of community awareness programs
- Number of print materials that are distributed
- Number of individuals who receive print materials

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Provide programming on depression at senior dining sites.	By December, 2012.	Staff person Print materials.	Bev Randall.	Seniors will be knowledgeable about depression and treatments.	
Provide programming on depression for students.	By December, 2013.	Staff person Print materials.	Angela Wessels.	Students will be knowledgeable about depression and treatments.	
Provide programming on depression for members of SHRM.	By December, 2013.	Staff person Print materials.	James Lammers .	Human Resource managers will be knowledgeable about depression and its impact on the workplace as well as treatments and resources.	

Goal Statement #3: To increase use of the Sheboygan County mental health crisis line by creating awareness of this resource.

Objective # 1: By June, 2012, reprint 10,000 wallet cards.

Objective # 2: By December, 2013, distribute 50 crisis line posters.

Objective # 3: By December, 2014, distribute 7,000 suicide prevention wallet cards.

Objective # 4: Annually, provide 5 presentations to professionals about the crisis line .

Objective # 5: By December 2013, have 2 mental health crisis line billboards at use in the county.

Indicators

- Number of crisis line posters that are distributed
- Number of times billboard is posted in the county
- Number of wallet cards that are distributed
- Number of programs for targeted audiences
- Number of calls to the crisis line

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Revise/reprint 10,000 wallet cards.	By June, 2012.	Funding Printer.	Bev Randall.	Supply of 10,000 cards will be available.	
Distribution of suicide prevention wallet cards.	Between June, 2012 and December, 2014.	Wallet cards.	MHA staff.	The public is aware of the crisis line.	
Secure funding and develop a crisis line billboard for senior populations.	By December, 2013.	Funding Billboard design	Kathy Manny.	The public, especially seniors, will be exposed to crisis line number.	
Outreach programs to targeted audiences – clergy, home healthcare professionals, hospice workers, Human Resource managers, etc.	2012 -2014.	Staff person Print materials.	James Lammers.	Targeted populations will understand the purpose of the mental health crisis line and provide the information to their contacts.	
Distribution of crisis line posters.	By December, 2013.	Posters Volunteers.	MHA staff.	The public will be exposed to information about the crisis line.	
Compilation of statistics regarding calls to the crisis line.	Monthly.	Access to information from Family Services in Green Bay.	James Lammers.	Committee will gain knowledge about the effectiveness of the awareness projects and will be able to make necessary adjustments.	

Priorities: Health Literacy

The Institute of Medicine defines health literacy as “the degree to which individuals have the capacity to obtain process and understand basic information and services needed to make

Key Facts

Health Policy Brief, 2009 by , J.A Vernon PhD, PhD estimates the annual healthcare costs attributable to low health literacy in Sheboygan County to be \$112,484,240.00
[Wisconsin Literacy, Inc](#)

The Estimated Health Literacy Rankings of Wisconsin Counties, 2011, Josephine M. Mancuso, PhD ranks Sheboygan County 34 out of 72 Counties. [Health Literacy Wisconsin](#).

The most recent data (2003) from the National Center for Education Statistics, estimates 8% of Sheboygan County adults rank *Below Basic* in prose literacy skills and/or could not be tested due to language barriers. [National Assessment of Adult Literacy](#).

appropriate decisions regarding their health.”

Therefore, one’s health literacy skills relates to their overall health and wellness. As stated in the [National Action Plan to Improve Health Literacy](#), “Limited health literacy affects people of all ages, races, incomes, and education levels, but the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups. It affects people’s ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts. Limited health literacy is also associated with worse health outcomes and higher costs.” An informed consumer has the capacity to make healthier decisions which will have a positive effect on the health of themselves, their families, and the community.

Healthy Sheboygan County 2020 – Health Literacy Committee Action Plan

Goal Statement: To increase awareness of the significance of health literacy on health outcomes, conduct a systems assessment, and advocate for systems changes as indicated.

Objective # 1: By March 2012 at least 30 community partners will be contacted to participate in a survey designed to:

- a. Identify health literacy related activities and strategies their organization has implemented to impact positively on health indicators.

- b. Identify any support or training needs regarding health literacy within their organization and assistance needed to address the identified needs.

Indicators:

- At least 40% of the community partners contacted will participate in the survey process.
- At least 10% of the community partners participating in the survey will identify assistance needed to address their identified support or training needs.

Objective # 2: By May, 2012 the survey data will be compiled, analyzed and shared with the Healthy Sheboygan County 2020 Steering Committee.

Indicators:

- Survey responses are reviewed and analyzed by the Health Literacy Committee.
- A written summary of the results is prepared.
- Written summary of the survey results are shared with the Steering Committee and input into the development of an action plan is obtained from Steering Committee members.

Objective # 3: By October 2012 a Sheboygan County 2020 Health Literacy action plan will be developed and shared with community partners.

Indicators:

- The Health Literacy Committee will recruit at least 10% of the community partners who participate in the survey process to assist the Health Literacy Committee in developing an action plan.
- Community action plan is developed.
- The Health Literacy Committee will conduct a meeting to share the results of the survey process and the action plan.

Activity	Time-frame	Resources Required	Lead	Anticipated Products or Results	Date Completed
Identify community partners who represent a broad spectrum of entities including government, health care, education, insurers, religion, employer.	January – March 2012.	Committee Member Time, Expertise and Contacts.	Ann Wondergem.	List of at least 30 community partners with the name of a contact person within that organization who can identify a representative from the organization to complete survey.	

Activity	Time-frame	Resources Required	Lead	Anticipated Products or Results	Date Completed
<p>Survey identified community partners on the health literacy related activities undertaken within their organization.</p> <p>a. Current strategies utilized to address health literacy within their organization.</p> <p>b. Identify any support or training needs regarding health literacy within their organization.</p>	March – April 2012.	Committee Member Time, Expertise and Contacts Nursing Students.	As assigned to Lead Committee Member by Partner Contact – Ann Wondergem.	At least 10 of the organizations contacted will complete the survey.	
<p>Survey results will be analyzed and shared with the Healthy Sheboygan County (HSC) 2020 Steering Committee for input prior to development of an action plan.</p>	May 2012	Health Literacy Committee Co-Facilitators.	Ann Wondergem & Mary Paluchniak.	Input and endorsement by the HSC 2020 Steering Committee & input from the other committees (SCAN, AODA & MH).	
<p>Based on the results of the survey on health related activities, develop and share an action plan with our community partners.</p> <p>a. Health Literacy CHC will recruit at least 10% of the organizations completing the survey to assist, in some manner, with the development or initial review of the action plan.</p> <p>b. Results of the survey and the action plan will be posted to the Healthy Sheboygan County 2020 website and the link to the website shared with all survey participants.</p> <p>c. Community partners and organizations completing the survey will be invited to attend and participate in a meeting to share the results of the survey and discuss the action plan.</p>	October 2012.	Committee members.	Mary Paluchniak.	Development of an action plan including current baseline data on health literacy related activities, identification of support and/or training needs and next steps. Hosting of a meeting to share the results of the survey and the action plan.	

Goal Statement: Increase community awareness of what health literacy is and why it is important in making health care decisions.

Objective # 1: No later than April of 2013 conduct an assessment of the community's understanding of health literacy.

Indicators:

- Survey forms, methods and processes are researched and developed.
- Target groups are identified and contact is made to set up focus group dates and sites.
- Volunteers are recruited and trained.
- Community partners will be contacted to participate in and/or assist with the survey process.
- Survey(s) and focus groups are conducted and survey completions are monitored weekly during the survey process.

Objective # 2: No later than October 1, 2013, based on the survey and focus group results, design and deliver a community outreach/awareness/public information campaign emphasizing the importance of health literacy.

Indicators:

- Survey responses and focus group input is reviewed and analyzed by the Health Literacy Committee.
- A written summary of the results is prepared.
- The written summary of the survey results are shared with the Steering Committee and input into the development of a community outreach/public information campaign is obtained from Steering Committee members.
- Health Literacy Public Information Campaign is conducted.

Objective # 3: Align the community outreach and public information campaign with goals and objectives of Health Literacy Wisconsin.

Indicators: Minutes of the Health Literacy Committee meetings will reflect the information shared regarding Health Literacy Wisconsin goals, objectives and reports and local applicability.

Activity	Time-frame	Resources Required	Lead	Anticipated Products or Results	Date Completed
Review and align the community outreach and public information campaign with the health literacy goals and objectives of Health Literacy Wisconsin.	Ongoing.	Quarterly review of Health Literacy Wisconsin information & presentation of any new/relevant information at the Health Literacy Committee meetings.	Mary Paluchniak.	Continuity in messaging, sharing of resources, utilization of evidence based information and materials.	
Research tools and survey instruments and develop actual tools and process for conducting the community survey.	May - September 2012.	Committee Members and Grad. Student.	TBD.	Survey tool, identification of a process.	
Conduct an assessment to obtain baseline data on health literacy awareness/knowledge (what would help them better understand and utilize the health care system) from a cross section of Sheboygan County residents through a process to include: A General Survey to be conducted at locations throughout the county such as malls, discount stores, employee groups, etc. Focus Groups with target populations such as the elderly, ethnic groups, Head Start families, etc. On-line survey option.	September - December 2012.	Survey Instrument(s). Focus group facilitators. Community locations throughout the county willing to participate. Volunteers to conduct the survey.	TBD.	Obtain baseline data to assist with development of future indicators. Compile information to assist in the design and implementation of a public information campaign.	
Compile and analyze survey and focus group data.	January – April 2013.	Grad. Student and Committee Members	TBD.	Written summary of the results.	
Attend and participate in the 5 th Health Literacy Summit sponsored by Health Literacy Wisconsin.	April 2013.	Funding for registration & other related conference expenses.	Mary Paluchniak.	Learn from other State/County projects.	

Activity	Time-frame	Resources Required	Lead	Anticipated Products or Results	Date Completed
Using compiled base line data develop an action plan for a community public information campaign and present the plan to the HSC 2020 Steering Committee.	April 2013 – June 2013.	Staff/Volunteers/ Grad. Student to compile data and develop action plan.	TBD.	Action plan outlining public information activities, funding requirements, timeline, etc.	
Kick Off of the Health Literacy Public Information Campaign.	October 2013.	Funding, Staff and Committee time and expertise.	TBD.	Provide people with the tools & information to make informed decisions about their health care.	

Priorities: Alcohol and Other Drug Abuse

Alcohol and other drug use means any use of a substance resulting in negative outcomes. This includes mood-altering substances such as alcohol, illegal mood-altering substances and

Key Facts

29% of Sheboygan County adults report excessive/binge drinking compared to the state average of 25%.

Sheboygan County operating while intoxicated (OWI) are higher than Wisconsin's average.

Moderate percentage of alcohol-related motor vehicle accident deaths.

Increase incidence of alcohol and drug related hospitalizations.

2009 Coroner reports show 7 of 8 undetermined deaths (undetermined to be accidental or suicide) were related to drug overdose.

prescriptive medications. Negative consequences include operating a motor vehicle while intoxicated, drinking during pregnancy, binge drinking, underage drinking, and illicit drug use. Historically, Wisconsin's alcohol culture has been lenient and accepting of many of these negative outcomes caused by excessive alcohol which leads to a slew of factors that communities need to address, like traffic accidents and fatalities, drug and alcohol hospitalizations, disorderly conduct and domestic disturbances and risky behaviors that can lead to teenage pregnancy and locally high rates of sexually transmitted diseases.

Healthy Sheboygan County 2020 AODA Committee Action Plan

Goal Statement: Reduce substance abuse among youth and eventually adults in Sheboygan County.

Objective # 1: Reducing underage drinking.

Indicators: Reduction in the number of students who report binge drinking in the past 30 days.

Strategies: Provide information, enhance access/reduce barriers, provide support, change consequences, and modify policies.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Life of Athlete presentations on the impact of alcohol on athletic performance to ten teams.	September 2011 to September 2012.	Life of an Athlete materials.	Philip Duket.	Increase in the perception of risk using alcohol; increase in the perception of peer disapproval.	
Provide information on the SBIRT process to at least three different clinics or other settings.	September 2011 to September 2012.	Dr Richard Brown WIPHL.	SBIRT ad hoc committee.	Increase the number of medical settings using SBIRT.	
Distribute information on Responsible Beverage Service training reimbursement program for up to 50 servers.	September 2011 to September 2012.	IPID Committee, Tavern League.	Philip Duket, Rachel Gretebeck, Tom Ritchie.	Reduce the number of alcohol servers who are not trained in RBS.	
Distribute information on the Above the Influence campaign to all nine countywide school districts.	September 2011 to January 2012.	Above the Influence campaign materials from ONDCP.	Erik Wagner, Philip Duket.	An increase in the number of schools familiar with ATI.	
Media campaign on the Domino strategy which will provide much needed information on teaching people how to drink responsibly.	January 2012.	Domino Strategy materials from Project Face.	Media committee.	Increase the number of adults who are aware of how many, what size and what's inside their drinks.	
Reimbursing up to 50 alcohol servers who receive Responsible Beverage Service training.	September 2011 to September 2012.	Drug Free Community Support funds, an RBS instructor.	Philip Duket.	Reduce the number of alcohol servers who are not trained in RBS.	
Provide training for SBIRT for two additional locations in our county.	September 2011 to September 2012.	Dr Richard Brown WIPHL.	Education committee.	Increase the number of medical settings using SBIRT.	

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Provide resources/toolkits for at least 10 groups to participate in Above the Influence activities.	September 2011 to September 2012.	ATI materials.	Erik Wagner.	An increase in the number of young people familiar with the ATI campaign.	
Continue the outreach of the Parent Network of Sheboygan County to increase communication among parents countywide.	September 2011 to September 2012.	Website, enrollment forms.	Laurie Cassidy and the Parent Network committee.	An additional school district will join the Parent Network.	
Work with the county District Attorney to recommend the maximum fines for OWI.	September 2011 to September 2012.	None.	Outreach subcommittee.	An increase in the amount of fines that people charged with OWI pay.	
Utilize the Life of an Athlete program designed by the American Athletic Institute to modify and strengthen athletic codes of conduct in one additional school.	September 2011 to September 2012.	Life of an Athlete materials.	Philip Duket.	Modify and strengthen athletic codes of conduct in one additional school.	
At least one additional location will implement the SBIRT process.	September 2011 to September 2012.	SBIRT training from Dr Richard Brown.	SBIRT ad hoc committee.	At least one additional location will implement the SBIRT process.	

Objective # 2: Reducing prescription drug misuse

Indicators: A decrease in the past 30 day use of prescription drugs not prescribed for that student.

Strategies: Provide information, reduce access.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Coordinate efforts within the committee to have Rx disposal information shared at any health/wellness fair that any committee member participates in.	September 2011 to September 2012.	Calendar of events; Rx disposal brochures.	Outreach subcommittee.	Increase the number of opportunities to educate community members on monitoring, securing and disposing of medications.	
Disseminate information on the harmful effects of Rx drug misuse and proper disposal of medications locally using social media, newspapers, and presentations.	September 2011 to September 2012.	Social media venues; notebook computer and projector; PowerPoint presentation.	Outreach subcommittee.	Increase the number of opportunities to educate community members on monitoring, securing and disposing of medications.	
Add an additional permanent drug drop-off site at another law enforcement agency.	September 2011 to January 2012.	County Planning and Resources Department, law enforcement agencies.	Rx drug ad hoc committee, County Planning and Resources Department, law enforcement agencies.	An additional permanent drug drop-off site for Sheboygan County to reduce access to medications.	
Coordinate a countywide effort among law enforcement to participate in the DEA Take Back event in April.	September 2011- April 2012.	Sheriff Todd Priebe, Todd Kronberg, and other law enforcement personnel.	Law enforcement.	Collect medications and distribute information on permanent drop-off sites.	

Priorities: Physical Activity, Obesity and Nutrition

Diet and body weight are related to health status throughout the lifespan. Good nutrition and physical activity is important to the healthy growth and development of children. Diet and regular exercise also reduces the risks for several chronic health conditions like, heart disease,

Key Facts

Two of three adults residing in Sheboygan County are overweight/obese.

One of four school aged children in Sheboygan County qualifies for free or reduced rate hot lunch.

64% in 2003 and 2008 consumed 2 or more servings of fruit per day and 23% consumed three or more servings of vegetables per day. No statistical improvements noted between 2003 and 2008.

In 2008, 44% of Sheboygan County residents exercised at CDC recommended level, which is less than state or national percentages.

high blood pressure, Type 2 diabetes and high cholesterol, stroke, osteoporosis and can help alleviate symptoms of depression. A reduction in falls can be attributed to remaining active later in life. Many factors play a role in the levels of physical activity and adequate nutrition seen in a community, such as access to recreational/play areas, access to grocery stores and fresh foods, food security and the cost of recreational programs and the community's belief that activity and exercise is worthwhile for themselves and their family's wellbeing.

Healthy Sheboygan County 2020: Physical Activity, Obesity, and Nutrition Action Plan

Goal Statement: To reduce the incidence of obesity among Sheboygan County Adults from 28% to 27% by 2014 through strategies which emphasize healthy eating and exercise. (Baseline 28% - 2011 Health Rankings Report)

Objective # 1: By the summer of 2012, at least twenty employers will be provided the opportunity to participate in a survey designed to identify wellness activities currently underway at their companies throughout Sheboygan County which promote a healthy lifestyle among their employees.

Indicators:

- Survey developed.

- Twenty businesses identified and asked to participate in survey.

Objective # 2: By September 2012 survey data will be tabulated, compiled, analyzed and shared with Healthy Sheboygan County Steering Committee.

Indicators:

- 50% of employers complete survey.
- Survey results reviewed and analyzed by SCAN Co-Chairs and/or Committee members.
- A written summary of the results prepared and shared with the Healthy Sheboygan County 2020 Steering Committee.

Objective # 3: By November 2012, the SCAN committee will develop a strategy to engage Sheboygan County Employers to enhance their worksite wellness initiatives.

Indicators:

- A strategy to engage employers in the promotion of obesity prevention strategies will be developed.
- 10% of employers who participated in the 2012 survey will implement a strategy to enhance their worksite wellness initiatives.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
SCAN group to identify employers to survey, including those who represent a broad spectrum of employees by job type, socioeconomic and ethnic diversity.	January – March 2012.	Committee Members, BSN Completion Student time and expertise.	SCAN Co-Chairs Amy Betke and Jeri Dreikosen,	Twenty employers and their Human Resource contacts are identified to be surveyed.	

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Recruit a BSN Completion Student to assist with survey development, survey process and result analysis. Survey to include questions related to: a) Current strategies utilized to address wellness within their organization. b) Support or training needs related to wellness within their organization. c) Interest in using SCAN materials and/or participate on the SCAN committee.	January through April 2012.	Committee members and BSN Completion student time and expertise.	SCAN Co-Chairs Amy Betke and Jeri Dreikosen and BSN Completion Student.	Survey developed.	
A minimum of twenty employers to be surveyed.	April 2012	Committee members and BSN Completion student time and expertise.	SCAN Co-Chairs Amy Betke and Jeri Dreikosen and BSN Completion Student.	At least 10 of the employers contacted will complete the survey.	
Survey results will be tabulated, analyzed and shared with SCAN committee for their input.	May 2012	SCAN Committee Co-chairs.	Jeri Dreikosen and Amy Betke	Input regarding findings received from SCAN committee and HSC 2020 Steering Committee.	
SCAN committee to develop strategies to assist employers to promote healthy lifestyles among their employees through the promotion of evidenced-based programs, use of established tool kits and evaluation tools adapted for Sheboygan County use.	November 2012	SCAN Committee Members and Students @ DPH	Jeri Dreikosen, Amy Betke, summer BSN students.	Strategies developed.	

Objective # 4: By 2014, SCAN will build upon the success of the annual Sheboygan County Health and Fitness Day by increasing employer involvement by 10 through the active engagement of the SHRM committee members.

Indicators:

- Health and Fitness Day events will be held annually in Sheboygan County
- 10 New employers will participate in Employee Health and Fitness Day

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
SCAN Committee will organize local efforts to promote county wide participation in Employee Health and Fitness Day	Annually – Event held in May	Committee member time, expertise, and contacts	Sherri Samuels-Fuerst, Jeri Dreikosen, Amy Betke	Annual County Wide event held.	
Number of businesses involved will be tabulated and trends in participation from year to year will be monitored. Committee member to encourage participation at the SHRM spring meeting.	January-June 2012 to 2014	Committee member time, expertise, and contacts	Sherri Samuels-Fuerst, Jeri Dreikosen, Amy Betke	5 new employers will participate in Employee Health and Fitness Days in 2012 and 2013.	
SCAN will publicly recognize worksites that actively support annual Employee Health and Fitness Day	Annual	Trophies. Committee member time, expertise, and contacts.	Sherri Samuels-Fuerst, Jeri Dreikosen, Amy Betke	Trophies awarded. Media coverage of awards in place.	

Objective # 5: By September 2012 SCAN members will gain a greater understanding of current National/State Initiatives and resources available to assist with community outreach campaigns regarding healthy lifestyles in preparation for 2013 SCAN outreach planning.

Indicators: Materials received and reviewed.

Activity	Timeframe	Resources Required	Lead	Anticipated Products or Results	Date Completed
Invite WI DHS Activity/Nutrition Coordinator and/or delegate to attend SCAN meeting to share State overview.	Early 2012	State Commitment	Co-Chairs	SCAN group to become familiar with State programming.	
SCAN committee to develop local outreach campaign adapted for Sheboygan County use which aligns with Federal and State Initiatives.	Spring 2013	State and Federal Materials. SCAN membership involvement.	Co-Chairs	Outreach campaign	

Community Health Improvement Planning efforts led by Teresa Boxrucker, PHN; Kari Keller, PHN; Annette Selk, PHN; Dale Hippensteel, Sheboygan County Health Officer; Jean Beinemann and Phil Duket, co-chairs of Healthy Sheboygan County 2020 Steering Committee; and Lynsey Ray, Program Development Director, Wisconsin Primary Health Care Association.

Appendix A: Community Health Improvement Plan Participants

NAME	REPRESENTING / AGENCY
Abby Dotz	Safe Harbor
Alejandra Klemme	Catholic Charities
Amy O'Connor RN	Sheboygan County Detention Center
Ann Wondergem	United Way
Barb TeStroete	Pine Haven Christian Home
Barbara Kultgen	Sheboygan County Division of Social Services
Beth Tenpas	Sheboygan County Division of Public Health
Beverly Randall	Mental Health America in Sheboygan County
Brenda McBain	YMCA
Cari Gmach	St. Nicholas Hospital
Char Baumgartner	UW-Oshkosh Student
Chris Larson	Aurora Sheboygan Clinic
Chuck Butler	City of Sheboygan Fire Dept.
Connie Frank	RCS
Cynthia Bertsch	St. Nicholas Hospital
Dale Hippensteel	Sheboygan County Division of Public Health
Dee Thieme	Harmony Living Centers
Diane Liebenthal	Sheb County Division of Public Health
Donna Mayer	ASMMC/Mental Health Committee
Ellen Cheney	Sheboygan County Division of Social Services
Erik Wagner	Family Resource Center
Foua Hang	Lakeshore Technical College
Jean Beinemann	Sheboygan County Division of Public Health
Jean McMurray	ASMMC
Jennifer Rohrbeck	Rocky Knoll, Area Nurse Manager
Jeri Dreikosen	Sheboygan Area School District
Jill Collier	Lakeshore Community Health Center
Jill Niemczyk	Northeastern WI Area Health Education Center
Jody Moesch-Ebeling	State Division of Public Health
Judy Schmidt	Homes for Independent Living
Ka Yang	Hmong Mutual Assistance Association
Kathleen R. Manny	Sheboygan County ADRC
Katy Pruitt	Safe Harbor
Kelly Quick	Lakeland College
Laura Roenitz	Safe Harbor
Liz Abler	Sheboygan County Division of Public Health
Mary Demski	Sunny Ridge
Mary Paluchniak	St. Nicholas Hospital
Melissa Giebel	UW Extension
Michael Taubenheim	Rocky Knoll
Mike Gustafson	YMCA

NAME	REPRESENTING / AGENCY
Milda Zuengler	Sheboygan County ADRC
Nancy Ahrens	UW-Oshkosh
Pam Sandee	Salvation Army
Patty Damon	Sheboygan County Division of Community Programs
Phil Duket	Family Resource Center
Rachel Gretebeck	Bridgepoint Health
Sara Hester-Johnson	St. Nicholas Hospital
Shelley Saunders	Sheboygan County Detention Center
Sherri Samuels-Fuerst	Sargento
Shirley Rohde	Sheboygan County Division of Public Health
Sue Grasse	
Tanya Smith	St. Nicholas Hospital
Teresa Boxrucker	Sheboygan County Division of Public Health
Theresa Christen-Liebig	Sheboygan County Head Start
Tom Eggebrecht	Sheboygan County Health and Human Services
Tom Malmstadt	RL Schools
Tricia Novitski	Prevea Health Services, Employee Health Nurse
Virginia Thomas	Lakeshore Community Health Center

Appendix B: Sheboygan County Social Determinants of Health



Community Health Improvement Call to Action Group Discussion Worksheet



1. What is important to the health of our community?

1. Individual value health
2. Perception of what is acceptable
3. Social aspect
4. Economic environment
5. Access health care
6. Educate wellness
7. Resources – use what is available
8. Individual buy in – Behavior change sustained
Culture change (“Take care of ourselves”)
9. Insurance
10. Ed/Access
11. Dr. Prevention
12. Transportation
13. Physical activity
14. Birth to Three & prenatal care: minimal resources, basic learning to instill knowledge;
Nutrition; oral health
15. Dental/Oral Health Care
16. Smoking/obesity/cardiac disease
17. Nutrition
18. Access to education transportation
19. Salad bars at lunch programs, teaching in schools, positive mental attitude, expectations
of health care
20. Access health care
21. Educate wellness
22. Resources – use what is available
23. Individual buy in – Behavior change sustained culture change (“Take care of ourselves”)
24. Insurance
25. Ed/Access
26. Dr. Prevention
27. Transportation
28. Physical Activity
29. Birth to 3 & prenatal care; minimal resources; basic learning to instill knowledge;
nutrition; oral health
30. Dental/Oral healthcare
31. Smoking/obesity/cardiac disease

32. Nutrition
33. Access to education & transportation
34. Salad bars with at lunch programs
35. Teaching in schools
36. Positive mental attitude
37. Expectations of health care
38. Mental Health issues – teens & young adults on Psych Meds
39. Teen self-medicating – marijuana, parties, etc.
40. If individuals don't support changes, difficult to create & maintain health. How do we access support (influenced by age)? Across all cultures, in all areas of life.
41. Technology + and – by affecting environments
42. Policy making that supports healthy selves/relationships
43. Access to care – depending on inappropriate emergency care or lack of reaching out for care
44. Organization/community working together
45. More outreach/getting messages out/public awareness
46. Continued integration of services/organizations
47. Access
48. Education of resources
49. Access to resources
50. Behavior responsibilities – understanding individual responsibility; self-directed care
51. Support Services – case management, transportation, (\$\$) exposure, insurance
52. Access to health care services
53. Education – power of individual choices – engaging adults → youth ed. (role modeling)
54. Culture – especially alcohol
55. School issues → leads back to schools/neighborhoods
56. Employment/Insurance/ etc.
57. Economic Stability – loss of hope, deferred health care
58. 2 out of 3 of us are overweight/obese also drinking
59. Aging demographic significant aging population – can we get them to age healthy?
60. Activity access/cost/perception
61. Outreach / Education
62. Engagement /buy-in

2. How is the quality of life perceived by Sheboygan County?

1. That it is good in general
2. Do not perceive a problem with health issues
3. If not sick, then ok
4. Resources are here
5. Proactive community
6. Perceived as good to age 25
7. Good for family, elders less so for teens; post-high school youth
8. Strong work ethic
9. Length of service with an employer
10. Overall – view as good
11. ↑ Separation between public/private – rich/poor

12. ↑ Number of people without jobs
13. Training of people to obtain jobs
14. Change in population
15. Depends on who you ask
 - Economic
 - Cultural
 - Relocate on for better life
16. Perceived as great place to grow up and live
17. Many perceive positives, but how does access influence quality of life for all?
18. Many feel it is good, but that changes are occurring, depending on who you ask
19. Much better than actual circumstances
20. Sweeping under the carpet with issues that need addressing
21. Getting to know/be a part of the community is difficult
22. The potential is there to have a great quality of life, but taking advantage of it seems to be a gap; the infrastructure is there
23. Getting involved
24. QOL = split perspective, but pretty good – parks, lakes, etc., safety
25. Feelings of being “unsafe” – adolescents, all genders, poverty & non, elderly, urban/rural split
26. Young people appeal is not here

3. How do social determinants of health impact the health of Sheboygan County?

1. Not doing a good job of educating/health literacy for population
2. Our culture impacts on at risk behaviors (alcohol, smoking, etc.)
3. Economic environment; loss of jobs & income to pay for health care, etc.
4. Education → economic incomes → access to resources → nutrition
5. (+) Family members influence decisions for health
 - Choice of providers
 - Can you be healthy in the environment?
- (-) Diet – German influence; unhealthy choices
 - Blue Collar – Economic pay for basics for life
 - Have job & income, but insurance underinsured opt out due to cost.
 - Transportation outside city
 - Daycare access
 - Disconnect between who needs services & the services
6. Shift to people going home early from nursing homes
7. People entering healthcare – sicker
8. Increase in Afro/American population – no contact
9. No contact
10. Education
11. Housing
12. Environment
13. Transportation access to buses
14. Labor

15. Agriculture
16. Varying rural versus city – RE: access
17. Socialization/Acceptance
18. Factors → solely on grades
19. Veterans
20. Previous trauma responses
21. Health literacy – affected by language skills, developmental issues, previous trauma, mental health, knowing what to ask, no access to history/genetics
22. What’s easy and fast
23. Changing lifestyle habits
24. Teaching/educating children healthy habits
25. Modeling
26. Stigma of “good” mental health
27. Booze
28. Cultural
29. Begins at home/neighborhoods, therefore, it impacts health significantly
30. Lower education
31. Growing minority population fuels “unsafe” & suicide
32. Stigma to access Mental Health Care
33. Minority stigma to access health care

4. What assets do we have that can be used to improve community health? *Please note community assets across all sectors, such as the health care sector, school sector, employment sector, public safety, etc.*

1. Salvation Army Free Clinic
2. Healthy Sheboygan 2020
3. Bike trails: Health Infrastructure
4. Sheboygan County Human Resources
5. Clergy groups
6. S.C.I.O.
7. Lakeland – LTC
8. Caregiver Coalition
9. Prevention classes at ADRC
10. School more available
11. Work ethic
12. Faith based community
13. Connectedness of Community (Public – Private)
14. Ownership
15. Resources, but not well known
16. Local initiatives
17. Community involvement
18. Close family ties
19. Joe Leibham/Legislature
20. Boards of Health
21. ETOH – AA – Al-Anon

22. Collaborative – Hospitals/Community Partners
23. Parks – activity – bike – non-motorized grant
24. Increase activity, like moving in March
25. Values are strength
26. Technology
27. Fitness Centers – maybe special times for specific populations
28. YMCA's
29. Networking occurs among traditional and non-traditional community partners
30. Drug Enforcement Unit
31. Lunch Buddies
32. Activity Programs – Y, Rec Department, etc.
33. Free Wellness Program Trials
34. Family involved Wellness Programs
35. Teenage/Parent Programs (attend 2 quarters)
36. Collaboration with services available
37. Kidship Program/Teenship – STRIVE – Mental Health needs
38. Community activities – family events
39. Walk/Runs, triathlons, Maywood
40. Safe Kids Coalition (car seats/helmets)
41. Resources – Family Resource Center
42. Medical community assists in many ways
43. LTC, Marquette
44. Community collaboration – nonprofits stepping up
45. Local foundations
46. 10 different/skilled facilities – input/contributions – screening – referral
47. Share/provide community resources for schools “get the word out”
48. Utilize higher education in community
49. Organization/foundation scholarship support
50. Lots of committees (task groups/leaders/etc., to fill High Risk groups into the dialog
51. Strong networking
52. Social Services well represented
53. Variety of resources relatively near/accessibility
54. Strong Public Health System
55. Stable business and foundations that support community → \$
56. Ability to disseminate information - TV, Email, etc.
57. Strong Health Care Systems – Aurora, St. Nicholas
58. Public Health usage for education, resource
59. LTC UW-Sheboygan, Lakeland
60. NAD & employers against drugs
61. Strong faith-based community (distribute info, food)
62. Aurora & St. Nick's/Prevea & generous business communities
63. Recreation: State Parks, bike paths, lifestyle centers at SASD, SF pool, Oostburg Center

5. What additional health needs or gaps exist in 2011?

1. Engage general public in participation in the planning groups.

2. Dental care
3. Financial wellness: How to manage money
4. Transportation; ability to get to health care resources, etc.
5. Health care access
6. Runaway problems – youth – How to cope with stress, etc.
7. Mental Health – suicide attempts follow-up care after hospitalization
8. Services for under or not insured. Disabilities especially over age 18
9. Dental Care – all age groups – preventable/emergency
10. Activity – outside – safe park access
11. Education P/T Cooking/Shopping – healthy/fresh
12. Low cost – parks, bike trails
13. STD's – Education (Conservative Community)
14. Transportation
15. Mental Health children's activities
16. Getting info out to those who need it
17. Reaching minorities
18. Employment
19. Preparedness – resources limited
20. Appropriate placement for specific disease population – ex-dementia, mental health
21. Simplifying our systems
22. Room to improve immunization rate
23. See Report – Identify gaps
24. Increase discussion of suicide – work with clergy
25. Lack of family/church support
26. Parenting classes
27. Dental Care
28. Transportation (local and perimeter)
29. School nutrition monitoring (student compliance)
30. Drink more water – promote in schools, WIC, clean water sources promotion
31. Promote reduction in cost for healthy food
32. Illegal citizens not having insurance, thus lacking health care
33. Dental Care
34. Nutrition
35. Mental Health
36. AODA care
37. Self-care (Body, Mind, Spirit Health) – emotional, physical & relationships
38. Healthy Literacy
39. Access to care for those who fall in gaps (single, low income)
40. 55-65 age – needs being met? Specific issues being addressed?
41. More people being involved and aware of needs & what can be done
42. Community wellness/unity
43. Representation by the groups on leading African/American, Hmong and Hispanic
44. New Refugee
45. More professional level providers visible in the community
46. Dental Health
47. Mental Health
48. Bilingual translators a problem

49. Lack of psychiatrists
50. Transportation
51. Childcare for parents/adults seeking assistance
52. Cultural barriers
53. Dental access
54. Health insurance will become more acute
55. Activities to young adults for evening hours
56. Skills to navigate their young adult years
57. Substance abuse, obesity (video games)
58. Need for improved integration of care (system is disconnected)
59. Huge waiting list for access of care
60. 8-5 Health Care – difficulty scheduling health care (access)
61. Aging population – strategies to handle difficult aging adults

6. What are the leading health priorities requiring community action?

1. Dental care for uninsured & MA
2. Access health care benefits
3. AODA – Prevention
4. Political Policy-Making: Public has to be more involved
5. Changing culture to one which values self-improvement/engagement of personal responsibility of positive health practices
6. Address the obesity issues with children
7. Dental care/access for uninsured
8. Transportation – Access to services
9. Mental, Psychiatric – Pediatric, etc.
10. Communication Technology – Geriatric population, Non-English speaking
11. Developmental Disabilities
12. Behavior modeling – family – employers
13. Obesity – address nutrition, environment, and activity
14. STD
15. ETOH/Drugs
16. Involve ethic groups in program development
17. Diabetes
18. Obesity
19. Dental
20. Alcohol/Drugs
21. Mental Health
22. STD
23. Prevention
24. Falls
25. Nutrition
26. Dental Care
27. Exercise
28. Medicaid ½ of population
29. Access to health insurance
30. Mental Health – stress management

31. Prescription coverage
32. Positive Mental Health
33. Yoga
34. Need funding from State & Federal Government
35. Physicians Educating, not just prescribing
36. Policy Making (take these issues to neighborhoods)
37. Dental Care
38. Mental Health/AODA
39. Health Literacy
40. Nutrition
41. Promoting health responsibility/self-care
42. How to help people in changing economic environment
43. Integrated Health
44. Building Cultural Competency among health professionals
45. Insurance Access
46. (AODA) limited resources/access to care for those affected with mental health issues
47. Mental Health Care available and services in appropriate placement for mental health patients
48. Detention Center/Jail
49. Health Literacy
50. Community education with preventative measures
51. Outreach across the population with buy in across the community
52. Dental access – dentists do not accept MA or insurance, or have no insurance
53. Mental Health – access to therapists/child psychologist/family affordability of medications
54. AODA
55. Obesity – adult & children
56. Transportation – senior, poverty, etc.
57. Alcohol culture – cheaper than health care
58. Behavioral Health – drinking, eating, exercise, stress, healthy lifestyle
59. How do we get Sheboygan County residents to buy in to a healthy lifestyle? (Motivation)
60. Self-responsibility
61. Empowerment to take
62. \$ r/t insurance to get people healthy
63. Lack of \$ to fund all of this
64. Dental

Appendix C: Community Health Needs Assessment Data Resources

Information and data from several sources were frequently utilized during the community health improvement process. The following provides listing of the key resources that contributed to the development of this plan.

1. [Aurora Community Health Survey 2008](#)
2. [County Health Rankings website](#)
3. [Health Literacy Wisconsin website](#)
4. [Healthy People 2020 website](#)
5. [Healthy Sheboygan County 2020 website](#)
6. [Healthy Wisconsin Leadership Institute website](#)
 - a. Including their [Community Health Improvement Toolkit](#) which provided the template for the Action Plans within this document.
7. [NACCHO Mobilizing for Action through Planning and Partnerships \(MAPP\) website](#)
8. [National Action Plan to Improve Health Literacy](#)
9. [National Institute of Mental Health website](#)
10. [Sheboygan County Community Health Needs Assessment 2009](#)
11. [State of Wisconsin Department of Workforce Development](#)
12. [United States Census Bureau American Community Survey 2010 Estimates website](#)
13. [United States Department of Education Institute of Education Sciences website](#)
14. [Wisconsin Behavioral Risk Factor Survey](#)
15. [Wisconsin Department of Health Services, Community Health Improvement Plan and Process website](#)
16. [Wisconsin Literacy website](#)
17. [Wisconsin State Health Plan: Healthiest Wisconsin 2020](#)