

2008-2012

# Community Health Improvement Plan



## Access to Health Care

- Including Medical, Dental, and Mental Health Services



## Overweight & Obesity

- Lack of Physical Activity
- Inadequate Fruit and Vegetable Intake



## Alcohol Issues

- Underage Drinking
- Binge Drinking

Pierce County

Public Health Department

# How Do We Build A Healthier Pierce County?

- ☑ Involve Pierce County citizens
- ☑ Assess needs and priorities
- ☑ Prepare a guide for community action
- ☑ Share this guide with colleagues, friends, and policy makers
- ☑ Invite the community to take action

**By Working Together!**

# Executive Summary

The Pierce County Community Health Improvement Process (CHIP) began in October of 2007 with leadership from the Health Department and a community steering committee comprised of local representatives from the River Falls Area Hospital, River Falls Area Hospital Foundation, Elmwood Ambulance Service, United Way St. Croix Valley, Plum City Care Center, Pierce County Human Services, Ellsworth Medical Clinic, UW-River Falls Student Health and Counseling, English Lutheran Church, and the Pierce County Board of Health. The Mobilizing for Action through Planning and Partnerships (MAPP) process was chosen as a framework for the assessment. The State Health Plan priorities and the Essential Public Health Services provided additional direction.

The first of the four MAPP assessments, the Local Public Health System Assessment, was conducted at a December 2007 meeting to determine the activities, competencies, and capacities of our local public health system. Although many strengths of our local system were identified, additional coordination and activities are needed to:

1. Develop policies and plans that support individual and community health efforts
2. Link people to needed personal health services
3. Assure the provision of health care when otherwise unavailable

4. Research new insights and innovative solutions to health problems

The remaining three MAPP assessments, the Forces of Change Assessment, a Community Themes and Strengths Survey, and Community Health Status data review were completed during 2008 through a combination of steering committee meetings and a community survey. Common themes provided the basis for establishing the three health priorities of **access to care, overweight and obesity, and alcohol issues**. Presentations to share assessment results and create awareness of the issues were conducted at various local organization meetings.

Representatives from a wide variety of community organizations participated in a December 2008 action planning meeting to begin the implementation phase of the project. Best practices were identified while workgroups set short and long-term goals and strategies to address these issues.

The identified health priorities will be the focus of action planning to improve the health of Pierce County residents for the next five years.

It is recognized that the coordinated, collaborative efforts of many organizations in the community are necessary to significantly impact these complex health issues. Currently, there are minimal activities aimed at addressing these priorities, thus additional resources will be needed to implement effective health improvement initiatives in Pierce County.

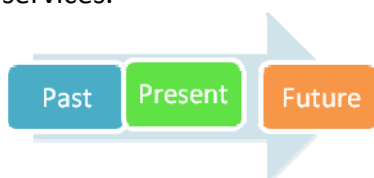
## Purpose

There are several reasons for doing a community needs assessment:

- Wisconsin State Statute HFS 140.04 requires that each local health department complete a community health assessment and participate in a new local health improvement plan every 5 years.
- To provide updated information on the county's population health status by following the Wisconsin Statute Chapter 251.05.
- To create a process which encourages the community and residents to provide input into identifying the needs of the community and the availability of local resources.

## History

In the past, the health priorities identified by Pierce County Health Needs Assessments have been useful guides in which to frame community goals and services.



In 1992, the Year 2000 Citizens Advisory Committee Report identified that access to health care, especially for adolescents and those with chronic disease, as well as access to dental care were needs. In addition, it inspired the group to focus on education and prevention in areas of communicable disease, chronic disease, injury prevention, parenting and environmental health.

The 1998 Assessment Protocol for Excellence in Public Health Composite Report identified five priority areas. Those areas included adolescent alcohol use and its effects, lack of food security, lack of access to health care services, lack of awareness of community resources, and tobacco use by youth and pregnant women.

By 2002, the Community Needs Assessment Priorities & Progress group identified that overall community wellness and disease prevention was a need.

This identification led to the formation of the Healthy Eating Active Living (HEAL) coalition.

Access to Dental Care/Health Care was another need of the community. Success in this area is being achieved by the formation of the Pierce County Dental Health Clinic and the Free Clinic of Pierce & St. Croix Counties.

After identification of tobacco issues in our community, the Pierce/St. Croix Tobacco Coalition took the lead in encouraging policy changes throughout the county.

*Identified Needs*  
*Access to Health Care*  
*'92, '98, '02*  
*Access to Dental Care*  
*'92, '02*  
*Alcohol Use*  
*'98*  
*Wellness*  
*'02*

Following a nation-wide drive for improvements in emergency response preparedness, the Public Health Preparedness Program was developed locally.

With demand on home care resources increasing, Pierce County Public Health and Home Care was tasked to advocate for additional funding and grants to help fund this vital and successful program.

Negative community health trends have been identified in recent years that are complex and challenging for the community. A spectrum of interested participants/stake holders needs to be involved to successfully address the resolution of these problems. By building on the successes of the past community assessments and action plans, all involved will help to steer the community in a healthier direction.

## Process

To thoroughly and accurately assess the needs of the Pierce County community, the steering committee utilized the Wisconsin State Health Plan Priorities, the Ten Essential Public Health Services, and the Mobilizing for Action through Planning and Partnerships Assessment (MAPP).

MAPP, a strategic planning tool from the National Association of City County Health Offices was chosen to help guide the process. This guide assisted the group to perform four types of assessments to produce the final product.



### 1. Local Public Health System Assessment

What is currently being done to address health issues by the health system partners?

### 2. Forces of Change Assessment

What are the changes occurring in the community that could pose threats or provide opportunities?

### 3. Community Themes and Strengths Assessment

What are the perceptions of the community members when asked about the health of their community?

### 4. Community Health Status Assessment

What data is available to assess the health status of the community?

*The PURPLE text on the following pages highlights trends across the four assessments indicating the priorities identified by the steering group and community data obtained. Interestingly, they support one another...*

# 1. Local Public Health System Assessment

The first of the four MAPP assessments was conducted at a December 2007 steering committee meeting to determine the activities, competencies and capacities of our local public health system. The 10 Essential Services of Public Health and current activities occurring in Pierce County were examined. Strengths of our local system were identified as well as targeted goals for each area.

## Essential Services being done well:

- Identify and investigate health problems & health hazards in the community
- Inform, educate and empower people about health issues
- Assure a competent public health and personal health care workforce

*Goal: Maintain current level and effort*

## Essential Service being done well:

- Mobilize community partnerships to identify and solve health issues

*Goal: Refocus some resources to higher priority activities*

## Essential Services requiring improvement:

- Monitor health status to identify community health problems
- Enforce laws & regulations that protect health and ensure safety
- Evaluate effectiveness, accessibility and quality of personal & population-based health services

## 10 Essential Services of Public Health

- Monitor Health Status
- Identify, Investigate, Control and Prevent Disease/Injury
- Inform, Educate and Empower the Public
- Promote Community Partnerships
- Develop Policies and Plans
- Enforce Public Health Laws and Regulations
- Link People to Health Services
- Maintain a Competent Public Health Workforce
- Evaluate and Improve Programs and Services
- Research

*Goal: Increased coordination among partners*

## Essential Services requiring improvement:

- Develop policies & plans that support individual and community health efforts
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Research new insights and innovative solutions to health problems

**Goal:** Increase activities in these areas

In summary, additional coordination and activities are needed to develop policies and plans that support individual and community health efforts, link people to needed personal health services, and research new insights and innovative solutions to health problems within our community.

Initiatives that are currently supporting these targeted areas include the Immunization Coalition, Tobacco Coalition, School District Wellness plans, UWRF Tobacco & Alcohol Prevention, Women, Infant and Children Supplemental Nutrition Program (WIC), Pierce County Health Department Dental Program, WI BadgerCare, Prenatal Care Coordination, First Breath, Pierce County Reproductive Health services, Free Clinic of Pierce and St. Croix Counties, Food Shelves, Meals on Wheels, Salvation Army, Turning Point for Victims of Domestic and Sexual Violence, River Falls Partnership for Youth, Parish Nursing, First Call for Help, School Health, Sexual Assault Response Team (SART), Impact Program RFMC (Improving patient outcomes), Psychiatrist on staff at the River Falls Medical Clinic, Safe Routes to School Grants, New Electronic Data System for EMS, and Wisconsin Electronic Communicable Disease Reporting System (WEDSS).

## 2. Forces of Change Assessment

Throughout 2008, the remaining aspects of the MAPP process were completed. A group of community experts conducted a brainstorming session that focused on the forces of change within our community. The goal was to determine what is occurring or might occur that affects the health of the community. Additionally, the goal was to identify what specific threats or opportunities are generated by these occurrences. The following identified forces of change are listed in no particular order:



- Attention to what is in our food supply and how it is grown
- Lack of adequate food supply
- Potential for disease spread through food service
- Rising attention to childhood obesity



- Shift to more urban culture in Western Pierce County while Eastern Pierce County remains rural
- Increase in ethnic diversity
- Increased support for smoke-free policies



- Increased coalitions to address health issues
- Healthcare work force shortages
- Rising focus of hospital community investment
- Limited access to mental health care



- Rising burden of the lack of health insurance coverage
- Governments and non-profits working at capacity yet lack of funds to hire additional staff
- Long term care redesign

### 3. Community Themes and Strengths Assessment

There were 2 key questions to be answered: First, “What is the perception of quality of life in the community?” Second, “What assets in the community can be used to improve community health?”

A survey was prepared and distributed throughout Pierce County via e-mail, Pierce County’s website and on hard copies to community groups including churches, schools, and senior meal sites. 296 community members responded. The results below indicate what the community members found “most important”.

#### Three most important factors for a “healthy community”

1. Low Crime/Safe Neighborhoods
2. Good place to raise children
3. Ability to get health care (medical & dental)

#### Three most important “health problems” in Pierce County

1. Overweight and obesity
2. Lack of available healthcare (medical and dental)
3. Mental Health problems

#### The most important “risky behaviors” in Pierce County

1. Alcohol abuse
2. Illegal drug use
3. Underage drinking
4. Lack of physical activity

#### Community Survey Results

**Are you satisfied with the quality of life in our community?**

Average rating 3.86

**Are you satisfied with the health care system in the community?**

Average rating 3.29

**Is this community a good place to raise children?**

Average rating 3.94

**Is this community a good place to grow old?**

Average rating 3.56

**Is there economic opportunity in the community?**

Average rating 2.68

**Is the community a safe place to live?**

Average rating 3.97

**Are there networks of support for individuals and families during times of stress and need?**

Average rating 3.53

**Do all individuals and groups have the opportunity to contribute and participate in the community’s quality of life?**

Average rating 3.42

**Do all residents perceive that they, individually and collectively, can make the community a better place to live?**

Average rating 3.12

All questions are rated on a 1-5 scale (1 least positive - 5 most positive)

The results indicate that while the residents do not find there to be strong economic opportunity, it is an overall safe place to raise their children and to grow old. They seem overall satisfied with their lives, yet could see improvement in the health care system and community involvement. Community respondents have identified similar risk behaviors and health problems as the steering committee.

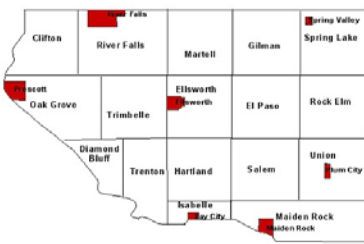
## 4. Community Health Status Assessment

The most recent data from a variety of sources including the Wisconsin County Rankings, the US Census and the Wisconsin WISH Data System was reviewed to determine community health status, quality of life, and risk factors.

### Demographics

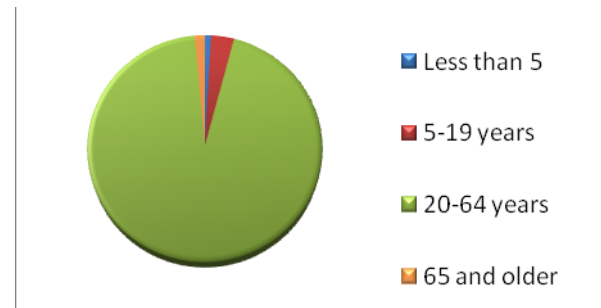
Recent decades have shown growth in Pierce County. The growth was 43.3 % from 1970 to 2005. An additional 11% growth is projected to occur by 2020 to a population of 42,655. The growth is expected to occur in the currently more populated areas of the western municipalities of River Falls and Prescott. Eastern and southern areas will likely experience declines in population. This shift in population may have an implication on how the services to the county are delivered. There may be more need in areas that are less populated.

### Pierce County Township and Municipalities

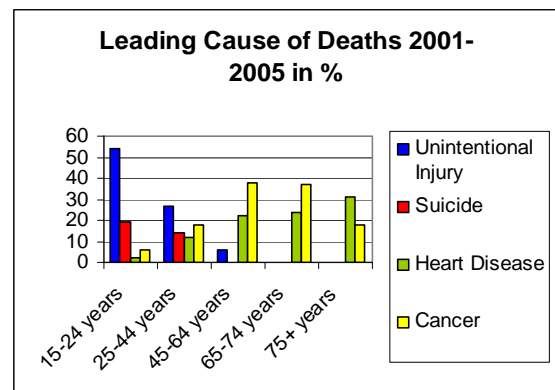


The most recent population data from 2006-2008 indicated that the population for the county was 39,856.

### Population Distribution



Source: US Census Bureau



Source: WI resident death certificates, WDHFS

One of the most comprehensive sources of demographic and population information is the University of Wisconsin Population Health Institute County Health Rankings. The 2008 Snapshot was a vital source of information for this assessment. Please see the next page for the 2008 Pierce County Health Snapshot. It may be accessed on line at <http://uwphi.pophealth.wisc.edu/pha/wch/2008/snapshots/pierce.pdf>



**PIERCE**

2008 County Health Snapshot

Wisconsin County Health Rankings

UW Population Health Institute

TRENDS IN RANKINGS	2004	2005	2006	2007	2008
Health Outcomes	13	13	36	12	11
Health Determinants	6	5	9	8	8

**HEALTH OUTCOMES 11**

Mortality: Years of potential life lost (YPLL)/100,000 population	4,807	± 125	4,020	5,979	8
General health status: % of people reporting fair/poor health	10.6%	± 2.7	6.6%	13.2%	13

**HEALTH DETERMINANTS 8**

HEALTH CARE	61				
No health insurance (%)	8.9%	± 3.4	2.8%	7.4%	43
Did not receive needed health care (%)	4.6%	± 2.4	0.0%	2.2%	70
No dentist visit in past year (%)	30.3%	± 5.2	17.1%	25.4%	44
Poor diabetic care: Score based on % of diabetics without recommended care	42		36	50	11
No biennial mammography (%)	28.9%		18.9%	29.0%	29
Poor inpatient care: Score based on % of patients without recommended care	59		36	50	60

**HEALTH BEHAVIORS 18**

Cigarette smoking (%)	17.0%	± 4.5	12.3%	20.9%	12
Smoking during pregnancy (%)	12.1%		6.5%	14.1%	12
Physical inactivity (%)	37.5%	± 8.9	23.5%	44.5%	9
Obesity (%)	25.6%	± 5.3	17.0%	24.1%	41
Insufficient fruit and vegetable intake (%)	80.8%	± 5.6	64.0%	77.2%	53
Binge drinking (%)	25.6%	± 5.2	10.3%	23.2%	53
Motor vehicle crash rate: No. of people involved in a crash/1,000 population	38.3		20.6	41.4	25
Motor vehicle crash-related ER visits (onroad)/100,000 population	310	± 32	110	712	5
Motor vehicle crash-related ER visits (offroad)/100,000 population	104	± 18	38	91	25
Teen birth rate/1,000 births	11.2	± 2.3	8.8	30.9	3
Sexually transmitted disease rate/100,000 population	155	± 44	52	498	24

**SOCIOECONOMIC FACTORS 4**

High school noncompletion: % of students not graduating as expected	4.9%		0.0%	10.4%	17
No high school diploma: % of people age 25+ without a high school diploma	10.4%	± 1	7.8%	14.9%	6
Unemployment (%)	4.4%		3.5%	4.9%	12
Children in poverty (%)	5.6%	± 1.3	3.0%	12.4%	6
Divorce (%)	7.1%	± 0.7	6.7%	9.0%	5
Single parent households (%)	7.0%	± 1	5.3%	8.2%	36

**PHYSICAL ENVIRONMENT 43**

Air quality risk: Score based on measures from EPA and DNR	47		39	60	40
Nitrates in water: Estimated % of population exposed to excess nitrate levels	57.5%		0.0%	40.7%	56
Housing with increased lead risk: % of pre-1950s housing stock	31.6%	± 1.8	8.2%	31.1%	34
Lead poisoned children: % screened testing positive for lead poisoning	0.4%	± 0.5	0.0%	2.2%	15
Radon risk: % of homes screened with elevated radon levels	12.8%		1.9%	12.0%	52
Method of commuting: % of workforce that drives alone to work	75.1%		68.7%	79.5%	25

\*ND - Not Ranked

After reviewing a large volume of data for Pierce County in comparison to Wisconsin, the following strengths and challenges were identified. Some of the highlights identified were:

**Strengths:**

- Lower number of children living in poverty
- Less divorce
- Clean air (low particulate matter and ozone level)
- Low number of lead poisoned children
- Fewer women smoking during pregnancy
- Higher number of high school graduates
- Fewer teen births
- Fewer motor vehicle related ER visits

**Challenges**

- Low fruit/vegetable consumption
- Obesity
- Radon risk
- Nitrates in water
- No health insurance
- Did not receive needed health care
- No dental visits in past year
- Mental health professional shortage area throughout county
- Binge drinking

## Determining Health Priorities

The four areas of the MAPP process were cross-referenced and some common themes were identified. These were used to establish the determinants of health for Pierce County. Determinants of health are all of the factors that combine together to influence health status throughout all stages of life. These factors include income, social status, social support networks, education, literacy, housing, transportation, employment/working conditions, personal health practices, coping skills, healthy child development, genetics, health services, gender and culture. In general, numerous determinants contribute to the overall health priorities of a community. In this community assessment the three overriding health priorities identified for Pierce County are access to care, overweight and obesity, and alcohol issues.



**Access to Health Care**

- Including Medical, Dental, and Mental Health Services



**Overweight & Obesity**

- Lack of Physical Activity
- Inadequate Fruit and Vegetable Intake



**Alcohol Issues**

- Underage Drinking
- Binge Drinking

## Public Health Priority Issues and Strategies:

### Issue One: Access to Health Care; including medical, dental, and mental health services

**B**ased on the collectively gathered data, Access to Health Care was determined to be a high priority issue. There were many specific contributing factors:



- Rising burden of the lack of health insurance
- Limited access to mental health care
- The need to develop policies and plans that support individual and community health efforts
- The need to link people to needed personal health services and assure the provision of health care when otherwise unavailable
- The need for additional coalitions to address health issues
- Lack of available health, dental and mental health care

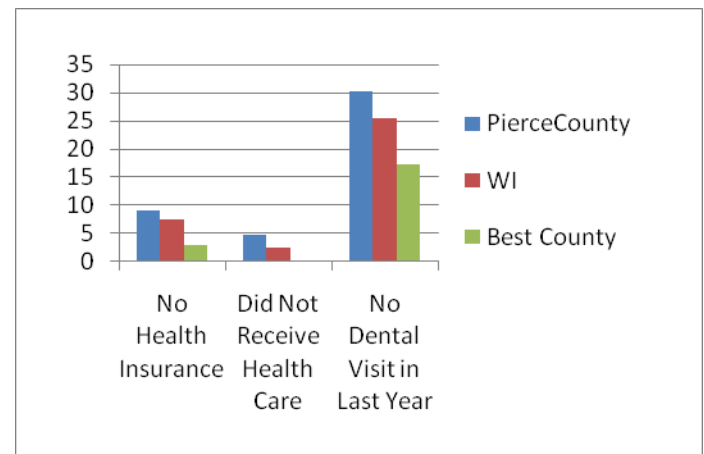
Typically residents who lack adequate health insurance and/or a consistent medical provider and who face other barriers often encounter greater difficulty in obtaining preventative health services and continuity of care.

#### Initial Action Steps

Initially, two public health nurses attended the HealthWatch Wisconsin Annual meeting in Madison in February 2009. They gained information regarding how to serve as an advocate for clients as well as information

on forming local coalitions. Staff visited the Dunn County HealthWatch Coalition to see if that format would be replicable in Pierce County. They meet regularly with a very broad group to discuss access to care issues.

In April 2009, a meeting regarding access to care was held at River Falls Area Hospital. The meeting focused on changes coming to the BadgerCare program. Another activity related to this priority area was the update of the Public Health professional resource guide. The guide was distributed to community partners.



#### 2008 County Health Snapshot

##### Progress Summary

In early 2010, grants were written and obtained to expand school based dental service for low income elementary students in Pierce County. Implementation of these grants has begun.

Community partners have communicated with department staff that they would like to see some access to care activities that would involve both Pierce and St. Croix County. In June 2010, a public health nurse attended an access to care meeting regarding dental in St. Croix County. Their program is in the fledgling stages and the PHN offered to provide some technical assistance. They have other groups that are meeting to address billing issues related to access to care and another group looking at medical access in general. Staff will continue to monitor activities of these groups, but none of the three are a direct fit for needs identified by the CHIPS process in Pierce County.

### **Linking to Healthiest Wisconsin 2020**

The Pierce County CHIP priority of Access to Care encompasses access to medical, dental, and mental health services. These areas are all mentioned in [Healthiest Wisconsin 2020](#). To ensure the health of families, everyone needs access to affordable and high quality health services. Focus areas of the health plan include creating a medical home to improve coordinated care; improving access to dental care especially for families covered by BadgerCare; and reaching out to the approximately 20 percent of the population that struggle with mental health problems.

### **2020 Objectives**

1. By 2020, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

2. By 2020, assure access to ongoing oral health education and comprehensive prevention, screening, early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

3. By 2020, assure appropriate access to effective and adequate oral health delivery systems, utilizing a diverse and adequate workforce, for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status and those with disabilities.

### **2020 Indicators**

1. Proportion of people with health insurance (National Health Interview Survey and Wisconsin Family Health Survey).

**2005-2007 Baseline:** 88% of people in Pierce County had insurance the entire year. (Local Data on Poverty Status and Health insurance coverage in Wisconsin, Pierce County, 2005-2007)

2. Proportion of BadgerCare enrollees with at least one dental claim in a year (Division of Health Care Access and Accountability).

**2009 Baseline:** 25.1% of Pierce County Medicaid recipients received a dental service in 2009.

3. Percent of schools with school-based dental screening/sealant programs (Department of Public Instruction and SEALS).

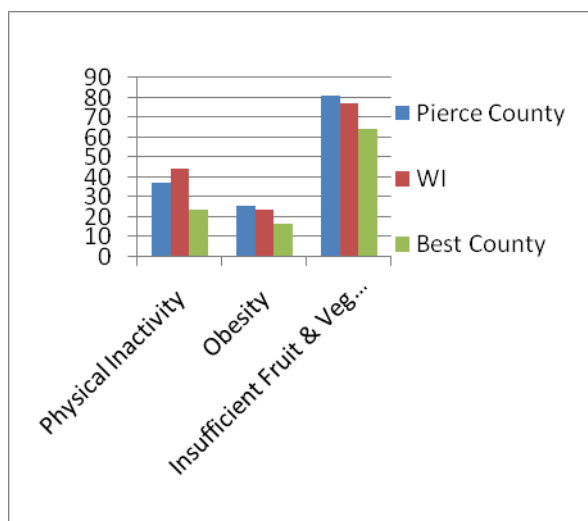
**2009-2010 School Year Baseline:** Five of nine (55%) Pierce County public elementary schools (including three River Falls schools) have a sealant program.

## Public Health Priority Issues and Strategies:

### Issue Two: Overweight and Obesity due to lack of physical activity and inadequate fruit and vegetable intake

**O**besity is a serious national problem that may contribute to the complicating factors of a number of chronic diseases. This is a problem that affects all ages of our population. Our results indicate that this is an issue for our community due to the factors/determinants identified:

- Overweight and obesity rates
- Lack of physical activity
- Low fruit and vegetable consumption



2008 County Health Snapshot

#### Initial Action Steps

The Health Eating Active Living Coalition of Pierce County (HEAL), a collaborative community organization with Health Department leadership, is focusing on projects to address the identified overweight/obesity issues.

A HEAL gardening subcommittee was formed to evaluate gardening activities as a means of addressing both lack of physical activity and low fruit and vegetable intake in Pierce County

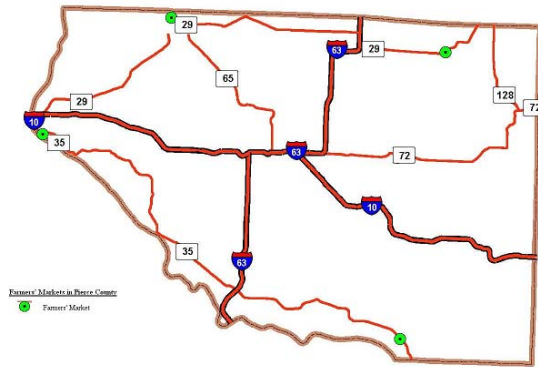


The HEAL coalition submitted a grant proposal in July 2009 for local implementation of the Wisconsin Nutrition and Physical Activity State Plan. If funded, the Wisconsin Fresh Fruit and Vegetable Audit Tool would be used to conduct an audit of the availability of fruits and vegetables in the county. An action plan will be developed and implemented based on audit results.

#### Progress Summary

In 2009 a strategic plan was developed by the HEAL coalition. This plan focuses on fruit and vegetable consumption. A fruit and vegetable audit of Pierce County was conducted by the coalition in 2009. At the same time, a perceptions survey was also conducted with Pierce County residents. The results of these two assessments were used to develop a logic model targeting strengthening the farmers' market infrastructure in Pierce County and to apply for several different funding sources in 2010.

*Farmers' Markets in Pierce County Identified in 2009 Fruit and Vegetable Audit.*



## Linking to Healthiest Wisconsin 2020

The HEAL coalition's activities directly mirror the 2020 Health Improvement Plans' objectives relating to increasing access to nutritious foods.

### 2020 Objectives

1. By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.
2. By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.
3. By 2020, increase physical activity for all through changes in facilities, community design, and policies.

### 2020 Indicators

1. Number of farmers' markets per 100,000 population (State Indicator Report on Fruits and Vegetables, CDC).

**2010 Baseline:** In the 2010 county health rankings, 36% of zip codes in Pierce County have access to a healthy food outlet compared with 46% of zip codes for WI and a target value of 63%. In 2010 Pierce County has 2.5 farmers' markets per 100,000 compared to a state value of 3.5.

2. Proportion of Wisconsin farmers' markets that accept payment from Electronic Benefit Transfer (EBT) and Women, Infants and Children (WIC) Farmers' Market Nutrition Program Coupons (State Indicator Report on Fruits and Vegetables, CDC).

**2010 Baseline:** In 2010, there are no Pierce County farmers' markets that accept EBT and three that accept WIC vouchers.

3. Proportion of high school students who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (Youth Risk Behavior Survey).

**2009 Baseline:** Ellsworth School District Physical Education Minutes/Week

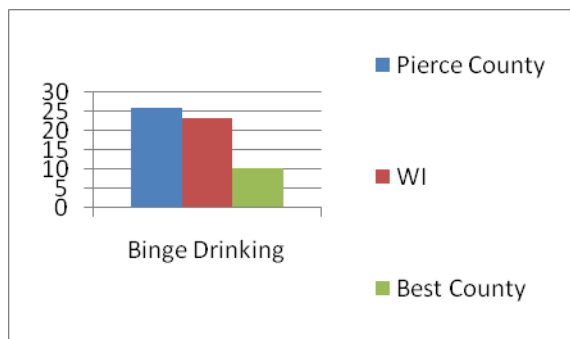
Elementary: 112.5 minutes/week (150 recommended); Middle School 117.5 minutes/week (225 recommended); High School 90 minutes/day for one quarter only (225/wk recommended)

## Public Health Priority Issues and Strategies:

### Issue Three: Alcohol Issues related to Underage Drinking and Binge Drinking

Often, patterns related to the use of alcohol are started when a person is still in school. The community response indicated these perceptions of risk factors:

- Alcohol abuse
- Underage drinking
- Illegal Drug Abuse



**Percent of persons reporting binge drinking--2008 County Health Snapshot**

#### Initial Action Steps

Historically, strategies to reduce alcohol abuse and underage drinking in the community have been initiated by the local schools. The River Falls District Alcohol, Tobacco and other Drugs (ATOD) Committee started in the late 80's including representatives from the schools, University of River Falls, Pierce County Public Health, Pierce County Human Services, local law enforcement and other youth serving agencies. This committee provided the foundation for conducting student ATOD surveys, writing and implementing WI Alcohol and other Drug Abuse (AODA) Grants and collaborating to support and

encourage alcohol, tobacco and other drug prevention.

The River Falls Partnership for Youth (formerly River Falls District AODA Committee) received a five-year Drug Free Community Support grant in 2002. This led to the growth and transformation of the Partnership, transitioning from a school-based ATOD committee to a broader community base for prevention and protection. The partnership has successfully implemented several grants involving evidence-based strategies to decrease underage drinking and its consequences.

#### Progress Summary

Discussions began in 2009 to explore the expansion of this group to serve the entire county and address this health priority.

In 2009, the River Falls Partnership for Youth was able to obtain a grant to pilot the underage drinking prevention program *Parents Who Host Lose the Most*. This campaign was a local success. Discussion is in progress to expand the program countywide.

In the spring of 2010 the River Falls Partnership for Youth (RFPFY) participated in discussions, followed by strategic planning to initiate the growth and expansion of the coalition, resulting in the beginnings of the Pierce County Partnership for Youth 2010 (PCPFY). As of fall 2010 a strategic plan and goals have emerged.

## Linking to Healthiest Wisconsin 2020

The Health Improvement Plan links with the 2020 Plan by applying evidence-based strategies to decrease underage drinking and its consequences through local partnerships and collaborating with community organizations involved with alcohol prevention activities.

### 2020 Objectives

1. By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.
2. By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.
3. By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientation, gender identities, and educational or economic status.

### 2020 Indicators

1. State and local rates and rankings of selected youth and adult behaviors related to unhealthy and risky alcohol and other drug use (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

**Baseline:** In 2007, Wisconsin high school student's rate of current alcohol use (49%) was the highest among all states while the binge drinking rate (32%) was the third highest in the nation. Data specific to Pierce County high school students is not yet available. Among adults in 2006, Wisconsin rated highest for binge drinking (24%), current alcohol use (69%), and heavy drinking (8%) in the nation. From 2002-2008 the adult binge drinking rate for Pierce County was 26%.

2. Proportion of counties with local capacity to provide alcohol and other drug abuse prevention, intervention (including criminal justice diversion), treatment, recovery support and ancillary services across all revenue streams for underserved and socially disadvantaged populations.

**2010 Baseline:** There are two programs providing alcohol and drug abuse prevention, intervention and treatment in Pierce County: Pierce County Human Services and Wisconsin Probation and Parole.

3. Unhealthy and risky alcohol and other drug use by race, ethnicity, sexual identity and orientation, gender identity, and educational or economic status (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; National Survey on Drug Use and Health)

**2004-2006 Baseline:** Among Wisconsin racial/ethnic groups, white adults reported the highest current alcohol use (69%), followed by Hispanics (67%), American Indians (65%), Asians (57%) and African Americans (48%). No data available for gender, educational or economic status. No data specific to Pierce County is available.

## Resources for Effective Action

As individuals, families, and organizations within the Pierce County community join forces to address the priority health issues, choosing effective strategies for action is of critical importance. The following websites are provided as a resource to guide the use of evidence-based and/or promising practices when designing programs.

### What Works for Health website:

<http://whatworksforhealth.wisc.edu>

### The Center for Disease Control and Prevention Community Guide website:

<http://www.thecommunityguide.org/index.html>

### Nutrition, Physical Activity and Obesity Prevention Program:

<http://www.dhs.wisconsin.gov/health/physicalactivity/index.htm>

### Team Nutrition:

<http://www.fns.usda.gov/tn/Default.htm>

### ABC for Health-Healthwatch Coalition website:

<http://www.healthwatchwisconsin.org/>

### Action for Healthy Kids website:

<http://www.actionforhealthykids.org/resources/>

## Wisconsin State Health Plan:

### Healthiest Wisconsin 2020

“It takes the work of many to improve and protect the health of all”



### Website:

<http://www.dhs.wisconsin.gov/hw2020/>

## Get Involved!

Are you or a member of your organization interested in making a difference in the health of the Pierce County community? Consider joining the collaborative efforts to address the health priorities identified in this plan. Involvement of a broad base of community members is essential to improving the health of Pierce County citizens!

### *Healthy Eating Active Living Coalition (HEAL)*

Contact: Katie Bartko, RD 715-273-6755

### *Access to Health Care*

Contact: Lisa Raethke, PHN 715-273-6755

### *Pierce County Partnership for Youth*

Contact: Kayla Buck, CSAC 715-273-6766

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Local representatives from all public stakeholders, business, education, government, health, faith groups, and community health care providers were essential throughout this process.

### Steering Committee

Ann Claflin - Elmwood Ambulance Service

Pastor Lauryl Stockness - English Lutheran Church

Heather Logelin - River Falls Area Hospital Foundation

Ben Plunkett - Pierce Co. Board of Health

Dr. Richard Purdy - Pierce Co. Board of Health

Tammy Kincaid - Pierce Co. Human Services

Amy Fetzer - Plum City Care Center

Dr. Keri Lijewski- River Falls Medical Clinic- Ellsworth

John Coughlin - United Way St. Croix Valley

Alice Reilly-Myklebust - UW-RF Student Health & Counseling

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Jennifer Loesch – River Falls Area Hospital

Shauna Knott – River Falls Area Hospital

Holly Mitchell – River Falls EMS

Mike Knoll – Pierce Co. Sheriff Dept.

Mark Luebker – Plum City Schools

Joyce Karlstad – English Lutheran Church

Jenny Legaspij – Chippewa Valley Red Cross

Elaine Schultz – Pierce Co. Human Services

Betsy Byker – Family Resource Center of St Croix Valley

Blake Fry – University of Wisconsin River Falls

Dena Casey – Fairview Clinic - Ellsworth

Mary Zimmerman – Ellsworth School District

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This document is available at the Pierce County web site in Public Health under publications in Needs Assessment.

[http://www.co.pierce.wi.us/Public%20Health/PH\\_index.htm](http://www.co.pierce.wi.us/Public%20Health/PH_index.htm)