

# Community Health Assessment

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# Dodge and Jefferson Counties

Electronic and paper copies of this document may be obtained at:

Dodge County Health Department, Henry Dodge Office Building, 199 County Road DE, Ground Floor, Juneau, WI 53039 or by phone 920-386-3670 or via the website [www.co.dodge.wi.us](http://www.co.dodge.wi.us)

Greater Watertown Community Health Foundation, 600 East Main Street, Suite 200, Watertown, WI 53094, 920-390-2269 or via the website [www.watertownhealthfoundation.com](http://www.watertownhealthfoundation.com)

Jefferson County Health Department, 1541 Annex Road Jefferson, WI 53549 or by phone 920-674-7275 or via the website [www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov)

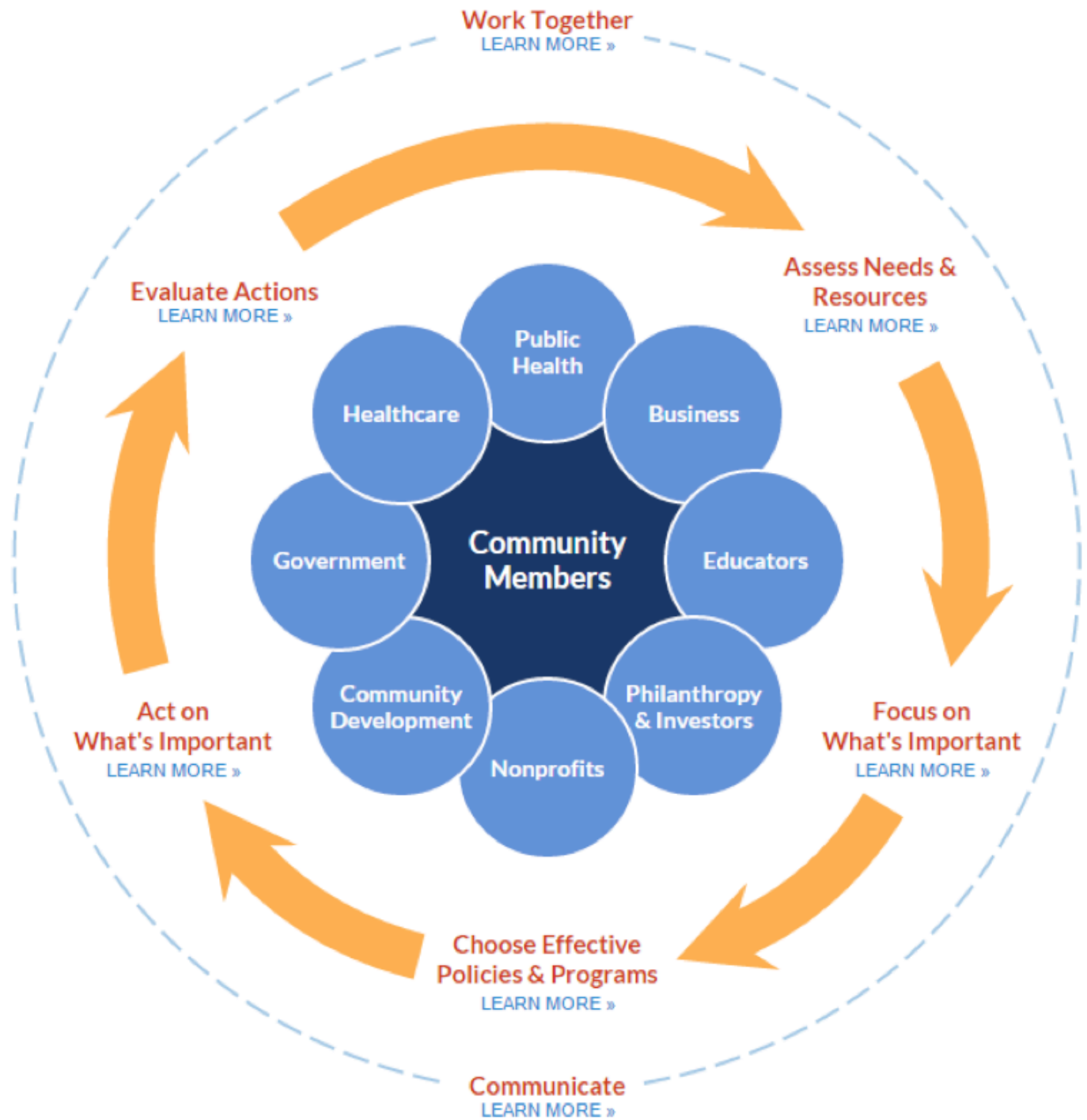
Watertown Department of Public Health, 515 South First Street, Watertown, WI 53094, by phone 920-262-8090 or via the website [www.ci.watertown.wi.us](http://www.ci.watertown.wi.us)

Watertown Regional Medical Center (WRMC), 125 Hospital Drive, Watertown, WI 53098, 920-261-4210 or via the website [www.watertownregional.com](http://www.watertownregional.com)



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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

# Perspective / Overview

*Creating a culture of health in the community*

The Community Health Assessment (CHA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Dodge and Jefferson Counties, Wisconsin. The Dodge Jefferson Healthier Community Partnership, DJHCP (The Partnership) joined together as they did in 2013, for this community health assessment. This assessment analyzes progress since the last assessment as well as defines new priorities for the next three years.

The Steering Committee of the DJHCP is:

- Abbigail Kuehn, Public Health Nurse, Watertown Department of Public Health
- Andi Merfeld, Office and Grants Coordinator, Greater Watertown Community Health Foundation
- Ashley Nelson, Wellness Navigator, Watertown Regional Medical Center
- Augie Tietz, Watertown City Council, Jefferson County Supervisor, 4th District
- Bridget Monahan, Manager, Community Health and Wellness, Fort HealthCare
- Carol Quest, Director/Health Officer, Watertown Department of Public Health
- Emi Reiner, Public Health Nurse, Jefferson County Health Department
- Gail Scott, Director/Health Office, Jefferson County Health Department
- Jody Langfeldt, Public Health Officer, Dodge County Human Services and Health Department
- Katrina Waldron, Public Health Nurse, Jefferson County Health Department
- Lee Ann Lambdin, Senior Vice President Healthcare Strategy, Stratasan
- Tina Crave, President & CEO, Greater Watertown Community Health Foundation



# 2016 Community Health Assessment

LifePoint Health and The Partnership as the sponsor of the assessment, engaged national leaders in community health assessment to assist in the project. Stratasan, a healthcare analytics and facilitation based out of Nashville, Tennessee was engaged to assist in the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data, facilitated the focus groups, conducted the WRMC community physician surveys as well as the community survey to assist with determining significant health needs and goals for improvement. Stratasan also facilitated a community health summit to receive community input into the priorities and brainstorm solutions.

This CHA assesses health in both Dodge and Jefferson Counties, the service areas of the two hospitals represented in The Partnership, Watertown Regional Medical Center (WRMC) and Fort Healthcare (FHC). The three health departments also represent Dodge and Jefferson Counties and the City of Watertown.

Starting on December 30, 2016, this report was made widely available to the community and paper copies are available free of charge at the locations of The Partners and by calling the numbers below:

- Dodge County Health Department, Henry Dodge Office Building, 199 County Road DF, Ground Floor, Juneau, WI 53039 or by phone 920-386-3670 or via the website [www.co.dodge.wi.us](http://www.co.dodge.wi.us)
- Fort Healthcare, 611 Sherman Avenue East, Fort Atkinson, WI 53538, 920-568-5000 or via the website [www.forthhealthcare.com](http://www.forthhealthcare.com)
- Greater Watertown Community Health Foundation, 600 East Main Street, Suite 200, Watertown, WI 53094, 920-390-2269 or via the website [www.watertownhealthfoundation.com](http://www.watertownhealthfoundation.com)
- Jefferson County Health Department, 1541 Annex Road Jefferson, WI 53549 or by phone 920-674-7275 or via the website [www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov)
- Watertown Department of Public Health, 515 South First Street, Watertown, WI 53094, by phone 920-262-8090 or via the website [www.ci.watertown.wi.us](http://www.ci.watertown.wi.us)
- Watertown Regional Medical Center (WRMC), 125 Hospital Drive, Watertown, WI 53098, 920-261-4210 or via the website [www.watertownregional.com](http://www.watertownregional.com)

The WRMC Board of Directors approved this assessment and the implementation plan on November 29, 2016.

## Participants

Over one hundred individuals from over sixty community and health care organizations collaborated to implement a comprehensive CHA process focused on identifying and defining significant health needs, issues, and concerns of Dodge and Jefferson Counties. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

## Project goals

1. To continue a formal and comprehensive community health assessment process which will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community including low income, minorities and those without access to healthcare.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“We initiated the Community Health Assessment with the goal to analyze changes from the 2013 assessment and reassess the health and needs of the community and address those needs,” said Richard Keddington, Chief Executive Officer, Watertown Regional Medical Center. “It is our goal to use our findings to continue community mobilization to improve the health of our residents.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the Dodge Jefferson Healthier Community Partnership to create an implementation plan.” added Tina Crave, President and CEO, Greater Watertown Community Health Foundation. “The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing proven strategies—begins.”



# Community Input and Collaboration



## Data Collection and Timeline

In August, 2016, the Dodge Jefferson Healthier Community Partnership began a Community Health Assessment for Dodge and Jefferson Counties. The Partnership sought input from persons who represent the broad interests of the community using several methods:

- Fifty-four community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and children), foundations, schools, health providers, and government representatives participated in three focus groups for their perspectives on community health needs and issues on September 8 and 9th, 2016.
- Information gathering, using secondary public health sources occurred in August and September of 2016.
- Sixteen community providers were surveyed via electronic and paper surveys, regarding their perspectives on community health status and needs from August 15 through August 1, 2016.
- 1,068 electronic and print community surveys were conducted between August 16 and September 6, 2016.
- A Community Health Summit was conducted on October 24, 2016 with 73 community stakeholders. The audience consisted of healthcare providers, business leaders, law enforcement, government representatives, not-for-profit organizations, (mental health, substance abuse, sexual violence, elderly services, foundations) and other community members.

Participation in the focus groups and at the Community Health Summit creating the Dodge and Jefferson Counties Community Health Assessment and Improvement Plan included:

<b>Organization</b>	<b>Population Represented (kids, low income, minorities, those w/o access)</b>	<b>How Involved</b>
Beaver Dam Community Hospital	Dodge County	Focus Group, Summit
Big Brothers Big Sisters	Kids	Focus Group
Church Health Services	Low income	Focus Group, Summit
Clearview Dodge County	Disabled	Focus Group
Dodge County Human Services	Human Services	Focus Group, Summit
Dodge County Human Services and Health Department	Dodge County	Focus Group, Summit
Dodgeland School System	Public Education	Focus Group
Fort HealthCare	Community	Focus Group, Summit
Greater Watertown Community Health Foundation	Community	Focus Group, Summit
Health Board of Watertown/Get Healthy Watertown	Watertown Residents	Focus Group, Summit
Jefferson County	Community	Focus Group, Summit
Jefferson County EMS	Community	Focus Group
Jefferson County Health Department	Public	Focus Group, Summit
Jefferson County Human Services	Community	Focus Group, Summit
Jefferson County Literacy Council	Low income/minorities	Focus Group, Summit
Jefferson County Parks	Public	Focus Group
Madison Area Technical College	Community	Focus Group
Marquardt Village	Seniors	Focus Group
People Against Domestic Abuse (PAVE)	Community	Focus Group
Rainbow Hospice	Long-term care	Focus Group
Resident	Adults/community	Focus Group, Summit
Retired businessman	Community	Focus Group
Rock River Free Clinic	Jefferson County	Focus Group, Summit
St. Mary Parish Health Nurse	All	Focus Group, Summit
UW Extension, Jefferson Counties	All families	Focus Group, Summit
Watertown Area Cares Clinic	Those w/o access	Focus Group, Summit
Watertown Area Chamber	Business	Focus Group
Watertown Area United Way	Partner Agencies	Focus Group
Watertown YMCA	All ages	Focus Group, Summit
Watertown City	Community	Focus Group, Summit
Watertown City Council/Health Board	Community	Focus Group, Summit
Watertown Family Center	Kids	Focus Group, Summit
Watertown Health Board & Shared Community Mission Group	Community	Focus Group, Summit
Watertown Public Library	Community	Focus Group, Summit
Watertown Regional Medical Center	Community	Focus Group, Summit
Watertown Unified School District	Public Education Students	Focus Group, Summit
Waupun Memorial Hospital	Dodge County	Focus Group

## **Input of Public Health Officials**

Dodge and Jefferson County Health Departments as well as the Watertown Department of Public Health were members of The Partnership that convened the CHA process. Health Department representatives were on the steering committee, participated in the focus groups and attended the summit.

## **Input of Medically Underserved, Low-Income, and Minority Populations**

Input of medically underserved, low-income and minority populations was received during the focus groups and the community health summit as well as the community survey. Agencies representing these population groups were intentionally invited to the focus groups and summit. Community physicians were also surveyed. They have insight into medically underserved, health needs and the community at-large.

## **Community Engagement and Transparency**

We are pleased to share the results of the Community Health Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting any of The Partners.

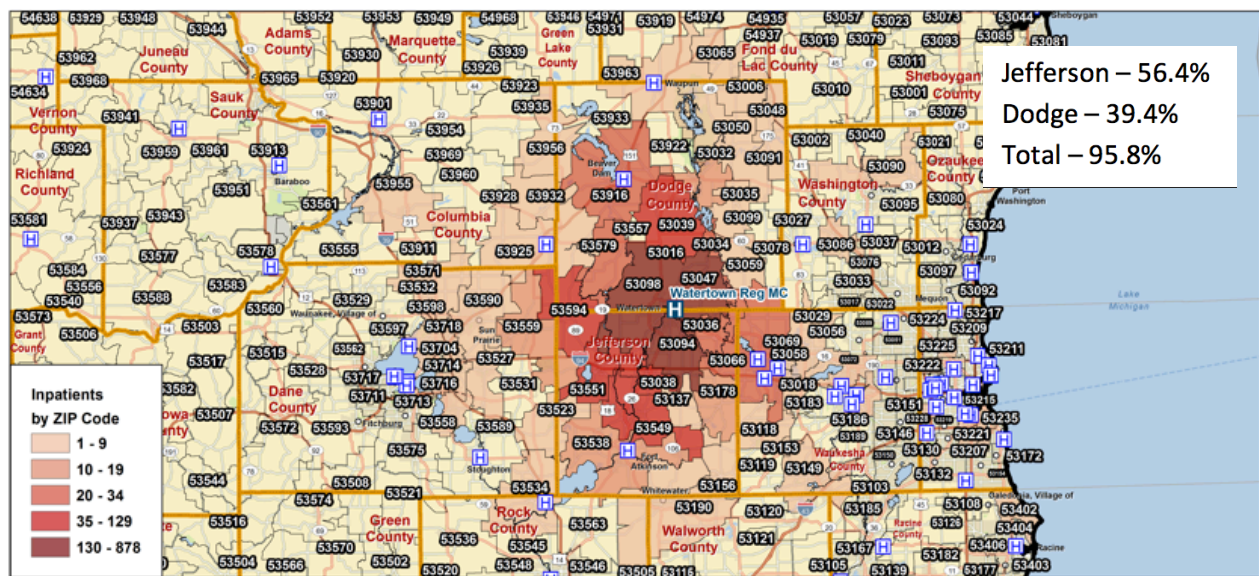


# Community Selected for Assessment

Dodge and Jefferson Counties are the primary focus of the CHA due to the service areas of The Partnership hospitals, Watertown Regional Medical Center in Watertown (on the Jefferson County and Dodge County line), Fort HealthCare in Fort Atkinson (Jefferson County). Dodge and Jefferson counties provide 96% of inpatient discharges for Watertown Regional Medical Center. However, surrounding counties could benefit from efforts to improve health in Dodge and Jefferson Counties.

The community includes medically underserved, low-income or minority populations who live in the geographic areas from which WRMC and FHC draw their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under the Hospitals' Financial Assistance Policies.

### Watertown Regional Medical Center Patients - 2015





# Key Findings of the Community Health Assessment

## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

For example, certain population groups (such as the homeless and institutionalized persons) were not represented in the primary data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

## Process and Methods

Both primary and secondary data sources were used in the CHA. Primary methods included:

- Community focus groups – Jefferson, Juneau, and Watertown, Wisconsin
- Community physician electronic surveys
- Community electronic and paper surveys
- Community health summit

Secondary methods included:

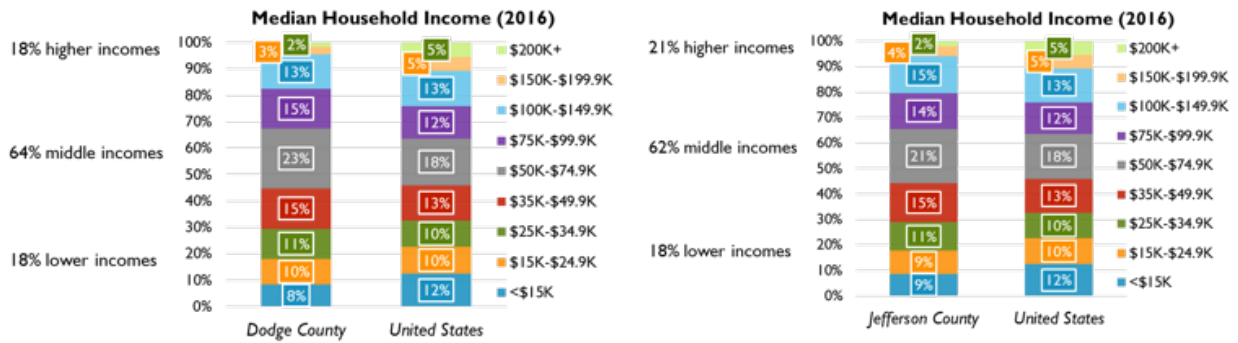
- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
- Psychographics – demographics with spending behaviors attached

## Demographics of the Community

The table below shows the demographic summary of Dodge and Jefferson Counties compared to Wisconsin and the U.S.

	Dodge County	Jefferson County	Wisconsin	USA
Population	90,484	83,909	5,795,428	323,580,626
Median Age	41.5	39.3	39.3	38.0
Median Household Income	\$53,959	\$54,807	\$53,160	\$54,149
Annual Pop. Growth (2016-21)	0.28%	0.14%	0.35%	0.84%
Household Population	34,171	32,718	2,333,049	121,786,233
Dominant Tapestry	Salt of the Earth (6B)	Green Acres (6A)	Green Acres (6A)	Green Acres (6A)
Businesses	3,344	3,615	250,953	13,207,211
Employees	42,282	41,474	3,453,624	162,998,347
Medical Care Index*	91	90	94	100
Average Medical Expenditures	\$1,753	\$1,723	\$1,806	\$1,921
Total Medical Expenditures	\$59.9 M	\$56.4 M	\$4.2 B	\$234.0 B
<b>Racial and Ethnic Make-up</b>				
White	93%	93%	85%	71%
Black	3%	1%	7%	13%
American Indian	1%	0%	1%	1%
Asian/Pacific Islander	1%	1%	3%	5%
Other	2%	3%	3%	7%
Mixed Race	1%	2%	2%	3%
Hispanic Origin	5%	7%	7%	18%

Source: Esri

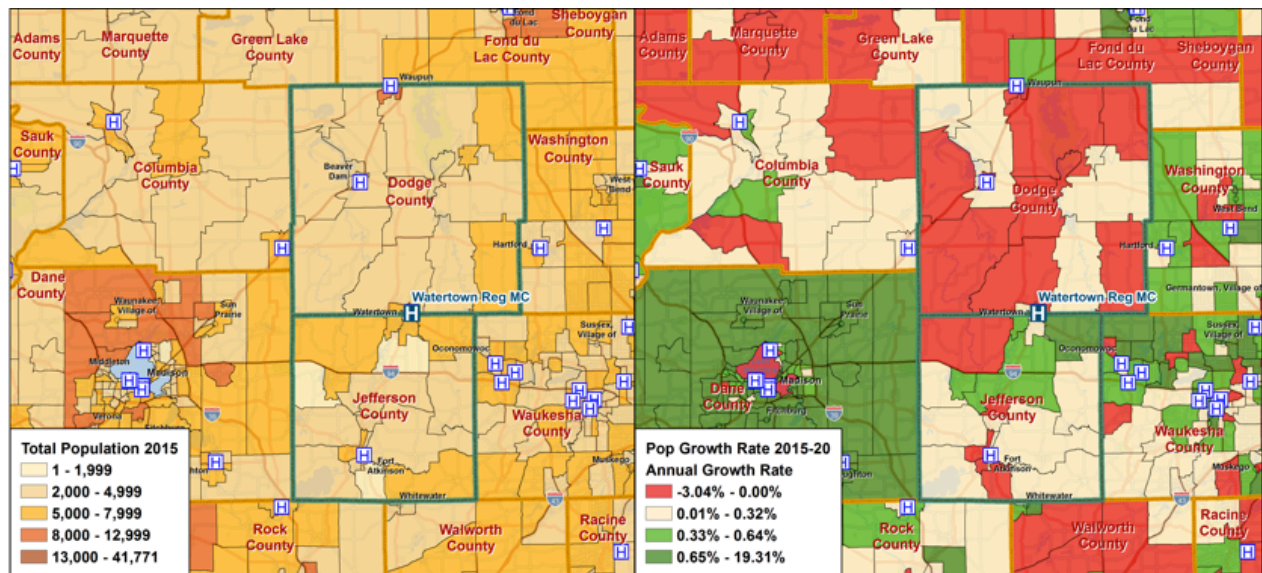


Source: Esri

- The population of Dodge and Jefferson Counties was projected to increase from 2016 to 2021 (.14% per year in Jefferson and .28% in Dodge). Wisconsin was projected to increase slightly .35% per year. The U.S. was projected to increase .84% per year.
- Dodge County was older (41.5 median age) than Jefferson, WI and the U.S. Jefferson County and WI had median ages of 39.3 compared to the U.S. at 38.0.
- Dodge County had higher median household income, at \$53,959 than WI (\$53,160), but lower than Jefferson and the U.S. (\$54,149). Jefferson had a higher median household income than all other geographies at \$54,807.
- The medical care index measures how much the counties spent out of pocket on medical care services. The U.S. index was 100. Dodge and Jefferson Counties (91 and 90 indices) spent 10% and 9% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital visits). The average household in Dodge County spent \$1,753 out of pocket on medical expenses while Jefferson County spent \$1,723.
- The racial and ethnic make-up of Dodge and Jefferson Counties was 93% white for both counties, 3% and 1% black, 1% American Indian in Dodge County, 1% Asian/Pacific Islander in both Counties, 2% and 3% some other race, 1% and 2% mixed race, and 5% and 7% Hispanic origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race)
- The median household income distribution of Dodge County was 18% higher income (over \$100,000), 64% middle income and 18% lower income (under \$24,999) and in Jefferson County, 21% higher income, 62% middle income and 18% lower incomes



## 2015 Population by Census Tract and Population Change 2015-2020



Source: Esri

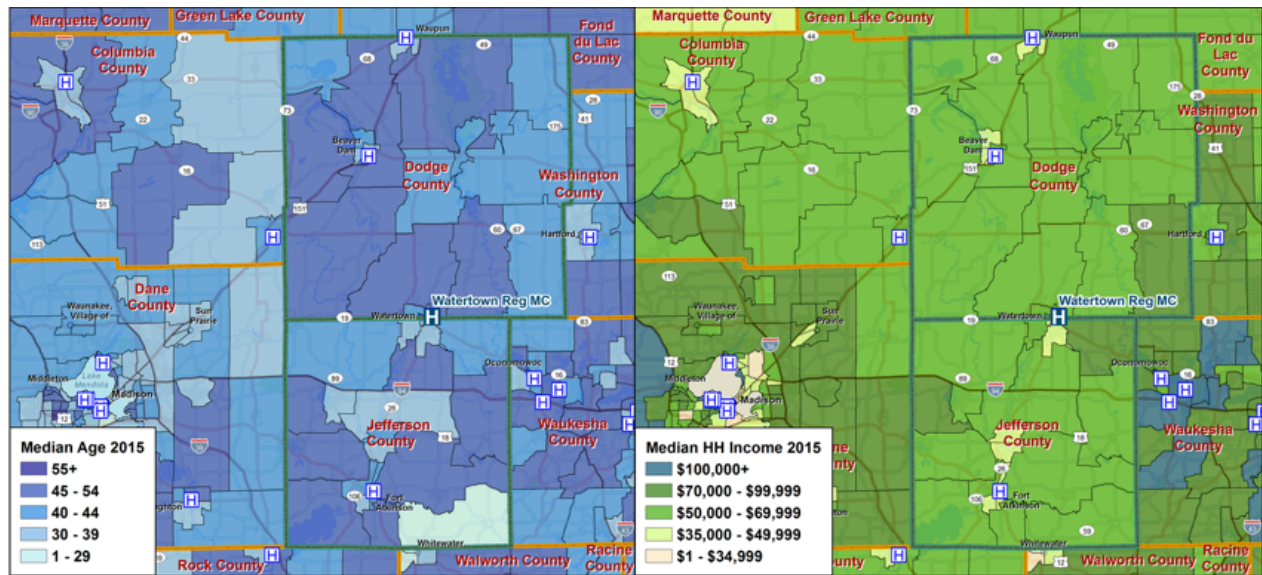
*Yellow is positive up to the WI growth rate  
Green is greater than the WI growth rate*

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. Most census tracts in the two counties had 2,000–4,999 population. There were several higher population census tracts, 5,000–7,999 in northeast and southeast corners of Dodge County and in northern Jefferson County as well as around Fort Atkinson and in the southeast corner, Palmyra. There was one census tract with 8,000 to 12,999 population in Waupun in Dodge County. There were three tracts in Jefferson that were sparsely populated with 1-1,999 people, one north of I-94, one in the west and one south of Fort Atkinson.

Although the population was projected to grow slightly for both counties, the growth is not uniform throughout the counties. Dodge County had census tracts that were projected to decline in population. Jefferson County also had census tracts projected to decline in population, but also had three census tracts projected to grow more than WI and one projected to grow more than double WI growth, near Oconomowoc.

## 2015 Median Age

## 2015 Median Income



Source: Esri

These maps depict median age and median income by census tract. Most of the census tracts in the two counties had a median age in the range of 45-54. However, there were some tracts with 40-44 median ages in both counties, eastern Dodge and northern Jefferson County. There were three tracts with median ages in the range of 30-39 near Jefferson in Jefferson County. There was also a tract with a median age in the range of 1-29, which includes the University of Wisconsin Whitewater. Looking at age by census tract is helpful because all areas of a county do not have the same median age.

Most of the census tracts in both counties had a median income in the range of \$50,000 to \$69,999. However, there were four areas of lower median household income, \$35,000-\$49,999. [ ] These areas were in Beaver Dam in Dodge County. The lower income areas in Jefferson County were south of Watertown, Jefferson and south of Fort Atkinson. There were three tracts with higher income, \$70,000 - \$99,999 in southeastern Dodge County, northeastern corner of Jefferson County and one in western Jefferson County. Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention.

The rate of poverty in Jefferson County was 10.6% (2014 data) and 9.9% in Dodge County, which was below WI (13.2%) and the U.S. (15.5%). There were three census tracts with higher numbers of households earning less than \$15,000 per year, one south of Waupun, one south of Beaver Dam and one south of Watertown.

Approximately 9% of Dodge County and 10% of Jefferson County have no health insurance compared to 10.6% for WI and 13.4% for the U.S.

Dodge and Jefferson County's August 2016 preliminary unemployment was 3.7% and 3.9% compared to 4.0% for Wisconsin and 5.0% for the U.S.

## Tapestry Segmentation

The dominant Tapestry Segments in the two counties were Green Acres (20%) and Salt of the Earth (16%) followed by Middleburg with 13%. For more information on Tapestry Segments, go to <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>

These segments have high home ownership of older homes, enjoy outdoor activities are do-it-yourselfers (DIY).

## Health Status Data

The leading causes of death in Dodge County were heart disease, followed by cancer, the same as Wisconsin and the U.S. The death rates were higher in Dodge County than WI in all categories except suicide and liver disease. However, Jefferson County deaths per 100,000 population for cancer was higher than heart disease. In Dodge County, the next causes of death were: accidents, chronic lower respiratory diseases and stroke, Alzheimer's Disease, diabetes, influenza and pneumonia, kidney disease, suicide and liver disease. In Jefferson County, the other causes of death were chronic lower respiratory disease, Alzheimer's Disease, stroke, accidents, diabetes, influenza and pneumonia, kidney disease, suicide and liver disease. Source: 2013 Wisconsin Office of Health Information, Division of Public Health, CDC, National Vital statistics system

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin [ ], Dodge County ranked 27th healthiest county in Wisconsin out of the 72 counties ranked (1= the healthiest; 72 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Dodge County were: higher adult smoking and adult obesity, higher excessive drinking, higher population per primary care physician and dentist, the percent of the adult population with some college and the higher percentage of people driving alone to work. The areas of strength were identified as lower teen birth rate, lower uninsured, preventable hospital stays, higher mammography screening, higher high school graduation, lower children in poverty and lower income inequality ratio.

Jefferson County ranked 10th healthiest county out of 72 WI counties. (1= the healthiest; 72 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Jefferson County were: higher adult smoking, adult obesity and excessive drinking and higher ratio of population per primary care physician. The areas of strength were identified as lower physical inactivity, teen birth rates, uninsured, preventable hospital stays and higher mammography screenings, high school graduation, percent of adult population with some college, lower percentage of children in poverty, lower income inequality ratio and lower injury deaths.

When analyzing the health status data, local results were compared to Wisconsin, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where Dodge and Jefferson Counties' results were worse than WI and U.S., there is an opportunity for group and individual actions that will result in improved community measures. There are several lifestyle gaps that need to be closed to move Dodge and Jefferson Counties up the ranking to be the healthiest communities in Wisconsin and eventually the Nation. For additional perspective, Wisconsin was ranked the 24th healthiest state out of the 50 states. *Source: America's Health Rankings*

## Focus Groups, Survey Results, Health Status Rankings and Comparisons

### Focus Groups Results

Fifty-four community stakeholders representing the broad interests of the community participated in three focus groups for their input into the community's health. There was broad community participation in the focus groups representing a range of interests and backgrounds. Below is a summary of the 90-minute discussion.

- The groups defined health ranging from the absence of disease or disability to:
  - Not just physical, but mental and emotional
  - Wellness of mind, body, and spirit
  - Active mentally, physically, and spiritually
  - Sense of security, mental health, basic needs met
  - Energy and contributing
  - Balance – bio, socio, psycho integration
- The groups described the health of the community as poor to satisfactory, challenged, getting better with lots of opportunity. It was also noted that families are struggling with multiple layers of challenges across socioeconomic groups – housing, affordable childcare, access to mental health, sense of community and neighborhood.
- When asked about the biggest health or healthcare concerns for Dodge and Jefferson Counties the groups responded:
  - Lack of alcohol and drug treatment – heroin, opioid epidemic
  - Access issues – primary care, transportation
  - Support for families with children
  - Dental care
  - Food insecurity and deserts
  - Lack of support and concern for: HIV, African American, Hispanic and senior communities
  - Affordable healthcare and health insurance
  - Mental Health – stigma, providers
  - Chronic diseases
  - Motor vehicle accidents
  - Sedentary lifestyles
  - Obesity
  - Knowing what resources are available
  - Homelessness
- When asked about the most important health issues facing medically-underserved, low-income and minority populations or other groups, the groups responded:
  - Affordability
  - Stigma, due to cultural and/or language differences
  - Obesity
  - Mental health
  - Unstable living situations
  - Navigation and knowledge of healthcare system
  - Lack of Medicaid providers
  - Drug addiction
  - Homelessness

- The most important issues facing children were:
  - Adverse Childhood Experiences (ACEs)
  - Mental health
  - Transportation
  - Poverty
  - Homelessness
  - Childhood obesity
  - Drug use
  - Sexual health
  - Vision health
- The groups listed the following behaviors as having the most negative impact on health:
  - Drinking – binge drinking, in particular, high number of bars
  - Sedentary lifestyle - Using technology instead of physical activity
  - Poor eating habits
  - Social isolation
  - Human trafficking
  - Stress
- The groups listed the following environmental factors as having the most negative impact on health:
  - Buffets contribute to overeating
  - Long commutes
  - Winter
  - Water and air issues – well contamination, lead pipes, crop dusting, between metropolitan areas, chemical plants
  - Perception of unsafe community
  - Asbestos in older homes and businesses
  - Radon
  - High food costs
- The group thought the biggest barriers to improving health in the last three years and moving forward are:
  - Funding
  - Stigma and funding for mental health
  - Managed Medicaid – difficulty with networks
  - Parenting skills/family dynamics
  - Need more nutritional options
  - Collaboration comfort
  - Cost of healthcare
  - Emptiness of the soul, variety of bad choices with poor consequences
  - Change is hard
  - Transportation
  - Attracting talent – nurses, physicians, interpreters, counselors
- The group listed the following as community assets to support health:
  - Way too many to list here, but here are some highlights
  - Great organizations: police forces, Church Health Services, Free Clinics, Food Pantry, Human Services, churches, Library, Senior Center, Health Department, Hospitals, social clubs, philanthropic organizations, Watertown Chamber
  - Recreation – Great parks and Rec, 2 community pools, walking and biking paths, Get Healthy Watertown walks
  - History of collaboration - Opioid Summit
  - Schools – educating, feeding, Dialogue for Success
  - Programs: Sip and Swipe Café, Mary’s Room, The Rock, Bread and Roses Dinners, Farmer’s Market, Meals on Wheels, FFA
  - United Way 211 list of assets

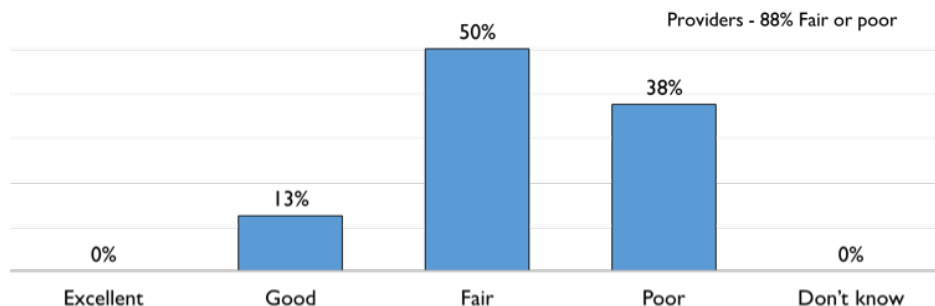
- For basic healthcare needs, the group believed members of the community turn to:
  - Hospital ERs
  - Health Departments
  - Local Clinics
  - Schools
  - Physicians
  - Urgent Care
  - Internet
  - Friends, neighbors
  - Local veterinarians
- When asked what the community needs to manage health conditions or stay healthy, they responded:
  - Housing, including homeless shelter
  - Dental
  - Behavioral health
  - Early intervention, health screenings
  - Jobs
  - Substance abuse services
  - Medical Homes
  - Sexual assault nurse examiners full time
  - Affordable, quality day care
  - Transportation
  - Better nutrition
- When asked what priority health improvement action should Dodge and Jefferson Counties focus on, the group listed:
  - Mental health
  - Early intervention, more prevention resources
  - Support for families and children
  - Individual responsibility
  - Increase understanding of developmentally disabled population
  - Exercise
  - Jobs
  - Prevent alcohol and drug abuse
  - More bike and walking trails
  - Address food insecurity

### Community Provider Survey

16 community providers completed the electronic survey regarding their perspectives on community health status and needs from August 15 through September 1, 2016. The physicians are members of the local community and have unique insight into the health status and needs of the community.

### Health Status

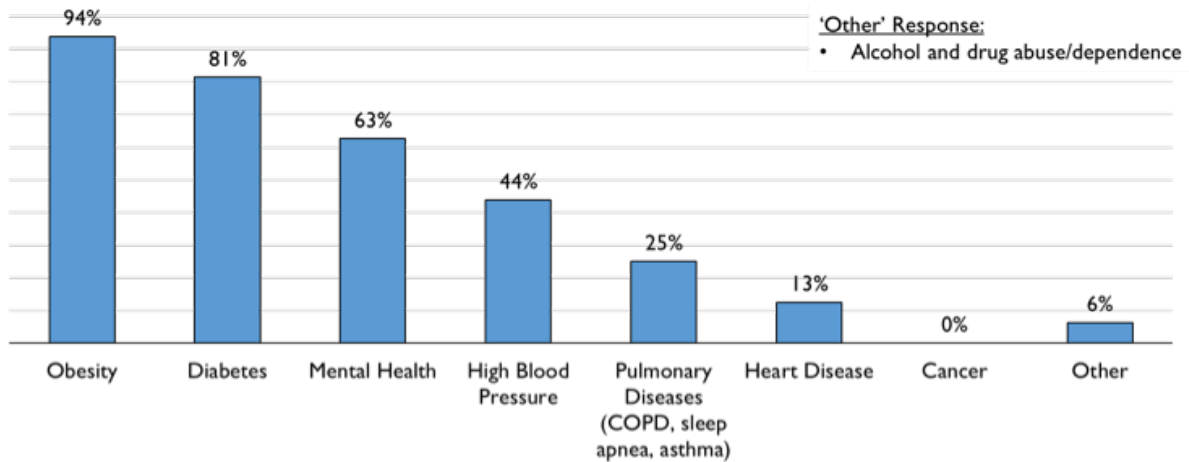
When asked about the health status of the community, providers responded:



- Physicians see sick people most all day and generally have a more negative perspective of the community's health. The community responded that only 16% of the population was in fair or poor health

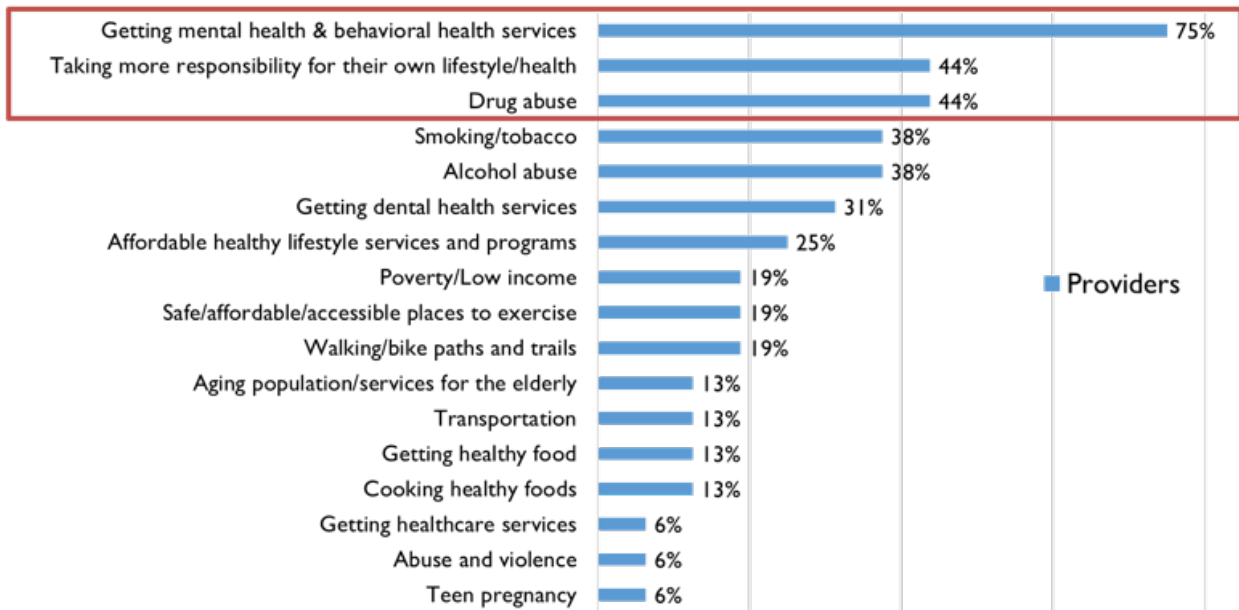
## Chronic Diseases

When asked about the most prevalent diseases in the community, the providers responded:



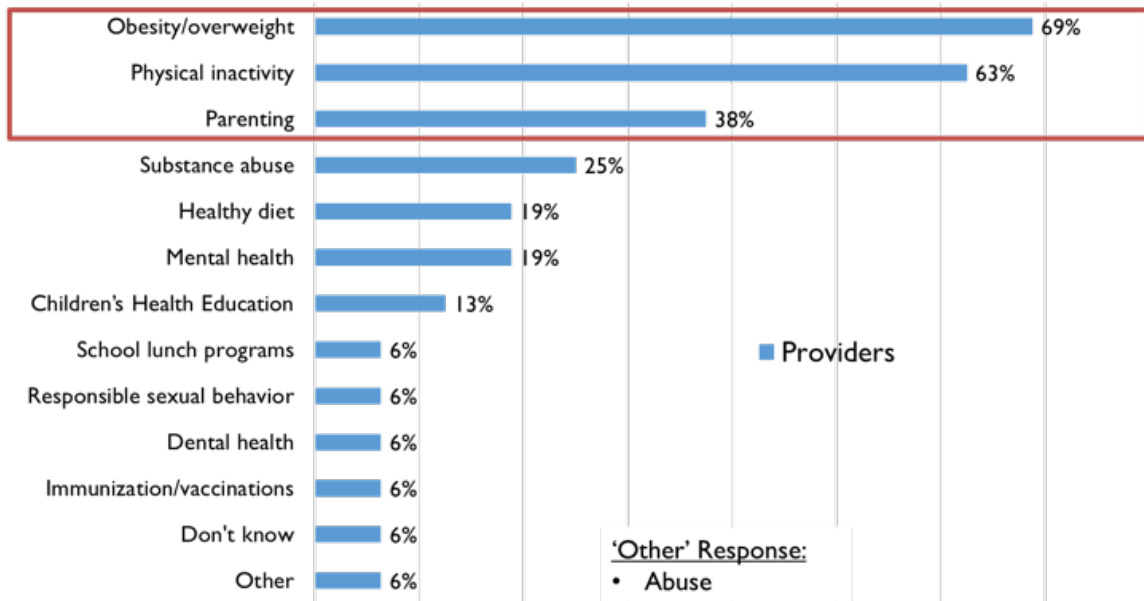
## Top Issues Impacting Health

When asked about the top three issues impacting people's health, the providers responded:



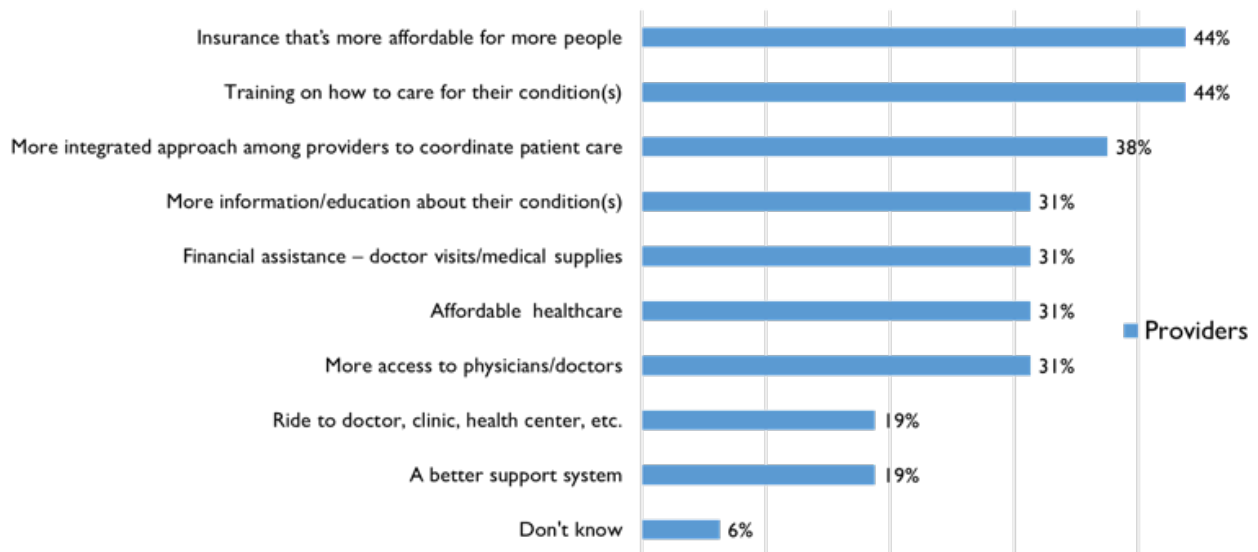
## Health Concerns for Children

When asked about the top health concerns for children (0-18), providers responded:



## Community Needs to Manage their Health

When asked what the community needed to manage their health more effectively, the providers answered:





## Community On-line Survey

A 30-question electronic and print survey was distributed between August 16 and September 6, 2016. 1,068 surveys were completed in paper and on-line. At 95% confidence, the error rate for 1,068 questions was +/- 3.0%. Several questions required follow-up answers, so the error rates vary based on the number of responses.

The purpose of the surveys was to obtain input into the health needs of the counties.

### Health Status

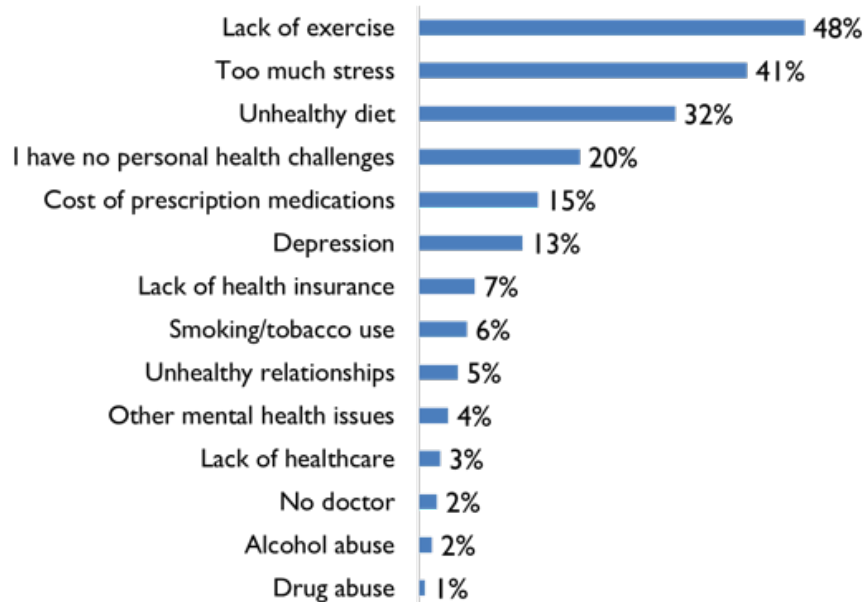
When asked to describe their health, the responses were:

- 21% Excellent
- 63% Good
- 14% Fair
- 2% Poor

Not surprising, the community believes they are healthier than medical providers do.

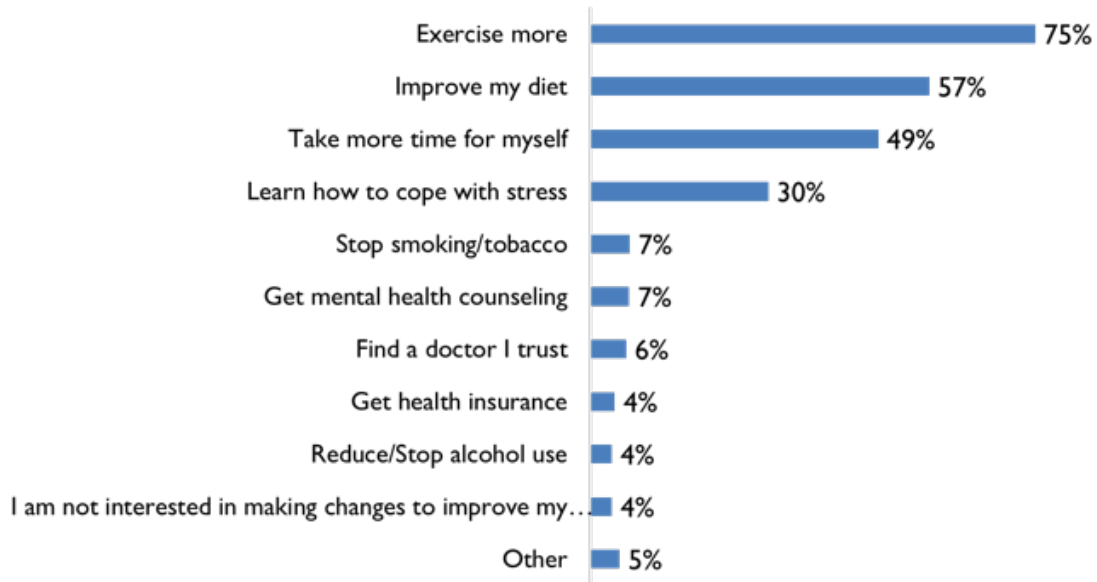
### Great Challenges to Personal Health

When asked, what do you feel are the great challenges to your personal health, the responses were:



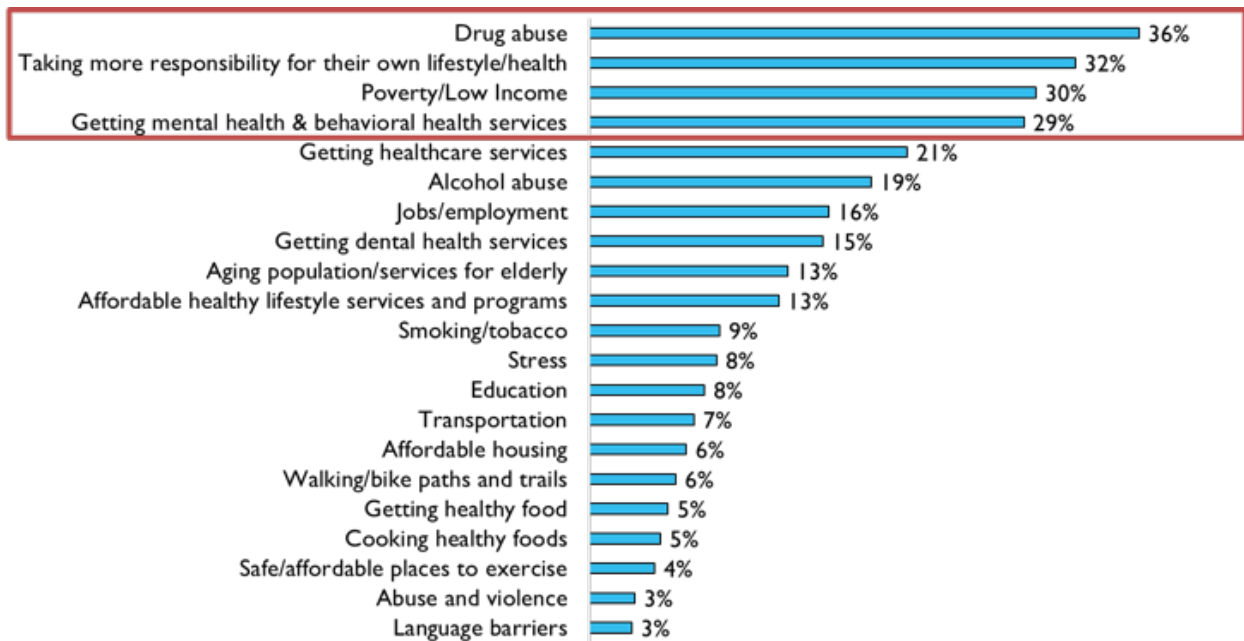
## Changes you would like to make

When asked what personal health changes they would like to make over the next 12 months, the responses were:



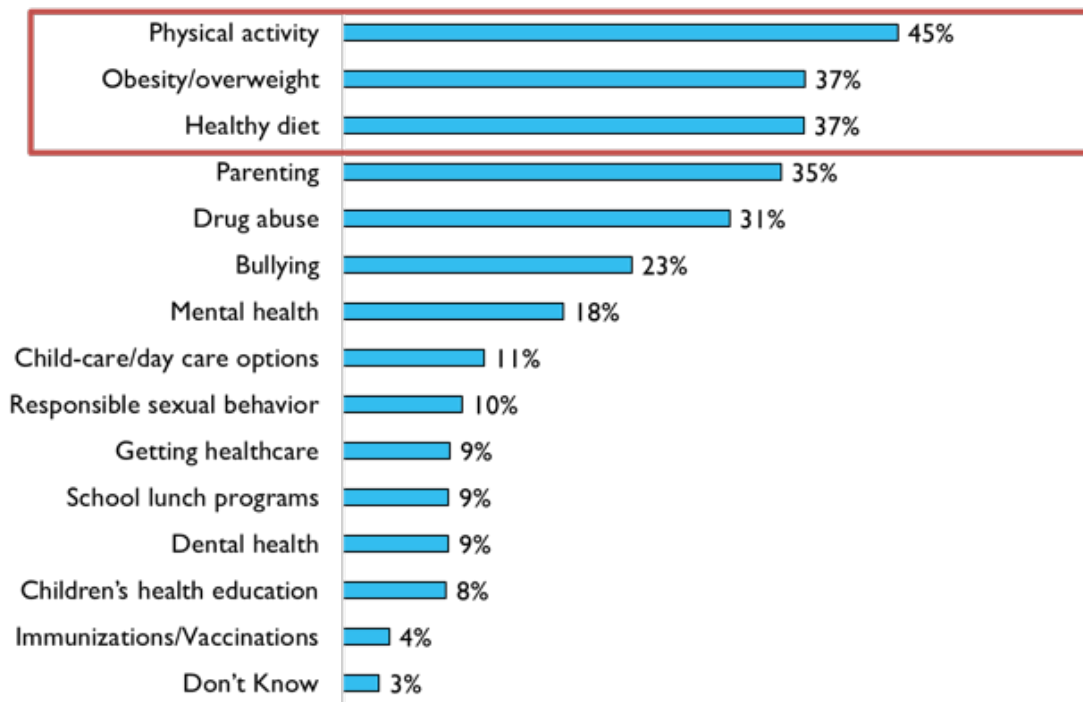
## Top Issues that Most Greatly Impact People's Health

The top health needs in the community, identified through the survey, were:



## Top health concerns for children

The top health concerns for children were:



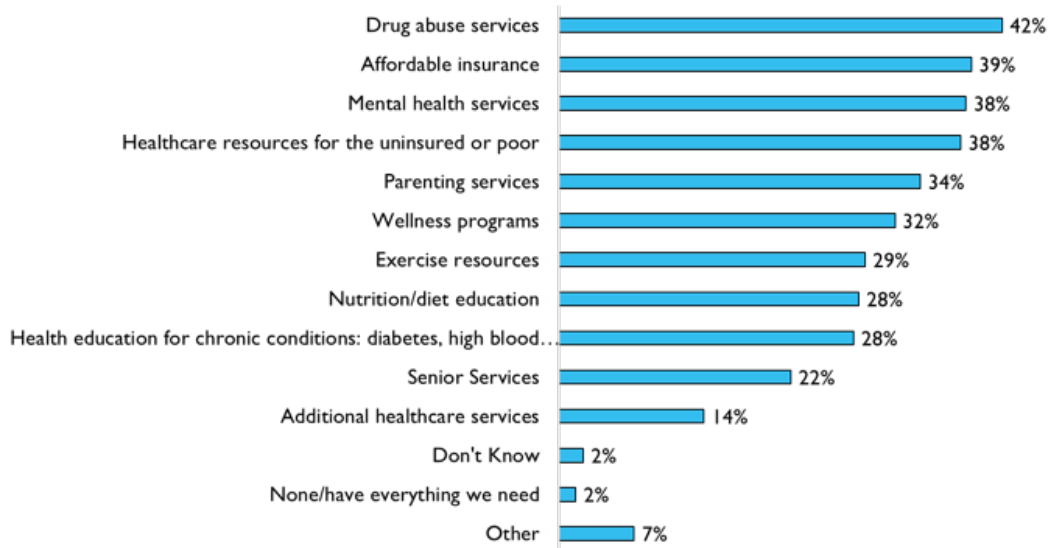
## Top Factors Influencing Health

The top three factors that influence how healthy someone is, were:



## Healthcare, Health Education or Public Health Services or Programs

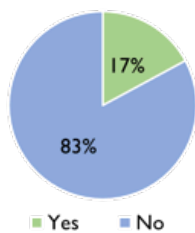
The healthcare, health education or public health services or programs respondents would like to see offered in the community were:



## Access

### Doctors

**Was there a time you couldn't see a doctor?**



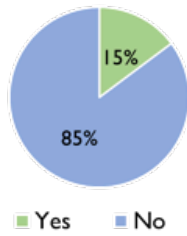
**What are some reasons why you could not see a doctor?**



Seventeen percent indicated there was a time when they could not access a doctor. The primary reason was lack of money/insurance for office visit followed by doctor unavailable and inconvenient office hours.

## Dentists

**Was there a time you couldn't see a dentist?**



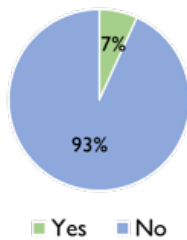
**What are some reasons why you could not?**



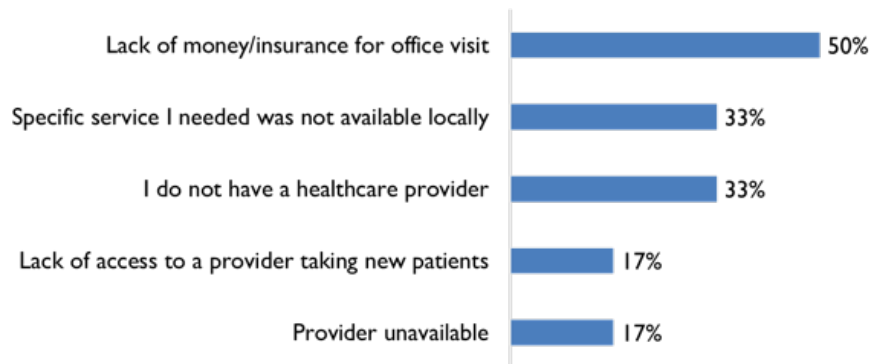
Fifteen percent indicated there was a time they could not access a dentist. Lack of money/insurance for office visit was the primary reason given.

## Mental Health Professionals

**Was there a time you couldn't see a mental health professional?**



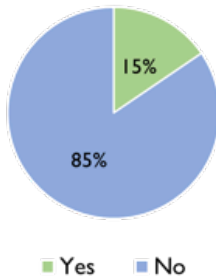
**What are some reasons why you could not?**



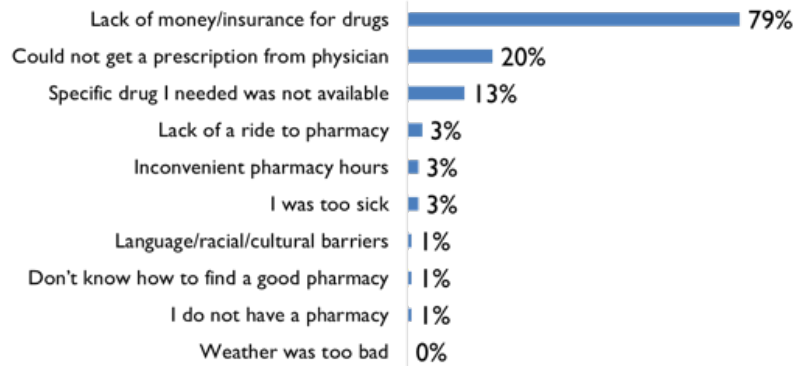
Seven percent indicated there was a time they could not see a mental health professional. Lack of money/insurance for the office visit was the primary answer given.

## Needed Medications

**Was there a time in the past 12 months when you needed medications but could not obtain them?**



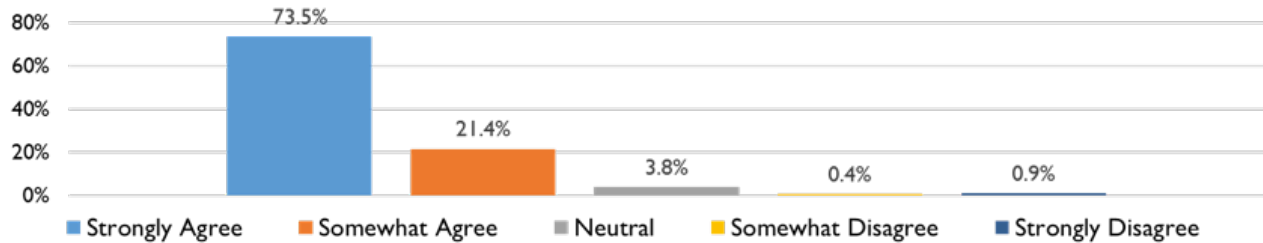
**What are some reasons why you could not?**



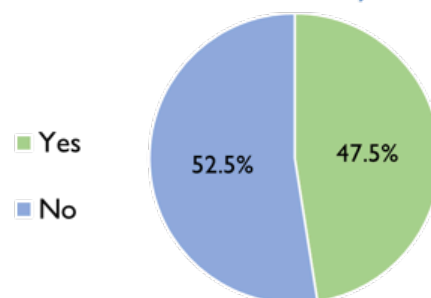
Fifteen percent responded there was a time in the past 12 months when they needed medications but could not obtain them. Lack of money/insurance for drugs was the primary reason given.

## Drug Abuse

**To what extent do you agree or disagree with this statement:  
Drug abuse is a problem in our community**



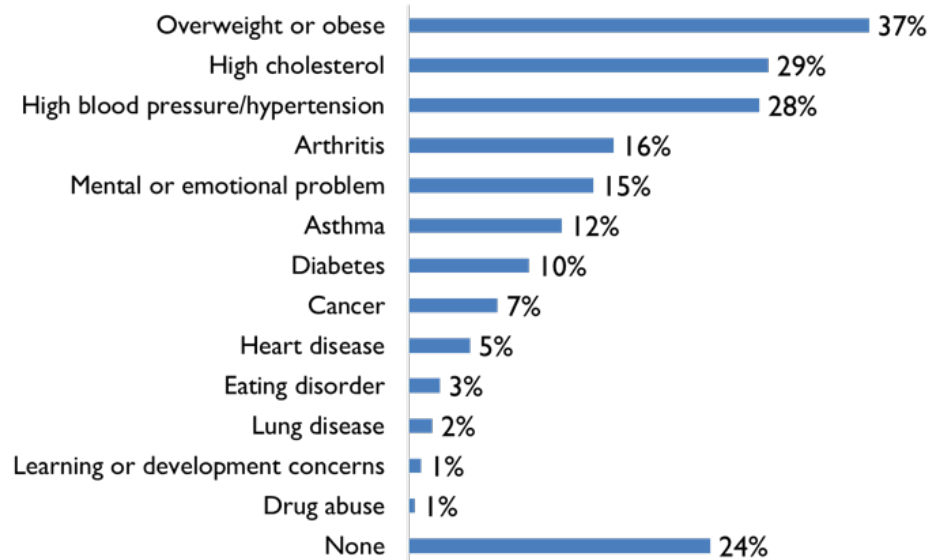
**Would you be able to direct someone to access drug or alcohol treatment in the community?**



Ninety five percent agreed with the statement that drug abuse is a problem in our community, however only 48% would be able to direct someone to access drug or alcohol treatment in the community.

## Disease Prevalence

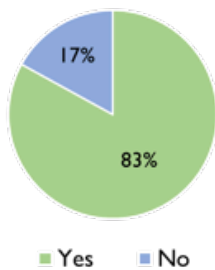
When asked, have you ever been told by a doctor you have any of these conditions, diseases or challenges, 76% responded affirmatively. The most prevalent issues were:



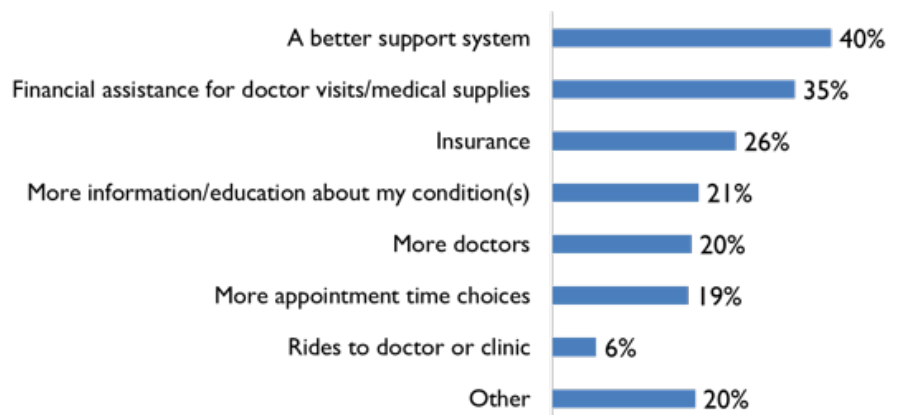
## Managing Health Conditions

Respondents were also asked if they had everything they needed to manage their health conditions.

**Do you feel you have what you need to manage your health condition(s)?**



**If not, what do you need in order to manage your health condition(s)?**



## Demographics of the Survey

64% of the respondents lived in Jefferson and 36% lived in Dodge. The survey skewed female with 76.5% and higher income (26.5%). The race and ethnicity of the survey mirrored the population, 96.5% white. 41% of respondents were 55 or over and 59% less than 55 years old.

## Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHA in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys of the community providers and community in general. When data was available for Wisconsin, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is indicated below. Strengths are important because the community can build on those strengths, and it's important to continue focus on strengths so they don't become opportunities for improvement. There were strengths and opportunities identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data is contained in the source notes below the graphs. The full data analysis can be seen in the complete CHA presentation.

## Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Dodge County (2013)	Jefferson County (2013)	Wisconsin (2013)	US (2013)
Heart Disease	242.0	145.4	197.4	193.3
Cancer	237.6	180.0	198.9	185.0
Chronic Lower Respiratory Disease	49.7	48.9	48.6	47.2
Accidents	51.9	28.6	51.1	41.3
Stroke	49.7	33.4	44.0	40.8
Alzheimer's Disease	40.9	45.3	29.0	26.8
Diabetes	25.4	27.4	22.3	23.9
Influenza and Pneumonia	23.2	15.5	19.4	18.0
Kidney Disease	22.1	11.9	17.3	14.9
Suicide	12.2	9.5	14.9	13.0
Liver Disease	7.7	9.5	**	11.5

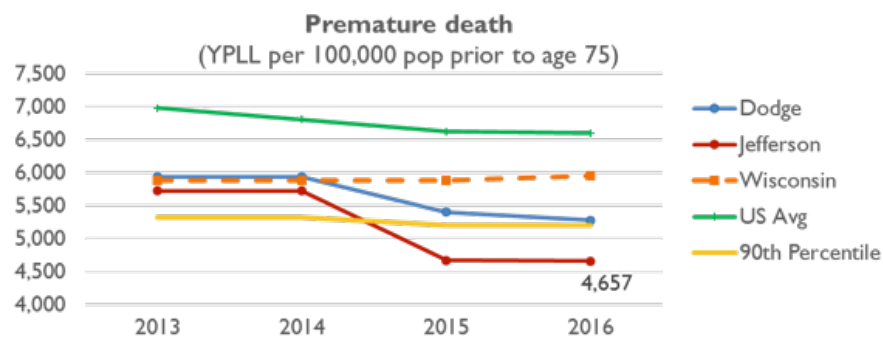
Source(s): 2014 Wisconsin Death Certificate Registry. Division for Vital Records & Health Statistics, Wisconsin Department of Health & Human Services; Population Estimate (latest update 9/2014), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories; CDC: 1999-2014 Final Data



Red areas had death rates higher than the state. The leading causes of death in Dodge County were heart disease, followed by cancer, the same as Wisconsin and the U.S. The death rates were higher in Dodge County than WI in most all categories except suicide and liver disease. However, Jefferson County deaths per 100,000 population for cancer was higher than heart disease. In Dodge County, the next causes of death were: accidents, chronic lower respiratory diseases and stroke, Alzheimer’s Disease, diabetes, influenza and pneumonia, kidney disease, suicide and liver disease. In Jefferson County, the other causes of death were chronic lower respiratory disease, Alzheimer’s Disease, stroke, accidents, diabetes, influenza and pneumonia, kidney disease, suicide and liver disease. *Source: 2013 Wisconsin Office of Health Information, Division of Public Health, CDC, National Vital statistics system*

### Health Outcomes (Length of Life and Quality of Life)

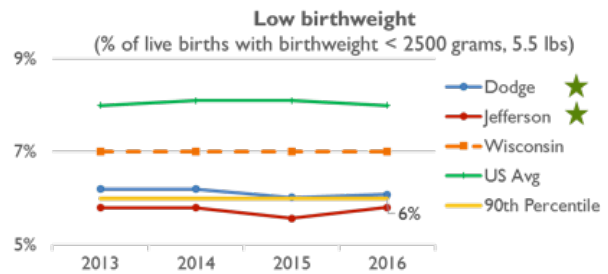
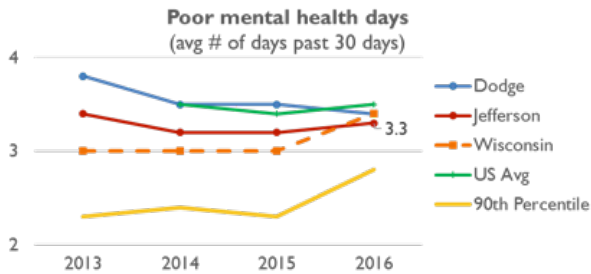
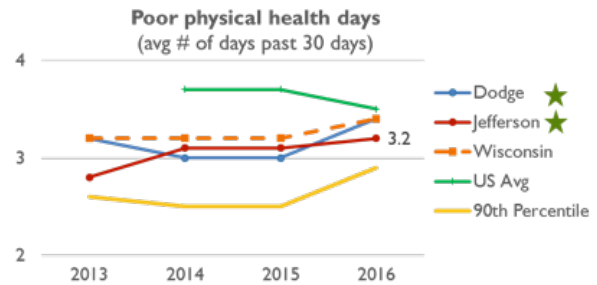
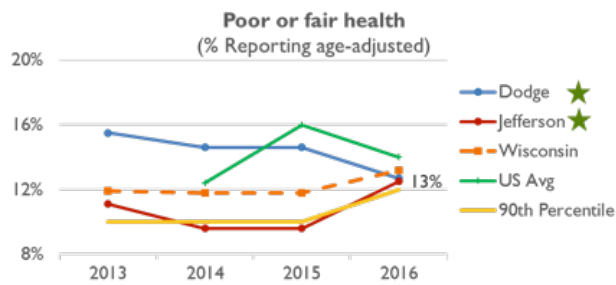
Health Outcomes are a combination of length of life and quality of life measures. Dodge County ranked 33rd and Jefferson County ranked 10th in Health Outcomes out of 72 Wisconsin counties. Length of life was measured by years of potential life lost per 100,000 population prior to age 75. Dodge County ranked 20th and Jefferson 5th for Length of Life in Wisconsin.



*Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013*

In most of the following graphs, Dodge County will be blue, Jefferson County will be red, Wisconsin (WI) orange, U.S. green and the 90th percentile gold.

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Dodge County ranked 40th and Jefferson County ranked 17th out of 72 counties for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings; National Center for Health Statistics – Natality files (2007-2013)

\*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.

## Strengths

- Years of potential life lost (YPLL) per 100,000 population prior to age 75, is much lower in Dodge and Jefferson Counties than the U.S. and Wisconsin. Both counties are in the top 10% of all counties in the U.S.
- Jefferson County had a lower average number of poor physical health days than Wisconsin and the U.S. with 3.2 poor physical health days out of the past 30 days. Dodge County had slightly higher poor physical health days, equal to WI at 3.4.
- The percent of low birthweight babies, less than 5.5 pounds, in Dodge and Jefferson Counties was lower than WI and the U.S. and equal to the top 10% of counties with 6%.
- 74% of the community survey indicated they were in excellent or good health with only 16% indicating they were in fair or poor health.

## Opportunities

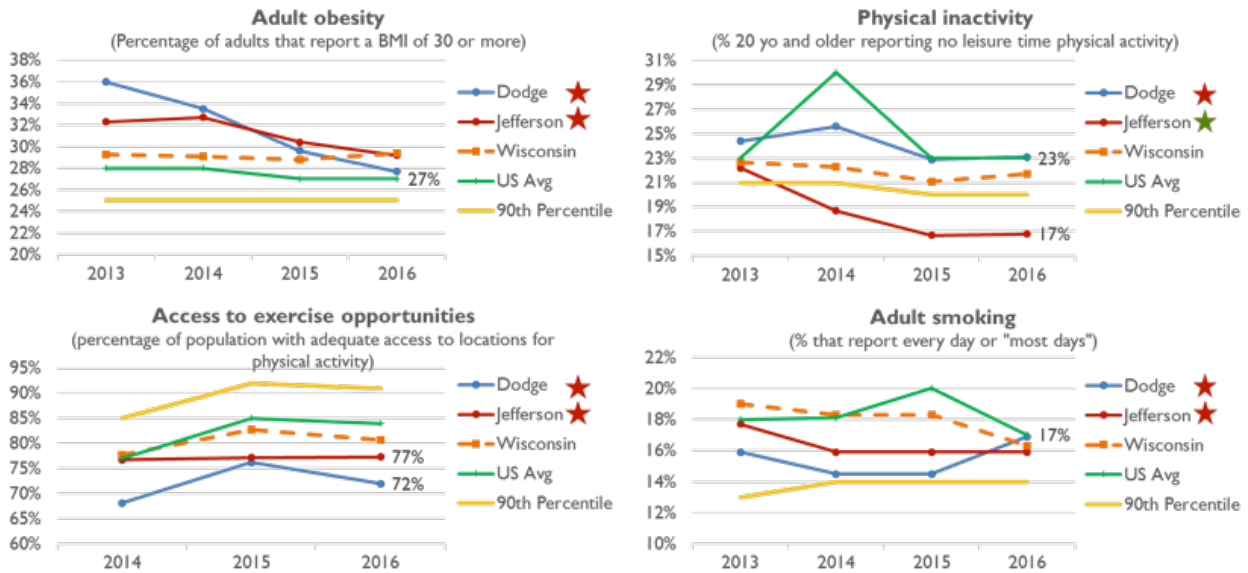
- Dodge and Jefferson County poor mental health days were equal to WI, but below the U.S. at 3.3 and 3.5.

## Health Factors or Determinants

Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Dodge and Jefferson Counties ranked 32nd and 13th respectively for health factors out of 72 counties in Wisconsin.

Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Dodge and Jefferson Counties ranked 33rd and 11th for health behaviors.

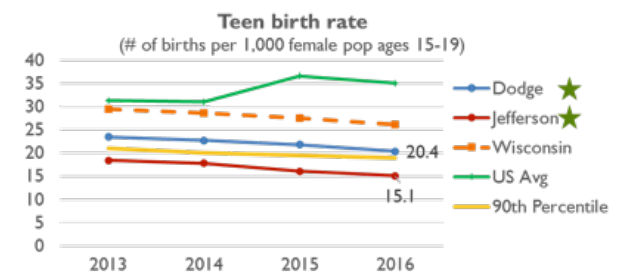
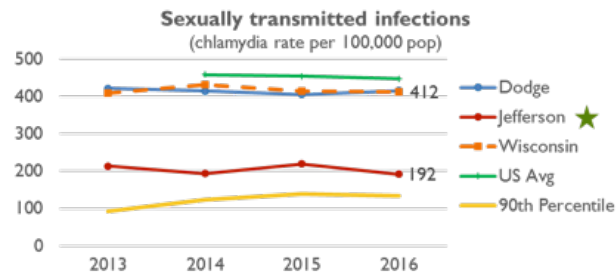
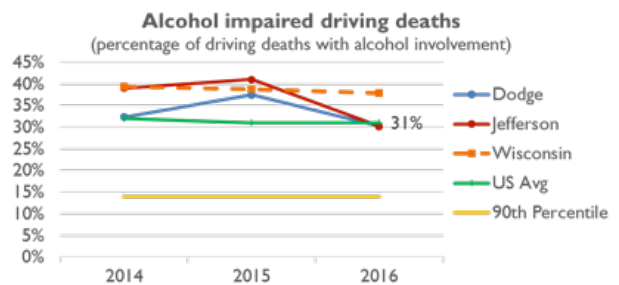
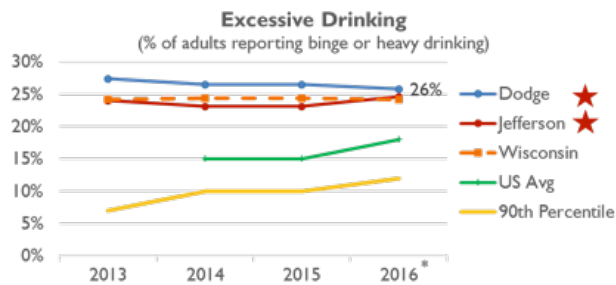
## Health Behaviors



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and U.S. Census Tigerline Files, 2013

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)

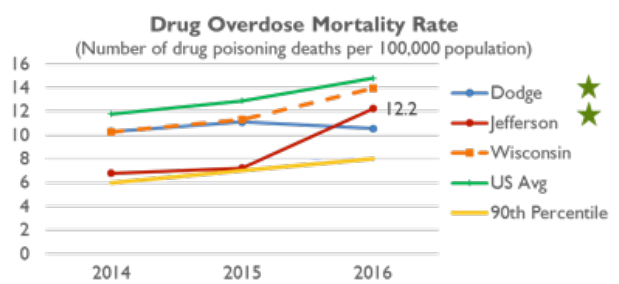


Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014

Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014

Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013

Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2007-2013



The food environment index is a comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013

Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

## Strengths

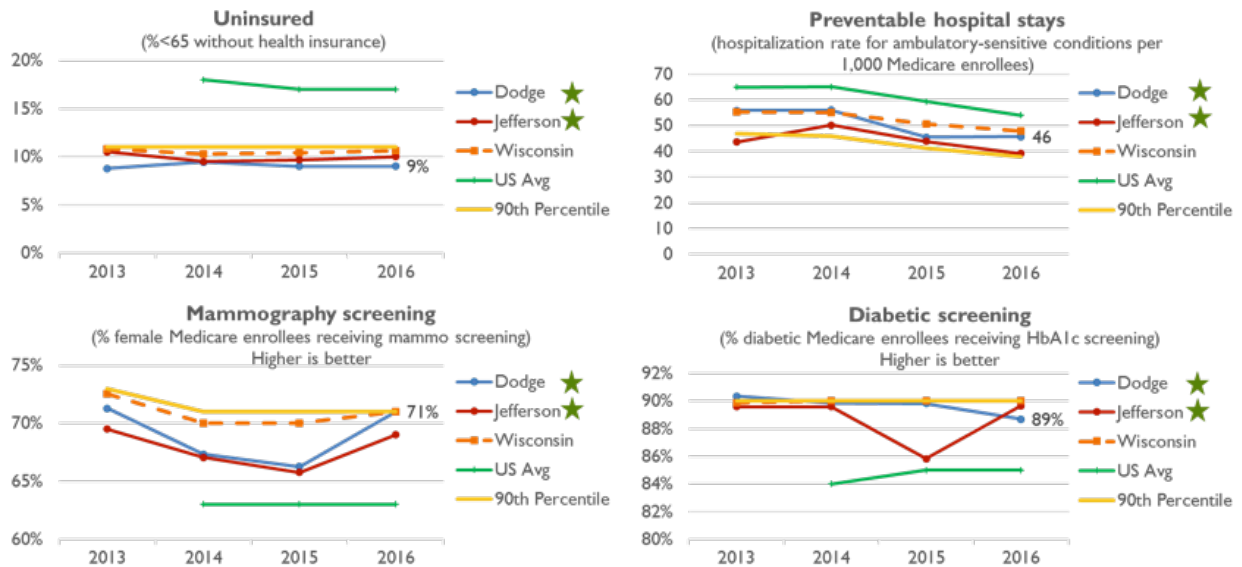
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population was lower in Jefferson County than WI and the U.S., Dodge County is at the top 10% of counties in the U.S.
- The teen birth rate in Dodge (20.4) and Jefferson (15.1) Counties was lower than WI and the U.S. at the top 10% of all counties in the U.S.
- The food environment index which is comprised of the percent of the population with limited access to healthy foods and the percent of the population with food insecurity was higher (better) in both Counties at 8.4, at the top 10% of all counties in the U.S.
- The drug overdose mortality rate is lower in Dodge and Jefferson Counties than WI and the U.S. However, the trend is increasing for Jefferson.

## Opportunities

- Adult obesity in Jefferson County (29%) was slightly higher than U.S. and equal to WI. Dodge County's (27%) obesity was lower than WI, but higher than the U.S. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. In the community survey, 31% responded they had been told by a doctor they were obese.
- Physical inactivity was higher in Dodge County (23%) than WI and equal to the U.S.
- The percentage of the population with adequate access to locations for physical activity was lower in Dodge and Jefferson Counties (72%, 77%) than WI and the U.S.
- Adult smoking in Dodge County at 17%, was higher than WI and equal to the U.S. Jefferson County's adult smoking was 16%, equal to WI and slightly lower than the U.S. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
- Excessive drinking in Dodge and Jefferson Counties was higher than WI and the U.S. at 26%.

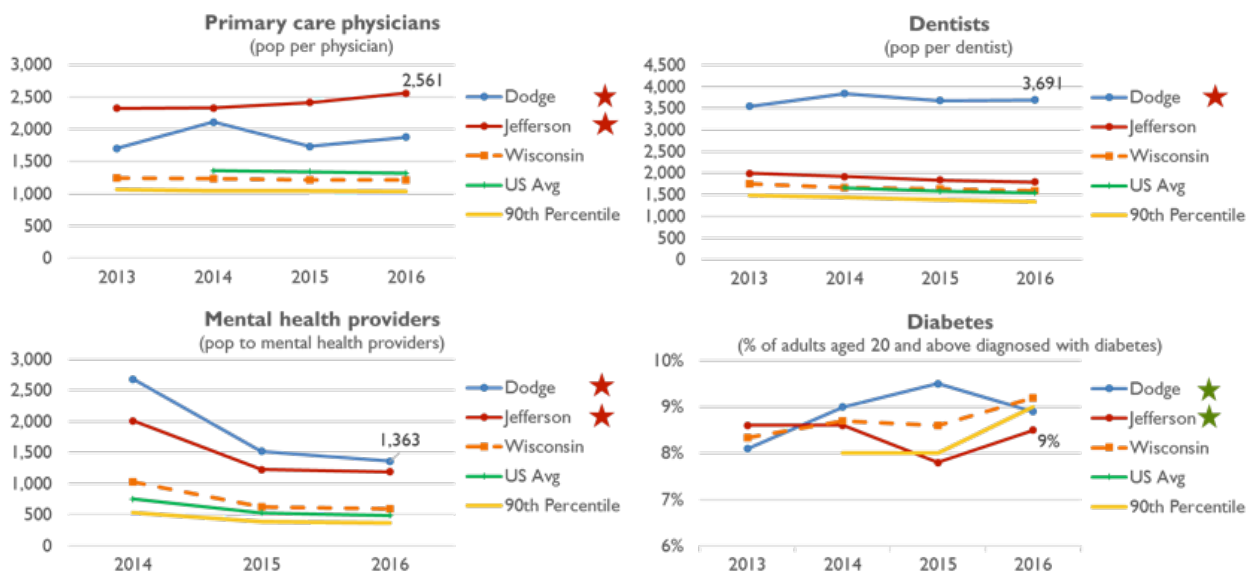
## Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. Dodge County ranked 25th out of 72 Wisconsin counties in clinical care and Jefferson ranked 24th.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014

Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

## Strengths

- The percent of population under sixty-five without health insurance was lower in Dodge and Jefferson Counties (9% and 10%) than WI and the U.S.
- Preventable hospital stays were lower in both Dodge and Jefferson Counties than WI and the U.S. with Jefferson County at the top 10%.
- Mammography screening was higher in Dodge and Jefferson Counties than the U.S. WI is at the top 10% of all states in Mammography screenings, with Dodge and Jefferson County closely following this trend.
- The percent of diabetic Medicare enrollees receiving screening was higher in Dodge and Jefferson than the U.S.
- Nine percent of Dodge and Jefferson Counties had diabetes, which was higher than WI. In the community survey, 10% of respondents had been told by a doctor they had diabetes.

## Opportunities

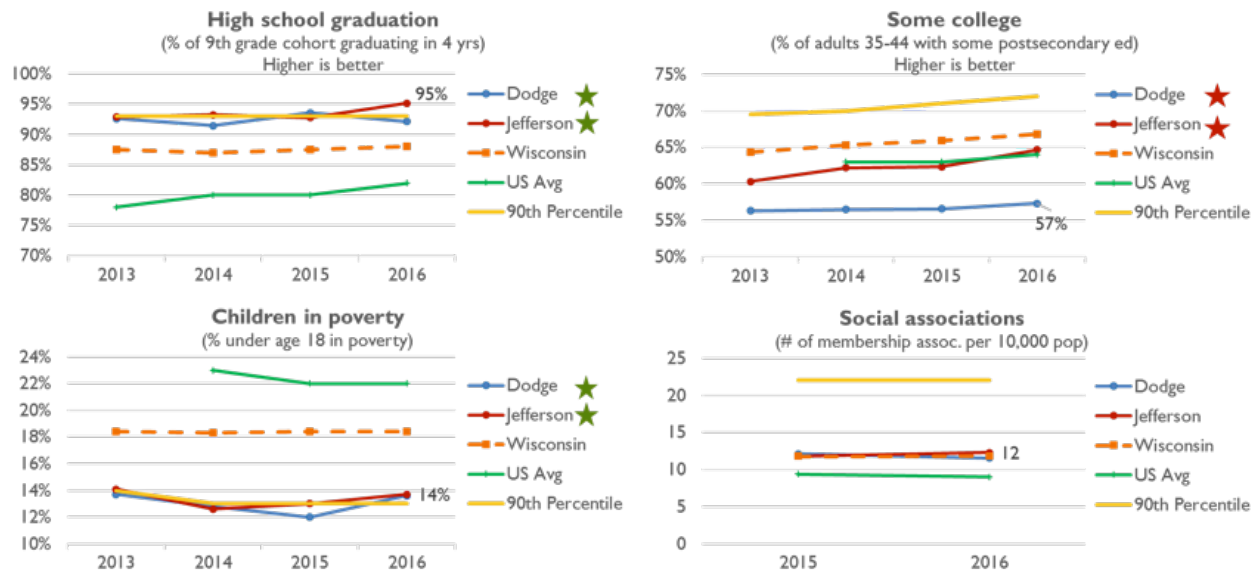
The population per primary care physician was higher in Dodge (1,880) and Jefferson (2,561) than WI and the U.S. In the community survey, 17% responded there was a time in the past 12 months when they needed to see a doctor, but could not.

The population per dentist was higher in Dodge and Jefferson Counties than WI and the U.S. In the community survey, 15% responded there was a time in the past 12 months when they needed to see a dentist but could not.

The population per mental health provider was higher in Dodge County than WI and the U.S. In the community survey, 7% responded there was a time in the past 12 months when they needed to see a mental health professional but could not.

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Dodge County ranked 26th out of 72 Wisconsin counties and Jefferson ranked 10th in social and economic factors.

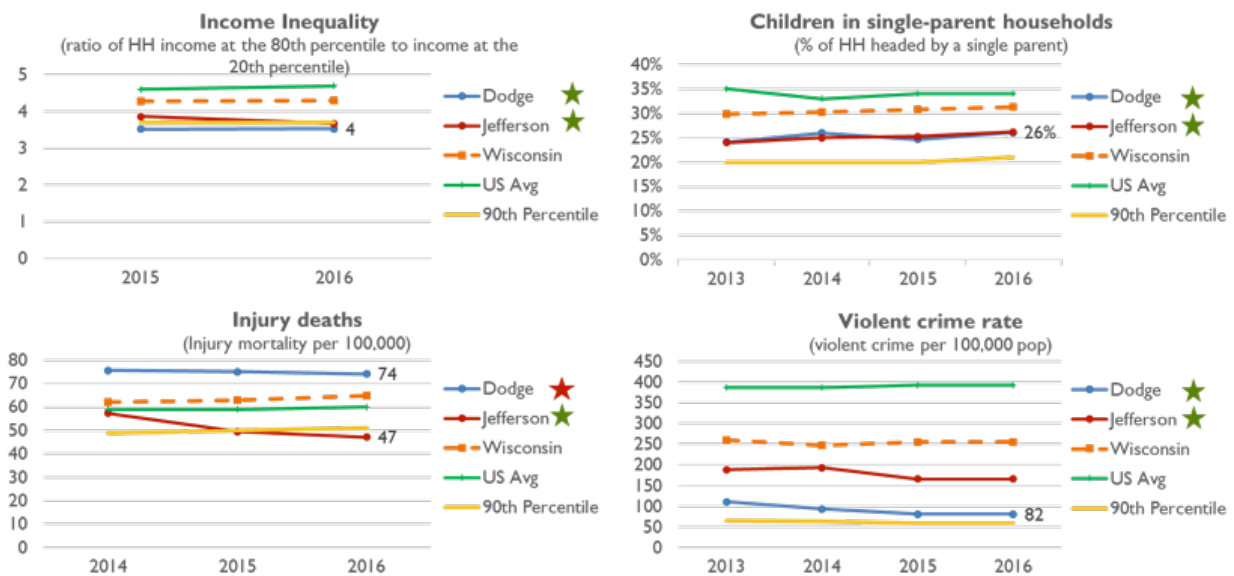


Source: High School graduation – County Health Rankings; States to the Federal Government via ED Facts, 2012-2013

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2014

Source: Social associations - County Health Rankings; County Business Patterns, 2013



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013



## Strengths

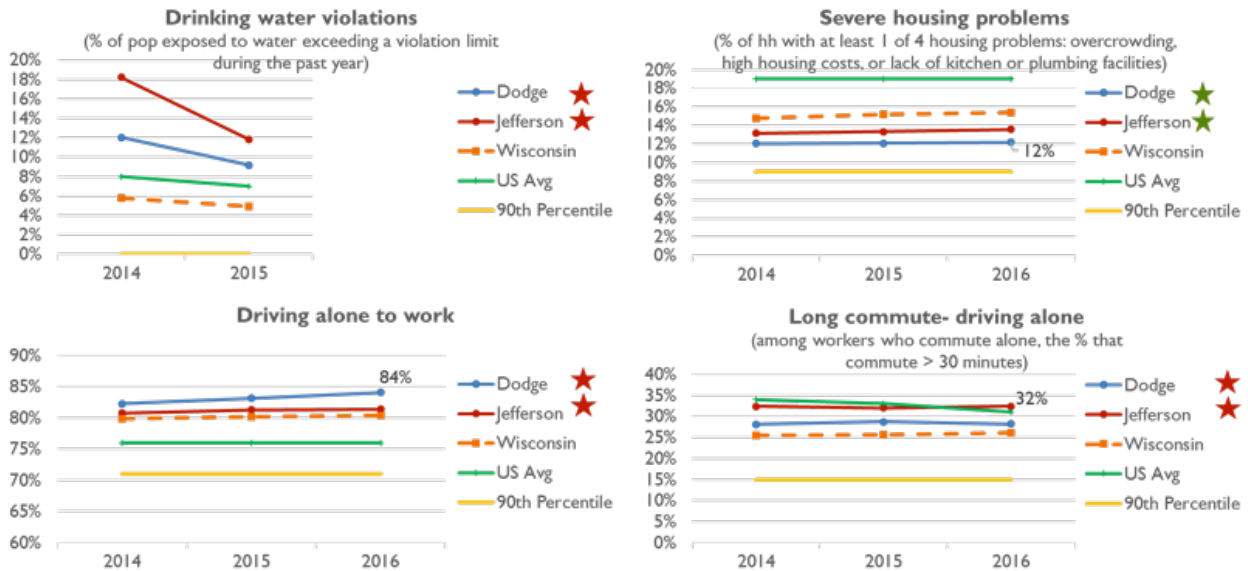
- High school graduation was higher in Dodge and Jefferson Counties (92%, 95%) than WI and U.S., at the top 10%.
- The percentage of children in poverty was lower in Dodge and Jefferson Counties than Wisconsin and the U.S. at 14%.
- Income inequality, the ratio of household income at the 80th percentile to income at the 20th percentile, was lower in Dodge and Jefferson Counties than WI and the U.S.
- The percentage of children in single-parent households was lower in Dodge and Jefferson Counties, 26%, than WI and the U.S.
- Injury deaths per 100,000 population was lower in Jefferson County than WI and the U.S.
- Violent crime rate per 100,000 population was lower in Dodge and Jefferson Counties than in Wisconsin and the U.S.
- Jefferson County had higher median household income than WI and the U.S. at \$54,807. Dodge's median household income was higher than WI, but lower than the U.S. at \$53,959. The percentage of population in poverty was lower than WI and the U.S.

## Opportunities

- The percent of adults with some college was lower in Dodge County (57%) than WI and the U.S. Jefferson County was lower than WI, and the same as the U.S. at 64%.
- Injury deaths per 100,000 population were higher in Dodge County than WI and the U.S.

## Physical Environment

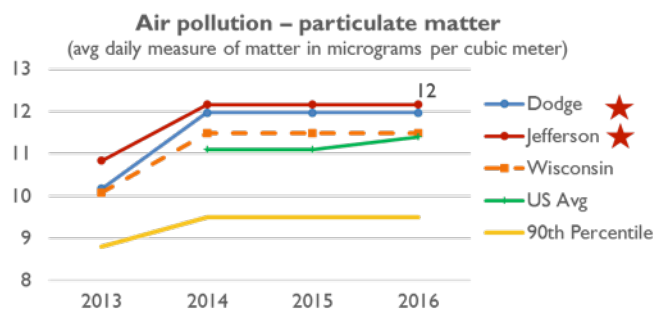
Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Dodge County ranked 63rd out of 72 Wisconsin counties in physical environment and Jefferson ranked 65th.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings; CDC WONDER environmental data, 2010

## Strengths

- Dodge and Jefferson Counties had lower percentages of severe housing problems than WI and the U.S. at 12% and 13%.

## Opportunities

- There were drinking water violations in Dodge and Jefferson Counties.
- Dodge and Jefferson Counties had higher percentages of population driving alone to work than WI and the U.S.
- Dodge and Jefferson Counties had longer commute times. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- Dodge and Jefferson Counties had higher air particulate matter in micrograms per cubic meter than WI and the U.S.

## There were four broad themes that emerged in this process:

- Dodge and Jefferson Counties need to create a "Culture of Health" which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there may be significantly challenged subgroups such as the census tracts near the major towns, south of Waupun, Beaver Dam, southern Watertown and north and south of Fort Atkinson.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the counties to improve health.



# Results of the CHA

*Community Health Summit Needs,  
Goals and Actions*

## Prioritization Criteria

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

Magnitude/scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

The following issues were prioritized and goals and actions were brainstormed by the table groups at the Community Health Summit and formed the foundation of Dodge and Jefferson Counties' health initiatives. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

### 1. **Obesity/Nutrition and Activity (63)**

- Obesity (37)
  - Obesity (29)
    - Programs to address obesity
  - Childhood and youth obesity (4)
    - Overweight/obese
  - Counseling for weight loss
    - Personal accountability for lifestyle choices affecting personal health
- Nutrition (9)
  - Affordable, accessible, healthy foods (5)
    - Providing local foods to schools
  - Nutrition, nutrition education, guidance (3)
- Physical Activity (17)
  - Lack of exercise and physical activity (11)
    - Lack of awareness of free or low cost physical activity opportunities, more bike trails (2)
  - Lack of fitness facilities and access (4)

## 2. **Substance Abuse (46)**

- Alcohol and Drugs (13)
- Drugs (9)
- Alcohol (8)
- Smoking (including youth and pregnant women) (7)
- Opioid/heroin (6)
- Substance abuse treatment (3)

## 3. **Mental/Behavioral Health (27)**

- Mental/behavioral health/ lack of resources, care (22)
- Stress
- Depression
- Access to mental health/substance abuse services
- Recognizing mental health issues
- Children's mental health support

## 4. **Children and Family issues (10)**

- Parenting/parent education (4)
- Child care costs (2)
- Adverse Childhood events
- Fragile families
- Equal opportunities for kids
- Lack of child/family resources

## 5. **Access (10)**

- Lack of access to care for uninsured/lack of access to care (3)
- Lack of primary care providers/ access to primary care (2)
- Transportation (2)
- Dental Care
- Care of the aged
- Transient families/consistent healthcare

## 6. **Socioeconomics/poverty (7)**

- Poverty (2), children in poverty, chronic stress due to poverty
- Education, postsecondary education (2)
- Housing/homelessness

## 7. **Miscellaneous**

- Sexually transmitted infections (2)
- Injuries, aggressive injury prevention programs (2)
- Clean air
- Clean water
- Low funding for public resources
- Health literacy
- Buying in- having people care
- Terminally ill patients are referred too late to hospice
- Community-based palliative care is not funded
- Advance care planning is not part of the clinical preventative recommendations
- Food security and safety
- Changing the culture – moving from healthcare to health
- Patient engagement, accountability for one's health
- Filling the gap in the community health – mobile integrated health
- Heart disease



# Community Health Summit Brainstorming

*Focus Areas, Goals*

The most significant health needs resulted in seven categories and table groups brainstormed goals and actions around the top three priority health needs: obesity (including nutrition and physical activity), substance abuse (alcohol, tobacco, other drugs), and mental health. These brainstormed goals and actions from the community have been organized below.

## **Significant Health Need 1: Obesity/Nutrition & Activity**

### **Goal 1 – Identify and share resources in the community**

- Media campaign with health messages, encouragement
- Use health coaches to disseminate information

### **Goal 2 – Subsidize resources to make them available to all**

- Encourage insurance to add to fund
- Identify grants

### **Goal 3 – Create educational opportunities informing children, parents, grandparents, and community members about inexpensive healthy food choices that are easy to prepare/fast**

- Inexpensive, easy, fast food preparation
- Improve concessions options
- Improve convenience store choices

### **Goal 4- Generate discussion with restaurants and grocers to educate the public on healthy food options and the benefits of healthy eating**

- Make produce readily available to grocery stores

### **Goal 5 – Increase physical activity programs at workplaces (incentive based)**

- Educate employer on benefits of offering physical activity at work (build morale, healthier workplace, decrease insurance costs)
- Show other employer-based programs that are successful

### **Goal 6 – Community education on nutrition and physical activity**

- Educate parents and children – family education, create support groups
- Hold health fairs – educate the community members where they are (e.g. Wal-Mart, schools, health fairs, etc.)

### **Goal 7 – Promote current resources for physical activity**

- Using social media – self-promotion (sharing events on own FB page)
- Website created for all community activities



## **Goal 8 – Create free resources for physical activity**

- Free workshops for education, explain free apps to utilize
- Promote free resources

### **Resources Needed:**

- Money
- Website
- SMEs that maybe volunteer for 1 hour workshop
- Grant writers
- Community Foundation money

## **Significant Health Need 2: Substance Abuse**

### **Goal 1 – Decrease underage drinking**

- Work with Tavern League to decrease serving to minors
- Develop statewide policy to eliminate parent choice and no social hosting

### **Resources Needed:**

- Work with schools on abstinence; meaningful consequences for all, not just athletes; evidence-based activities that have worked; all types of media to communicate for change (pink ribbon)

### **Goal 2 – Continue to promote & support education for opioid & heroin crisis**

- Evidence-based activities that have worked elsewhere

### **Goal 3 – Better utilization and understanding/awareness of currently available substance abuse resources**

- Standardization of resources available at various points of access
- Establish role to guide patient through utilization of resources

### **Resources Needed:**

- Coalition/task force, potentially funding, people

### **Goal 4 – Educate youth on healthy coping mechanisms throughout course of education experience.**

- Meetings with schools and administrators
- Identify and implement curriculum

### **Resources Needed:**

- School district buy-in

## Significant Health Need 3: Mental Health

### Goal 1 – Improve access to mental health for all, pediatrics, adult and seniors

- Programs for school-age kids: better early Head-Start programs
- Utilize telemedicine
- Bring providers into the community

#### Resources Needed:

- More networking of this community group

### Goal 2 – Provide comprehensive services – full-circle seniors, 24/7 services

- Need large-scale coalitions
- Advocate for policy and advocacy changes for payment

#### Resources Needed:

- List of resources available

### Goal 3 – Decrease the stigma of mental health treatment

- Talk and educate about mental health
- Change what we call behavioral health to “life balance” or “life coaching”



# 2013 Dodge and Jefferson Counties Implementation Plan/Impact Evaluation

Dodge Jefferson Healthier Community Partnership adopted a plan in 2013. The results of this plan were also reviewed at the Community Health Summit.

The 2013 Community Health Improvement Plan focused on obesity prevention with three goals:

- Build capacity within the community to promote living better and longer through shared responsibility.
- Develop a community health improvement plan to focus on health priorities
- Enhance a healthy workforce by mobilizing area organizations to improve the health of their employees and clients

During the assessment and Town Hall meeting in 2013, promotion of physical activity was voted to be the best way that communities could help individuals improve their health and most likely make immediate impacts on a person's health. The problems identified and plans created were:

## Physical Activity

**Problem:** lack of adequate physical activity and healthy eating habits in community residents contributes to several of the leading chronic diseases and causes of death in Dodge and Jefferson Counties.

**Goal:** To reduce the personal and public burdens of chronic disease in Dodge and Jefferson Counties by encouraging, promoting and rewarding higher levels of exercise, and reducing barriers to physical activities and locally grown foods.

### Objective 1

By July of 2016, DJHCP and community partners will promote personal, family, and social group physical activity through informational displays, collaborative outreach, and social media connectedness.

- Dodge and Jefferson County Fairs
- Health & wellness fairs
- Railyard Fitness
- Using Social Media to promote wellness and fitness activities
- Walks & challenges
- Food security traveling board

### Objective 2

By July of 2017, DJHCP group and community partners will develop a repository of local community organizations (schools, churches, civic groups, etc.) and businesses that focus on healthy living and activities, in order to establish better connections with one another and consolidate efforts. This repository will be reevaluated quarterly by DJHCP group and community partners for the purpose of keeping it up to date.

- Breastfeeding Coalition
- Community Coalitions:
  - Cambridge Wellness Collaborative

- Chic – Creek healthy initiative coalition
  - Dodge County Employee Wellness
  - Eat Here Eat Well – Healthy local food for our schools
  - Fort HealthCare for Health
  - Fort Healthy – Providing and promoting healthy choices for our community
  - Get Healthy Watertown
  - Johnson Creek Community Coalition
  - JUMP – Jefferson United Motivating People to Wellness
  - Lake Mills Wellness Coalition
  - Working for Whitewater’s Wellness (W3)
- Farmer’s Markets
  - Farm to School
  - WIC Fit Families

Get Healthy Watertown is a not-for-profit community group made up with members from local schools and health organizations, the Watertown Department of Public Health, multiple local businesses as well as local residents who work to provide the community with educational and physical activity opportunities that promote improved health for people in the Watertown area.

The mission of the group is to increase the community’s knowledge of healthy lifestyle choices through a variety of educational and physical activities. The primary focus of the Get Healthy Watertown group is to encourage healthy nutritional choices and to increase physical activity in the community. The coalition sponsors “Walk on Saturday” walks open to the public.

### Dodge County Employee Wellness

- Participation in the County Employee Fitness Committee planning events, i.e. County Family and Friends 5K Walk/Run, other fitness events i.e. individual walking challenges with incentives and indoor and outdoor walking route maps.
- Installed technology for employees to track physical activities toward Unity Wellness benefit.
- Held biometric screening for county employees.

### Community Coalition Members

Partnerships are the foundation for community success. The goal is to provide information, education, programs and tools that communities can put in place to help individuals and families enjoy good health now and in the future.

Fort HealthCare Community Health & Wellness department works with these community coalitions to mobilize the assets of community partners and reduce obesity among residents in Jefferson County and the surrounding areas.

Coalition membership includes representatives from local schools, churches, government agencies, businesses, community organizations and interested individuals. All are engaged in a concerted effort to reduce the obesity rate throughout the Jefferson County area.

### Community Coalition Priorities

- Increase access to healthy food options
- Apply incentives to improve nutrition
- Institute workplace incentives to reward increased physical activity
- Educate and inform the public about serving sizes and nutritional content of food options available in public areas
- Implement comprehensive programs that promote physical activity and nutrition
- Increase access to opportunities and facilities that promote physical activity

### Objective 3

By July of 2018, DJHCP group and community partners will work with community leaders and local officials for the passage of county and municipal ordinances that will expand opportunities for physical activity.

- Working towards walk and bike friendly designation in Watertown
- Supported sidewalks to Grinwald Park in Watertown
- Supported sidewalk ordinance in Watertown
- Supported for Korth Park playground
- Made financial donations to support the Interurban (Jefferson) and Gold Star Memorial (Dodge) Trails

“Jefferson County identifies outdoor recreation as a major component of our local economic development activities. Trails like these are good for our local economy, our health, and our environment.” Parks Dept.

### Written Comments on 2013 Assessment and Plan:

At the Community Health Summit, written comments were solicited and received on the 2013 CHA and implementation plan. Comments received are below:

- Which activities & interventions were evidence-based and what evaluation was accounted for during implementation and completed?
- Excellent work – build on the momentum
- Lack of input into priority. Pre-selected before town hall summit. Good progress on objectives decided on for the priority.



# Community Assets and Resources

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The focus group also identified community resources to improve health, which are listed on page 19 above.

At the summit, each table with each priority topic listed what was already occurring in the community around the topic. These lists are below:

## Obesity

- 2 Rivers Tuesday/Thursday bike rides
- Bike trails
- Crunch day – kids learn to eat fruit
- Fort Healthcare Challenges
- Get Healthy Watertown
- Hospital wellness – indoor walking track
- Kayaking Women
- Library
- Local pools – minimal cost
- March 2 November runs
- Natural resources – rivers, parks, trails
- Parks
- Physicians
- Rock the Walk
- Safe environment
- School gardens
- School lunches
- Schools
- Senior Centers
- Sidewalks
- Social media
- TREK private industry bike clubs
- Two Rivers – walking, kayaking, biking
- Walk/bike friendly
- Walking trails
- YMCA – diabetes prevention/Anytime Fitness/Parks & Recreation

## Mental Health

- Big Brothers/Big Sisters
- CARES Coalition
- Community based AA & Al-Anon
- High Schools Open Door program
- Human Services
- Jail
- Mental health coalition (in infancy)
- NAMI support groups
- People Against Drug Abuse (PADA)
- People Against Violent Environments (PAVE)
- Positive Behavioral Intervention and Supports (PBIS) in schools (norms)
- Private mental health providers
- Reeseville Food Pantry
- Rock River Church Health
- Schools engaged – prevention, character building, parenting classes, anti-bullying
- Watertown Area Cares Clinic
- Wrap around EC programs
- YMCA



## Substance Abuse

- AODA counseling clinic, medical advisor
- CARE – addresses primarily heroin education awareness
- Dodge County Care (heroin coalition)
- Dodge County Drug Task Force
- Emergency Departments
- Emergency Medical Services (EMS)
- First Breath – Health Departments (mothers who smoke)
- Jefferson County ATODA Coalition
- Narcan training (Watertown Regional and Sheriff's)
- Pediatric death review board
- Provider Drug Management Program (PDMP) – hospitals
- Stairway to Heroin (educational program)
- Tobacco Free Community – outreach, education
- Tobacco Free Community Partnership
- Watertown Drug Drop and needle drop off
- Waupun Drug Drop