



WAUKESHA COUNTY

COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN



This product is the result of a
collaborative community process
May 2014

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County Executive

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April 2014

To the Citizens of Waukesha County:

On behalf of the Waukesha County Community Health Improvement Plan and Process Steering Committee (CHIPP) it is our pleasure to release the Waukesha County Assessment and Community Health Improvement Plan.

The Community Health Assessment and Community Health Improvement Plan are roadmaps that help define the health of the community, identify strategic priorities for community health improvement, and highlight assets and resources that are in place to help make those improvements.

The CHIPP Steering Committee, in collaboration with many partners including community-based organizations, academic, business, health services and others, strives to improve the health of the community by identifying and investigating community health problems; educating and empowering people about health concerns; developing programs to remediate health issues; linking people to health services; finding innovative solutions to health problems; and evaluating the effectiveness and accessibility of health services.

The task of maintaining and improving the health of a community is neither easy nor one that can be done alone. Rather, a healthy community is the result of collaboration among all Health and Human Services providers and County residents.

Sincerely,

Handwritten signature of Antwayne M. Robertson in black ink.

Antwayne Robertson
Health & Human Services, Director
CHIPP Co-Chair

Handwritten signature of Joe Vitale in black ink.

Joe Vitale
Health & Human Services Board, Chair
CHIPP Co-Chair

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Steering Committee

The CHIPP Steering Committee's role was and continues to be providing overall guidance and direction in the effort, as well as to represent the community in the assessment and planning phases. Committee members took a lead role in critical areas of the process: creating the vision; identifying data sources; identifying criteria for selection of priorities; selecting health priorities; inviting input from vulnerable populations; identifying specific objectives within identified health priorities. The success of Waukesha County's CHIPP effort is largely a result of the thoughtful input and reflection offered by the Steering Committee members. We are extremely grateful for their commitment.

Members of the Steering Committee are listed here.

Barbra Beck, Ph.D., Clinical Associate Professor in Public Health, Carroll University

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CHIPP Response Planning Committees

Once the three priorities of *Access to Care*, *Alcohol and Other Drug Abuse*, and *Mental Health*, were identified, teams of topic experts from multiple sectors of the community were convened to develop action plans for the priority areas. As subcommittees of the Steering Committee, each team was co-chaired by members of the Steering Committee, and involved individuals from Steering Committee and other key partner agencies.

Without the work of the CHIPP Response Planning Committees, the priorities that were identified would simply be words on a page. The Response Team members turned the priorities into specific action steps. This took a tremendous amount of work and dedication, and we are extremely grateful for their work.

Members of the CHIPP Response Planning Committees are listed below.

AODA Response Team

Carol Hanneman-Garuz, Co-Chair
Claudia Roska, Co-Chair
Amy Bauman, Safe Babies Healthy Families
Dr. Pamela Bean, Rogers Memorial Hospital
Ruthie Burich, ARCW
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ACCESS Response Team

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Andrew Dresang, Co-Chair
Cathy Bellovary, Aging and Disability Resource Center
Liz Claudio, Sixteen Street Community Health Ctr
Jennifer Evans, St. Joseph's Medical & Dental Clinic
John Schiraj, United Way of Waukesha
Kathy Gale, Interfaith Senior Comm.
Mary Alice Grosser, Waukesha County Health and Human Services
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Nancy Healy-Haney, Waukesha County Public Health Division
Benjamin Jones, Waukesha County Public Health Division
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Mary Smith, Aging and Disability Resource Center
Julie Turkowski, Children's Hospital

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Laura Cherone, Family Service of Waukesha
Linda Cole, WC Mental Health Advisory Committee
David Drewek, Froedtert Health Community Memorial Hospital
Dave Freudenthal, NAMI
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Kathy Gale, Interfaith Senior Comm.
Michael Giese, Waukesha County Jail
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Joan Sternweis, Waukesha County Health and Human Services
Jennifer Waack, Waukesha County Health and Human Services
Bill Wilke, Norris Adolescent Center
Lee Wipfli, LaCasa de Esperanze Outpatient Clinic

Data Subcommittee

The Data Subcommittee met in the summer of 2011 to review health status data. This group reviewed a significant amount of morbidity and mortality data, including the impact of multiple health factors on population health. The Subcommittee also reviewed population and service trends. We are very appreciative of the time and effort contributed to this core element of the assessment.

Members of the Data Subcommittee are listed here.

Jean Schultz, ProHealth, Co-Chair of Data Subcommittee
Andy Dresang, Froedtert Health/Community Memorial Hospital, Co-Chair of Data Subcommittee
Janel Brandtjen, Waukesha County Supervisor and member of the Health and Human Board
Nancy Healy-Haney, Waukesha County Public Health Division

Benjamin Jones, Waukesha County Public Health Division
Herb Rosenberger, Community Member
JoAnn Weidmann, Waukesha County Health and Human Services Board

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Community Members

Hundreds of community members participated in an anonymous survey identifying priority health issues. The surveys were collected, analyzed and the results of those surveys significantly impacted the decision-making of the Steering Committee in selecting the priorities. Thank you to each community member who participated – your voice made a difference.

The gathering of community voices would not have been possible without the deliberate facilitation of efforts by numerous individuals. The following Steering Committee members took extra steps to assure that traditionally under-represented voices would be heard:

- Jean Pirkey, ProHealth Care
- Cathy Bellovary, Aging and Disability Resource Center
- Lori Cronin, Hispanic Health Resource Center, ProHealth Care
- Andy Dresang, Froedtert Health Community Memorial Hospital
- Katie Miller, National Children’s Study
- ALL who disseminated information!

Department of Health and Human Services and Public Health Division Technical and Support Staff

Critical to the success of the community health improvement effort was the ongoing leadership and dedication of lead staff at the Department of Health and Human Services and Public Health Division. Staff met monthly to prepare materials and processes for all aspects of the community health improvement effort. They were dedicated to finding accurate data and thinking through complex issues in such a way as to facilitate an effective process. We are extremely grateful for the dedication and commitment of the staff.

- Dr. Nancy Healy-Haney
- Rosie Kapp
- Linda Johnson
- Susan Lovas
- Benjamin Jones
- Irene Ridgeman
- Rose Reblin
- Esther Jensen
- Ariane Grudzina
- Jan Leuenberger

Overview

The core of this report outlines the results of the work that was accomplished. The appendices include the processes and detailed data that led to the results. This Overview section includes a brief summary of the processes.

The Waukesha County community undertook a community health assessment and improvement process starting in 2010. Under the leadership of the Waukesha County Department of Health and Human Services and the Public Health Division, community leaders (the Steering Committee) met to assess the community's health status, identify priorities, and develop plans for addressing priorities. The work continues with implementation of plans related to those priorities and evaluation measures are in place.

The overall process generally followed the Mobilizing for Action through Planning and Partnerships (MAPP) process (*National Association of County and City Health Officials, NACCHO*). MAPP includes phases of organizing, visioning, assessments, strategic issue identification, goal/strategy development, and an action cycle.

The Steering Committee first ensured broad representation from key community partners. They identified their vision for a healthy Waukesha County, along with the values they envision for the Waukesha County public health system (including governmental and non-governmental entities).

The Steering Committee then undertook a very detailed and thorough **community health assessment**. The assessment included the four MAPP assessments of community themes and strengths, community health status, forces of change, and local public health system assessment. The local public health system assessment had been completed previously utilizing the *National Public Health Performance Standards Program (NPHPSP)*. The strength of the MAPP assessment process is "each assessment will yield important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole" (NACCHO). Utilizing the collective assessment data and input from across the community, three community health priorities were identified.

Response planning committees, which included steering committee members and broader community participation, were created for each of the three identified priorities. The work of these committees, through the development of goals, objectives, interventions and outcome indicators, led to the creation of the **community health improvement plan**. Lead agencies were identified for each objective, with implementation occurring June 2013 to June 2015. Appendix A provides additional details on the assessment, planning, and implementation processes.

The next few pages describe the results of the above processes.

Visions and Values

The creation of a vision and values provides a framework for community health improvement. Throughout the process, the vision was used as a criterion for identification of issues and for the selection of priorities. The vision and values were created through a facilitated process over the course of numerous meetings.

VISION is the guiding image of success. A vision is what the world looks like when your organization or effort has been wildly successful.

The vision for a healthy Waukesha County is:

- Strong families, connected communities, healthy environments, and accessible services that promote overall safety, well-being, and quality of life.

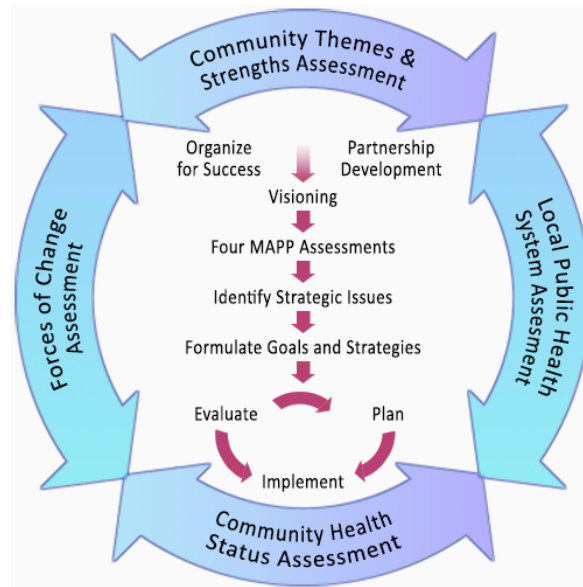
VALUES describe how we want to conduct our business, including a focus on service, quality, people and work norms. In this case, the values describe the Waukesha County public health system (inclusive of governmental and non-governmental public health entities).

The Waukesha County public health system is:

- **COLLABORATIVE** – providing mutual aid and sharing responsibilities, ideas, and investments.
- **ACCOUNTABLE** – honoring commitments.
- **STRAIGHTFORWARD** – celebrating successes and being honest about challenges.
- **COMMUNITY-CENTERED** – focusing on benefits for the community, rather than individual gain.
- **OUTCOME-FOCUSED** – knowing the aim and measuring it.
- **RESOURCEFUL** – using technology, funding, what already exists, what works, and related resources wisely.
- **INCLUSIVE** – valuing different opinions, cultures, and priorities, and engaging individuals / customers, primary care, churches, schools, businesses, ALL!
- **INNOVATIVE** – generating creative solutions.
- **RESPONSIVE** – addressing current and anticipated community needs.
- **RESILIENT** – recovering from adverse events quickly and effectively.
- **PREVENTION-FOCUSED** – identifying and attacking the root causes of poor health.

Community Health Assessment

The Steering Committee undertook a number of approaches for assessing community health needs, assets, concerns and priorities. These approaches were grounded in the Mobilizing Action through Planning and Partnership (MAPP) assessment recommendations from the National Association of County and City Health Officials (NACCHO). A description of Waukesha County's overall process, including its community health assessment, is included in Appendix A.



Source: NACCHO

During the *community health assessment* phase, the Steering Committee:

- Gathered data on Waukesha County health status;
- Brainstormed community assets, themes and strengths,
- Identified forces of change;
- Reviewed previously collected information on the public health system from the implementation of the National Public Health Performance Standards Program (NPHPSP);

Waukesha County's *community health assessment* can be found in Appendix B.

Health Priorities

The Steering Committee used the following criteria to select priorities:

- The issue has a significant impact
- The community has interest and/or capacity
- The issue is actionable (can do something about it) and sustainable
- The issue is inter-related with other issues
- What happens if we do nothing?

The Steering Committee identified priorities based off the *community health assessment* utilizing the above criteria, but recognized that community feedback was a critical component to determining the most appropriate community health priorities. A community input meeting was held and community surveys were implemented to solicit feedback directly from the community. The surveys allowed for ranking of all the identified health priority areas, with a summary of results provided below. Additional details regarding the identification of health priorities, including the community input meeting and surveys, can be found in Appendix C.

Community Priorities by Gender – Spring 2012 Survey

ORDER OF PRIORITY	MEN	WOMEN
First	Access to Health Care	Access to Health Care
Second	Economics	Mental Health
Third	AODA	AODA
Fourth	Mental Health	Obesity
Fifth	Safe and Stable Families	Economics

Community Priorities by Age – Spring 2012 Survey

ORDER OF PRIORITY	AGE GROUP					
	18-29	30-39	40-49	50-59	60-69	70+
First	Access to Health Care	Access to Health Care	Access to Health Care	Access to Health Care	Access to Health Care	Access to Health Care
Second	AODA	Mental Health	AODA	Economics	Economics	Access to Information
Third	Access to Information	AODA	Mental Health	Mental Health (tied)	Mental Health (tied)	Economics
Fourth	Obesity	Economics (tied)	Strong and Stable Families	AODA (tied)	Obesity (tied)	Mental Health
Fifth	Mental Health	Obesity (tied)	Economics	Obesity	AODA	AODA

After an in-depth and thorough review process, and incorporating extensive community feedback, the following health priority areas were confirmed:

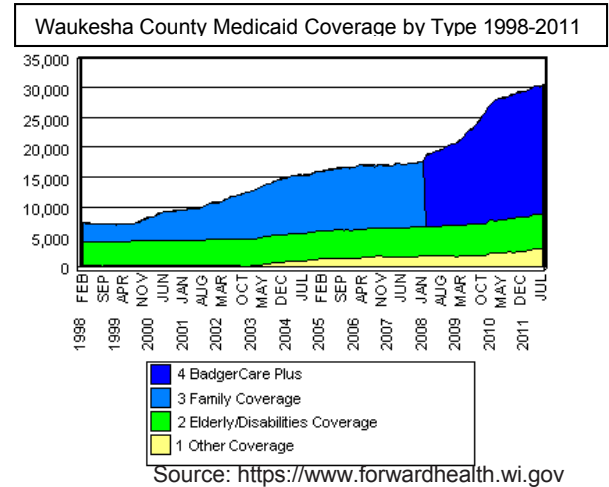
- **Access to Care**
- **Alcohol and Other Drug Abuse**
- **Mental Health**

An overview of the three priority areas, including a summary of relevant data and related information can be found on the next few pages.

Access to Care

A variety of assessments were completed. The following information highlights some of the most salient ACCESS TO CARE data and information from those assessments.

- Waukesha County Economic support cases have doubled in the last 10 years.
- Waukesha County medically uninsured was at 8% of adult population in 2009 versus 3% in 2006.
- Adult unemployment increase in 2009 to 7.5% versus 4% in 2008.
- There is a decrease in number of families who can afford health insurance and/or participate in low income clinics.
- Health care reform will cause significant changes in the delivery of health care services.
- A new federally qualified community health center (FQHC) opened in 2012. In order to develop a community health center, communities must identify specific gaps in services and needs in populations that meet federal criteria.



- The frustrations experienced by individuals attempting to receive services may result in the decreased ability and “moxie” of those individuals to navigate the system as well as increased stress, which can contribute to chronic disease.
- When reviewing the essential services of public health, the following access-related services were rated by community members at the significant (second highest) level:
 - ✓ Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable;
 - ✓ Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
- Immediate health issues was identified as a priority issue in a comprehensive United Way assessment in 2011.
- Information and referral was identified as a strength (211 service exists) and a gap (not everyone knows about 211; services are not necessarily coordinated).
- Relevant system strengths include:
 - ✓ Partnerships, collaboration
 - ✓ Significant knowledge of populations in the community
 - ✓ Significant ability to link individuals with needed services
- Relevant system challenges include:
 - ✓ Questions exist around “surge capacity”
 - ✓ Translation services are needed, cultural competence
 - ✓ May not be enough information regarding vulnerable populations
 - ✓ Readability of material
- The results of community surveys showed the following results related to Access to Care:
 - ✓ Overall, the highest-ranked priority with 64% of respondents choosing that priority.
 - ✓ Access to health care was the top priority across all age groups, and for both men and women.

A Alcohol and Other Drug Abuse

A variety of assessments were completed. The following information highlights some of the most salient ALCOHOL AND OTHER DRUG ABUSE data and information from those assessments.

- Binge drinking went from 16% in 2006 to 27% in 2009.
- Funding for services is decreasing and changing.
- Unemployment is high, resulting in substance abuse issues and increased demand for services.
- Health care reform may affect billing and services.
- Changes in the evidence base may affect care.
- The frustrations experienced by individuals attempting to receive services may result in the decreased ability and “moxie” of those individuals to navigate the system as well as increased stress, which can lead to substance abuse issues.
- Substance abuse was identified as a priority issue through a comprehensive United Way assessment in 2011.
- Relevant system strengths include:
 - ✓ Partnerships, collaboration
 - ✓ Significant knowledge of populations in the community
 - ✓ Significant ability to link individuals with needed services
- Relevant system challenges include:
 - ✓ A need for more coordination of health promotion and related efforts
 - ✓ Access to information
 - ✓ System-level evaluations
 - ✓ May not be enough information regarding vulnerable populations
- The results of community surveys showed the following results related to Alcohol and Substance Abuse:
 - ✓ Overall, was tied as the second-highest ranked priority, with 38% of respondents choosing that priority.
 - ✓ Substance abuse was the second-highest priority for respondents age 18-29, 40-49, and 50-59.
 - ✓ Substance abuse was the third-highest priority for respondents age 30-39, men, and women.

Waukesha County Opiate-Related Overdose Deaths by Year

YEAR	TOTAL NUMBER DRUG RELATED DEATHS	DRUG RELATED DEATHS BY TYPE		
		HEROIN-RELATED	OTHER OPIATES (ALONE OR IN COMBINATION)	OTHER DRUGS
2009	29	3	20	6
2010	42	5	33	4
2011	47	6	35	6
2012	52	21	23	8

Source: Waukesha County Medical Examiner’s Office

Mental Health

A variety of assessments were completed. The following information highlights some of the most salient MENTAL HEALTH data and information from those assessments.

- Funding for services is decreasing and changing.
- Unemployment is high, resulting in mental health issues and increased demand for services.
- Health care reform may affect billing and services.
- Increase in aging population and therefore an increase in the mental health services required for that population.
- Changes in the evidence base may affect care.
- The Diagnostic and Statistical Manual is being updated to Version V. This will have implications for billing and services.
- The frustrations experienced by individuals attempting to receive services may result in the decreased ability and “moxie” of those individuals to navigate the system as well as increased stress, which can lead to mental health issues.
- Mental health was identified as a priority issue in a comprehensive United Way assessment in 2011.
- Information and referral was identified as a strength (211 service exists) and a gap (not everyone knows about 211; services are not necessarily coordinated).
- Relevant system strengths include:
 - ✓ Partnerships, collaboration
 - ✓ Significant knowledge of populations in the community
 - ✓ Significant ability to link individuals with needed services
- Relevant system challenges include:
 - ✓ Some data limitations, including integration challenges
 - ✓ A need for more coordination of health promotion and related efforts
 - ✓ Access to information, and lacking information regarding vulnerable populations
 - ✓ System-level evaluations
 - ✓ High use of information technology and electronic records
- The results of community surveys showed the following results related to Mental Health:
 - ✓ Overall, was tied as the second-highest ranked priority, with 39% of respondents choosing that priority.
 - ✓ Mental health was the second-highest priority for women and respondents age 30-39.
 - ✓ Mental health was the third-highest priority for respondents age 40-49, 50-59 and 60-69.

HEALTH & MENTAL HEALTH STATUS (18+)	2003	2006	2009	WI---2008
Considers health "fair" or "poor"	8%	9%	9%	12%
"Always" or "Nearly Always" feel Sad, Blue or Depressed	3%	3%	5%	
Considered Suicide (past year)	2%	3%	4%	

Source: Community Health Survey, 2009

Health Priority Plans

After the vision and values were identified, the *community health assessment* completed, and the top 3 priorities identified, the community health improvement process focused on creating plans around those priorities. Three CHIPP Response Planning Committees formed around the priority areas. Steering Committee members co-chaired the Committees, and members were comprised of the Steering Committee, as well as, other key partner agencies. The co-chairs participated in a short training where guidance materials were provided to them, but were provided flexibility in the group process and final products.

Each committee was charged with identifying root causes of the priority area and developing a corresponding plan of action. The plan of action included evidenced-based strategies and linkages to state and national priorities such as Healthy People 2020 and Healthiest Wisconsin 2020 where possible.

Due to the dynamic nature of the detailed work plans, they are not included here. The most recent plans can be accessed by contacting the Waukesha County Division of Public Health.

The Steering Committee reviewed the goals, objectives and plans, and using specific criteria (Appendix D), sorted the objectives into three categories

- **CHIPP-Endorsed** – CHIPP-endorsed objectives reflect the Steering Committee’s top-identified priorities. CHIPP-endorsed objectives are tracked by the Steering Committee, and the Steering Committee offers support and consultation over the implementation and evaluation phases.
- **CHIPP-Recommended** – CHIPP-recommended objectives reflect important needs in Waukesha County. CHIPP-recommended activities may or may not be actively tracked by the Steering Committee.
- **Other** – A number of objectives were identified as important but had very few plans surrounding them and were therefore unable to be implemented at this time. Members of the Steering Committee chose not to include those undeveloped objectives.

The final set of objectives (both endorsed and recommended) are outlined on the following page and are the heart of the *community health improvement plan*. Additional details on identified lead agencies, expected outcomes, the evidence base for each objective and their alignment with state and national priorities can be found in Appendix E. Subsequently, Public Health Division staff worked with identified lead agencies for each of the objectives to assure their commitment and to finalize the language and scope of the work, which included: input activities, baseline measurements, deliverables and expected outcomes.

Community Health Improvement Plan Objectives

PRIORITY AREA	ENDORSED OR RECOMMENDED	OBJECTIVE
Access	Endorsed	Access Objective 1: ProHealth Care Inc., Froedtert Community Memorial Hospital and Waukesha County HHS develop curriculum and delivery model to train 100 individuals to advocate for health or human service needs on behalf of a client, patient, family member or themselves.
AODA	Endorsed	AODA Objective 1: Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in at least one primary health care clinic or voluntary health organization to identify Substance Use Disorders, implement interventions on those identified as participating in unhealthy or risky behaviors and achieve a 25% referral rate for these individuals.
AODA	Endorsed	AODA Objective 2: Implement risk reduction education to 40 Waukesha County pregnant women annually in case management services at Safe Babies Healthy Families and the Waukesha County Public Health Division.
AODA	Endorsed	AODA Objective 3: Implement risk reduction education to individuals who have a history of trauma/abuse and receiving services at the Women’s Center, Hebron House of Hospitality & Salvation Army Shelters, and the Hope Center or other community-based organizations serving the target population.
Mental Health	Endorsed	Mental Health Objective 1: The Waukesha County Mental Health Advisory Committee will explore and create system-wide baseline data collection plan to quantify all identifiable costs for emergency detention in Waukesha County for the purpose of future development of alternative community mental health services.
Mental Health	Endorsed	Mental Health Objective 2: Waukesha County Jail and HHS will define and implement ways to coordinate client services for those discharged from the jail between mental health and various community organizations for persons who have been incarcerated and also affected by mental illness.
AODA	Recommended	AODA Objective 4: AIDS Resource Center of Wisconsin will reduce the number of Opiate Overdose Deaths in Waukesha County utilizing the Lifepoint Opiate Overdose Prevention and Treatment Program.
AODA	Recommended	AODA Objective 5: The Addiction Resource Council and Waukesha County Public Health Division will provide early intervention and preventative health services to youth under age 21 through Waukesha County’s underage drinking diversion/risk reduction evaluation program and drug screening.
Mental Health	Recommended	Mental Health Objective 3: Explore centralized intake systems that may be used in Waukesha County to improve client services and reduce duplication.
Mental Health	Recommended	Mental Health Objective 4: Explore the possibility to create and implement a county-wide multi-agency / hospital uniform client release for health information.

Kicking-Off the Community Health Improvement Plan

The staff and Steering Committee held a kick-off event in April of 2013 to inform the community of the findings. The event marked the completion of the assessment and planning phases of the CHIPP effort and indicated the transition to the implementation phase. Over 100 individuals from across the community attended. The event featured a keynote from Dr. Magda Peck, the Founding Dean of the new Joseph J. Zilber School of Public Health at the University of Wisconsin-Milwaukee, as well as, statements of gratitude to all those who contributed thus far in the process.

Implementation and Next Steps

Implementation began in June 2013 with an orientation for lead agencies and the development of reporting and tracking tools (Appendix F). Lead agencies are charged with implementing objectives. A liaison from the Public Health Division was assigned to each objective to support the overall effort, provide resource support, and track efforts. Reports on implementation progress occur every six months with the Steering Committee. The Steering Committee helps trouble-shoot team challenges and also helps promote the work in the community. Throughout the transition to the implementation phase, Public Health Division staff and lead agencies have been in regular communication in order to assure a shared understanding and vision.

Assessment and Planning Reflections

The Waukesha County Community Health Improvement Plan and Process Steering Committee received overwhelming positive feedback from the many CHIPP participants and community partners. Excluding survey respondents, the CHIPP process engaged over 133 people from various sectors of Waukesha County that included public, private, not-for-profit organizations and local residents. Frequent comments offered were that many organization members had never met each other before and the exchange of agency information promoted better customer services. Though many of the CHIPP subcommittees concluded their work, the new relationships that were formed allowed for on-going exchange of information. The CHIPP process engaged the service community at a level not experienced before and spawned a greater appreciation of the work and contributions these organizations were making in Waukesha County.

Appendix A

Description of the Community Health Assessment and Planning Process

This section outlines the rationales for undertaking the community health improvement process, the framework for that process, and a description of the steps Waukesha County took in that process.

Rationale

Research shows that health is impacted by numerous factors: access to care; social and economic determinants; physical environment; health behaviors. Communities now know that the solutions to health issues are complex; a directive to “eat better” and “exercise daily” are not the cure-all strategies that they were once believed to be. Solutions to complex issues require the deployment of a variety of tools (e.g., communication, policy change, structural environmental change). These solutions require an engaged, cross-sector collaborative effort. Communities are taking collective action.

There are also numerous regulatory guidelines that support community health improvement efforts. Health departments in Wisconsin are required by state statute to conduct community health improvement efforts. At the federal level, non-profit hospitals are now required by the IRS to conduct community health assessments and implement related plans in order to maintain their non-profit status. Finally, new voluntary accreditation standards for local health departments require a community health improvement process and with that, identification of a number of key indicators of a successful improvement effort.

Framework

Waukesha County moved ahead with their community health improvement effort using a framework called MAPP: Mobilizing for Action through Planning and Partnerships. This approach is outlined by the National Association of County and City Health Officials, an organization whose membership is local health departments across the country.

MAPP is similar to other models of community health improvement. MAPP’s specific framework¹ includes:

- **Organizing and Partnership Development** – “The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants’ time well, and results in a plan that can be realistically implemented.”
- **Visioning** – Visioning “guides the community through a collaborative and creative process that leads to the development of a shared community vision and common values.”
- **Assessments** – “The four MAPP Assessments form the core of the MAPP process.... Results of the assessments will drive the identification of strategic issues and activities of the local public health system and the community for years to come.”
- **Strategic Issues** – In the strategic issues phase, “... participants determine which issues are critical to the success of the local public health system and its vision of improved community health.”
- **Goals/Strategies** – “... Goals and strategies are developed for each of the strategic issues identified in the previous phase.”
- **Action Cycle** – The action cycle includes planning, implementation and evaluation.

¹ Source: National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships Achieving Healthier Communities through MAPP A User’s Handbook. Available online at: http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf

Waukesha County's Process

Waukesha County generally followed the MAPP outline as described above. There were some variations in the process as well as in the language. Adjustments were made in order to meet the local context.

Organizing (Winter 2010 – 2011)

Waukesha County's community health improvement plan and process (CHIPP) effort began with the contracting of a facilitator and the identification of potential Steering Committee members. Staff from the Department of Health and Human Services and the Public Health Division, building on a successful National Public Health Performance Standards Program assessment in 2008 and 2009, identified 23 Steering Committee members. Potential members were contacted via mail.

Visioning (Spring – Summer 2011)

The first Steering Committee meeting was held in April 2011. The first set of Steering Committee meetings focused primarily on identifying a vision for a healthier Waukesha County, as well as recognized values. As the process progressed, additional Steering Committee members were identified and invited.

Assessing and Prioritizing (Summer 2011 – Spring 2012)

The second set of Steering Committee meetings focused on identifying community themes and strengths, community health status, and forces of change. Processes used to gather this information included Steering Committee brainstorming and the development of a data subcommittee to thoroughly analyze and synthesize the data. A fourth MAPP-identified assessment, the National Public Health Performance Standards Program (NPHPSP), had been completed in late 2008 and early 2009. Using the information gathered and pre-identified criteria, a set of 11 potential health priorities were identified and then prioritized using feedback from community surveys and a community input session into 3 strategic issues.

Planning (Summer 2012 – Spring 2013)

The third set of Steering Committee meetings focused on reviewing and finalizing plans for the identified priorities or strategic issues. Three CHIPP Response Planning Committees formed around the priority areas. Steering Committee members co-chaired the Committees, and members were from the Steering Committee as well as from outside of the Steering Committee. The co-chairs participated in a short training where guidance materials were provided to them. Each committee was charged with identifying root causes of the priority area and developing a plan of action to address the area including specific goals and strategies. When the plans were drafted, each committee presented their plan to the Steering Committee. The Steering Committee assessed each objective and sorted them into one of three categories: endorsed, recommended, other. Specific criteria and a scoring system were used to sort the objectives (Appendix D).

Informing and Engaging (Spring 2013)

In order to mark the completion of the assessment and planning phases of the CHIPP effort and to indicate the transition to the implementation phase, the community conducted a kick-off event in April 2013. The purpose of the event was to inform the community of the assessment findings and the plans to implement efforts. The event also provided an opportunity to engage the community in implementation efforts. Over 100 individuals from across the community attended. The event featured a keynote from the Founding Dean of the new Joseph J. Zilber School of Public Health School of Public Health at the University of Wisconsin- Milwaukee, Dr. Magda Peck, as well as statements of gratitude to all those who contributed thus far in the process.

Implementing (June 2013 – June 2015)

The implementation phase, or action cycle, started in Summer 2013 with a number of activities. Public Health Division staff reviewed all of the endorsed and recommended objectives and identified baseline measures, input activities, specific deliverables that are measurable, and a tracking system to collect those data (Appendix E). Additionally, for every objective being implemented, a Public Health Division staff person was assigned as a liaison to work with the lead agency implementing that objective. Lead agencies were invited to indicate their participation with a signed commitment document and agreed to present progress every 6 months to the Steering Committee utilizing the pre-identified tracking tools (Appendix F).

Appendix B

Community Health Assessment

Overview

The community health assessment phase of the community health improvement process offered numerous opportunities for Steering Committee and larger community input. Using the National Association of County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) framework¹, the Steering Committee identified important influencers on health, overall health priorities, and then the top health priorities.

NACCHO describes the four MAPP assessments in the following manner:

- **The Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered during this phase include, "How healthy are our residents?" and "What does the health status of our community look like?"
- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that residents feel are important by answering the questions, "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
- **The Forces of Change Assessment** focuses on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions, "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"
- The **Local Public Health System Assessment** (LPHSA) is a comprehensive assessment that includes all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the activities, competencies, and capacities of our local public health system?" and "How are the 10 Essential Public Health Services being provided to our community?"

The community themes and strengths, community health status, and forces of change assessments were all conducted with the Steering Committee in 2011-2012. A Data Subcommittee was convened to analyze health status data and provide that information to the Steering Committee. The public health system assessment was completed in late 2008 and early 2009. Results from that assessment were shared with the Steering Committee.

The following table describes each assessment and its process. Specific results for each of the assessments are outlined in Appendix B1 through Appendix B5.

Specific data from the assessment can be found as follows.

APPENDIX	TOPIC	PROCESS USED TO GATHER INFORMATION
Appendix B1	Waukesha County Population Demographics	Waukesha County Public Health Division staff gathered the data and provided it to a Data Subcommittee of the Steering Committee.
Appendix B2	Community Health Status	A Data Subcommittee of the Steering Committee was created. The subcommittee reviewed existing data and data sources, including but not limited to the Waukesha County Health Report Card (January 2009 version), Public Health Profiles, Waukesha County Community Health Survey, and the County Health Rankings. The information reviewed was aggregated on morbidity, health factors, outcomes, year-to-year percentages, trends, program data from Health and Human Services, and hospital admission data. Data was further aggregated looking at trends, health determinants, and major health issues. The subcommittee presented a set of top issues and recommendations to the Steering Committee in October 2011.
Appendix B3	Community Themes and Strengths	The Steering Committee brainstormed community themes and strengths.
Appendix B4	Forces of Change	The Steering Committee brainstormed forces of change that are affecting the community.
Appendix B5	National Public Health Performance Standards Program (NPHPSP)	The Public Health Division undertook a process in late 2008 and early 2009 to assess the public health system using the National Public Health Performance Standards Program (NPHPSP). The process involved 2 days of assessment and over 80 individuals.

Appendix B1

Waukesha County Population Demographics

Population Changes

RACE / ETHNICITY	POPULATION		% CHANGE
	IN 2000	IN 2010	
White	345,506	363,963	↑105%
Black	2,646	4,914	↑186%
Asian	5,381	10,721	↑199%
American Indian	788	1,066	↑135%
non--Hispanic	351,264	373,768	↑106%
Hispanic	9,503	16,123	↑169%

Source: U.S. Census

Appendix B2

Community Health Status

Health Outcomes

HEALTH OUTCOMES	MORTALITY										TREND
	2006		2007		2008		2009		2010		
Leading causes of death²	NO.	%	NO.	%	NO.	%	NO.	%			
Cardiovascular Diseases	930	31.9%	820	30.0%	911	30.0%	873	30.0%			
<i>Diseases of the Heart</i>	680	23.3%	626	22.9%	707	23.3%	658	22.6%			
<i>Cerebrovascular Diseases</i>	178	6.1%	143	5.2%	134	4.4%	148	5.1%			
Cancer	751	25.8%	708	25.9%	750	24.7%	707	24.3%			
All other diseases	549	18.8%	537	19.7%	661	21.8%	606	20.8%			
All other accidents	152	5.2%	117	4.3%	142	4.7%	153	5.3%			
Chronic Lower Respiratory Disease	137	4.7%	134	4.9%	130	4.3%	168	5.8%			
Alzheimer's Disease	102	3.5%	80	2.9%	118	3.9%	79	2.7%			
Influenza and Pneumonia	58	2.0%	63	2.3%	69	2.3%	73	2.5%			↑
Diabetes	58	2.0%	61	2.2%	69	2.3%	70	2.4%			↑
Nephritis / Nephrotic syn. / Nephrosis	52	1.8%	75	2.7%	75	2.5%	62	2.1%			
Intentional Self-Harm (Suicide)	36	1.2%	40	1.5%	36	1.2%	44	1.5%	56		↑
<i>Under age 19³</i>	3		1		0		1		4		↑
Motor Vehicle Accidents	31	1.1%	40	1.5%	29	1.0%	28	1.0%			
Chronic Liver Disease and Cirrhosis	27	0.9%	34	1.2%	27	0.9%	32	1.1%			
Pregnancy / Childbirth / Perinatal period	13	0.4%	11	0.4%	11	0.4%	7	0.2%			
All other external causes	9	0.3%	5	0.2%	5	0.2%	3	0.1%			
Assault (Homicide)	6	0.2%	4	0.1%	0	0.0%	6	0.2%			
Human Immuno-deficiency Virus (HIV)	3	0.1%	1	0.0%	3	0.1%	0	0.0%			
SIDS	0	0.0%	1	0.0%	1	0.0%	2	0.1%			
Total Deaths, All Causes	2,914		2,731		3,037		2,913				

Infant Mortality⁴ – Number of Infant Deaths

YEAR	NUMBER	RATE ⁵	STATE OF WISCONSIN (4 YEAR AVG.)		HEALTHY PEOPLE 2010 GOAL
			NUMBER	RATE ⁵	RATE ⁵
2006	23	5.56	465	6.46	4.5
2007	18	4.43			
2008	29	7.33			
2009	18	4.8			

² Wisconsin Deaths 2006-2009

³ From Medical Examiner's Office

⁴ WISH Data 2006-2009

⁵ Rate per 1,000 live births

Communicable Disease Reports⁶

HEALTH OUTCOMES	MORBIDITY				
	2006	2007	2008	2009	2010
Chlamydia	363	369	491	476	577
Pertussis	23	17	13	38	43
Tick-borne Diseases (Lyme, Babesiosis, Ehrlichiosis)	9	18	29	64	72

Health Conditions in past 3 years (18+)⁷

HEALTH OUTCOMES	MORBIDITY			
	2003	2006	2009	WI -2009 ⁸
High Blood Cholesterol	17%	26%	24%	35.8%
High Blood Pressure	17%	26%	22%	27.7%
Diabetes	4%	6%	6%	8.2%
Asthma (current)	6%	8%	9%	9.8%

Health & Mental Health Status (18+)⁷

HEALTH OUTCOMES	MORBIDITY			
	2003	2006	2009	WI-2008
Considers health "fair" or "poor"	8%	9%	9%	12%
"Always" or "Nearly Always" feel Sad, Blue or Depressed	3%	3%	5%	–
Considered Suicide (past year)	2%	3%	4%	–

Hospitalizations⁹ Due to:

HEALTH OUTCOMES		MORBIDITY							
		2006		2007		2008		WI - 2008	
		Number	Rate ¹⁰	Number	Rate ¹⁰	Number	Rate ¹⁰	Number	Rate ¹⁰
Asthma	All Ages	282	7.0	333	9.0	360	9.0	5,304	9.0
	<18	72	8.0	83	9.0	89	10.0	1,368	10.0
	18-44	54	4.0	69	5.0	74	6.0	1,082	5.0
	45-64	73	7.0	89	8.0	92	8.0	1,553	10.0
	65+	83	17.0	92	18.0	105	20.0	1,301	17.0
Pneumonia and Influenza	All Ages	1,064	28.0	1,090	29.0	1,207	32.0	19,179	34.0
	65+	727	148.0	754	150.0	818	158.0	11,891	157.0

⁶ WEDSS data 2006-2010

⁷ Community Health Survey 2009

⁸ BRFSS Data 2008-2009

⁹ Public Health Profiles 2006-2009

¹⁰ Rate per 10,000 population

Leading Causes of Emergency Department Visits for Injuries⁴

RANK	CAUSE OF INJURY	NUMBER
1	Falls	6,727
2	Struck by object or person	3,330
3	Cutting or piercing objects	2,079
4	Overexertion	1,715
5	Motor vehicle crash	1,517
6	Natural or env	820
7	Poisoning	475
8	Pedal cyclist	324
9	Fire, heat, chem burns	257
10	Nontraffic transportation	243

ProHealth Emergency Department Visits (3 years)¹¹

HEALTH OUTCOMES	MORBIDITY	
	NUMBER	%
Abdominal Pain	8,636	6.52%
Open Wounds	7,545	5.69%
Upper Respiratory	7,289	5.50%
Extremity Pain/Strain	6,030	4.55%
Lower Respiratory	5,675	4.28%
Neck/Back	5,202	3.93%
Unspecific Medical	5,051	3.81%
Chest Pain	4,317	3.26%
GI	3,914	2.95%
Headache	3,820	2.88%
Urinary	3,233	2.44%
Contusions	3,156	2.38%
Dizzy/Fainting	2,897	2.19%
Head Injury	2,065	1.56%
Palpitation, Anxiety, Depress.	1,847	1.39%
Fever	1,659	1.25%
Dental	1,485	1.12%
Asthma	1,453	1.10%
Allergic Response	1,193	0.90%
Flu	1,050	0.79%

¹¹ ProHealth Data 2008-2010

ProHealth Inpatient Visits (3 years) ¹¹

HEALTH OUTCOMES	MORBIDITY	
	Number	%
Obstetrical	17,614	18.98%
Cardiac	9,291	10.01%
Gastro-Intestinal	3,135	3.38%
Ortho, non fx	3,023	3.26%
Urinary-renal	2,222	2.39%
Pneumonia	1,839	1.98%
Stroke	1,272	1.37%
Septicemia	1,069	1.15%
Dizzy-faint	1,010	1.09%
Alcohol Withdrawal	669	0.72%

Health Factors

Health Behaviors

BEHAVIORS ⁷	2003	2006	2009	WI
Overweight	53%	59%	63%	64%
Binge Drinker	16%	16%	27%	23%
Current Smoker	21%	16%	17%	20%
Rec. Moderate or Vigorous Activity		48%	53%	55%

BEHAVIORS	2002 – 2005	2004 – 2007	2005 – 2008	WI
Smoking During Pregnancy ¹²	7%	8%	8%	14%

Clinical Care

ROUTINE PROCEDURES & OTHER ⁷	2003	2006	2009	WI-2008
Routine Checkup (2 years or less)	84%	86%	84%	79%
Dental Checkup (past year)	80%	77%	74%	73%
Mammogram (40+; within 2 years)	83%	83%	80%	76%
Pap Smear (18-65; past 3 years)	93%	94%	89%	83%
PSA Test (40+; past 2 years)	–	56%	48%	52%
Sig./Colonoscopy (50+; lifetime)	59%	67%	70%	67%
Flu Vaccination (65+; past year)	82%	74%	75%	73%
Pneumonia Vaccine (65+; lifetime)	65%	66%	74%	70%
Currently Uninsured	3%	3%	8%	10%

¹² County Health Rankings 2008, 2010, 2011

Social and Economic Factors

SOCIAL FACTORS ¹³	2000		2009	
	NUMBER	%	NUMBER	%
High School Graduate or higher	221,889	92.0%	249,038	94.9%
Foreign born	13,017	3.6%	17,567	4.6%
Speak language other than English	20,014	5.9%	26,491	7.3%

DEMOGRAPHIC ¹³	2000		2010	
	NUMBER	%	NUMBER	%
Population 65+	43,434	12.0%	55,688	14.3%
Hispanic or Latino	9,503	2.6%	16,123	4.1%

JOBS ¹²	2007	2008	2009	WI-2009
Unemployment	4%	4%	7.50%	8.50%

Physical Environment

ENVIRONMENTAL HEALTH ¹⁴	2006		2007		2008		2009		WI-2009	
	NO.	RATE ¹⁵	NO.	RATE ¹⁵	NO.	RATE ¹⁵	NO.	RATE ¹⁵	NO.	RATE ¹⁵
Carbon Monoxide Poisoning (ED visits)	13	3.58	29	8.12	23	6.72	34	9.79	480	8.82

PHYSICAL ENVIRONMENT ¹²	2005	2006	WI-2006
Air Pollution – Particulate Matter Days	11	5	5
Air Pollution – Ozone Days	12	0	1

FOOD ¹²	2006	2008	WI-2008
Access to Health Foods	52%	64%	59%

¹³ US Census Data 2000 – 2009

¹⁴ County Environmental Health Profile Oct 2010

¹⁵ Age-adjusted rate per 1000,000 population

Program Trends

Public Health Trends

PREPAREDNESS – OUTBREAKS ¹⁶	YEAR(S)
1 outbreak – e. coli outbreak	1995 – 2000
Suspect Anthrax	2001
Monkeypox	2003
SARS	2003
Pertussis	2004 – 2005
Mumps	2006
Measles/Rubella	2008
H1N1 Pandemic	2009 – 2010

CHILDHOOD IMMUNIZATIONS ¹⁷	% UTD		
	2008	2009	2010
2 Year Old Immunity Levels	42%	48%	58%

WAUKESHA COUNTY WIC PROGRAM ¹⁶	2008	2009	2010
WIC enrolled infants and children nutritionally deficient	1,930	2,924	3,140

JUVENILE DELINQUENCY RECIDIVISM ¹⁸ (WITHIN 1 YEAR OF END OF COURT SUPERVISION)			
YEAR	CLIENTS	RE-OFFENSE	RATE
2007	135	45	33.3%
2008	126	40	31.7%
2009	151	40	26.5%
2010	96	31	32.3%

WAUKESHA COUNTY HEALTH & HUMAN SERVICES DATA ¹⁸								
YEAR	ADULT				JUVENILE			
	VIOLENT ARRESTS ¹⁹	RATE	DRUG ARESTS ²⁰	RATE	VIOLENT ARRESTS	RATE	DRUG ARESTS	RATE
2005	163	57.1	1,135	397.8	44	47.8	306	332.3
2006	175	60.8	1,104	383.5	46	50.2	273	297.7
2007	134	46.6	1,097	381.9	52	56.7	239	260.5
2008	156	53.7	940	323.8	33	36.4	234	258.3
2009	142	48.4	792	270.0	37	41.2	233	259.5

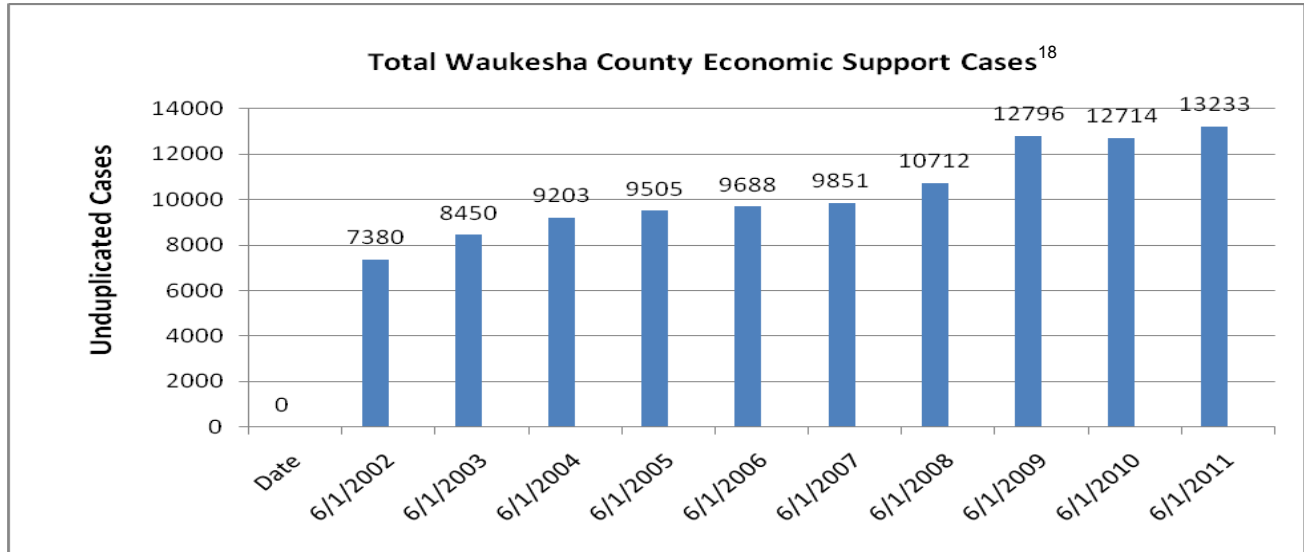
¹⁶ Internal Public Health Data

¹⁷ WIR Data

¹⁸ Internal HHS Data

¹⁹ Violent arrests include Murder, Forcible Rape, Robbery and Aggravated Assault.

²⁰ Drug Arrests Include Possession, Sale and Manufacturing of Opium, Cocaine, Marijuana, Synthetic Narcotics and other drugs.

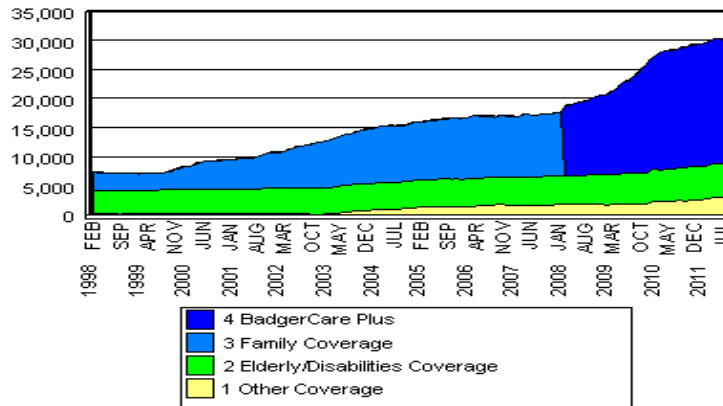


WAUKESHA COUNTY HEALTH & HUMAN SERVICES DATA ¹⁸			
MENTAL HEALTH CLIENTS	2009	2010	2011
Mental Health Outpatient	4,031	3,878	4,105
AODA Outpatient	1,648	1,688	1,750
--- Alcohol	726	658	760
--- Drug	418	438	516

WAUKESHA COUNTY HEALTH & HUMAN SERVICES DATA ¹⁸				
MEDICAID COVERAGE ²¹	2008	2009	2010	2011
Members	19,560	23,617	28,595	30,113

WAUKESHA COUNTY HEALTH & HUMAN SERVICES DATA ¹⁸					
HOME DELIVERED MEALS	2006	2007	2008	2009	2010
Members	706	794	810	866	931

Waukesha County Medicaid Coverage by type 1998 – 2011²¹



²¹ Source: <https://www.forwardhealth.wi.gov>

Waukesha County Statistical Trends and Impact – August 2011

A summary of community health status data reviewed to-date was compiled for Steering Committee specifically looking at identified trends, determinants and impacts.

TRENDS	HEALTH DETERMINANTS	IMPACT
CARDIOVASCULAR DISEASE		
Cardiovascular / Cancer = 55% of all deaths		
Cardiovascular Disease trending down, currently at 30% of all deaths	<ul style="list-style-type: none"> • Cardio lifestyle changes <ul style="list-style-type: none"> ➢ Overweight increasing currently at 63% of adults ➢ Binge drinking increasing to 27% of adults ➢ Smoking declining to 17% of adults ➢ Only 53% of adults are achieving the recommended exercise ➢ 84% of adults in last two years had a physical exam ➢ High blood pressure trending up currently at 22% of adults ➢ High blood cholesterol trending up, currently at 24% of adults 	<ul style="list-style-type: none"> • Early death • Increase medical costs • Second most common inpatient hospital admission
CANCER		
Cancer trend holding steady at approximately 25% of all deaths	Cancer prevention screening <ul style="list-style-type: none"> • Cancer Screening Issues <ul style="list-style-type: none"> ➢ Mammograms declining ➢ Pap smears declining ➢ PSA = 48% of males screened ➢ Colonoscopy = improving but only at 70% of people over 50 years ➢ HPV vaccine under utilized ➢ Smoking declining to 17% of adults 	<ul style="list-style-type: none"> • Early death • Increase medical costs
DIABETES		
Diabetes trending up to 2.4% of all deaths	Diabetes prevalence is at 6% of all adults <ul style="list-style-type: none"> • Obesity is increasing currently at 63% of adults that is a contributing factor 	<ul style="list-style-type: none"> • Early death and disability
SUICIDE		
Suicide trending up, currently at 1.5% of all deaths 2009, preliminary data indicates a higher rate for 2010	Suicide trending up including young adults <ul style="list-style-type: none"> • People considering suicide up to 4% in adults • People depressed is increasing to 5% in adults 	<ul style="list-style-type: none"> • Very early death
COMMUNICABLE DISEASES / OUTBREAKS		
Communicable diseases / outbreaks are trending up	<ul style="list-style-type: none"> • Communicable disease incidence • STD / Chlamydia trending up rapidly • Tick-borne diseases (e.g. Lyme Disease) are trending up rapidly 	<ul style="list-style-type: none"> • STD/Chlamydia long-term reproductive disorders • Tick-borne diseases untreated long-term disability
Vaccine Preventable Diseases <ul style="list-style-type: none"> • Pertussis • Influenza / Pneumonia 	Vaccine Preventable Diseases <ul style="list-style-type: none"> • Pertussis trending up rapidly • Influenza/pneumonia deaths and hospitalizations going up • Flu vaccine for 65+ years at 75% and Pneumonia at 74% • 2 year old full immunity status is at only 58% in Waukesha County (Wisconsin Immunization Registry) 	Vaccine preventable lacking immunization <ul style="list-style-type: none"> • Large Increase in communicable disease outbreaks causing death and disability • Decreased herd immunity causing increase in reservoir of disease in community = ease spread of disease • Increase loss of work and school days • CDC Objective for 2 year old immunization status for fully immunized is 90%

Waukesha County Community Health Assessment & Improvement Plan
APPENDIX B2 – Community Health Status

TRENDS	HEALTH DETERMINANTS	IMPACT
COMMUNICABLE DISEASES / OUTBREAKS (CONTINUED)		
Asthma trending up	Asthma prevalence increasing rapidly is currently at 9% of adults Hospitalizations increasing all ages, greatest in under 18 years and over 65 years.	<ul style="list-style-type: none"> Asthma death and disability
FALLS (LEADING CAUSES OF INJURIES)		
<ul style="list-style-type: none"> Falls are leading emergency department admission for injuries 	Falls account for 6,727 emergency department admissions	<ul style="list-style-type: none"> Falls increase death and disability
CARBON MONOXIDE POISONING		
Carbon monoxide poisoning trend is increasing	Doubled in last four years and local rate is higher than the Wisconsin rate.	<ul style="list-style-type: none"> Early death

HEALTH & HUMAN SERVICES TRENDS	HEALTH DETERMINANTS	IMPACT
Adult and Juvenile criminal behaviors declining	<ul style="list-style-type: none"> Adult and Juvenile violent arrests declining Adult and Juvenile drug arrests declining Juvenile re-offenses declining 	Criminal behaviors declining: <ul style="list-style-type: none"> Waukesha County safer community Maintain criminal behavior decline
Adult economic support cases rising	<ul style="list-style-type: none"> Waukesha County Economic support cases have doubled in the last 10 years Waukesha County medically uninsured at 8% of adult population in 2009 versus 3% in 2006 Adult unemployment increase in 2009 to 7.5% versus 4% in 2008 	Economic support impact: <ul style="list-style-type: none"> Nutritional decline Increase in health and dental issues due to delay in medical care
Childhood Nutrition declining	<ul style="list-style-type: none"> The Waukesha County WIC Program is identifying an increased number of malnourished children age 1 month to 5 years of age 	Children Malnourished: <ul style="list-style-type: none"> Increases in cognitive deficiencies Increases in developmental delays Increase in health problems
Mental health services are increasing	<ul style="list-style-type: none"> Mental Health outpatient services increased 2.0% over the two preceding years. AODA outpatient services increased 6% over the two preceding years 	<ul style="list-style-type: none"> More mental illness Waukesha County population More addicted adults in Waukesha County population

POPULATION TRENDS	HEALTH DETERMINANTS	IMPACT
Waukesha County aging population is increasing rapidly	<ul style="list-style-type: none"> In 2010, 14.3% of population was over 65 years and in 2000, 12.0% of the population was over 65 years. Home delivered meals increased to 931 meals delivered in 2010 up from 706 meals delivered in 2006. 	<ul style="list-style-type: none"> Aging population will increase demand for human services and medical services. Continuing increase in demand for home delivered meals.
Waukesha County is becoming increasingly diverse	<ul style="list-style-type: none"> Waukesha County Hispanic population is rapidly increasing, 4.1% in 2010 versus 2.6% in 2000. English as a second language is increasing, 7.3% in 2009 versus 5.9% in 2000. 	<ul style="list-style-type: none"> The growing Hispanic population increases the need for bilingual interventions and cultural competence.

Waukesha County Deaths²²

RACE / ETHNICITY	DEATH RATE ²³	DIFFERENCE
DIABETES		
White	14.46	n/a
Black	71.70	5 times higher than White rate
American Indian	112.70	7.8 times higher than White rate
Non-Hispanic	14.59	n/a
Hispanic	27.59	1.9 times higher than non--Hispanic rate
ALZHEIMER'S		
White	20.99	n/a
Black	47.14	2.2 times higher than White rate
STROKE		
White	34.05	n/a
Black	81.40	2.4 times higher than White rate
American Indian	66.13	1.9 times higher than White rate
KIDNEY DISEASE		
White	14.85	n/a
Black	63.35	4.3 times higher than White rate
SUICIDE		
White	10.18	n/a
Asian	22.85	2.2 times higher than White rate
HOMICIDE		
White	1.04	n/a
Black	3.01	3 times higher than White rate
Non-Hispanic	0.86	n/a
Hispanic	4.19	4.9 times higher than non--Hispanic rate

Waukesha County Opiate-Related Overdose Deaths by Year²⁴

YEAR	TOTAL NUMBER DRUG-RELATED DEATHS	DRUG-RELATED DEATHS BY TYPE		
		HEROIN-RELATED	OTHER OPIATES (ALONE OR IN COMBINATION)	OTHER DRUGS
2009	29	3	20	6
2010	42	5	33	4
2011	47	6	35	6
2012	52	21	23	8

²² Source: Wisconsin Interactive Statistics on Health, 2006 - 2009

²³ All death rates are age-adjusted and per 100,000 population

²⁴ Source: Waukesha County Medical Examiner's Office Data

Additional Data

After a list of 8 possible health priorities was generated, additional health status data were provided to the Steering Committee in a format that aligned with these priority areas. Those data are outlined below

➤ **Access to Care**

- ✓ Increasing percentage of adults listing health as “fair” or “poor” (9% in 2009)
- ✓ 4% of adults cite “urgent care” as primary source of health information
- ✓ 84% of adults had routine checkup in past 2 years
- ✓ 74% of adults had dental visit in last year
- ✓ 62% of adults 50+ have had a Colonoscopy within past 10 years
- ✓ 80% of females age 40+ have had a Mammogram within past 2 years
- ✓ Asthma hospitalizations increasing all ages, greatest in under 18 years and over 65 years

➤ **Mental Health**

- ✓ People feeling depressed “always or almost always” is increasing, up to 5% in adults
- ✓ Suicide trending up, currently at 1.5% of all deaths 2009, preliminary data indicates a higher rate for 2010

➤ **Obesity**

- ✓ 53% of adults get recommended exercise (less than State average of 55%)
- ✓ 68% get recommended fruit intake
- ✓ 30% get recommended vegetable intake

➤ **Alcohol and Other Drug Abuse**

- ✓ AODA outpatient services increased 6% over the two preceding years
- ✓ 28% of deaths due to motor vehicle crashes involved alcohol

➤ **Communicable Disease**

- ✓ Major outbreak every year since 2001
- ✓ STD/Chlamydia trending up rapidly
- ✓ Tick-borne diseases (e.g. Lyme Disease) are trending up rapidly
- ✓ Pertussis trending up rapidly
- ✓ Influenza / pneumonia is the 5th highest cause of death and is increasing, hospitalizations increasing
- ✓ Flu vaccine for 65+ years at 75% and Pneumonia at 74%
- ✓ 2 year old full immunity status is at only 58% in Waukesha County (Wisconsin Immunization Registry)

➤ **Family**

- ✓ No additional data identified

➤ **Access to Information**

- ✓ No additional data identified

➤ **Economics**

- ✓ No additional data identified

Appendix B3

Community Themes and Strengths

The Steering Committee was asked to identify what is going well in Waukesha County, what are the community assets?

Results included:

United Way and their extensive assessment and approach to addressing issues	Strong public health department (including both vision and expertise)
Strong human services department (including both vision and expertise)	Strong health care providers
Strong fire, rescue, law enforcement	Strong network of civic organizations
Engaged medical society (including both young members and experienced members)	All Chambers of Commerce
Educational system	K-12
Higher education	Arts – philharmonic, theater
Funders/donors	Collaborations
Resource-rich in services	Access to information about services (e.g., 211, other)
Individuals are engaged in community efforts (e.g., parents volunteering)	Passing the willingness to get involved on to children
Organizations looking out for the interest of the community	Lots of green space, dog park
Opportunities for learning enrichment	Recreational activities (receipt of national Gold Award)
Low crime	Events

Additionally, the results of a United Way in Waukesha County community assessment were reviewed. The United Way report, “Long Term Community Investments” was published on May 2, 2011, and included four Impact Areas based on a variety of identified needs:

Meeting Basic Needs

Immediate health needs	Transportation
Disasters	Homelessness
Utility shutoffs	Hunger

Developing Self-Reliance

Employability	Secure living arrangements	Mental health
Credit counseling	Financial education	Care: adult, child, respite

Strengthening Community

Parental/Guardian involvement	Domestic violence	Child abuse/neglect
Substance abuse	Conflict resolution	Community navigation
Social integration	Leadership skills	School readiness/early learning

Community Support

Information and referral	Volunteering
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Appendix B4

Forces of Change

The Waukesha County Community Health Improvement Steering Committee brainstormed potential answers to the following Forces of Change questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

A summary of the discussion includes:

- Funding is decreasing
- Funding mechanisms are changing
- Government has less flexibility in increasing revenues
- WI is one of the least-funded states in terms of local PH
- Unemployment is high
- Health care reform
- New federally qualified community health center (FQHC) opening in 2012
- Increase in aging population
- Increase in the level of single-fatherhood
- Local population growth is primarily in Oconomowoc
- Decrease in number of families who can afford health insurance and/or participate in low income clinics
- Changes in the evidence base
- Increased use of social media / changes in how information reaches individuals (or doesn't)
- Discipline / field-specific changes (e.g., the shift to DSM-V in the mental health field) and resulting implications

Many of these forces are leading to:

- Increased demand for services
- Potentially better care (new FQHC, more 'evidence')
- Decreased ability and "moxie" to navigate the system
- Stress

Appendix B5

National Public Health Performance Standards Program (NPHPSP)

The Waukesha County CHIPP Steering Committee reviewed the results of a previously conducted assessment of the public health system. That assessment was the National Public Health Performance Standards Program (NPHPSP) implemented in Fall 2008 and Spring 2009. It is worth noting that a number of the Steering Committee members had also participated in the NPHPSP assessment.

In reviewing the data, the Steering Committee was answering the following questions:

- What are the components, activities, competencies and capacities of our local public health system?
- How are the Essential Services being provided to our community?

A summary of the NPHPSP results is below:

Waukesha County public health system is operating at an optimal (highest) level in the following four essential services:

- Monitoring health status to identify community health problems;
- Diagnosing and investigating health problems and health hazards in the community;
- Developing policies and plans that support individual and community health efforts; and
- Enforcing laws and regulations that protect health and ensure safety.

While still at a significant (second highest) level, Waukesha County has more room for improvement in the following six essential services:

- Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable;
- Researching for new insights and innovative solutions to health problems;
- Assuring a competent public health and personal health care workforce;
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services;
- Informing, educating and empowering people about health issues; and
- Mobilizing community partnerships to identify and solve health problems.

System strengths included:

- Partnerships, collaboration
- Leadership
- Health Report Card
- Lots of data
- Emergency preparedness and response is strong
- Many health promotion efforts
- Access to information (211)
- Significant knowledge of populations in the community
- Significant ability to link individuals with needed services
- Workforce gaps have been identified and many are being addressed
- Commitment to life-long learning

System challenges included:

- Some data limitations, including integration challenges
- Questions exist around “surge capacity”
- Hispanic translator services are needed
- A need for more coordination of health promotion and related efforts
- Access to information
- System-level evaluations
- A for-profit, non-profit divide
- Coordination of policy change efforts
- May not be enough information regarding vulnerable populations
- Readability of material
- Cultural competence
- Transportation as a barrier to accessing services
- Limited relationships between community agencies and academia
- Non-profits have more limited funds for learning opportunities
- High use of information technology and electronic records

Appendix C

Prioritization of Health Issues

Once all the community health assessment data had been gathered and compiled, the Steering Committee identified a set of strategic issues. The Steering Committee was asked to consider all of the assessment results, the themes that had already been noted, identified assets, observations, forces of change, and the vision. Steering Committee members were asked to answer the question: *What factors identified in the assessment findings must be addressed in order to achieve the vision?*

The 11 identified strategic issues were:

Access to Care	Environment (water, air, soil)
Obesity	Communicable disease
Workforce / Surge Capacity	Access to information
Economics (including unsecured debt and living wages)	Mental health
Permanent and safe supportive housing	Alcohol and other drug abuse
Parental involvement / divorce / family values	

In previous meetings, the Steering Committee identified criteria with which to select priorities. Those criteria included:

The issue has a significant impact	The community has interest and/or capacity
The issue is actionable (can do something about it) and sustainable	The issue is inter-related with other issues
What happens if we do nothing?	

The Steering Committee used those criteria to vote and select three priority areas. Those areas were:

- ✓ Access to Care; ✓ Mental Health; ✓ Obesity.

The Steering Committee then invited input from community members. An in-person community meeting was held in March 2012. Thirty-two (32) individuals attended this meeting. All potential priority areas were discussed briefly, and attendees were able to identify additional areas they felt were missing. (Appendix C1 includes the complete notes from that meeting.)

A second mechanism was employed in order to hear from community members: a survey. The survey was available online, as well as, in paper. Public announcements were made in order to invite input. Additionally, some Steering Committee members made the paper surveys available at their sites, including at the Aging and Disability Resource Center, the Hispanic Resource Center, Community Memorial Free Clinic, ProHealth Community Nursing sites (~ 20 homeless shelters, food banks, low-income housing communities, clinics, resource centers, and schools), Carroll University, and the Waukesha County employee health fair. Six hundred seventy-five (675) surveys were completed. (Appendix C2 includes the complete set of results from the surveys.)

The results of the in-person input meeting and the survey were shared with the Steering Committee members. As a result of that input, the Steering Committee re-voted on the priorities.

The result was a change in the priorities to:

- ✓ Access to Care; ✓ Alcohol and Other Drug Abuse; ✓ Mental Health.

Appendix C1

Community Input Meeting Held March 27, 2012

As part of an overall assessment process to identify priorities for the community health improvement plan, the CHIPP Steering Committee identified a number of strategies to obtain input from community members. This approach describes one of those strategies: an open community meeting (similar to a focus group).

- PURPOSE

The purpose of the meeting was to gather input and ideas on community health priorities from residents of Waukesha County.

- PROCESS

Three strategies were used to invite community members to the open community meeting:

- The CHIPP Steering Committee was asked to invite their colleagues, constituents and others.
- The Director of the Department of Health and Human Services and the Chair of Health and Human Services Board invited numerous standing Advisory Committees: Public Health, Mental Health, AODA, Intoxicated Driver Program, Special Services, Children and Family Services.
- A public invitation was issued through the County Executive's newsletter, the Waukesha County Public Health Division website, and approximately 13 media outlets.

The agenda for the 1.5-hour meeting included expectations for the meeting, progress-to-date on the CHIPP process, the establishment of ground rules, an overview of the top 8 community health priorities as identified by the CHIPP Steering Committee, an open discussion of each of the priorities, and the completion of the paper surveys. Attendees also identified additional health issues of importance in the community. The meeting closed with the identification of themes and appreciation of the attendees.

RESULTS

Thirty-two (32) individuals attended the open community meeting. Attendees represented multiple sectors: government, community-based organizations, hospitals, schools and health care facilities. Notes (following pages) were taken by three individuals during the discussion. [Bracketed language] indicates notes or clarifications from the note-takers.

SUMMARY

Facilitators noted that there was a strong, common theme of connections between health areas. These health issues are not unique or siloed; they overlap and intersect with each other. Many of the elements/descriptors within each priority issue that the Steering Committee had identified were also reflected in this meeting. A number of new potential priorities (or threads/components of priorities) were identified: trauma; sexual violence; intra-familial sexual abuse. And numerous community assets were identified: parks/trail system; strong faith community; technical colleges and colleges.

The CHIPP Steering Committee would like to thank all of the attendees for their time and contributions to the session.

Notes from March 27, 2012 Committee Input Meeting

8 PRIORITIES	DISCUSSION
Access to Health Care	<ul style="list-style-type: none"> • Will the new Federally Qualified Community Health Center improve access to care? What needs will be met? <ul style="list-style-type: none"> ➤ The impact of the FQHC is unknown at this time. It will help, but will likely be unable to manage all the needs in the community. • It is difficult to obtain specialty services at reduced rates. • Adult dental care is a gap, even with BadgerCare. • When families can't meet basic needs (due to money, transportation, etc.) health isn't necessarily a priority. • With deductibles increasing, it can be a struggle to access services. • Transportation is a fragmented system in the county. • Anecdotally, some individuals do not get regular check-ups because they are concerned they will have a chronic diagnosis or fatal disease and they would rather not know.
Mental Health	<ul style="list-style-type: none"> • The continuum of care is lacking – there is no mobile crisis intervention team; this results in a reliance on the police, emergency services and the emergency department. Also, if a person is not chaptered, then they can fall through the cracks. • Crisis intervention services exist in the County (not mobile). In responding to crises, it is difficult to find inpatient care. • Families frequently don't know where to go for services. • Stigma still exists, and it interferes with people picking up the phone. • A primary care physician can be a link, an early intervention. • Mental health is an area affected by trauma (anxiety, PTSD, etc.). • AODA and mental health are connected (dual diagnosis) and be a vicious cycle. • Intervening with child and adolescent mental health issues early is beneficial. Early intervention may prevent incarceration if issues such as ADHD are addressed earlier. • One possible intervention is more education for educators – teachers may not recognize mental health issues and may see children with [undiagnosed] mental health issues as not trying or caring. • Schizophrenia is increasing; those who smoke marijuana are at five times the risk of developing schizophrenia. [Note: it wasn't clear in the meeting what the level of marijuana smoking was associated with a 5-fold increase in schizophrenia risk.]
Obesity	<ul style="list-style-type: none"> • Some programs are a quick fix, but they need to address lifestyle changes. • Obesity is connected to many health issues (e.g., depression, AODA); many of these health issues overlap. • Waukesha County has one of the richest systems of hiking trails and parks. • Because of the increase in obesity with children, it is important to start with them. • The full impact of current obesity in children will not be seen 20-30 years.

8 PRIORITIES	DISCUSSION
Alcohol & Other Drug Abuse (AODA)	<ul style="list-style-type: none"> • The cost of AODA care is a big issue. • The AODA continuum of care is “missing” – it is a one-pronged approach; there are few alternatives to outpatient care. • Those without insurance cannot afford treatment. • The policy of ‘not affording’ inpatient services is costing us in other areas – human lives [deaths] and incarceration. These are a result of insufficient patient care. • Some young pregnant women on methadone are receiving misinformation. • Preventive education has been cut. • Trauma has a high impact on AODA. Trauma can impact health (physical/social) determinants. • Investment is needed, as is a commitment to prevention; a quick fix won’t work. • 70-80% of parents with children in foster care have AODA and/or mental health issues. • Waukesha [it wasn’t clear if this was city or county] holds a Drug-Free Communities Support Program grant; approximately 100 individuals are on the coalition and there are 5 committees. • AODA can start with managing pain (mental / physical) from underlying trauma. • AODA issues are starting younger (from underlying pain and trauma); trauma assessments [could avert potential future issues].
Strong & Stable Families	<ul style="list-style-type: none"> • Waukesha County has a strong faith community that could be part of addressing this issue. • Other positive adults (other than family) can make an impact. • There are programs for divorced families. Some are court ordered (Parent’s Place, Kids Coping with Divorce). • Preconception is the starting place for safe and stable families. It is important to work the family unit prior to pregnancy; prenatal and child home visiting services exist. • The family structure is changing. Increasingly, older adults are living with their extended family. Grandparents are raising grandkids. Younger children are caring for grandparents. Also, adult children are moving in with their parents. Divorced parents are still living together due to economic constraints. • It is important to include fathers and extended family members in team meetings. • Single parenthood has been identified as a risk factor for abuse and neglect. A policy is being proposed that includes that information.
Economics	<ul style="list-style-type: none"> • When will it [the economy] change? • How can we address it? • There is a Workforce Development Center. Half of the Department of Health and Human Services economic support staff are located at the Center. • How does unemployment affect a person’s psyche (e.g., stigma with job loss, house loss), particularly with Waukesha County being more wealthy and educated? • Mental health is an issue. • Healthier communities attract business (healthier workers). • The AODA community is receiving calls from people who say “I’ve never had an alcohol issue, but now....” • Economics touches all ages, e.g., geriatric population on fixed income, with inflation and costs rising. • This is an area (similar to other priorities) that requires multiple levels of intervention. Policy change seems appropriate in this case – what policies can be put into place to improve economic status? • Individuals, such as those with persistent mental issues, who are on SSI/disability can find it challenging to get good housing on a limited income.

8 PRIORITIES	DISCUSSION
Access to Information	<ul style="list-style-type: none"> • The 211 service can be accessed through land lines, but not cell phone (unless an alternate number is called). This is a challenge with the decreasing use of landlines. • 211 is also available via the web. • It can be difficult to keep up with changes in programs, businesses and services. • Even with outreach (social media) it's difficult to be aware of all resources and find them. How can information best be communicated? • Hispanic translator services are needed. • There are other languages spoken in the county as well. • Cultural competence is important.
Communicable Disease	<ul style="list-style-type: none"> • Why are immunization rates in 2-year-olds only at 58%? • Not a scientific answer to that at this point • There does seem to be a trend, particularly with more highly educated parents, to choose to not have children immunized based on information on the web; they feel they are making a good decision in not immunizing. It should be noted that there is no scientific evidence linking immunizations to autism. • There is a growing trend to choose the "personal conviction" waiver when signing children up for school without their immunizations. • In addition to the un-immunized individual being at increased risk for communicable disease, as the community has more individuals who are not immunized, there is a higher risk for all and a higher likelihood of outbreak. • Immunizations are an indicator of community health. • The trend is an increase in communicable diseases, both individual case reports and community outbreaks. For example: we are currently having a pertussis (whooping cough) outbreak. • An example of how many of these health priorities are inter-related: homeless TB client, uninsured, multiple drug user.
Other	<ul style="list-style-type: none"> • There is significant overlap between priorities. They could be collapsed into 3 areas or broader goals. • Sexual violence and intra-familial sexual abuse is an important priority that is not otherwise identified. • Technical colleges and colleges were identified as a resource (during summary/wrap-up).

Appendix C2

Community Survey Results

Community Input: Online and On-Site Paper Surveys Spring 2012

As part of an overall assessment process to identify priorities for the community health improvement plan, the CHIPP Steering Committee identified a number of strategies to obtain input from community members. This report describes the collection and results of a widely disseminated survey.

PROCESS

Two approaches to gather quantitative community input on potential health priorities were conducted in March 2012: an online survey and paper surveys available in a number of selected community sites. The surveys were identical in content, and each survey included background information on the process, the vision for a healthier Waukesha County, and contact information. The surveys were accompanied by a 2-page description of the 8 health priorities. Survey questions included requests to:

- Identify the top 3 (of 8) health priorities that are most important for the community to address; those priorities included:
 - ✓ Access to health care
 - ✓ Access to information
 - ✓ Alcohol and other drug abuse
 - ✓ Communicable diseases (examples: whooping cough, sexually transmitted diseases, flu)
 - ✓ Economics
 - ✓ Mental health
 - ✓ Obesity
 - ✓ Strong and stable families
- Identify any priorities that are missing;
- Identify what is working/happening already or what would work in the future to address the various priorities
- State any additional comments;
- Provide some demographic information (gender, age, place of residence).

Online surveys: The online survey was made available on the Waukesha County Public Health Division website (www.waukeshacounty.gov/chipp) on March 7, and the link was removed on March 30. The availability of the link was disseminated through: the CHIPP Steering Committee (some of which forwarded on the information to others or shared in their communications); the County Executive's newsletter; the main Waukesha County government website; approximately 13 media outlets; intranet communication (all Waukesha County employees).

On-site paper surveys: A number of CHIPP Steering Committee members made paper surveys available through their sites and programs, including: Aging and Disability Resource Center; Community Memorial Hospital free clinic; Hispanic Resource Center; multiple ProHealth nursing sites, including five food pantries, four homeless shelters, four resource centers, two clinics (free), one school and three low income housing locations; Carroll College health fair; Waukesha County employee health fair; and a March 27 open community meeting.

RESULTS

A total of 675 people responded to the surveys – 124 of them responded online and 551 responded on paper. The single largest subgroup of respondents were those from the ProHealth nursing locations (including food pantries, homeless shelters, resource centers, clinics, low income housing locations and a school); 36% (n=246) of all respondents were in this group. One-third (33%) of all respondents were men and two-thirds (67%) were women. Approximately 40% of respondents were 49 years or younger, and 60% were 50 years or older. Nearly one-third (32%) of respondents were from the City of Waukesha. The second and third most frequently identified locations were the Town of Waukesha (9.5%) and outside of the county (8.1%). The remainder of the respondents were distributed across the county.

Overall, the highest-ranked priority was Access to Health Care, with 64% of respondents choosing that priority. Mental Health, Alcohol and Other Drug Abuse, and Economics were each selected by 38-39% of the respondents. One-third (34%) of respondents identified Obesity as a priority, and 30% identified Safe and Stable Families. The remaining priorities (in rank order) were as follows: Access to Information (27%); Communicable Diseases (19%); Other (16%).

Forty-two (42) respondents identified one or more additional priorities. The most frequently-identified topic was smoking/ tobacco with 8 responses. Transportation, health behaviors, dental care, Medical Assistance, substance abuse services, homelessness and a healthy environment all received between 2 and 4 responses. The remainder of the responses ranged from lower back pain to employment, and from bad drivers to a variety of elder care issues. When the data are sorted by age, many of the same priorities remain consistently at the top. Access to health care was the top priority across all age groups. A detailed description is below.

ORDER OF PRIORITY	AGE GROUP					
	18---29	30 – 39	40 – 49	50 – 59	60 – 60	70+
First	Access to Health Care	Access to Health Care	Access to Health Care	Access to Health Care	Access to Health Care	Access to Health Care
Second	AODA	Mental Health	AODA	Economics	Economics	Access to Information
Third	Access to Information	AODA	Mental Health	Mental Health (tied)	Mental Health (tied)	Economics
Fourth	Obesity	Economics (tied)	Strong and Stable Families	AODA (tied)	Obesity (tied)	Mental Health
Fifth	Mental Health	Obesity (tied)	Economics	Obesity	AODA	AODA

There were some differences between men and women in their responses to the survey, with men prioritizing Economics and Safe and Stable Families more so than women, and women prioritizing Obesity more so than men. Women’s second through fifth priorities were only a few percentage points different (range 39-35%); men’s second through fifth priorities were more widely spread (range 43-30%).

ORDER OF PRIORITY	MEN	WOMEN
First	Access to Health Care	Access to Health Care
Second	Economics	Mental Health
Third	AODA	AODA
Fourth	Mental Health	Obesity
Fifth	Safe and Stable Families	Economics

For those who responded at the ProHealth nursing sites (homeless shelters, food banks and others) – the largest single subset of respondents – the priority results were similar to the larger set of respondents: 1) Access to Health Care (69%); 2) Mental Health (43%); 3) Economics (42%); 4) Alcohol and Other Drug Abuse (36%); 5) Access to Information (29%); 6) Obesity (28%); 7) Strong and Stable Families (25%); 8) Other (e.g., housing, transportation, dental) (18%); 9) Communicable Diseases (15%). This respondent group was predominantly male (63%), age 50-59 (26%) and from the City of Waukesha (44%).

Respondents from the Aging and Disability Resource Center (n=152; 23% of the total) identified priorities in the following order: Access to Health Care (64%); Access to Information (42%); Mental Health (39%); Economics (38%); Strong and Stable Families (31%); Obesity (28%); Alcohol and Other Drug Abuse (28%); Communicable Diseases (18%).

Respondents from the Hispanic Resource Center comprised 8.2% (n=45) of total respondents. The top priority for this group of respondents was Alcohol and Other Drug Abuse (55%), followed by Access to Health Care (49%) and Obesity (49%). In order, the remaining priorities included: Communicable Diseases (47%); Economics (42%); Strong and Stable Families (24%); Mental Health (13%); Access to Information (11%).

Attendees at the March 27 meeting (n=23; 4.2% of the total) were the only subgroup, in addition to respondents from the Hispanic Resource Center, to not identify Access to Health Care as the top priority. The March 27 meeting respondents identified the following priorities (in order): Mental Health; Alcohol and Other Drug Abuse; Access to Health Care.

SUMMARY / CONCLUSIONS

Access to Health Care was solidified as a top priority across the entire set of respondents; only two subsets of respondents (Hispanic Resource Center and March 27 community meeting attendees) did not identify Access to Health Care as the top priority. The next tier of priorities appeared to be Mental Health, Alcohol and Other Drug Abuse, and Economics. It is important to note that a number of different subgroups within the entire set of respondents (e.g., older individuals, Hispanic individuals) had somewhat different priorities and could benefit from focused interventions. The most frequently identified “other” potential priority topic was tobacco.

The CHIPP Steering Committee would like to thank all of the individuals who took the time to share their opinions through the survey and all of the individuals and organizations who made the survey available across the county.

Appendix D

Health Priority Objectives Scoring Sheet

KEY
Rating System:
 0---No
 1---Low
 2---Medium
 3---High

RESPONSE TEAM OBJECTIVES	IMPACT ON VULNERABLE POPULATIONS	CONSEQUENCES IF NOTHING IS DONE	COMMUNITY HAS CAPACITY, READINESS, MOMENTUM, AND INTEREST	HAS LEAD AGENCY AND IS SUSTAINABLE	OBJECTIVES CLEAR & UNDERSTANDABLE	MEETS VISION: <ul style="list-style-type: none"> • Strong families • Connected Communities • Healthy Environments • Accessible services promoting: <ul style="list-style-type: none"> • Safety • Wellbeing • Quality of Life 	TOTAL
Goal: ABC							
• OBJECTIVE #1:							
• OBJECTIVE #2:							
• OBJECTIVE #3:							
• OBJECTIVE #4:							
Goal: ABC							
• OBJECTIVE #1:							
• OBJECTIVE #2:							

Appendix E

Final Implementation Objectives, Lead Agencies, Evidence, and State & National Priority Alignment

FOCUS AREA	ENDORSED OR RECOMMENDED	LEAD AGENCIES	OBJECTIVE	OBJECTIVE OUTCOME/DELIVERABLE	EVIDENCE BASE OR INNOVATIVE PRACTICE	ALIGNMENT WITH STATE AND NATIONAL PRIORITIES*
Access	Endorsed	ProHealth Care, Inc. Froedtert - Community Memorial Hospital Waukesha County Health and Human Services	<i>Access Objective 1:</i> ProHealth Care Inc., Froedtert Community Memorial Hospital and Waukesha County HHS develop curriculum and delivery model to train 100 individuals to advocate for health or human service needs on behalf of a client, patient, family member or themselves.	<ol style="list-style-type: none"> 1. Develop culturally competent curriculum 2. Pilot curriculum to 25 participants 3. Formal training to 75 participants in 2014 and 2015 4. Document knowledge increase for participants 	Community Health Advisors/Advocates Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities	<p><i>Healthiest WI 2020:</i> Access to high-quality health services</p> <ul style="list-style-type: none"> • By 2020, assure all residents have affordable access to comprehensive, patient centered health services that are safe, effective, affordable, timely, coordinated, and navigable.
AODA	Endorsed	ProHealth Care, Inc.	<i>AODA Objective 1:</i> Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in at least one primary health care clinic or voluntary health organization to identify Substance Use Disorders, implement interventions on those identified as participating in unhealthy or risky behaviors and achieve a 25% referral rate for these individuals.	<ol style="list-style-type: none"> 1. Implement SBIRT program in one clinic. 2. Identification of individuals with Substance Use Disorders 3. Conduct brief intervention on those identified as participating in unhealthy or risky behaviors and achieve a 25% referral rate for these individuals (100 individuals over 2 year period). 	Screening, Brief Intervention, and Referral to Treatment: New Populations, New Effectiveness Data Screening Works: Update from the Field An Evidence-Based Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) Curriculum for Emergency Department (ED) Providers Improves Skills and Utilization	<p><i>Healthiest WI 2020:</i> Alcohol and Other Drug Use</p> <ul style="list-style-type: none"> • <i>Objective 1:</i> By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge and policies and by supporting services for prevention, screening, intervention, treatment and recovery. <p><i>Healthy People 2020:</i> Substance Abuse</p> <ul style="list-style-type: none"> • SA-10: Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)

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AODA	Endorsed	Waukesha County Public Health Division Safe Babies Healthy Families	<i>AODA Objective 2:</i> Implement risk reduction education to 40 Waukesha County pregnant women annually in case management services at Safe Babies Healthy Families and the Waukesha County Public Health Division.	1. Increase the number of pregnant women who perceive the risk of alcohol/drug use during pregnancy by 25% (10 women)	March of Dimes – Drugs and Pregnancy March of Dimes – Drug effects on Infants Risk and Reality: The Implications of Prenatal Exposure to Alcohol and Other Drugs	<i>Healthiest WI 2020:</i> Alcohol and Other Drug Use Objective 1: <ul style="list-style-type: none"> By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge and policies and by supporting services for prevention, screening, <i>Healthy People 2020:</i> Maternal, Infant and Child Health <ul style="list-style-type: none"> MICH-11 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women
AODA	Endorsed	Addiction Resource Council	<i>AODA Objective 3:</i> Implement risk reduction education to individuals who have a history of trauma/abuse and receiving services at the Women’s Center, Hebron House of Hospitality & Salvation Army Shelters, and the Hope Center or other community-based organizations serving the target population.	1. 32 individuals will receive AODA risk reduction education using Prime for Life annually. 2. Participants will show at least a 25% increase in knowledge of perceived health risks. 3. 25% of participants (8) followed-up will demonstrate a reduction in high risk use 30 days post-class completion.	Prime for Life	<i>Healthiest WI 2020:</i> Alcohol and Other Drug Use <ul style="list-style-type: none"> Objective 1: By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge and policies and by supporting services for prevention, screening, intervention, treatment and recovery.

Waukesha County Community Health Assessment & Improvement Plan
APPENDIX E – FINAL IMPLEMENTATION OBJECTIVES, Lead Agencies, Evidence, And State & National Priority Alignment

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Mental Health	Endorsed	Waukesha County Mental Health Advisory Committee Waukesha County Health and Human Services	<i>Mental Health Objective 1:</i> The Waukesha County Mental Health Advisory Committee will explore and create system-wide baseline data collection plan to quantify all identifiable costs for emergency detention in Waukesha County for the purpose of future development of alternative community mental health services.	<ol style="list-style-type: none"> 1. A detailed report which outlines emergency detention costs, alternative mental health costs, and other placement costs. 2. Meeting minutes documenting work progress 	A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness Civil Commitment and Voluntary Treatment	<i>Healthiest WI 2020: Mental Health</i> <ul style="list-style-type: none"> • <i>Objective 2:</i> By 2020, reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.
Mental Health	Endorsed	Waukesha County Jail Waukesha County Health and Human Services	<i>Mental Health Objective 2:</i> Waukesha County Jail and HHS will define and implement ways to coordinate client services for those discharged from the jail between mental health and various community organizations for persons who have been incarcerated and also affected by mental illness.	<ol style="list-style-type: none"> 1. Establish 10 professional partnerships with agencies that potentially provide service to discharged individuals. 2. Follow-up with 75% of transition plans to assess linkages (112 over 2 years). 	Partnering with Jails to Improve Reentry Re-entry to society after Jail A Best Practice Approach to Community Reentry From Jails for Inmates With Co-Occurring Disorders: The APIC Model	<i>Healthiest WI 2020: Mental Health</i> <ul style="list-style-type: none"> • <i>Objective 2:</i> By 2020, reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.

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AODA	Recommended	AIDS Resource Center of Wisconsin	<i>AODA Objective 4:</i> AIDS Resource Center of Wisconsin will reduce the number of Opiate Overdose Deaths in Waukesha County utilizing the Lifepoint Opiate Overdose Prevention and Treatment Program.	<ol style="list-style-type: none"> 1. Reduce the number of overdose deaths in Waukesha County by 5% (from 44 to 42) 2. Increase the number of injection drug users and their significant other/family members that are trained and equipped with Naloxone to 125 annually. 3. Outreach and educate law enforcement and pain management clinics regarding Naloxone. 	Increase access to naloxone Reducing Opioid Overdose through Education and Naloxone Distribution	<p><i>Healthiest WI 2020: Alcohol and Other Drug Use</i></p> <ul style="list-style-type: none"> • <i>Objective 1:</i> By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge and policies and by supporting services for prevention, screening, intervention, treatment and recovery.
AODA	Recommended	Addiction Resource Council Waukesha County Public Health Division	<i>AODA Objective 5:</i> The Addiction Resource Council and Waukesha County Public Health Division will provide early intervention and preventative health services to youth under age 21 through Waukesha County's underage drinking diversion/risk reduction evaluation program and drug screening.	<ol style="list-style-type: none"> 1. 5 youth will received urine drug screening annually 2. Youth testing positive will be appropriately referred to additional education and/or treatment services. 	A Summary of Evaluations of the Impact of PRIME For Life For Young People	<p><i>Healthiest WI 2020: Alcohol and Other Drug Use:</i></p> <ul style="list-style-type: none"> • <i>Objective 1:</i> By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge and policies and by supporting services for prevention, screening, intervention, treatment and recovery. <p><i>Healthy People 2020: Substance Abuse</i></p> <ul style="list-style-type: none"> • SA-4: Increase the proportion of adolescents who perceive great risk associated with substance abuse

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Mental Health	Recommended	Waukesha County Continuum of Care	<i>Mental Health Objective 3:</i> Explore centralized intake systems that may be used in Waukesha County to improve client services and reduce duplication.	<ol style="list-style-type: none"> 1. A report of possible countywide centralized intake systems that meets the community mental health needs. 2. Meeting minutes documenting work progress. 	Developing a Central Intake for Collaborating Nonprofits A Report on the Best Practices Research of The Capacity Building Initiative Toward Creating a Coordinated Entry and Assessment System for All Homeless Populations in King County	<p><i>Healthiest WI 2020:</i> Access to high-quality health services</p> <ul style="list-style-type: none"> • <i>Objective 1:</i> By 2020, assure all residents have affordable access to comprehensive, patient centered health services that are safe, effective, affordable, timely, coordinated, and navigable.
Mental Health	Recommended	Waukesha County Health and Human Services	<i>Mental Health Objective 4:</i> Explore the possibility to create and implement a county-wide multi-agency / hospital uniform client release for health information.	<ol style="list-style-type: none"> 1. Create a multi-agency/hospital release of information. 2. Meeting minutes to document work progress. 	Multi-agency Authorization to Disclose Information, ND Department of Human Services Oregon's Department of Human Services Multiagency Release	<p><i>Healthiest WI 2020:</i> Access to high-quality health services</p> <ul style="list-style-type: none"> • <i>Objective 1:</i> By 2020, assure all residents have affordable access to comprehensive, patient centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Appendix F

Implementation Tracking Tools

Implementation Objective Detail Templates

Lead Agency:	
Contact Person(s):	
Public Health Staff Assigned:	
Objective Endorsed/Recommended:	
Objective Statement:	
Deliverable Due Date:	June 2015
Objective Outcome/Deliverable: (work evidence)	1. 2.
Baseline for Measurement:	
Context:	
Input Activities/Resources:	• •

Outcome/Deliverable evidence (If applicable)	#
•	
•	
•	

CHIPP Implementation Interim Report

Focus Area:

Date of Report:

Lead Agency or Agencies:

Person Submitting Report: Contact Info: Phone:
 Email:

Objective Statement:

Data Grid - Data timeframe from: _____ to: _____

Outcome/Deliverable evidence (If applicable)	#
1.	
2.	
3.	
4.	

Activities/Action Steps: Evidence Provided (Use 2nd sheet if more space is needed)

What?	When?