

# Douglas County Wisconsin



*Community Health Improvement Plan  
2008 – 2012*

*2010 Update*

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## ***Executive Summary***

The shared vision of Wisconsin's public health system partners is that a healthy Wisconsin is a place where all residents reach their highest potential, communities support the physical, emotional, mental, spiritual, and cultural needs of all people, and people work together to create healthy, sustainable physical and social environments for their own benefit and that of future generations.

Wisconsin Administrative Code requires, via Chapter HFS 140.04, that local health departments "participate in community health assessment; collect, review and analyze data on community health; and undertake case-finding to identify population groups, families and individuals at high risk of illness, injury, disability or premature death." Community Health Improvement Plan (CHIP) process occurs every five years and is a locally based initiative that identifies local health concerns and develops health priorities that link local initiatives to state and national health priorities aimed at achieving shared visions of public health.

Under the leadership of the Douglas County Department of Health and Human Services, and assisted by the Northern Lights Public Health Preparedness Consortia epidemiologist, the Douglas County Community Health Assessment Steering Committee was developed in March 2007 by invitation to community stakeholders. A health and safety assessment was conducted by review of compiled local, state, and national data. After review, the committee ranked health priorities numerically based on set criteria. The criteria included:

- ◆ Current activities existing in the community
- ◆ Size of the problem
- ◆ Feasibility of instituting interventions
- ◆ Seriousness of consequences of health issue
- ◆ Perceived importance and resources of community (capacity).

The three health priorities for the 2008-2012 Douglas County CHIP are:

- ❖ **Overweight, Obesity, and Lack of Physical Activity**
- ❖ **Mental Health and Mental Disorders**
- ❖ **Alcohol, Tobacco, and Other Substance Use and Abuse**

It is the intention of the Douglas County Community Health Improvement Committee to meet periodically throughout this five year period to implement the CHIP, evaluate its effectiveness, and modify the CHIP as needed.

During 2009, the Steering Committee reviewed and approved relevant actions proposed by the Steering Committee's three subcommittees. These actions included the development of new goals, objectives, strategies, activities, and surveys. The Steering Committee also developed a Grant Subcommittee that reviews and recommends grant work to support CHIP initiatives. Several grants were reviewed, but due to timeline constraints, no applications were made. The Steering Committee continues to meet at a

minimum four times per year and holds adhoc meetings to review timely recommendations made by subcommittee members. The results of the actions during 2009 have been incorporated into this updated Plan along with any supporting materials or updated data. The update of the 2010 U.S. Census will yield more accurate data pictures for Douglas County and the Steering Committee anxiously awaits the release of such data as it continues to review the progress of the three health priorities and their associated goals.

## 2010 Update

### Healthy Priority #1: Overweight, Obesity, and Lack of Physical Activity

**Goal 1: By 2012, Douglas County residents will increase their physical activity levels.**

- ❖ **Objective 1a: The physical activity level of at least one 3<sup>rd</sup> grade level class, and their parents/guardians, in each of the three Douglas County public school districts will be assessed.**
  - ◆ Completion date: December 31, 2008
  - ◆ Baseline: To be established via objective.

#### Anticipated Results of Objective 1a:

- ◆ Results of the survey will guide further planning for lineages with community-based activities, such as Fit City.
- ◆ Individuals participating in the survey will become conscious of their own physical activity levels.

#### 2008 Strategies

- ◆ Developed an assessment tool used to survey children and parents/guardians. Survey focused on parent's/guardian's perception of the activity level of their child and themselves. Survey was modeled after questions in the National Behavior Risk Factor Survey and the Youth Risk Factor Behavior Survey.
- ◆ Selected 3 schools (one per school district) representing the demographic profile of Douglas County to target for participation in assessment.
- ◆ Contacted school districts regarding participating in assessment of 3<sup>rd</sup> grade students and their families.
- ◆ Survey administered to parents/guardians in 2 of 3 Douglas County school districts in October 2008.

#### 2008 Results

Results from the survey:

- ◆ Children participated in 7 days per week of physical activity while parents had 5 days. Almost 2/3 of parents and ¼ of children had less than 4 days of physical activity per week.
- ◆ Children participated in 2 days and parents had 1 day per week of exercise to strengthen or tone muscles.
- ◆ The majority of parents and children played on 1-2 sports teams in the past 12 months.
- ◆ Children participated in 2 days of physical activity class at school in the average week.
- ◆ During the past 5 days, ¾ of children were able to go outside for recess all 5 days.
- ◆ Parents and children participated in 45 minutes of physical activity on the average weekend day.
- ◆ Parents reported watching TV, playing video games or being on the computer for 2 hours on the average school day or weekend day while children reported 1 hour on the average school day and 3 hours on the average weekend day.
- ◆ Four-fifths of parents reported that the family spent time together doing physical activities.
- ◆ To review the full report on the survey results, please see the Appendix.

#### Future Action Steps

- ◆ Results of the survey will be used to fuel the Action Steps for Objective 2a.
- ◆ Resurvey the 3<sup>rd</sup> grade classrooms at the same schools in 2011 after Action Steps in Objected 2a have

been deployed.

- ◆ Consult Superior School District on the findings of the Safe Routes to Schools program regarding physical activity level assessment results.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

**Goal 2: By 2012, increase the proportion of Douglas County residents who engage in at least moderate physical activity five days per week by defining more opportunities for activity.**

❖ **Objective 2a: Increase the number of opportunities children and their families have to be physically active and increase fitness levels.**

- ◆ Completion date: December 31, 2009
- ◆ Baseline: Will be provided via objective 1a to ascertain physical activity levels.

**Anticipated Results of Objective 2a:**

- ◆ Increase in the number of children who are fit and regularly active.
- ◆ Increased opportunities for fitness will lead to an increase in Douglas County residents who are participating in vigorous physical activity.

**2009 Strategies**

- ◆ Co-chairs of the subcommittee, the Health Officer and the Chair of the Douglas County's Energy Committee jointly promoted a month-long campaign in August 2009 to encourage County employees to walk or bike to work to increase physical activity and reduce carbon emissions.
- ◆ The committee is exploring ways to promote physical activity in cooperation with Fit In Superior/Fit Douglas County project.
- ◆ Countywide activity brochure was updated and made available at the Douglas County Youth Fair held in October 2009. Brochures are distributed through WIC, YMCA, DCDHHS, SMDC, and Parish Nurses.

**2009 Results**

2008 Results:

Results of Douglas County employee initiative to promote physical activity and reduce carbon emissions:

- ◆ Fifteen employees participated in the initiative.
- ◆ 438.7 miles walked, 288.4 miles biked, 1,750 miles car pooled
- ◆ 58,276.6 calories burned
- ◆ 131.4 pounds of CO<sub>2</sub> saved

August was declared Energy and Health Awareness Month by the Douglas County Department of Health and Human Services Board.

2009 Results:

Results of Douglas County employee initiative to promote physical activity and reduce carbon emissions:

- ◆ 34 employees participated in the August 2009 Health and Energy Awareness event.
- ◆ 985 miles biked or walked, 3,472 flights of stairs climbed, 3,407 miles carpooled
- ◆ 154,052 calories burned

- ◆ 254.5 pounds of CO<sub>2</sub> saved

#### Future Action Steps

- ◆ Increase access to information on countywide trails through distribution at community centers, churches, community bulletin boards, internet site, libraries – such as Chamber of Commerce, DC.
- ◆ Find local athlete to partner children and schools.
- ◆ Work with local newspaper to have media focus on project.
- ◆ Collaborate with fitness enthusiasts to increase awareness of goal.
- ◆ Parish Nurses – Faithfully Fit.
- ◆ Promote use of trails and parks within Douglas County.
- ◆ Create new approaches to encourage increased physical activity (i.e., community fitness challenge, walking club, bicycle groups, etc.).
- ◆ Partner with local sports teams to increase children’s participation in activity.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

#### ❖ **Objective 2b: Reassess the number of opportunities children and their families have to be physically active and increase fitness levels.**

- ◆ Completion date: December 31, 2011
- ◆ Baseline: Will be provided via objective 1a to ascertain physical activity levels.

#### Strategies

- ◆ Resurvey parents/guardians of three 3<sup>rd</sup> grade classrooms in Douglas County to assess the physical activity level.
- ◆ Utilize the initial survey from Objective 1a assessing physical activity levels to determine if changes have occurred after implementation of Objective 2a Action Steps.

#### Action Steps

- ◆ Send letter to school to recruit for participation. Target the same schools that were targeted for the initial survey in Objective 1a.

#### Anticipated Results

- ◆ An increase in the number of children and parents/ guardians who are fit and active regularly will be demonstrated in the survey.
- ◆ Individuals participating in the survey will become conscious of their own physical activity levels.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

**Goal 3: By 2012, Douglas County residents will improve their healthy eating habits.**

**❖ Objective 3a: At least three organizations within Douglas County will offer at least 50% healthy food choices in their facility’s vending machines.**

- ◆ Completion date: December 31, 2010
- ◆ Baseline: To be established after selection of organizations to participate in objective.

**Anticipated Results of Objective 3a:**

- ◆ Douglas County residents in participating organizations will become aware of healthy eating options by introducing more healthy food choices in facility vending machines.
- ◆ Douglas County residents in participating organizations will become aware of healthy eating options by providing education on healthy eating choices.

**2008 Strategies**

- ◆ Wellness policy information was gathered from the Superior School District and the Solon Springs School District.
- ◆ Targets include: Superior School District, Solon Springs School District, Northwestern School District, Superior Government Center / Douglas County Department of Health and Human Services, Wisconsin Indianhead Technical College, and YWCA.
- ◆ The subcommittee will be using the plan from the various school districts to incorporate health foods into the vending machines.

**2008 Results**

Information learned from Superior School District Wellness Policy:

- ◆ All foods available on school grounds and at school-sponsored activities should meet or exceed the District Nutrition Standards (DNS).
- ◆ All vending machines located on school property must have graphics featuring only 100% fruit/vegetable juice, water or healthy educational messages. Soda pop advertising on the vending machines is not allowed.
- ◆ Recognizing that persons consume an entire package or container, it is recommended that smaller serving sizes are sold.
- ◆ By the 2010-2011 school year, healthy choices and foods that meet DNS are served in school, outside school and at sporting events. At this time (2009-2010), at least 75% of beverage and vending machines meet DNS.

**Future Action Steps**

- ◆ Obtain wellness policy information from the Northwestern School District.
- ◆ Continue working with schools to encourage healthy food choices in vending machines.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*



**Goal 4: By 2012, build a sustainable community coalition to specifically address issues of physical inactivity, poor nutrition, and obesity in Douglas County.**

- ❖ **Objective 4a:** Identify target areas that need to be addressed/prioritized to move forward with a community coalition.
  - ◆ Completion date: December 31, 2010
  - ◆ Baseline: To determine with this objective.

**Anticipated Results of Objective 4a:**

- ◆ Increase obesity and lack of physical activity awareness.

<b>Strategies</b>
◆ To investigate nutrition/ wellness and physical activity activities taking place in worksite, schools, healthcare, faith based groups and other community groups in Douglas County utilizing resources from the State Nutrition and Physical Activity Plan.
<b>Action Steps</b>
◆ Review resources in the State Nutrition and Physical Activity Plan. ◆ Apply for WI-PAN Grant by March 2010. ◆ Apply for Healthy Wisconsin Leadership Institute; Support Fit In Superior/Fit Douglas County project.
<b>Anticipated Results</b>
◆ Encourage community members to increase their well being by having other companies as examples or models. ◆ Increase obesity and lack of physical activity awareness. ◆ The community coalition will have a larger impact on the community as a whole if the coalition, as a collaborative group, is engaged in promoting physical activity, health eating choices, and healthy lifestyles.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

## Health Priority #2: Mental Health and Mental Disorders

**Goal 1: By 2012, increase awareness of mental health issues in Douglas County by offering training and educational opportunities to Douglas County providers and general public.**

- ❖ **Objective 1a: Increase the awareness of mental health stigma in Douglas County providers and general public by providing mental health education.**
  - ◆ The subcommittee has discussed goal 1 at length and has tentatively decided to develop a new goal.
  
  - ◆ Completion date: December 31, 2009
  - ◆ Baseline: To be established with pre-test prior to workshop.

Strategies
<ul style="list-style-type: none"><li>◆ Ask consumers who have gone through the services available in the community to share their experiences.</li><li>◆ Recruit community professional organizations, particularly those who work with individuals who have mental health issues. This strategy was worked on in 2008.</li><li>◆ Develop recommendations from workshop pre- and post-tests to assist in describing accessibility to mental health services in Douglas County.</li></ul>
Action Steps
<ul style="list-style-type: none"><li>◆ Determine objectives of the workshop focusing on mental health issues. This action step was worked on in 2008.</li><li>◆ Select a speaker(s) for the workshop and a venue site.</li><li>◆ Develop, or evaluate existing, pre- and post-tests for the workshop to ensure fulfillment of workshop objectives.</li><li>◆ Review pre- and post-tests for recommendations and insight on accessibility of mental health services in Douglas County.</li></ul>
Anticipated Results
<ul style="list-style-type: none"><li>◆ Increased awareness of the interrelationship between poverty and mental health issues in Douglas County will improve services delivered by local providers and understanding of factors influencing services received by consumers.</li></ul>

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

❖ **Objective 1b: Increase the knowledge and skills of providers on the Empowerment Recovery Model for intervention.**

- ◆ Completion date: December 31, 2010
- ◆ Baseline: To be established with pre-test prior to training.

Strategies
<ul style="list-style-type: none"> <li>◆ Contact a trainer to provide the Empowerment Recovery Model training.</li> <li>◆ Develop recommendations from workshop pre- and post-tests to assist in describing accessibility to mental health services in Douglas County.</li> </ul>
Action Steps
<ul style="list-style-type: none"> <li>◆ Develop, or evaluate existing, pre- and post-tests for the workshop to ensure fulfillment of workshop objectives.</li> <li>◆ Review pre- and post-tests for recommendations and insight on accessibility of mental health services in Douglas County.</li> </ul>
Anticipated Results
<ul style="list-style-type: none"> <li>◆ New providers in the jurisdiction will have the skills for providing this perspective of consumer potential.</li> </ul>

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

❖ **Objective 1c: Awareness levels of area providers and the general public will be enhanced through a seminar on understanding daily life challenges of those with mental health issues.**

- ◆ Completion date: December 31, 2010
- ◆ Baseline: To be established with pre-test prior to training.

Strategies
<ul style="list-style-type: none"> <li>◆ Increase awareness on what those with mental health issues manage.</li> <li>◆ Target training at professionals and mental health service consumers.</li> <li>◆ Develop recommendations from workshop pre- and post-tests to assist in describing accessibility to mental health services in Douglas County.</li> </ul>
Action Steps
<ul style="list-style-type: none"> <li>◆ Establish training date and mode of presentation (live or audio/visual).</li> <li>◆ Develop, or evaluate existing, pre- and post-tests for the workshop to ensure fulfillment of workshop objectives.</li> <li>◆ Review pre- and post-tests for recommendations and insight on accessibility of mental health services in Douglas County.</li> </ul>
Anticipated Results
<ul style="list-style-type: none"> <li>◆ Increasing provider and public awareness and understanding of what those with mental health issues manage will improve the provision of local services, reduce stigma, and increase outreach availability both professionally and at the community/neighbor level.</li> </ul>

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

**Goal 2: By 2012, accessibility to mental health services in Douglas County will be described in order to improve access to services.**

❖ **Objective 2a: Develop a plan to improve potential consumer’s awareness of available services, and means of accessing.**

- ◆ Completion date: December 31, 2009
- ◆ Baseline: To be established via this objective.

**Anticipated Results of Objective 2a:**

- ◆ Increased knowledge of the accessibility of mental health services and perceived barriers within Douglas County.

**2009 Strategies**

- ◆ Develop a survey to describe accessibility to mental health services as perceived by providers, including schools and consumers.
- ◆ The Survey will focus on potential consumers, as well as existing consumers, in an effort to measure the community’s general understanding.
- ◆ Recommendations for further objectives for this goal will be developed after review of the survey results. A strong consideration is being made towards the development of a resource guide as a possible future goal. It has also been discussed that the data collected by the survey can be used in future grant applications.

**2009 Results**

- ◆ The mental health survey has been finalized, after three Subcommittee meetings, one Steering Committee meeting, and seven revisions.
- ◆ Printing of the survey has been conducted by donation from local organizations. 1,000 surveys were printed for Faith Church, 1,000 for WITC, and 1,000 additional surveys each for two other potential locations for a total of 4,000 printed surveys.
- ◆ Student volunteers will be sought for survey distribution and collection.
- ◆ Survey launch date is tentatively scheduled for March 26 – April 9, 2010. If appropriate resources are not organized in time, the back up date of April 30 - May 14, 2010 will be used.

**Future Action Steps**

- ◆ Student volunteers will be organized and utilized for distributing and collecting surveys.
- ◆ The following distribution sites are being considered: SuperOne Foods, local churches, and banks.
- ◆ Survey will be advertised on a number of organizations websites: churches, United Way, North Country Independent Living, Northwest Community Services, and the Douglas County web site under Public Health.
- ◆ The survey will also be distributed at the WITC Health Fair.
- ◆ Conduct surveys of accessibility for providers, including schools, and consumers.
- ◆ Develop committee to review survey results and develop recommendations for further objectives regarding accessibility to mental health services.
- ◆ Recommendations may include improving public education, researching funding sources, and exploring the feasibility of new service development.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

## **Health Priority #3: Alcohol, Tobacco, and Other Substance Use and Abuse**

### **Goal 1: By 2012, reduce the incidence and impact of substance use and abuse in Douglas County.**

- ❖ **Objective 1a: Increase by 10% each year the number of Douglas County pregnant women in the Prenatal Care Coordination Program (PNCC) with Women, Infant, and Children (WIC) Program or Douglas County Public Health, who will cease use and abuse of alcohol and drugs during pregnancy.**
  - ◆ Completion date: December 31, 2012
  - ◆ Baseline: ~49 Douglas County women who give birth per year report using alcohol while pregnant [Extrapolation: CDC reports that 10% of women who give birth per year report using alcohol while pregnant. In Douglas County in 2006 there were 490 births.]

#### **Anticipated Results of Objective 1a:**

- ◆ Harm reduction and prevention of complications from chemical dependency and mental illness to mother, infant, and family unit by offering available PNCC.

#### **2009 Strategies**

- ◆ Used “wrap around” to coordinate difficult cases and support family unity.
- ◆ Douglas County Human Services Dept. Alcohol and Other Drug Abuse (AODA) Unit, HDC Mental Health Center, and Superior Treatment Center partnered for ongoing treatment.
- ◆ PNCC pamphlets distributed to the Douglas County Jail, Lake Superior Life Care Center, ER and Urgent Care Clinics, Lake Superior Community Health Center, HDC Mental Health Center, WIC, Family Forum, Head Start, and Early Head Start. Pamphlets were to be placed in the waiting areas at these agencies.
- ◆ PNCC services offered to clients using illicit drugs.

#### **2009 Results**

- ◆ 6% decrease in PNCC client admissions from 2008-2009.

##### Year 2007 Client Data:

- ◆ A total of 53 high-risk pregnant women were referred to Douglas County Public Health for prenatal care services and counseling.
- ◆ 27 of these high-risk pregnant women (51%) were admitted to the Douglas County PNCC services.

##### Year 2008 Client Data:

- ◆ A total of 136 high-risk pregnant women were referred to Douglas County Public Health for prenatal care services and counseling.
- ◆ 79 of these high-risk pregnant women (58%) were admitted to Douglas County PNCC services.

##### Year 2009 Client Data:

- ◆ A total of 125 high-risk pregnant women were referred to Douglas County Public Health for prenatal care services and counseling.
- ◆ 65 of these high-risk pregnant women (52%) were admitted to Douglas County PNCC services.

#### **Future Action Steps**

- ◆ Continue to collaborate services\* from intake to delivery through economic support with Douglas

County Department of Health and Human Services (Women in Transition (WIT)), Douglas County Jail, Lake Superior Life Care Center, ER and Urgent Care Clinics, Lake Superior Community Health Center, HDC Mental Health Center, WIC, Family Forum, Health Start, and Early Head Start.

*\*Services include: education, information and referral, health access, treatment, and case management.*

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

❖ **Objective 1b: Reduce by 10% every two years the number of Douglas County adolescents who report using drugs and alcohol, according to the Wisconsin Youth Risk Behavior Survey.**

- ◆ Completion date: December 31, 2012
- ◆ Baseline: Estimated 1,560 Douglas County adolescents aged 14-18 years old consumed at least one drink of alcohol in the past 30 days. [Extrapolation: According to the Youth Risk Behavior Survey (YRBS), in 2005, an estimated 49% of youth reported having at least one drink of alcohol in the past 30 days. The YRBS is administered to 9<sup>th</sup>-12<sup>th</sup> grade students (ages approximately 14-18 years). According to the 2000 U.S. Census, there are 3,185 adolescents in Douglas County aged 14-18 years.]

**Anticipated Results of Objective 1b:**

- ◆ Harm reduction for the youth of Douglas County.
- ◆ Prevention of long-term alcohol and drug use and abuse.
- ◆ Prevention of long-term financial impact to public services.
- ◆ Increase community safety.

**2009 Strategies**

- ◆ Parents encouraged to support their children signing the “drug free pledge”, if available in the respective school system.
- ◆ Parents encouraged to authorize random drug testing through school and community forums/programs, if available in the respective school system.
- ◆ Partnered with local schools, law enforcement, community organizations who serve youth, Douglas County Tobacco Free Coalition.
- ◆ Collaborated with school personnel to provide parental encouragement of the “drug free pledge” and support of randomized drug testing.
- ◆ Schools provide alcohol and other drug (AODA) educational service to youth cited for AODA-related ordinance violations. They also provide AODA referral and support services, if warranted, for youth in need of outpatient treatment.

**2009 Results**

2007 Data Extrapolation:

- ◆ Estimated 4% decrease in Douglas County adolescents who reported using drugs and alcohol from 2005-2007.
- ◆ Estimated 1,433 Douglas County adolescents aged 14-18 years old consumed at least one drink of alcohol in the past 30 days. [Extrapolation: According to the Youth Risk Behavior Survey (YRBS), in 2007, an estimated 45% of youth reported having at least one drink of alcohol in the past 30 days. The YRBS is administered to 9<sup>th</sup>-12<sup>th</sup> grade students (ages approximately 14-18 years). According to the 2000 U.S. Census, there are 3,185 adolescents in Douglas County aged 14-18 years.]

**Future Action Steps**

- ◆ Provide education, consultation, and referral services with children in the rural school districts.
- ◆ Collaborate with local hospital to provide educational services and assessment referrals to youth presenting in emergency rooms for alcohol- or drug-related illness or injury treatment.
- ◆ Provide education to medical providers with tools and guidance for screening alcohol and other drug use during youth visits.
- ◆ Develop an educational forum for both professionals and community members to highlight the increased use of prescription drug use and abuse in youth.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

❖ **Objective 1c: Engage 5% of the Douglas County Jail inmate population per year in needed alcohol and drug treatment services.**

- ◆ Completion date: December 31, 2012
- ◆ Baseline: Current Douglas County jail population is ~175 inmates.

**Anticipated Results of Objective 1c:**

- ◆ Fewer repeat drug-related crimes/incarcerations measured by the developed tracking system.
- ◆ Reduction of the financial impact on the community for incarceration, treatment services, and related medical costs.

**2009 Strategies**

- ◆ Partnered with Douglas County Jail, Douglas County Department of Health and Human Services, St. Mary's Hospital of Superior, Human Development Center (HDC), WI Dept. of Corrections, The Superior Treatment Center.
- ◆ Provided role models who are recovering to mentor inmates and increase the chance of maintaining sobriety.

**2009 Results**

- ◆ There are about 50 volunteers who provide counseling and educational services to inmates at the Douglas County Jail. There are at least 15 volunteers who provide services weekly.
- ◆ Volunteer services include education on a wide range of topics including drug addiction, basic life skills, money management, and employment after incarceration.

**Future Action Steps**

- ◆ Utilize a new tracking system for successes in treatment programs for incarcerated individuals.
- ◆ Work with Douglas County Jail personnel to assess current programs and their attendance.
- ◆ Continue to contact other Wisconsin counties to obtain information on alcohol and drug treatment services provided to inmates.
- ◆ Develop system, in collaboration with Douglas County Jail personnel and Human Development Center (HDC), to initiate AODA programs consistent with HDC programs.
- ◆ Determine additional local and regional resources for volunteer recruitment for collaboration and mentoring.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

**Goal 2: By 2012, reduce the health and financial impact of tobacco use on individuals and on the community in Douglas County.**

**❖ Objective 2a: Reduce by 10% each year the number of Douglas County women who smoke during their pregnancy.**

- ◆ Completion date: December 31, 2012
- ◆ Baseline: 93 Douglas County women who gave birth in 2006 reported smoking during pregnancy. This was 19% of all births in Douglas County in 2006. (Data from the Birth Counts Module, WISH Query, Wisconsin Department of Health Services.)

**Anticipated Results of Objective 2a:**

- ◆ Increased number of women who deliver a healthy baby.
- ◆ Reduction of harm to the mother, baby, and the family unit.
- ◆ Reduction of financial impact of tobacco use in Douglas County as stated in the *Burden of Tobacco in Wisconsin* report.

**2009 Strategies**

- ◆ Identified agencies in Douglas County who are currently serving populations with disparities and offer “new provider” training through University of Wisconsin Center for Tobacco Research and Intervention and local experts.
- ◆ Partnered with local medical clinic providers, WIC, Health Care Clinic, Lake Superior Community Health Center, WI Indianhead Technical College, AIDS Resource Center or WI, Head Start, Early Head Start, area shelters and transitional housing.

**2009 Results**

2007 Data:

- ◆ 3% increase in the proportion of Douglas County births to women who smoked during pregnancy from 2006 to 2007.
- ◆ 111 Douglas County women who gave birth in 2007 reported smoking during pregnancy.
- ◆ This was 22% of all births in Douglas County in 2007.
- ◆ Refer all Prenatal Care Coordination (PNCC) clients who smoke to the Wisconsin Tobacco Quit Line.

2008 PNCC Data:

- ◆ 171 women with high-risk births were referred to Douglas County Public Health for services and counseling.
- ◆ 144 of these women with high-risk births (84%) were admitted to PNCC for services, including information on post delivery, tobacco cessation and Quit packages with education and counseling materials.
- ◆ There were 60 Well Child Exams conducted in 2008 by Douglas County Public Health. At these exams, parents are counseled on tobacco use and provided education and counseling materials on tobacco cessation.

2008 Data:

- ◆ 1% increase in the proportion of Douglas County births to women who smoked during pregnancy from 2007 to 2008.
- ◆ 106 Douglas County women who gave birth in 2008 reported smoking during pregnancy.



- ◆ This was 23% of all births in Douglas County in 2008.

2009 PNCC Data:

- ◆ 114 women with high-risk births were referred to Douglas County Public Health for services and counseling.
- ◆ 95 of these women with high-risk births (83%) were admitted to PNCC for services, including information on post delivery, tobacco cessation and Quit packages with education and counseling materials.
- ◆ There were 20 Well Child Exams conducted in 2009 by Douglas County Public Health. At these exams, parents are counseled on tobacco use and provided education and counseling materials on tobacco cessation.

**Future Action Steps**

- ◆ Continue to identify agencies in Douglas County who are currently serving populations with disparities and offering “new provider” training through University of Wisconsin Center for Tobacco Research and Intervention and local experts.
- ◆ Assist these agencies to develop a policy to identify and refer clients who use tobacco to the Wisconsin Tobacco Quit Line, Fax to Quit program, or other evidence-based tobacco addiction treatment services.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

❖ **Objective 2b: Reduce by 10% every two years the number of Douglas County middle school and high school youth who use tobacco as reported in the Wisconsin Youth Risk Behavior Survey.**

- ◆ Completion date: December 31, 2012
- ◆ Baseline: Estimated 732 Douglas County adolescents 14-18 years old smoked one or more cigarettes in the past 30 days. [Extrapolation: According to the Youth Risk Behavior Survey (YRBS), in 2005, about 23% of Wisconsin youth reported smoking one or more cigarettes in the past 30 days. The (YRBS) is administered to 9<sup>th</sup>-12<sup>th</sup> grade students (ages approximately 14-18 years). According to the 2000 U.S. Census, there 3,185 adolescents in Douglas County 14-18 years old.]

**Anticipated Results of Objective 2b:**

- ◆ Decreased number of youth who initiate tobacco use.
- ◆ Increase the number of youth-led tobacco-related activities in the schools.
- ◆ Reduction of financial impact of tobacco use in Douglas County as stated in the *Burden of Tobacco in Wisconsin* report.

**2009 Strategies**

- ◆ Partnered with Douglas County Dept. of Health and Human Services, local schools, allied health agencies, UW-Superior Continuing Education Extension, and Douglas County Extension.
- ◆ Promoted tobacco-related activities in schools through the Douglas County Tobacco Free Coalition.
- ◆ Offered cessation information to youth who are smoking, and to their families.
- ◆ Engaged youth in Wisconsin WINS compliance checks to ensure that access to tobacco for underage populations is limited.

**2009 Results**

2007 Data Extrapolation:

- ◆ Estimated 3% decrease in Douglas County adolescents who use tobacco from 2005-2007.
- ◆ Estimated 637 Douglas County adolescents 14-18 years old smoked one or more cigarettes in the past 30 days. [Extrapolation: According to the Youth Risk Behavior Survey (YRBS), in 2007, about 20% of Wisconsin youth reported smoking one or more cigarettes in the past 30 days. The YRBS is administered to 9<sup>th</sup>-12<sup>th</sup> grade students (ages approximately 14-18 years). According to the 2000 U.S. Census, there 3,185 adolescents in Douglas County 14-18 years old.]

#### **Future Action Steps**

- ◆ Engage youth in Wisconsin WINS compliance checks to ensure that access to tobacco for underage populations is limited.
- ◆ Coordinate actions with Wisconsin Youth Tobacco Survey for 2008 numbers.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

❖ **Objective 2c: From 2008-2012, reduce by 5% the number of adult smokers in Douglas County.**

- ◆ Completion date: December 31, 2012
- ◆ Baseline: Estimated 9,263 Douglas County adults smoke cigarettes. (According to the 2007 Wisconsin County Health Rankings, 28% of Douglas County adults at least 18 years old smoke cigarettes).

**Anticipated Results of Objective 2c:**

- ◆ Decrease number of adults using tobacco.
- ◆ Decrease mortality directly related to tobacco use.
- ◆ Decrease the financial impact of smoking/tobacco use in Douglas County as stated in the *Burden of Tobacco in Wisconsin* report.

<b>2009 Strategies</b>
<ul style="list-style-type: none"><li>◆ Partnered with Douglas County Dept. of Health and Human Services, local medical clinics, Lake Superior Community Health Center, Health Care Clinic, WIC, AIDS Resource Center of WI, Twin Ports VA, Head Start, Early Head Start.</li><li>◆ Asked each patient about smoking/tobacco use during each encounter and documented patient's readiness to quit.</li><li>◆ Advised each patient on the readiness of quitting and the health effects of continued smoking/tobacco use.</li><li>◆ Assessed the patient's willingness to quit within the next 30 days and their barriers to cessation.</li><li>◆ Assisted patients with their plan to quit smoking/tobacco use and refer to the Wisconsin Tobacco Quit Line.</li><li>◆ Arranged for follow-up with patients or use of the Fax to Quit program.</li></ul>
<b>2009 Results</b>
<p>2008 Wisconsin County Health Rankings Data:</p> <ul style="list-style-type: none"><li>◆ 5% decrease in Douglas County adults who smoke cigarettes from 2007-2008.</li><li>◆ Estimated 7,610 (23%) Douglas County adults smoke cigarettes.</li></ul> <p>2008 Douglas County Public Health Data:</p> <ul style="list-style-type: none"><li>◆ There were approximately 400 encounters at Douglas County Public Health in 2008 for exams, vaccinations, counseling and services. During each visit, clients are educated on tobacco use, cessation methods, and cessation services.</li><li>◆ 144 women with high-risk births were admitted to PNCC for services, including information on post delivery, tobacco cessation and Quit packages with education and counseling materials.</li><li>◆ There were 60 Well Child Exams conducted in 2008 by Douglas County Public Health. At these exams, parents are counseled on tobacco use and provided education and counseling materials on tobacco cessation.</li></ul> <p>2009 Wisconsin County Health Rankings Data:</p> <ul style="list-style-type: none"><li>◆ 4% increase in Douglas County adults who smoke cigarettes from 2008-2009.</li><li>◆ Estimated 8,933 (27%) Douglas County adults smoke cigarettes.</li></ul> <p>2009 Douglas County Public Health Data:</p> <ul style="list-style-type: none"><li>◆ There were approximately 700 encounters at Douglas County Public Health in 2009 for exams,</li></ul>

vaccinations, counseling and services. During each visit, clients are educated on tobacco use, cessation methods, and cessation services.

- ◆ 114 women with high-risk births were referred to Douglas County Public Health for services and counseling.
- ◆ 95 of these women with high-risk births (83%) were admitted to PNCC for services, including information on post delivery, tobacco cessation and Quit packages with education and counseling materials.
- ◆ There were 20 Well Child Exams conducted in 2009 by Douglas County Public Health. At these exams, parents are counseled on tobacco use and provided education and counseling materials on tobacco cessation.

**Future Action Steps**

- ◆ Coordinate actions with the Wisconsin Youth Tobacco Survey for 2008, as well as in conjunction with the Clean Air Workplace law.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

**❖ Objective 2d: Assess the establishments that are licensed by the Douglas County Environmental Services and are required by WI Act 12/Senate Bill 181 for compliance with smoke free air.**

- ◆ Completion date: July 1, 2011
- ◆ Baseline: To be determined with this objective.

**Strategies**

- ◆ Assess the number of worksites who will be affected by the Wisconsin Act 12/ Senate Bill 181 and provide them with guidance for complying with the new smoke free law that goes into effect on July 5, 2010.
- ◆ Explore barriers for compliance and assist in problem solving to assure compliance.
- ◆ Supply “business materials” to workplaces and respond to questions regarding compliance issues.
- ◆ Ascertain businesses not in compliance and report through the process recommended by the new Multi Jurisdictional Coalition, only after assistance has been provided.

**Action Steps**

- ◆ Obtain specific smoke free implementation materials for businesses that are mandated to go smoke free.
- ◆ Provide in writing, via annual licensing letters, the guidance that they will need to comply with the Smoke Free Law.

**Anticipated Results**

- ◆ Decrease number of adults who are directly affected by second-hand smoke and the negative health effects.
- ◆ Decrease the financial impact of second-hand smoke as stated in the *Burden of Tobacco in Wisconsin* report.

*As objectives are assessed or obtained, further objectives or strategies will be modified or defined.*

## ***Douglas County CHIP Participants***

### ***Steering Committee***

Lynne Bauer, Public Health Nurse – Douglas County Department of Health and Human Services

Deb Clasen\*, Health Officer/Deputy Director Health Services – Douglas County Department of Health and Human Services

Tom Dalbec, Sherriff – Douglas County Sherriff Department

Steve Engelson, CSP Clinical Coordinator – HDC Douglas County

June Farkas – Wisconsin Indianhead Technical College (WITC)

Grace Gee, Nutritionist – UW Extension Nutrition Education

Mary Holschuh, Director – Aging and Disability Resource Center (ADRC) of Douglas County

Alan Jacques – Tavern League

Chuck LaGesse, Captain – Superior Police Department

Kathi Madsen, Director – United Way of Superior, Douglas County

Mary Mahan, Director – Northwestern Wisconsin Community Services Agency WIC Program

John Nousane, Director – North Country Independent Living

Pat Schanen, Director – Douglas County Department of Health and Human Services

Mary Shaw, Administration – St. Mary's/Duluth Clinic, Superior

Nancy Smith, Director – Superior School District, Health Services

Karen Strauman, Director of Patient Care Services – SMDC, St. Mary's Superior and Clinic

Reverend Barbara Certa Werner – Harbor House Crisis Center

Dave Longsdorf, Supervisor, Mental Health / AODA – Douglas County Department of Health and Human Services

Ken Zurian, RS – Douglas County Department of Health and Human Services

\* Steering Committee Lead

## ***Subcommittees***

### **❖ Overweight, Obesity, and Lack of Physical Activity**

Cathi Austin, Health Enhancement Coordinator – Superior Douglas County YMCA  
Lynne Bauer\*\*, Public Health Nurse – Douglas County Department of Health and Human Services  
Grace Gee\*\*, Nutritionist – UW Extension Nutrition Education Program  
Jeanne Hopkins, Food Service Director – Superior School District  
Mary Mahan, WIC Director – Northwestern Wisconsin Community Services Agency  
Jan Stevens, Director – Parish Nurse Ministries

### **❖ Mental Health and Mental Health Disorders**

Othmane Alami, MD, Psychologist – Twin Ports Veterans Affairs Outpatient Clinic  
Steve Engelson, CSP Clinical Coordinator – HDC Douglas County  
Mary Holschuh, Director – Aging and Disability Resource Center (ADRC) of Douglas County  
Dave Longsdorf\*\*, Supervisor, Mental Health/AODA – Douglas County Department of Health and Human Services  
Kathi Madsen, Director – United Way of Superior, Douglas County  
Peggy Nichols\*\*, Public Health Nurse – Douglas County Department of Health and Human Services  
John Nousane, Director – North Country Independent Living  
Pat Schanen, Director – Douglas County Department of Health and Human Services  
Mary Shaw, Administration – St. Mary's/Duluth Clinic, Superior  
Reverend Barbara Certa Werner – Harbor House Crisis Center

### **❖ Alcohol, Tobacco, and Other Substance Use and Abuse**

Chad Braafladt – Superior Treatment Center  
Gwen Brand – Douglas County Jail  
Tom Dalbec, Sherriff – Douglas County Sherriff Department  
June Farkas – Wisconsin Indianhead Technical College (WITC)  
Bob Galovich – Douglas County Jail  
Michele Hughes\*\*, Public Health Nurse – Douglas County Department of Health and Human Services  
Alan Jaques – Douglas County Tavern League  
June Larson – HDC Douglas County  
Matt Markon, Captain – Superior Police Department  
Mike Miller – Superior Police Department  
Nancy Smith, Director – Superior School District, Health Services  
Karen Strauman\*\*, Director of Patient Care Services – SMDC, St. Mary's Superior and Clinic  
Karen White – WIC  
Ken Zurian\*\*, RS – Douglas County Department of Health and Human Services

### **❖ Grant**

Monica Roth Day – University of Wisconsin – Superior  
Jane Edwards – City of Superior  
Kathi Madsen\*\*, Director – United Way of Superior, Douglas County  
Nicky Wilson – Superior School District

\*\* Subcommittee Leads

# Douglas County Wisconsin



## *Appendix*

## ***Purpose and Scope***

The shared vision of Wisconsin's public health system partners describes a vision that a healthy Wisconsin is a place where...

- ❖ All residents reach their highest potential
- ❖ Communities support the physical, emotional, mental, spiritual, and cultural needs of all people
- ❖ People work together to create healthy, sustainable physical and social environments for their own benefit and that of future generations

This vision led to a mission for the public health system in Wisconsin to protect and promote the health of the people of Wisconsin. In order to achieve such mission, three overarching goals have been developed:

1. Eliminate health disparities
2. Promote and protect health for all
3. Transform the public health system

These goals are then subdivided into system (infrastructure) priorities and health priorities. By assessing health priorities regularly through the process of the Community Health Improvement Plan (CHIP), progress is maintained to fulfill the objectives and mission of the Wisconsin public health system and strive towards its healthy Wisconsin vision.

Wisconsin Administrative Code for the Department of Health and Family Services requires, via Chapter HFS 140.04 that local health departments "participate in community health assessment; collect, review and analyze data on community health; and undertake case-finding to identify population groups, families and individuals at high risk of illness, injury, disability or premature death." The CHIP process occurs every five years and is described as:

- ◆ A locally based initiative
- ◆ Identifying local factors causing health concerns
- ◆ Recognizing community assets and resources
- ◆ Addressing local health priorities
- ◆ Linking to state and national priorities
- ◆ Mobilizing community resources to improve the health of residents

The purpose of the CHIP is to:

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



The CHIP process should include participation and feedback from representatives of the community, community leaders, and individuals interested and committed to creating a healthier community.

## **Methods**

A Community Health Assessment Steering Committee was developed in March 2007. An invitational letter for participating on the steering committee was sent out on behalf of the Douglas County Department of Health and Human Services. Membership was selected based on previous membership of community health assessment processes and expanded interest of agencies throughout the jurisdiction. The organization and facilitation of the committee was led by the Health Officer from Douglas County. Members of the steering committee represent the Douglas County Department of Health and Human Services, local hospitals, local school district, Douglas County law enforcement, City of Superior police department, UW Extension program, mental health and crisis centers, disability resources, aging resources, nutrition resources, faith-based community organization, the Douglas County Board, and the United Way. Monthly steering committee meetings were held to guide the CHIP and its development.

A health assessment was conducted by review of compiled local, state, and national data on the following the health priorities designated in the *Healthiest Wisconsin 2010* plan:

- ◆ Demographic information
- ◆ Access to primary and preventative health services
- ◆ Adequate and appropriate nutrition
- ◆ Alcohol and other substance use and addiction
- ◆ Environmental and occupational health hazards
- ◆ Existing, emerging, and re-emerging communicable diseases
- ◆ High risk sexual behavior
- ◆ Intentional and unintentional injuries and violence
- ◆ Mental health and mental disorders
- ◆ Overweight, obesity, and lack of physical activity
- ◆ Social and economic factors that influence health
- ◆ Tobacco use and exposure

Summaries of these above health topics as they pertain to Douglas County can be found in the section titled *Douglas County Health Assessment Summary*. A list of information sources used can be found in the section titled *Sources*. **Access to the 123-page document of the full data assessment used for the Douglas County CHIP is available to the public . Please navigate to the below link and click on the link labeled “Douglas County Population Data and Other Demographics”.** <http://www.douglascountywi.org/Community%20Health%20Assessment/community%20health%20assessment.htm>

After review of available data, the subcommittee ranked health priorities numerically based on set criteria. The criteria included current activities existing in the community, size of the problem, feasibility of instituting interventions, seriousness of consequences of health issue, and perceived importance and resources of community (capacity). Three healthy priorities were selected by the group to be those most fitting of need while meeting the above criteria.

**The three health priorities selected for the 2008-2012 Douglas County CHIP are:**

- ❖ Overweight, Obesity, and Lack of Physical Activity
- ❖ Mental Health and Mental Disorders
- ❖ Alcohol, Tobacco, and Other Substance Use and Abuse

Three subcommittees were developed to lead the development of goals and objectives for each of the health priorities. Subcommittee composition included members from the Steering Committee and additional organizations throughout the jurisdiction. These subcommittees met outside of the regular steering committee meeting and reported back their ideas and development to the steering committee for approval.

Public information flyers were developed and distributed within the jurisdiction via notice in the local newspaper, drop-off sites throughout the jurisdiction, and on the Douglas County website. These flyers requested public feedback on how to address the three health priority areas. Feedback received from the public was incorporated into conversations at the Steering Committee and appropriate subcommittee levels.

The work in the individual subcommittees was disbanded in September and the steering committee then worked as a whole to finalize the goals and objectives for each of the three health priority areas.

Detailed in this CHIP are the proposed goals and objectives for each health priority. The achievement of the objectives is described by proposed strategies, action steps, and anticipated results. All objectives are meant to be specific, measurable, attainable, realistic, and timely. Some of the goals and objectives for health priorities are for later years of this CHIP and relying on information collected in surveys and assessments in 2008 and 2009. These goals and objectives will be further developed as the plan goes on to ensure that steady achievement continues.

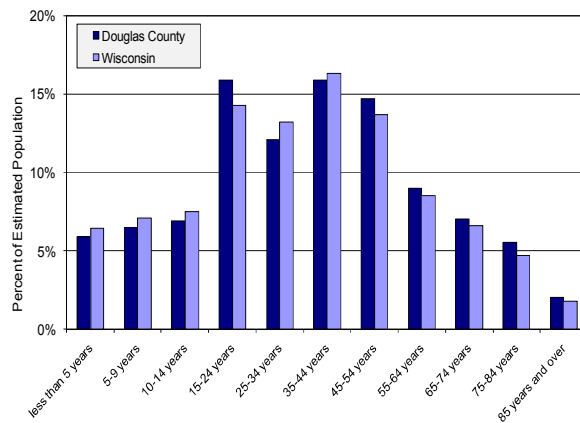
## Douglas County Profile

### Location and Size

Douglas County is located in the very northwest corner of Wisconsin. Bordering Douglas County include Bayfield County to the east, Washburn and Burnett Counties to the south, the state of Minnesota to the west, and Lake Superior to the north. The county is approximately 1,309 square miles and is mostly rural. The 2000 census for Douglas County reports 43,287 residents with 63% of the residents living in the city of Superior, the county seat.

### Gender and Age

In Douglas County, 49% of the population is male while 51% is female. Just under one-quarter of the population is under 18 years old and approximately 15% is 65 years old or older. The median age for a Douglas County resident is 37.7 years old.



**Estimated Population Size by Age Group, Douglas County and Wisconsin, 2000.**

United States Census Bureau., *American FactFinder*.  
Available at: <http://www.factfinder.census.gov>

## ***Race, Ethnicity, and Household Languages***

Ninety-nine percent of Douglas County residents are one race and the majority of them are white. Two percent of Douglas County residents are foreign-born while 4% of residents speak a language other than English at home. Of those who speak other a language other than English at home, 30% speak Spanish, 36% speak other Indo-European languages, and 12% speak an Asian or Pacific Island language.

<b>Race</b>	<b>Douglas County</b>	<b>Wisconsin</b>
White	95.3%	88.9%
Black or African American	0.6%	5.7%
American Indian or Alaska Native	1.8%	0.9%
Asian	0.6%	1.7%
Native Hawaiian or Pacific Islander	< 0.1%	< 0.1%
Two or More Races	1.4%	1.2%
Hispanic or Latino (of any race)	0.7%	3.6%

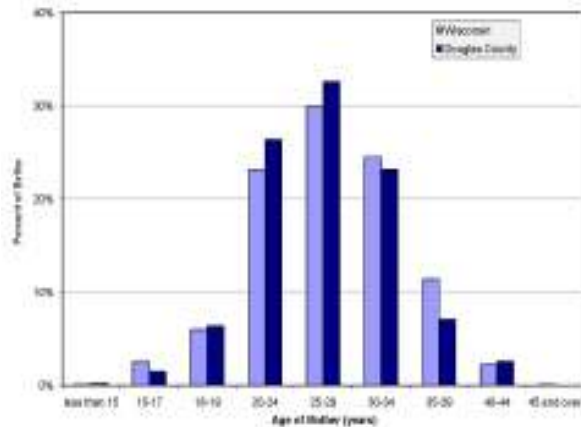
### **Race/Ethnicity Distribution of Douglas County and Wisconsin, 2000.**

United States Census Bureau., *American FactFinder*.

Available at: <http://www.factfinder.census.gov>

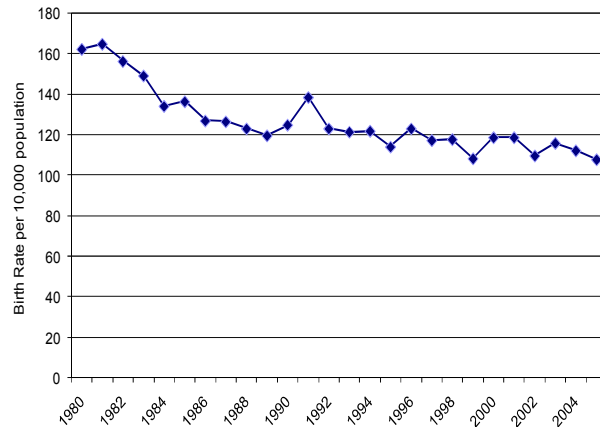
## ***Births***

The birth rate in Douglas County has declined steadily over time. The birth rate in Douglas County in 2005 was 107.7 births per 10,000 population. In 2005, the majority of births in Douglas County were to women aged 20-34 years old. The majority of births to non-White mothers in Douglas County in 2005 were to American Indian mothers (1.9%). In 2005 in Douglas County, the majority of births were to mothers who were a high school graduate or had some college education. This is similar to that seen in other regions of the state and in the state as a whole. The proportion of all births that are to teen mothers (or those less than 20 years old) has decreased over time in Douglas County, the Western DHFS region, and Wisconsin. In 2005, 8.6% of births were to teens in Wisconsin, 8.2% in Douglas County, and 7.1% in the Western DHFS region.



**Birth Rate per 10,000 Population, Douglas County, 1980-2005.**

Wisconsin Department of Health and Human Services, Division of Public Health, Bureau of Health and Information Policy. *Wisconsin Births and Infant Deaths, 2005*, (PPH 5364-05), September 2006.



**Births by Maternal Age Group, Douglas County and Wisconsin, 2005.**

Wisconsin Department of Health and Human Services, Division of Public Health, Bureau of Health and Information Policy. *Wisconsin Births and Infant Deaths, 2005*, (PPH 5364-05), September 2006.

## Households

The average household size for Douglas County is 2.4 persons and the average family size is 2.9 persons. Sixty-three percent of the households are family households, of which 10% have a female householder with no husband present. Over one-third of the households in Douglas County are nonfamily households. An example of this would be friends living together. One-quarter of the households in Douglas County have individuals at least 65 years old, much higher than the state of Wisconsin at 10%.

## Employment

Of those 16 years old or older in Douglas County, 65% were in the labor force in 2000. Within the 65% in the labor force, 5% were unemployed. The 2007 Wisconsin County Health Rankings state a 5% unemployment rate for Douglas County. The unemployment rate for the state of Wisconsin is 4.7%

## Education

Of the Douglas County population that is at least 25 years old, 86% at least have a high school diploma and 18% have a bachelor's degree or even higher educational degree such as a Masters. This compares to 85% of Wisconsin residents at least 25 years old having at least a high school diploma and 22% having a bachelor's degree or higher. According to the 2007 Wisconsin County Health Rankings, 14% of Douglas County residents do not have a high school degree. This number is similar to that of the State of Wisconsin (15%).

## ***Disability***

Almost one-fifth of Douglas County residents over 5 years old have reported a disability on the year 2000 census. These disabilities include sensory, physical, mental, or self-care disabilities. Half of the Douglas County residents that are 21-64 years old with a disability are employed.

## ***Income***

The median household income based on 1999 income for a Douglas County household is \$35,226 and the median income for a family is \$43,813. Compared to the state of Wisconsin, a greater proportion of Douglas County individuals, families, and families with female householders are below the poverty level. In Douglas County families with a female householder that are below the poverty level, one-third have children less than 18 year old and almost half have children less than 5 years old. According to the 2007 County Health Rankings, almost 14% of children in Douglas County are in poverty, compared to 11% of children in Wisconsin. (*Note: U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."*)

<b>Percent Below Poverty Level</b>	<b>Douglas County</b>	<b>Wisconsin</b>
Individuals	11%	9%
Families	8%	6%
Families with Female Householder	25%	22%

### **Poverty Levels in Douglas County and Wisconsin, 2000.**

United States Census Bureau., *American FactFinder.*

Available at: <http://www.factfinder.census.gov>

## ***Insurance***

In 2000 in Douglas County, it was estimated that about 8-12% of all residents were uninsured. Of those less than 18 years old, 4-10% were uninsured. According to the 2007 County Health Rankings, almost 13% of Douglas County residents are uninsured compared to 7% of all Wisconsinites.

## ***County Health Rankings***

The *2007 Wisconsin County Health Rankings*, provided by the University of Wisconsin Population Health Institute, is an annual report "health check-up" of the 72 Wisconsin counties and the City of Milwaukee. The summary of the health in each county in Wisconsin stems from 34 measures of health from multiple data sources. Counties having a high ranking (i.e., 1 or 2) are considered to be the "healthiest".

There are two major health categories included in the report – health outcomes and health determinants. Health outcomes measure the state of health in a county and include mortality and morbidity data. **Douglas County ranks 65 out of 73 jurisdictions.** Counties ranking in the top five and bottom five of all 73 jurisdictions for the health outcomes measure are listed below.

Top Five		Bottom Five	
1.	Ozaukee	69.	Adams
2.	Waukesha	70.	Marquette
3.	Eau Claire	71.	Juneau
4.	Iowa	72.	Milwaukee City
5.	Dane	73.	Menominee

**Counties Ranked in the Top Five and Bottom Five for the Health Outcomes Measure.**

Athens JK, Taylor KW, Booske BC, Kempf AM, Remington PL. *2007 Wisconsin County Health Rankings Full Report*, University of Wisconsin Population Health Institute. 2007.

Health determinants measure the predictors of future health outcomes in a county. It includes data on health care, health behaviors, socioeconomic factors, and the physical environment. **Douglas County ranks 64 out of 73 jurisdictions.** Counties ranking in the top five and bottom five of all 73 jurisdictions for the health determinants measure are listed below.

Top Five		Bottom Five	
1.	Ozaukee	69.	Marquette
2.	Waukesha	70.	Adams
3.	Lafayette	71.	Milwaukee County
4.	Washington	72.	Milwaukee City
5.	Dane	73.	Menominee

**Counties Ranked in the Top Five and Bottom Five for the Health Determinants Measure.**

Athens JK, Taylor KW, Booske BC, Kempf AM, Remington PL. *2007 Wisconsin County Health Rankings Full Report*, University of Wisconsin Population Health Institute. 2007.

## ***Douglas County Health Priorities – 2008-2012***

### ***Healthy Priority #1: Overweight, Obesity, and Lack of Physical Activity***

Obesity and physical inactivity is related to the development of various chronic diseases including cardiovascular disease, cancer, and diabetes. Colorectal cancer is associated with a sedentary lifestyle, obesity, and diets high in fat and low in fruits and vegetables. Female breast cancer is related to obesity after menopause while prostate cancer is related to a diet high in fat and red meats and low in fruits and vegetables. Lack of nutrition, physical inactivity, and obesity is associated with diabetes. Diabetics are three times as likely to be obese, three times as likely to have high blood pressure, and more than twice as likely to have high cholesterol compared to those who do not have diabetes. It is estimated that almost 7% of Douglas County residents have diabetes, with almost 30% of these cases undiagnosed. Over one-fifth of the hospitalizations in Douglas County in 2002 were diabetes-related costing an estimated \$1.25 million. It is estimated that in 2002, the direct and indirect costs for diabetes in Douglas County was \$33.8 million.

### ***Definitions***

Individuals are considered overweight or obese based on their Body Mass Index (BMI). BMI is a mathematical ratio of weight and height correlated with body fat (kg/m<sup>2</sup>). BMI is a better predictor of disease risk than body weight alone. BMI between 18.5 and 24.9 is considered “normal weight”. Overweight is having a BMI between 25.0 and 29.9. Obese is having a BMI of at least 30.0. Risk of mortality from many chronic diseases increases with a BMI over 25.0.

As a guideline, the 1996 Surgeon General’s Report on Physical Activity and Health recommends each person accumulate 30 minutes of moderately intensive physical activity for five or more days of the week, minimally 150 minutes a week of activity. (Healthiest Wisconsin 2010 Implementation Plan Summary, June 2005).

### ***Healthiest Wisconsin 2010 Goals***

- ❖ By 2010, infrastructure will be in place that fosters the development, support, and sustainability of healthy lifestyles among Wisconsin residents.
- ❖ Between 2001 and 2010, increase the proportion of Wisconsin adolescents who report they engaged in at least 30 minutes of moderate physical activity, on five or more of the previous seven days from 27% to 37%.
- ❖ Between 2000 and 2010, increase the proportion of Wisconsin adults who reported they engaged in any physical activities in the past month from 78% to 88%.
- ❖ Between 2000 and 2010, reduce the proportion of Wisconsin children who are overweight from 11.4% to 9.4%

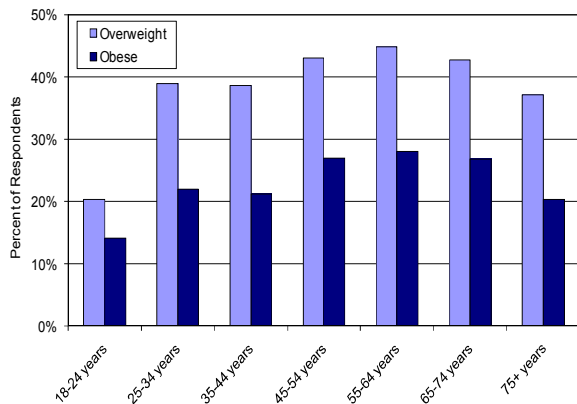


- ❖ Between 2000 and 2010, reduce the proportion of Wisconsin adolescents who are overweight from 10% to 8%.
- ❖ Between 2000 and 2010, reduce the proportion of Wisconsin adults who are obese from 20% to 15%.

### Douglas County Data

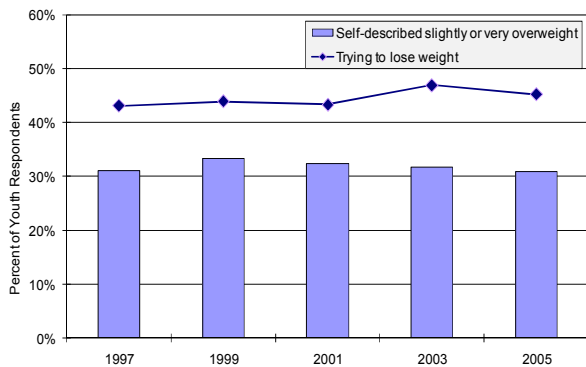
The 2007 Wisconsin County Health Rankings state that **66% of Douglas County residents are overweight and 24% are obese**. Twenty-three percent of Wisconsin residents are reported to be obese. The 2005 Bridge to Health Survey reports drastic differences in how individuals in Douglas County perceive their own weight. According to the 2005 Bridge to Health Survey, **about 27% of Douglas County residents felt there are overweight while 71% felt their weight is about average**. Just over 30% of Wisconsin youth report that they are slightly or very overweight. Additionally, 45% of Wisconsin youth reported that they are trying to lose weight.

From 2000-2005, about 81% of Wisconsin Western Region residents reported any exercise in the past month. Exercise included things such as running, calisthenics, golfing, gardening, or walking. Slightly more men than women reported exercise in the past month. According to the 2007 Wisconsin County Health Rankings, **53% of Douglas County residents are inactive**. This is 10% higher than the state of Wisconsin. These individuals do not meet the recommended levels for moderate physical activity (30 minutes of moderate physical activity per day for five or more days per week) or vigorous physical activity (20 minutes per day of vigorous physical activity for three or more days per week). From 1997-2005, the proportion of youth in Wisconsin who participated in physical activity ranged from 60% to 67%. This physical activity was described as activity that made them sweat and breathe hard for at least 20 minutes on at least three of the past seven days.



#### Prevalence of Overweight and Obese Adults by Age Group, Western WI, 2000-2005.

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Interactive Statistics on Health (WISH) data query system*, Available at: <http://wisconsin.gov/wish/>



#### Self-reported Youth Perception of Weight in WI, 1997-2005.

Wisconsin Department of Public Instruction. *2005 Wisconsin Risk Behavior Survey, Trends*, January 25, 2006.

When examining the prevalence of overweight and obese adults in the Wisconsin Western Region, about 20% of those aged 18-24 years old are overweight while almost 50% of those 55-64 years old are overweight. Moreover, 14% of those Wisconsin Western Region residents who are 18-24 years old are obese while twice the amount of 55-64 years old Wisconsin Western Region residents are obese.

## ***Health Priority #2: Mental Health and Mental Disorders***

Just over one-fourth of U.S. adults have a diagnosable mental disorder and, in 2005, suicide was the 11<sup>th</sup> leading cause of death in the U.S. Mental health disorders vary in severity and in the way they impact one's life. There is no "one size fits all" treatment method for mental disorders yet modern treatment methods are highly effective. Unfortunately, 40% of Americans who have a severe mental disorder do not seek treatment. Similar staggering numbers are prevalent in Douglas County as well.

### ***Definitions***

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and meaningful contribution to community and society.

Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior, or some combination thereof, which are associated with distress and impaired functioning and result in human problems that may include disability, pain, or death. (Healthiest Wisconsin 2010 Implementation Plan Summary, June 2005).

### ***Healthiest Wisconsin 2010 Goals***

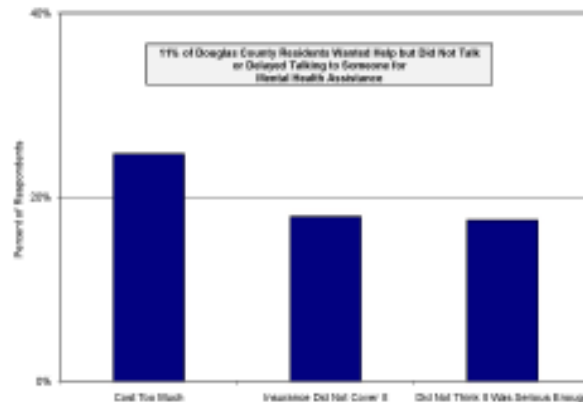
- ❖ By 2010, 80% of State-administered employee group health plans, Medicaid –funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral process.
- ❖ By 2010, an additional 15% of the general public will demonstrate an understanding that individuals with mental disorders can recover through treatment to lead productive, healthy, and happy lives.
- ❖ By 2010, an additional 15% of the general public will demonstrate the belief that individuals with mental disorders are capable of sustaining long-term productive employment.
- ❖ By 2010, 80% of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment, planning, and delivery process.

- ❖ By 2010, Wisconsin’s public mental health clients who have access to “best practice” mental health treatments will increase by 10%.
- ❖ By 2010, Wisconsin’s public mental health clients who have access to “evidence-based” mental health treatments will increase by 10%.

### Douglas County Data

In Wisconsin high school students in 2005, 18% considered attempting suicide in past year, 15% made a suicide plan, 9% actually attempted suicide, and 2% of Wisconsin high school students required medical treatment after a suicide attempt in the past year. According to the 2005 Bridge to Health Survey, **almost 11% of Douglas County adults wanted mental health assistance but did not talk or delayed talking to someone about the issue.** Among this group, 25% did not talk or delayed talking to someone about mental health assistance because it cost too much, 18% did so because insurance did not cover it, and 18% did not think it was serious enough.

Although Douglas County is just across the bridge from Duluth, Minnesota, the perceptions of where to seek mental health service information in Douglas County is much different than counterparts in Duluth. According to the 2005 Bridge to Health Survey, **the majority of both Douglas County (45%) and Duluth (53%) residents will first refer a family or friend to a physician or health care provider for mental health assistance. Other resources for Douglas County residents referring a family or friend for mental health assistance included family or friends (21%), church or faith community (16%), or mental health services from the phone book (3%).** Conversely, residents in neighboring Duluth, Minnesota will refer a family or friend for mental health assistance to mental health services from a phone book (20%), their family or friends (10%), or church or faith community (10%).



#### Mental Health Services Outreach and Reasons for Delaying or Not Seeking Mental Health Assistance, Douglas County, 2005.

Finch, M.D., Vezina, J.M., Kinney, A.M., Peterson, J.M.; Bridge to Health Collaborative (2005). *Bridge to Health Survey 2005: Northeastern Minnesota and Northwestern Wisconsin Regional Health Status Survey*. June 2006

### ***Health Priority #3: Alcohol, Tobacco, and Other Substance Use and Abuse***

Serious health and economic impacts stem from the use and abuse of alcohol, tobacco, and other substances in Douglas County. Alcohol and other drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke.

Behavioral outcomes of alcohol consumption include unintentional injuries (i.e., crashes, falls, drowning) and violence. In 2002, about 6% of all crashes in Douglas County were alcohol-related with drinking drivers. Health outcomes associated with the consumption of alcohol include chronic diseases (i.e., liver cirrhosis, pancreatitis, cancer, high blood pressure, psychological disorders) and harm to the developing fetus. It is estimated that 3% of the total cancer deaths in the U.S. are attributable to drinking alcohol. Oral cancers are six times more common in those who use alcohol compared to those who do not use alcohol. Consumption of alcohol causes severe, irreversible damage to a developing fetus. In 2003, 10% of pregnant women in the U.S. reported consuming alcohol while pregnant and 4% reported binge drinking while pregnant.

From 2000-2004, 980 years of potential life were lost due to smoking in Douglas County residents. About 72 Douglas County residents die annually from a smoking-related illness. Tobacco use is responsible for one-third of all cancer deaths each year. Besides causing cancer, tobacco use is also associated with increased risk for cardiovascular disease and respiratory disease. Smoking is related to low bone density in post menopausal women and an increase in asthmatic episodes. There are multiple adverse reproductive and early childhood effects that result from cigarette smoking such as low birth weight, infertility, and sudden infant death syndrome. The proportion of births to mothers who reported smoking during pregnancy has declined over time in both Douglas County and Wisconsin, although Douglas County still reports about 8% more smoking mothers than the state as a whole. The numerous adverse health outcomes from tobacco smoking led to an estimated \$17.3 million in health care costs and an estimated \$13.1 million in costs due to lost productivity were attributed to illness and premature death due to smoking in Douglas County residents.

The dependence and abuse of illicit drugs or alcohol is related to serious psychological distress. In 2005, 21% of U.S. adults with serious psychological distress were dependent or abusing illicit drugs or alcohol. Among the 5.2 million Americans with serious psychological distress and substance dependence or abuse in 2005, about half received mental health treatment or substance abuse treatment at a specialty facility; 9% received treatment for both issues. In 2005, persons with a major depressive episode in the last year were more likely to be dependent on or abuse illicit drugs or alcohol than those without a major depressive episode.

### ***Definitions***

According to the American Psychiatric Association (1994), inappropriate use is the use of a substance in a manner that exceeds the safe or prescribed amount or frequency, or poses a health or safety risk to the user or others. Examples of inappropriate use include use during pregnancy, intoxicated driving, drinking to incapacitation, underage drinking, or heavy or immoderate drinking. It also includes the infrequent or experimental use of illegal street drugs.

The American Psychiatric Association (1994) has identified several disorders associated with the abuse of alcohol or other substances. Abuse is described as use resulting in a pattern of negative consequences such as school or work absences, neglect of children, legal problems, or heated arguments with a spouse. Dependence is defined as use leading to a pattern of clinically significant impairment in at least three areas such as tolerance, withdrawal symptoms, inability to cut down or control use, or use despite physical or psychological problems.

Tobacco use and exposure is the active or passive introduction into the human body of toxins found in tobacco products. (Healthiest Wisconsin 2010 Implementation Plan Summary, June 2005).

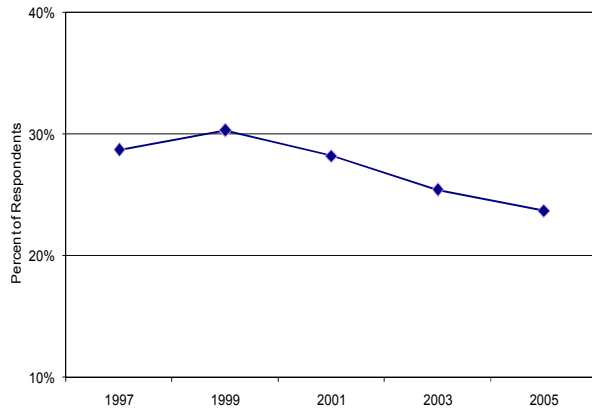
According for the Centers for Disease Control and Prevention, binge drinking is defined as, on one occasion, having more than three drinks for women and more than four drinks for men. Standard drink measures contain about 0.5 ounces of pure alcohol and are described as: 12 ounce regular beer or wine cooler, 8 ounce malt liquor, 5 ounce wine, and 1.5 ounce of 80-proof distilled liquor or spirits. Most people who binge drink are not alcoholics or alcohol dependent.

### ***Healthiest Wisconsin 2010 Goals – Alcohol and Other Drugs***

- ❖ By 2010, 55% or more of Wisconsin’s general public will demonstrate a basic understanding of the scientific knowledge about alcohol and other drug use, addiction, addiction treatment, recovery, and alcohol or drug use during pregnancy.
- ❖ By 2010, 55% or more of Wisconsin’s general public will demonstrate positive, non-prejudicial attitudes towards persons with or recovering from alcohol and other drug use disorders.
- ❖ By 2010, reduce alcohol and other drug abuse among 12-17 year-old youth using evidence-based practices:
  - ◆ By 2010, reduce the percentage of youth who report binge drinking in the past 30 days to 26.7%.
  - ◆ By 2010, reduce the percentage of youth who report using marijuana in the past 30 days to 20.7%.
  - ◆ By 2010, reduce the percentage of youth who report using tobacco in the past 30 days to 22.4%.
  - ◆ By 2010, reduce the percentage of youth who report first use of alcohol prior to age 13 to 24.1%.
  - ◆ By 2010, reduce the percentage of youth who report first use of marijuana prior to age 13 to 8.5%.
  - ◆ By 2010, reduce the number of youth under the age of 18 arrested for operating while intoxicated to 641.
  - ◆ By 2010, reduce the number of youth under the age of 18 arrested for liquor law violations to 11,647.

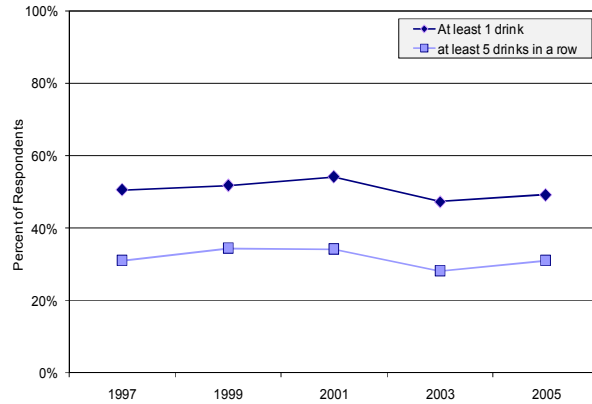
## Douglas County Data – Alcohol and Other Drugs

In a national survey defining binge drinking as consuming five or more alcoholic drinks on one occasion, **almost one-quarter of Douglas County adults reported binge drinking.** Commonly it is thought that binge drinking occurs among young adults, typically in a college setting. Seventy percent of binge drinking episodes in the U.S. are in adults over 25 years old.



**First Drink of Alcohol, not just a few sips, Before Age 13, WI Youth, 1997-2005.**

Wisconsin Department of Public Instruction. *2005 Wisconsin Youth Risk Behavior Survey, Trends*, January 25, 2006.

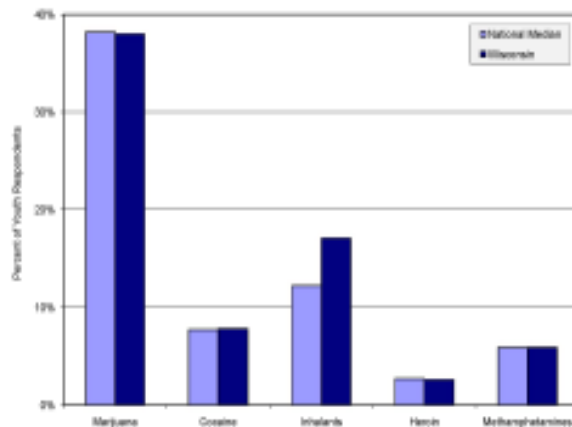


**Frequency of Alcohol Consumption in the Past 30 Days, WI Youth, 1997-2005.**

Wisconsin Department of Public Instruction. *2005 Wisconsin Youth Risk Behavior Survey, Trends*, January 25, 2006.

From 1997-2005, the proportion of Wisconsin youth who reported having their first drink of alcohol (not just a few sips) before age 13 has decreased. In 2005, almost 25% of Wisconsin youth reported having their first drink of alcohol before age 13. Among those Wisconsin youth who reported drinking alcohol in the past 30 days in 2005, about half reported having at least one drink of alcohol while about one third reported having at least 5 drinks of alcohol in a row.

Alcohol and other drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke. In 2004-04, 8% of Wisconsin residents who were at least 12 years old reported illicit drug use in the past year. Illicit drugs include marijuana, hashish, crack, cocaine, heroin, hallucinogens, inhalants, and prescription-type psychotherapeutics used for nonmedical purposes.



**High School Youth Lifetime Substance Use, National Median and WI, 2005.**

Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2005*. Surveillance Summaries, June 9, 2006. MMWR 2006;55(SS-5).

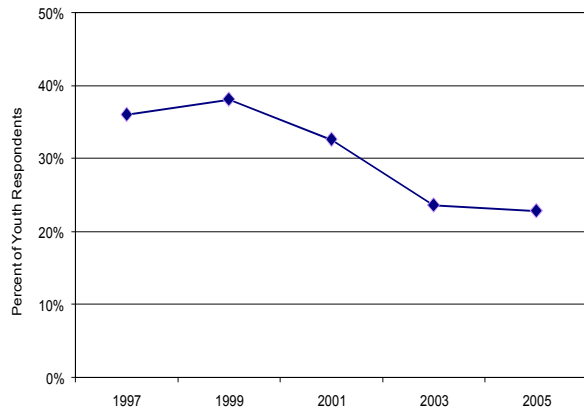
When compared with the national median, about the same amount of Wisconsin high school students report ever using marijuana (38%), cocaine (8%), methamphetamine (6%), or heroin (3%). A greater proportion of Wisconsin high school youth report any lifetime use of inhalants compared to the national median (17% WI; 12% U.S.). In 2005, it was reported that at least 3% of Wisconsin residents who were 12 years old or older did not receive treatment for illicit drug use in the last year. Ten percent did not receive needed treatment for alcohol use.

***Healthiest Wisconsin 2010 Goals – Tobacco***

- ❖ Between 2000 and 2010, tobacco use among Wisconsin middle school youth will decrease from 16% to 12%.
- ❖ Between 2000 and 2010, tobacco use among Wisconsin high school youth will decrease from 39% to 29%.
- ❖ Between 2000 and 2010, current cigarette smoking among adults (18+) will decrease from 24% to 19%.
- ❖ Between 2000 and 2010, current cigarette smoking among young adults (18-24) will decrease from 40% to 32%.
- ❖ Between 2000 and 2010, adults reporting that they or someone else smoked in their home in the past 30 days will decrease from 28% to 21%.
- ❖ Between 2000 and 2010, adults who reported that smoking is allowed in some or all work areas as their place of work's official smoking policy will decrease from 26% to 19%.
- ❖ Between 2000 and 2010, youth that reported that they live with someone who smokes will decrease from 44% to 33%.

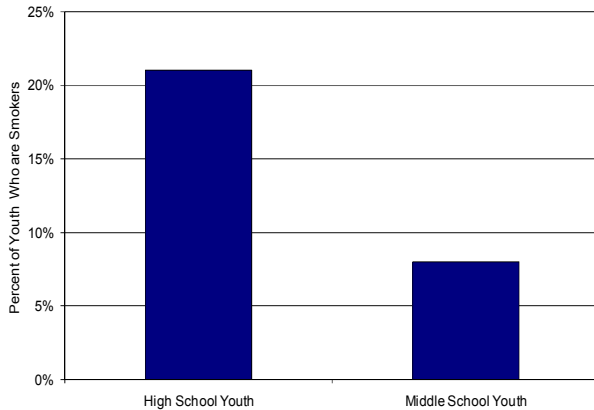
## Douglas County Data – Tobacco

According to the 2007 Wisconsin County Health Rankings, **28% of Douglas County residents smoke cigarettes**, compared to 22% of Wisconsin residents. The national Healthy People 2010 target is to have 12% or less of the population smoke cigarettes. According to the 2005 Bridge to Health Survey, **almost half of Douglas County smokers tried to quit in the past year and 21% were seriously thinking of quitting in the next 30 days.**



**Prevalence of Youth who Smoked Cigarettes One or More of the Past 30 Days, WI, 1997-2005.**

Wisconsin Department of Public Instruction. *2005 Wisconsin Youth Risk Behavior Survey, Trends*, January 25, 2006.

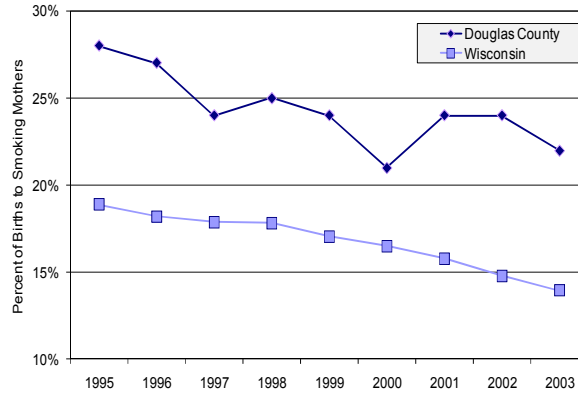


**Prevalence of High School and Middle School Youth Who Consider Themselves to be Smokers, Douglas County, 2004.**

Umland MA, Palmersheim KA, Ullsvik JC, Wegner MV. *Burden of Tobacco in Wisconsin*. University of Wisconsin Comprehensive Cancer Center. Madison, WI, February, 2006.

The trend of youth smoking in Wisconsin has been declining over time. According to the 2004 Youth Tobacco Survey, 23% of Wisconsin youth reported smoking cigarettes in the past 30 days. In 1997, 36% Wisconsin youth reported smoking in the last 30 days. Although the decreasing trend is promising, a significant number of Wisconsin youth are still smoking tobacco on a regular occasion. In the same 2004 survey, 21% of high school students and 8% of middle school students in Douglas County consider themselves smokers. Each year, 8,200 Wisconsin youth under 18 years become new daily smokers.





**Births to Mothers Who Smoked During Pregnancy, WI and Douglas County, 1995-2003.**

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Interactive Statistics on Health (WISH) data query system*, Available at: <http://wisconsin.gov/wish/>

There are multiple adverse reproductive and early childhood effects that result from cigarette smoking such as low birth weight, infertility, and sudden infant death syndrome. **The proportion of births to mothers who reported smoking during pregnancy has declined over time in both Douglas County and Wisconsin, although Douglas County still reports about 8% more smoking mothers than the state as a whole. In 1995, 28% of births in Douglas County were to mothers who reported smoking during pregnancy. In 2003, 22% of births in Douglas County were to smoking mothers.**

## **Douglas County Health Assessment Summary**

### **Access to Primary and Preventative Health Services**

- ◆ 24% of Douglas County adults that they needed medical care in the last year but did not receive or delayed getting care.
- ◆ 30% of Douglas County adults postponed dental work in the last year.
- ◆ ~70% of Douglas County women 65-74 years old had biennial mammography.
- ◆ 64% of WI adults at least 50 years old reported ever having a sigmoid/colonoscopy.
- ◆ 38% of Douglas County men had prostate exam in the last year.

### **Adequate and Appropriate Nutrition**

- ◆ 86% of Douglas County adults consumed less than 5 servings of fruits or vegetables a day.
- ◆ 26% of WI youth reported no servings of vegetables a day and 17% did not have fruit.
- ◆ About ¼ of WI youth reported having one can or bottle of non-diet soda a day.

### **Alcohol and Other Substance Use and Addiction**

- ◆ 26% of Douglas County adults reported binge drinking.
- ◆ 70% of binge drinking episodes in the U.S. are in adults over 25 years old.
- ◆ 49% of WI youth reported at least one alcoholic drink in the past month.
- ◆ ~10% of U.S. pregnant women consumed alcohol while pregnant, 4% binge drank.
- ◆ 8% of WI residents at least 12 years old used illicit drugs in the past year.
- ◆ 11% of WI residents at least 12 years old used marijuana, 5% used pain medications, 2% used cocaine, and <1% used methamphetamines in the past year.
- ◆ 38% of WI high school students have ever used marijuana, 17% inhalants, 8% cocaine, 6% methamphetamines, and 3% have ever used heroin.

### **Environmental and Occupational Health Hazards**

- ◆ Douglas County Respiratory Hazard Index = 1.86
- ◆ Fine Particulate Matter in Air =  $8.4\mu\text{g}/\text{m}^3$  [2007 County Health Rank= 4]
- ◆ Ozone Level = 67ppb [2007 County Health Rank= 3]
- ◆ No nitrate levels in municipal or private water supplies identified above the Prevention Action Level [2007 County Health Rank= 1]
- ◆ 44% of houses built in Douglas County are at risk for lead (built prior to 1950).
- ◆ 1% of blood lead tests in Douglas County youth under 6 years old were positive for lead.

### **Existing, Emerging, and Re-Emerging Communicable Diseases**

- ◆ Top five most frequently reported communicable diseases in Douglas County from 2000-2005 were 1) Chlamydia, 2) Lyme disease, 3) Hepatitis C, 4) Gonorrhea, 5) Genital Herpes.
- ◆ 98% of WI youth in grades K-12 met statutory vaccination requirements.
- ◆ 74% of WI adults at least 65 years old received an influenza vaccination.

### High Risk Sexual Behaviors

- ◆ Three of the top five most frequently reported communicable diseases in Douglas County are sexually transmitted diseases.
- ◆ 40% of WI high school students reported ever having sex.
- ◆ 8% of births in Douglas County were to mothers less than 20 years old.
- ◆ 35% of WI women who had been pregnant in the last 5 years said the pregnancy was unintended.

### Intentional and Unintentional Injuries and Violence

- ◆ 13% of WI high school students rarely or never wore a seat belt.
- ◆ 14.4 average annual motor vehicle deaths in Douglas County per 100,000 population.
- ◆ 89% of WI high school students rarely or never wore a bicycle helmet.
- ◆ 12.5 deaths from falls per 100,000 population in WI (age-adjusted).
- ◆ 27.8 reports of child abuse or neglect per 1,000 children less than 18 years old in WI.
- ◆ 172 violent crime incidents/100,000 population in Douglas County [2007 County Health Rank= 57].

### Mental Health and Mental Disorders

- ◆ ~26% of U.S. adults have a diagnosable mental disorder.
- ◆ Suicide was the 11<sup>th</sup> leading cause of death in the U.S. in 2005.
- ◆ 18% of WI high school students considered attempting suicide and 9% attempted suicide.
- ◆ 11% of Douglas County adults wanted mental health assistance but did not talk or delayed talking to someone.
- ◆ 25% of those Douglas County adults that did not talk or delayed talking to someone for mental health assistance did so because it cost too much, 18% insurance did not cover it, and 18% did not think it was serious enough.

### Overweight, Obesity, and Lack of Physical Activity

- ◆ 66% of Douglas County residents are overweight and 24% are obese.
- ◆ 27% of Douglas County adults feel they are overweight, 71% feel their weight is about average.
- ◆ ~30% of WI youth feel they are slightly or very overweight.
- ◆ 53% of Douglas County residents are physically inactive.
- ◆ 60-67% of WI youth report physical activity.

### Social and Economic Factors that Influence Health

- ◆ 86% of Douglas County residents over 25 years old have a high school degree; 18% have a bachelor's degree or higher.
- ◆ 5% of Douglas County adults in the work force are unemployed.
- ◆ 11% of Douglas County individuals, 8% of families, and 13% of children are below the poverty level. (Note: U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level.")
- ◆ 8-12% of Douglas County residents are uninsured, 4-10% of children less than 18 years old are uninsured.

### **Tobacco Use and Exposure**

- ◆ 28% of Douglas County adults smoke cigarettes, 22% of WI adults smoke cigarettes.
- ◆ 45% of Douglas County adult smokers tried to quit in the past year, 21% are seriously thinking of quitting in the next 30 days.
- ◆ 23% of WI youth reported smoking in the past 30 days.
- ◆ 10% of WI youth obtained cigarettes from a store in 2005, 17% in 2003, and 21% in 2001.
- ◆ \$17.3 million in health care costs were attributable to smoking in Douglas County, there was \$13.1 million dollars in lost productivity were due to illness and premature death due to smoking.
- ◆ 980 years of potential life were lost from 2000-2004 due to smoking in Douglas County residents.
- ◆ Tobacco use is responsible for one-third of all cancer deaths each year.
- ◆ 22% of Douglas County mothers reported smoking during pregnancy, 17% in the WI Western Region, and 14% in WI.
- ◆ 9% of WI residents have asthma, which can be exasperated by cigarette smoke.

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# **2008 Douglas County Physical Activity Survey**

## **Summary of Results**

### **Purpose**

A survey was administered to 3<sup>rd</sup> grade classes in Douglas County school districts in the fall of 2008. The goals of the survey were to:

- ◆ Assess the perceptions of the parents/guardians of the activity level of their child and themselves.
- ◆ Individuals participating in the survey will become conscious of their own physical activity levels.
- ◆ Use the baseline information collected in the survey to guide further planning for lineages with community-based activities, such as Fit City.

### **Methods**

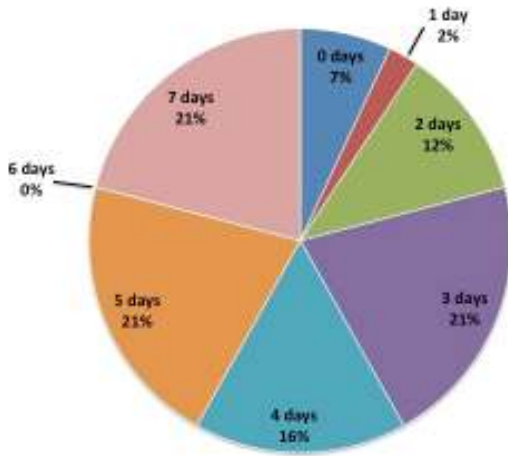
The survey was developed by the Overweight, Obesity, and Lack of Physical Activity Subcommittee and approved by the CHIP Steering Committee. Survey questions were modeled after questions from the National Behavior Risk Factor Survey and the Youth Risk Factor Behavior Survey. Three schools (one per school district in Douglas County) representing the demographic profile of Douglas County were targeted for participation in the survey. The three school districts were contacted by the Subcommittee to participate in the survey; two of the three school districts ultimately participated. Parents or guardians of the children in the two third grade classes completed the survey.

### **Results**

The survey was completed by 23 parent/guardian – child sets. Nineteen (83%) parent/guardian – child sets completed all questions asked in the survey. Below please find the survey results for each question asked in the survey.

Question 1: On average, how many days each week do you and your child exercise, dance or play sports? One parent/guardian response and 2 child responses were unanswered for this question and excluded from the analysis.

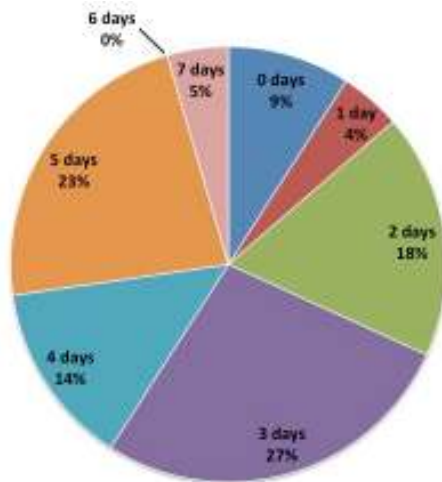
**Average Responses from Parent/Guardian for the Parent/Guardian and Child Activity Levels**



On average, between responses for the parent/guardian and child, respondents reported 4 days of exercise, dance or playing sports each week.

- ◆ 21% - all 7 days of the week
- ◆ 42% - less than 4 days
- ◆ 7% - 0 days physical activity

**Average Responses from Parent/Guardian for the Parent/Guardian Activity Levels**

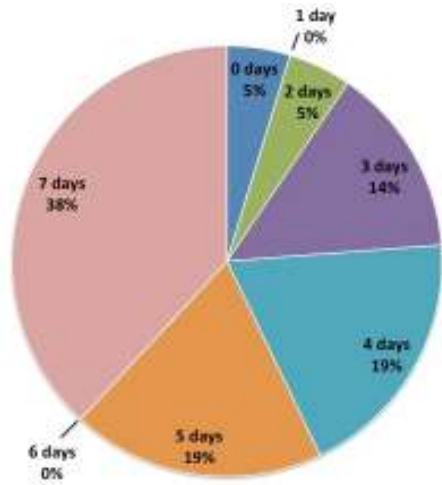


When reviewing the average responses for parents/guardians, respondents reported 3 days of exercise, dance or playing sports each week.

- ◆ 5% - all 7 days of the week
- ◆ 59% - less than 4 days
- ◆ 9% - 0 days physical activity



**Average Responses from Parent/Guardian for the Child Activity Levels**



When reviewing the average responses for children, parent/guardian respondents reported 5 days of exercise, dance or playing sports each week for their 3<sup>rd</sup> grade child.

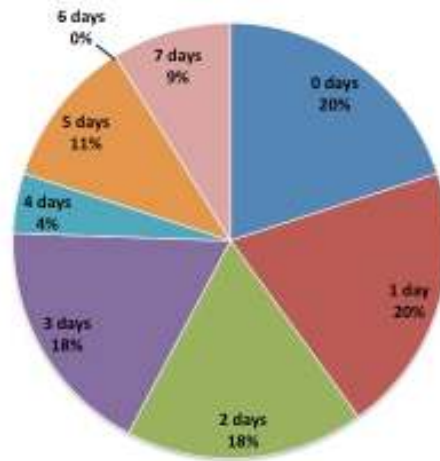
- ◆ 38% - all 7 days of the week
- ◆ 24% - less than 4 days
- ◆ 5% - 0 days physical activity

Question 2: On average, how many days each week do you and your child do exercises to strengthen or tone your muscles? Two child responses were unanswered for this question and excluded from the analysis.

**Average Responses from Parent/Guardian for the Parent/Guardian and Child Activity Levels**

On average, between responses for the parent/guardian and child, respondents reported 2 days of doing exercises to strengthen or tone muscles each week.

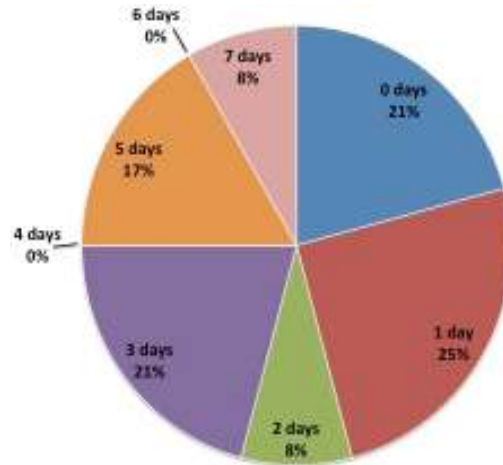
- ◆ 9% - all 7 days of the week
- ◆ 77% - less than 4 days
- ◆ 20% - 0 days physical activity



### Average Responses from Parent/Guardian for the Parent/Guardian Activity Levels

When reviewing the average responses for parents/guardians, respondents reported 2 days of doing exercises to strengthen or tone muscles each week.

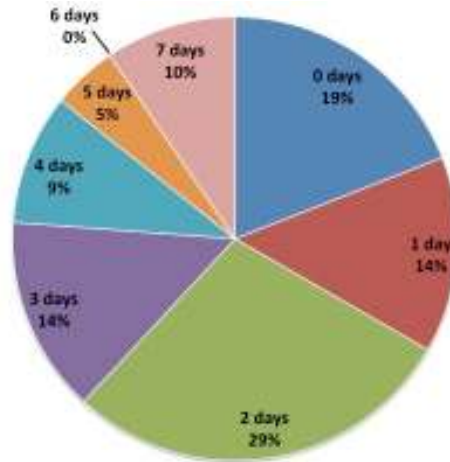
- ◆ 8% - all 7 days of the week
- ◆ 78% - less than 4 days
- ◆ 21% - 0 days physical activity



### Average Responses from Parent/Guardian for the Child Activity Levels

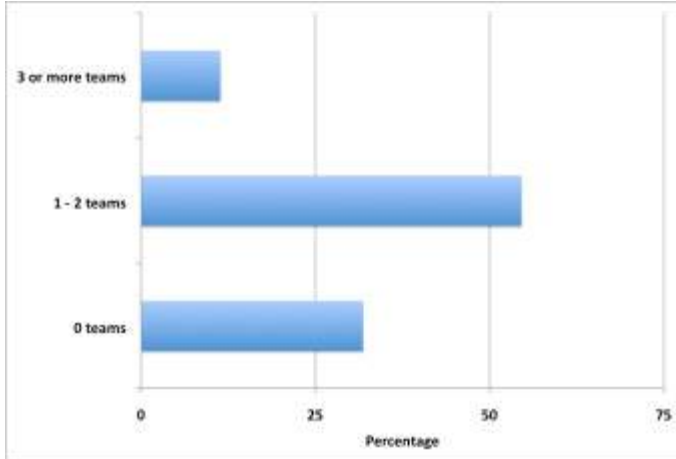
When reviewing the average responses for children, parent/guardian respondents reported 2 days of exercise, dance or playing sports each week for their 3<sup>rd</sup> grade child.

- ◆ 10% - all 7 days of the week
- ◆ 76% - less than 4 days
- ◆ 19% - 0 days physical activity



Question 3: During the past 12 months, on how many sports teams did you and your child play? Include all school, church and/or community teams. Two parent/guardian responses were unanswered for this question and excluded from the analysis.

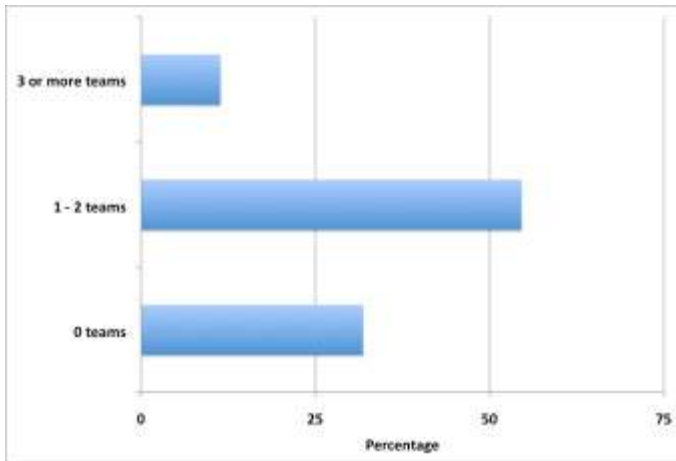
**Average Responses from Parent/Guardian for the Parent/Guardian and Child Sports Team Participation**



On average, between responses for the parent/guardian and child, respondents reported playing on 1-2 sports teams in the past 12 months.

- ◆ 55% - 1-2 sports teams
- ◆ 11% - 3 or more teams
- ◆ 32% - 0 teams

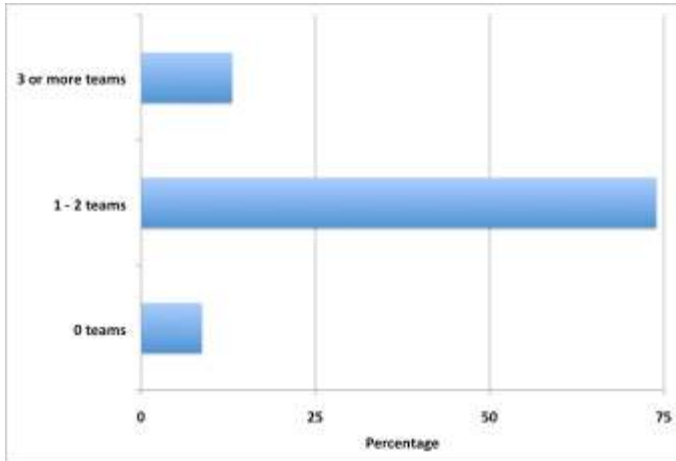
**Average Responses from Parent/Guardian for the Parent/Guardian Sports Team Participation**



When reviewing the average responses for parents/ guardians, the majority of respondents reported not playing on any sports teams in the past 12 months.

- ◆ 33% - 1-2 sports team
- ◆ 10% - 3 or more teams
- ◆ 57% - 0 teams

### Average Responses from Parent/Guardian for the Child Sports Team Participation



When reviewing the average responses for children, parent/guardian respondents reported playing on 1-2 sports teams in the past 12 months.

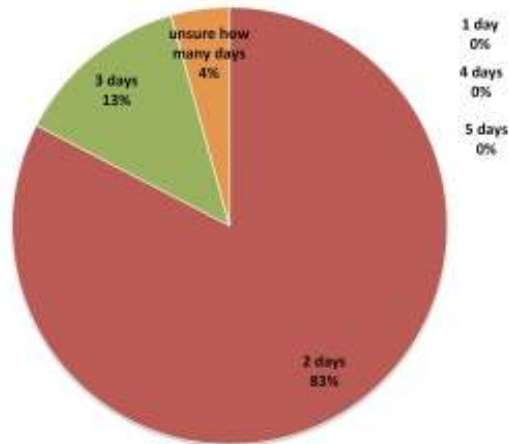
- ◆ 74% - 1-2 sports teams
- ◆ 13% - 3 or more teams
- ◆ 9% - 0 teams

Question 4: In an average week, how many days does your child have physical education classes at school? All 23 parent/guardian-child sets responded to this question and were included in the analysis.

### Average Responses from Parent/Guardian for the Child Frequency of Physical Education Classes at School

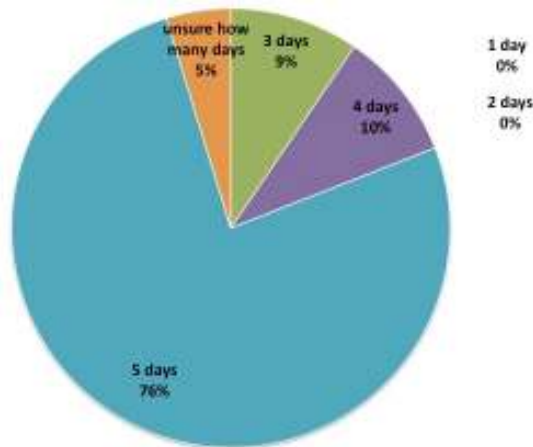
When reviewing the average responses, parent/guardian respondents reported 2 days of physical education class each week for their 3<sup>rd</sup> grade child.

- ◆ 83% - 2 days of physical education classes each week
- ◆ 13% - 3 days
- ◆ 0% - 4 days
- ◆ 0% - 5 days
- ◆ 4% - unsure how many days of classes each week



Question 5: On how many of the past 5 school days was your child able to go outside for recess? One parent/guardian-child set did not respond to this question and was excluded from the analysis.

**Average Responses from Parent/Guardian for the Child Going Outdoors for Recess**



When reviewing the average responses, parent/guardian respondents reported 5 days of outdoor recess for their child in the past 5 school days.

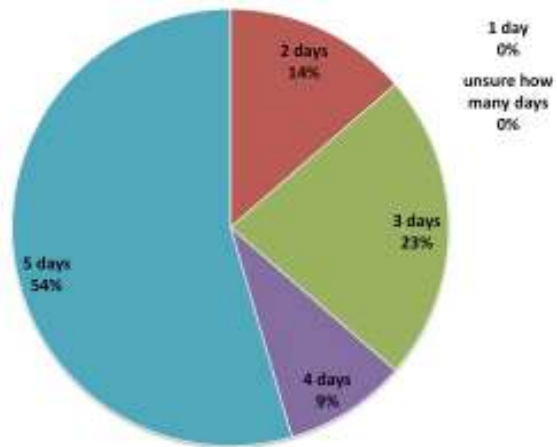
- ◆ 9% - 3 days outdoor recess in past 5 school days
- ◆ 10% - 4 days outdoor recess
- ◆ 76% - 5 days outdoor recess
- ◆ 5% - unsure how many days of outdoor recess in the past 5 school days

Question 6: On how many of the past 5 school days did your child engage in physical activity after school hours? Include days played on team sports. One parent/guardian-child set did not respond to this question and was excluded from the analysis.

**Average Responses from Parent/Guardian for the Child Frequency of Physical Activity After School**

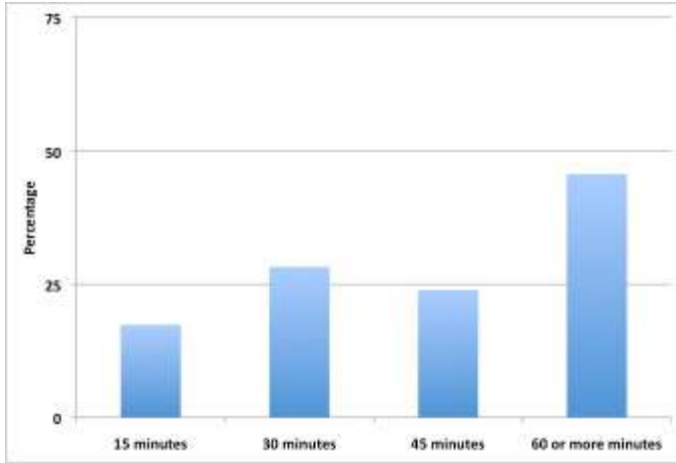
When reviewing the average responses, the majority of parent/guardian respondents reported 4 days of physical activity after school for their 3<sup>rd</sup> grade child.

- ◆ 14% - 2 days of physical activity after school each week
- ◆ 23% - 3 days
- ◆ 9% - 4 days
- ◆ 54% - 5 days



Question 7: On an average weekend day, how many minutes do you and your child engage in physical activity? All 23 parent/guardian-child sets responded to this question and were included in the analysis.

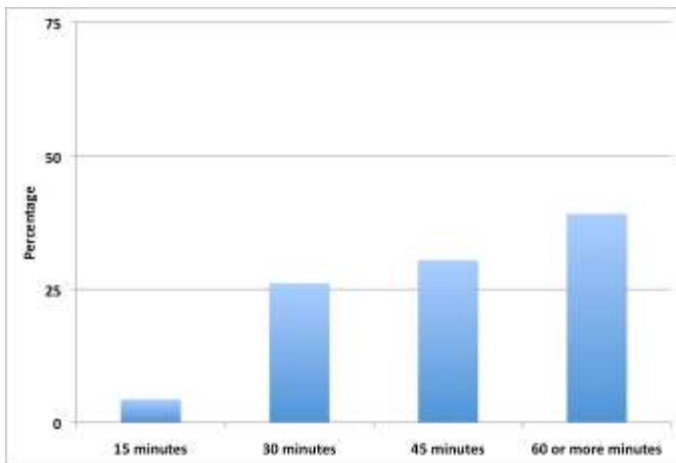
**Average Responses from Parent/Guardian for the Parent/Guardian and Child Time Frequency of Weekend Physical Activity**



On average, between responses for the parent/guardian and child, respondents reported 45 minutes of physical activity on an average weekend day.

- ◆ 17% - 15 minutes of physical activity
- ◆ 28% - 30 minutes
- ◆ 24% - 45 minutes
- ◆ 46% - 60 minutes or more

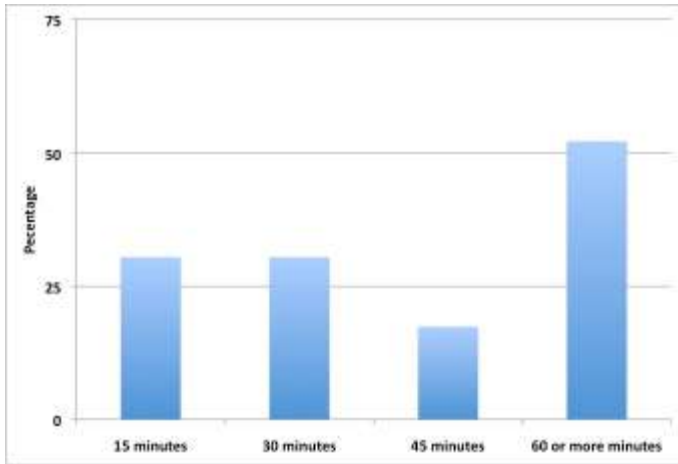
**Average Responses from Parent/Guardian for the Parent/Guardian Time Frequency of Weekend Physical Activity**



On average, parent/ guardian respondents reported they had 45 minutes of physical activity on an average weekend day.

- ◆ 4% - 15 minutes of physical activity
- ◆ 26% - 30 minutes
- ◆ 30% - 45 minutes
- ◆ 39% - 60 minutes or more

**Average Responses from Parent/Guardian for the Child Time Frequency of Weekend Physical Activity**



On average, parent/guardian respondents reported their child had 45 minutes of physical activity on an average weekend day.

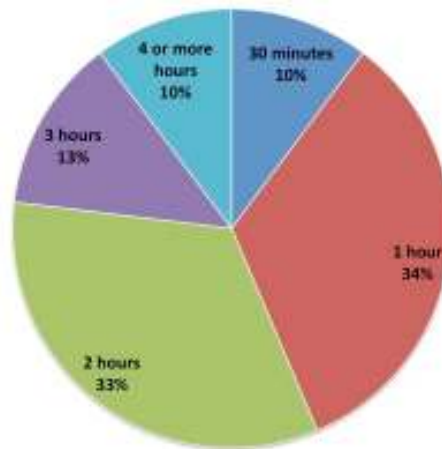
- ◆ 30% - 15 minutes of physical activity
- ◆ 30% - 30 minutes
- ◆ 17% - 45 minutes
- ◆ 52% - 60 minutes or more

Question 8: On an average school day, how much time do you and your child spend watching TV, playing video games or on the computer? All 23 parent/guardian-child sets responded to this question and were included in the analysis.

**Average Responses from Parent/Guardian for the Parent/Guardian and Child School Day Sedentary Time**

On average, between responses for the parent/guardian and child, respondents reported 2 hours spent watching TV, playing video games or on the computer on an average school day.

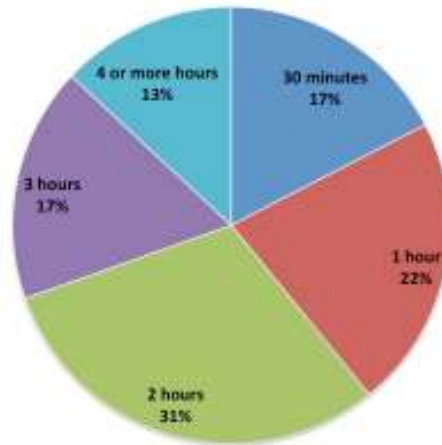
- ◆ 10% - 30 minutes
- ◆ 34% - 1 hour
- ◆ 33% - 2 hours
- ◆ 13% - 3 hours
- ◆ 10% - 4 or more hours



### Average Responses from Parent/Guardian for the Parent/Guardian School Day Sedentary Time

When reviewing the average responses for parents/guardians, respondents reported 2 hours spent watching TV, playing video games or on the computer on an average school day.

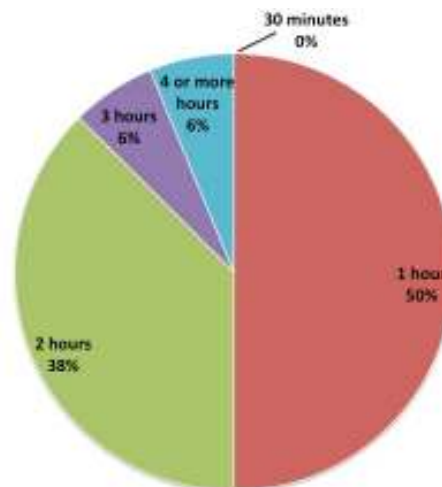
- ◆ 17% - 30 minutes
- ◆ 22% - 1 hour
- ◆ 31% - 2 hours
- ◆ 17% - 3 hours
- ◆ 13% - 4 or more hours



### Average Responses from Parent/Guardian for the Child School Day Sedentary Time

When reviewing the average responses for children, parent/guardian respondents reported 1 hour spent watching TV, playing video games or on the computer on an average school day.

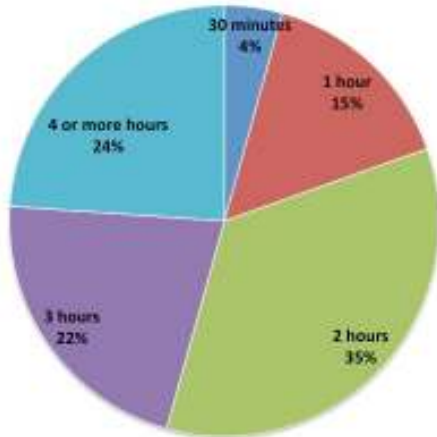
- ◆ 50% - 1 hour
- ◆ 38% - 2 hours
- ◆ 6% - 3 hours
- ◆ 6% - 4 or more hours





Question 9: On an average weekend day, how much time do you and your child spend watching TV, playing video games or on the computer? All 23 parent/guardian-child sets responded to this question and were included in the analysis.

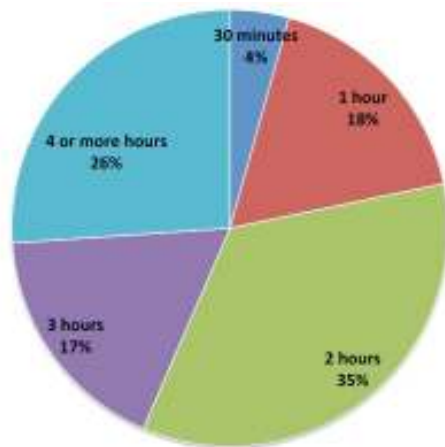
**Average Responses from Parent/Guardian for the Parent/Guardian and Child Weekend Sedentary Time**



On average, between responses for the parent/guardian and child, respondents reported 3 hours spent watching TV, playing video games or on the computer on an average weekend day.

- ◆ 4% - 30 minutes
- ◆ 15% - 1 hour
- ◆ 35% - 2 hours
- ◆ 22% - 3 hours
- ◆ 24% - 4 or more hours

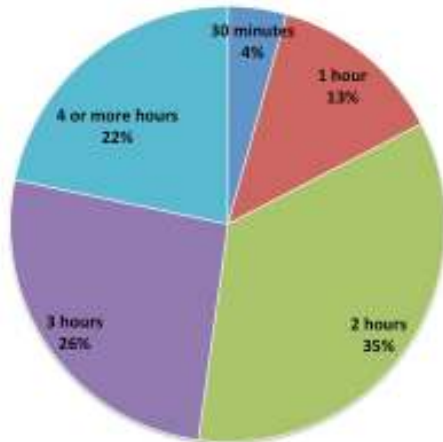
**Average Responses from Parent/Guardian for the Parent/Guardian Weekend Sedentary Time**



When reviewing the average responses for parents/ guardians, respondents reported 2 hours spent watching TV, playing video games or on the computer on an average weekend day.

- ◆ 4% - 30 minutes
- ◆ 18% - 1 hour
- ◆ 35% - 2 hours
- ◆ 17% - 3 hours
- ◆ 26% - 4 or more hours

### Average Responses from Parent/Guardian for the Child Weekend Sedentary Time



When reviewing the average responses for children, parent/guardian respondents reported 3 hours spent watching TV, playing video games or on the computer on an average school day.

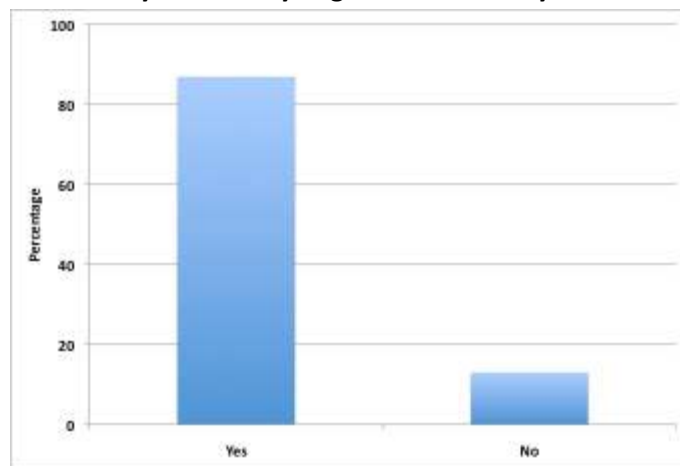
- ◆ 4% - 30 minutes
- ◆ 13% - 1 hour
- ◆ 35% - 2 hours
- ◆ 26% - 3 hours
- ◆ 22% - 4 or more hours

Question 10: Does your family regularly participate in a physical activity together such as hiking, biking, baseball, swimming, etc.? All 23 parent/guardian-child sets responded to this question and were included in the analysis.

### Average Responses from Parent/Guardian for Physical Activity Together as a Family

When reviewing the average responses, the majority of parent/guardian respondents reported that their family regularly participated in a physical activity together.

- ◆ 87% - Yes
- ◆ 13% - No



### Conclusions

- ◆ Children were more likely to have 7 days of physical activity per week, while parents/guardians were more likely to have 5 days. Almost 2/3 of parent/guardians reported they had less than 4 days of physical activity per week while ¼ of children had less than 4 days of physical activity.
- ◆ The majority of children were reported to have 2 days of exercise to strengthen or tone muscles per week while parents/guardians reported just 1 day. For both parents and children, over ¾ reported having less than 4 days of exercise to strengthen or tone muscles per week.

- ◆ The majority of both parents/guardians and children responses reported playing on 1-2 teams in the past 12 months. While just 1/10 of children did not play on a sports team, almost 2/3 of parents/guardians did not.
- ◆ The majority of parents/guardians reported that their 3<sup>rd</sup> grade child had two days of physical education class at school during an average week. Four or five days of physical education class was not reported by any respondents.
- ◆ Three-fourths of parents/guardians reported that their child was able to go outside for recess on all 5 of the past 5 school days.
- ◆ Over half of the parents/guardians reported that their 3<sup>rd</sup> grade child participated in physical activity after school hours in the past 5 school days.
- ◆ On average, response for parents/guardians and children reported they had 45 minutes of physical activity on an average weekend day.
- ◆ The average response for time spent parents/guardians watching TV, playing video games or on the computer on an average school day was 2 hours while children averaged 1 hour.
- ◆ On an average weekend day, parents/guardians reported an average 2 hours spend watching TV, playing videos fames or on the computer while children averaged 3 hours.
- ◆ Over 4/5 of parents/guardians reported that their family spent time together doing physical activities.



Please return this survey to:  
 Douglas County Department of  
 Health and Human Services  
 1316 N. 14th St. Suite 400  
 Superior, WI 54880

## Community Health Improvement Plan

COMMUNITY HEALTH IMPROVEMENT  
 PLAN

MENTAL HEALTH  
 SURVEY



## Mental Health Survey

This survey is focused on how the community locates mental health services, and what mental health services people use.

Please take a few minutes to complete the following questions.

Your answers will assist in determining the best way to get information to Douglas County residents.

PLEASE DO NOT USE ANY IDENTIFYING INFORMATION ON THIS SURVEY. This would include your name, address, or phone number. This survey is intended to be anonymous.

All information is confidential and will be destroyed after it is tallied.

Thank you for your participation.

### PERSONAL INFORMATION

Age: 18-25 26-35 36-45 46-55 56+

Gender: F M

Income (annual): \$0—15,000

\$16,000—25,000

\$26,000—45,000

\$46,000—65,000

\$66,000—95,000

\$96,000 +

Highest Level of Education Completed:

- 1st—11th
- High School Graduate
- Technical College, specialized
- 1-3 years college
- Bachelors Degree
- Masters Degree
- Doctoral (or equivalent)
- Military Service: Yes No

I live within the City of Superior limits

Yes No

## QUESTIONS

1. I, or someone close to me, has had feelings of hopelessness, restless/anxious, sadness, confusion, and/or scared to a degree that has severely affected their life. Yes No
2. If I were looking for Mental Health services for the above concerns, I would seek services through (please only circle one):
  - My Medical Provider
  - A Mental Health Agency
  - Family/Friends
  - Clergy
  - Co workers/Supervisor
  - Local Government
  - Veteran's Assistance
  - Other: \_\_\_\_\_

This survey has been approved for use by the Community Health Improvement Plan for Douglas County. The Community Health Improvement Plan (CHIP) is a ten year plan targeting specific health concerns in Douglas County.

Mental Health has been identified as an area, not just in Douglas County, but throughout Wisconsin, that requires further investigation and assistance.

The results of this survey will be used by the CHIP Mental Health sub-committee to determine the accessibility of mental health services in our community. The results will lead to specific goals further improving mental health in Douglas County.

If you have any questions regarding this survey, please feel free to contact Dave Longsdorf, Monday - Friday, 8 a.m -4:30 p.m., at 395-1247.

Do you feel that your mental health provider meets your needs? Yes No

If no, what services did you not receive?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any additional comments you have about mental health services?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you sought out information on mental health? Yes No

If so, what source of information did you use (internet, 211, medical doctor, etc)  
 \_\_\_\_\_  
 \_\_\_\_\_

A. What form of information did you seek out? (i.e. symptoms, providers, medication, forms of treatment)  
 \_\_\_\_\_  
 \_\_\_\_\_

B. If you had further questions, whom would you seek out to clarify?  
 \_\_\_\_\_

5. Where did you receive mental health services?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. If yes, how long did you have to wait for mental health services?  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for completing this Survey

A. I have sought out mental health services through one of these sources. Yes No

B. I found it helpful to receive mental health services through this source. Yes No

C. My mental health resource referred me to another provider. Yes No

If so, who? \_\_\_\_\_  
 3. A primary concern I have when seeking out mental health services is (please circle only one);

- Cost
- Availability
- Location
- Privacy
- Shame
- Other (please describe) \_\_\_\_\_

A. My insurance provides mental health services. Yes No

B. I am aware of what mental health services my insurance provides. Yes No

C. My employer has an Employee Assistance Program. Yes No

If so, I would consider using the Employee Assistance Program if I had a mental health concern. Yes No

Why?  
 \_\_\_\_\_