



**2019**

**Dodge-Jefferson Healthier  
Community Partnership**

**Watertown Regional Medical  
Center**

- Dodge and Jefferson Counties, Wisconsin -

*Paper copies of this document may be obtained at: Watertown Regional Medical Center  
125 Hospital Drive, Watertown WI 53098 or by phone 920.245.5737 or via the hospital website  
<https://www.watertownregional.com>*

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# Perspective / Overview

## Creating a culture of health in the community



*Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>*

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

The Community Health Assessment (CHA) uses systematic, comprehensive data collection and analysis to define 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.

This CHA was conducted by the Dodge-Jefferson Healthier Community Partnership which is comprised of: Beaver Dam Community Hospital, the Dodge County Human Services and Health Department, Fort HealthCare, Greater Watertown Community Health Foundation, Jefferson County Health Department, Watertown Department of Public Health, and Watertown Regional Medical Center, referred to as “the Partnership.”

## 2019 Community Health Assessment

This document is a hospital facility-specific Community Health Assessment (CHA) for Watertown Regional Medical Center.

Dodge-Jefferson Healthier Community Partnership as the sponsors of the assessment, engaged national leaders in community health assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data and surveys, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.



Starting on October 21, 2019, this report is made widely available to the community via Watertown Regional Medical Center's website <https://www.watertownregional.com> and paper copies are available free of charge at Watertown Regional Hospital, 125 Hospital Dr., Watertown, WI 53098 or by phone 920-261-4210.



Watertown Regional Medical Center's board of directors approved this assessment and the hospital's implementation plan on October 8, 2019.

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## PROJECT GOALS



To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.



To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.



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 assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Richard Keddington, CEO Watertown Regional Medical Center

“The information 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 community to inform and support our implementation plans,” added Carol Quest, Watertown Public Health Officer/Director

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## Community

### Input and Collaboration

#### Data Collection and Timeline

In March 2019, 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:

- Information gathering, using secondary public health sources, occurred in March 2019.
- An online survey of community members was conducted March 15 – May 1, 2019.
- An online survey of Watertown Regional Medical Center and Fort Healthcare employees and community physicians was conducted April 1 – April 29, 2019.
- 48 community members representing a broad range of groups (not-for-profit organizations, medically underserved, low-income, minority populations, elderly, health providers, education providers, and the health departments) participated in three focus groups and individual interviews for their perspectives on community health needs and issues on April 24 and 25, 2019.
- A Community Health Summit was conducted on May 9, 2019 with 80 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.





*Photo Credit Dodge-Jefferson Healthier Community Partnership*

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## 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.

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## Participants

One hundred twenty-eight individuals from seventy-two community and healthcare 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 to provide direction for the community and hospital to create a plan to improve the health of the communities.

## Participation by those Representing the Broad Interests of the Community

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

Organization	Population Represented (kids, low income, minorities, those w/o access)	Participation
Aging and Disability Resource Center of Dodge County	Aging population	Focus group, Summit
Aging and Disability Resource Center of Dodge County	Aging population	Focus group
American Lung Association and the Tobacco Free Community Partnership Dodge, Jefferson and Waukesha	Lung disease	Summit
Auntie's Sandy's Second Home Child Care		Focus group
Beaver Dam Community Hospitals, Inc.	All	Summit
Blue Zones Project	Dodge County	Summit
Cambridge Community Activities Program	Kids	Focus group
Care for Dodge County	All	Focus group, Interview, Summit
Central Wisconsin Community Action Council (CWCAC)/ New Beginnings Homeless Shelter	Homeless and low income	Focus group, Summit
Church Health Services	Low income kids and adults, mental health	Focus group, summit
City of Jefferson		Summit
City of Watertown		Summit
City of Watertown Mayor		Summit
City of Watertown Water/Wastewater		Summit
Club 55 Senior Center	Seniors	Summit
Community Action Coalition		Focus group, Summit
Community citizen		Focus group
Community resident	Kids, minority	Focus group
Dave Gallup Foundation	Addicted	Focus group
Dodge County		Summit
Dodge County Birth to 3	Kids	Focus group, Summit
Dodge County Health Department		Summit
Dodge County Human and Health Services	Kids, low income, minority	Focus group, Summit
Dodge County Human Services and Health Department	Kids, low income, minority	Summit
Dodge County Women, Infants, and Children (WIC)	Low income	Focus group, Interview, Summit
Fort Atkinson		Summit
Fort Health Care	Children- school age, All, minorities	Focus group, Summit
Greater Watertown Community Health Foundation	All	Summit
Haus of Peace		Focus group
Head Start		Focus group
Heart of the City	All - sustainability	Focus group, Summit
Horizon Phoenix Program Baby Pantry	Kids, low income	Focus group
Jefferson County Department of Human Resources	Low income families	Focus group
Jefferson County Economic Development Consortium/ThriveED	Economic Development	Summit
Jefferson County Economic Support		Summit
Jefferson County Health Department	Low income, mothers, children, All	Focus group, Summit
Jefferson County Health Department/ Women, Infants, and Children (WIC)		Focus group
Jefferson County Human Services	Mental health & Substance use, seniors, transportation	Interview, Summit
Jefferson County Human Services- Aging and Disability Resource Center	Seniors/ transportation	Interview
Jefferson County Literacy Council	All	Summit
Jefferson County Office of Emergency Management	All	Summit
Jefferson County Parks	All	Summit
Jefferson County Supervisor	All	Summit
Kiddie Kampus		Focus group
Lake Mills School District		Focus group
LD Fargo Public Library, Lake Mills	All	Summit
Marquardt Home Health	All	Focus group, Summit
Mary's Room	Infants, children	Focus group, Summit
Mary's Room, PEP, Shared Community Mission Group	Infants, children	Focus group, Summit
Pastor		Focus group
Pave Inc.	Victims of abuse and scarcity	Focus group
Personal Essentials Pantry (PEP)		Focus group
Pharmacist	All	Summit
Recovery Community	Recovery Community	Interview
Rock River Free Clinic		Focus group
Second Harvest Foodbank	Low income	Focus group, Summit
St. Mark's Lutheran Church Watertown	All	Summit
St. Vincent De Paul		Focus group
United Way of Dodge County	All, low income	Summit
Unity Project	Low income	Focus group
UW Extension- Dodge County	All	Summit
UW Madison Division of Extension	All	Summit
Village of Randolph	All	Summit
Watertown Area Cares Clinic	Low income, uninsured	Summit
Watertown Area YMCA	All, kids	Summit
Watertown Department of Public Health	Elderly, All	Focus group, Summit
Watertown Fire Department	All	Summit
Watertown High School	Kids	Focus group, Summit
Watertown Public Library	All	Summit
Watertown Regional Medical Center	All	Focus group, Summit
Watertown Unified School District	All	Focus group, Summit
WI Division of Public Health Southern Region	All	Summit

In many cases, several representatives from each organization participated.

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

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, surveys, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus groups, interviews and Summit. Additionally, the community survey was distributed through the health departments and other agencies serving the low-income, medically underserved and minority populations. The community survey was representative of the whole community – by age, income, and education.

## Input of those with Expertise in Public Health

Representatives of the Dodge and Jefferson County and City of Watertown Department of Public Health Departments participated in the focus groups, interviews as well as planning, presenting and attending the Summit.

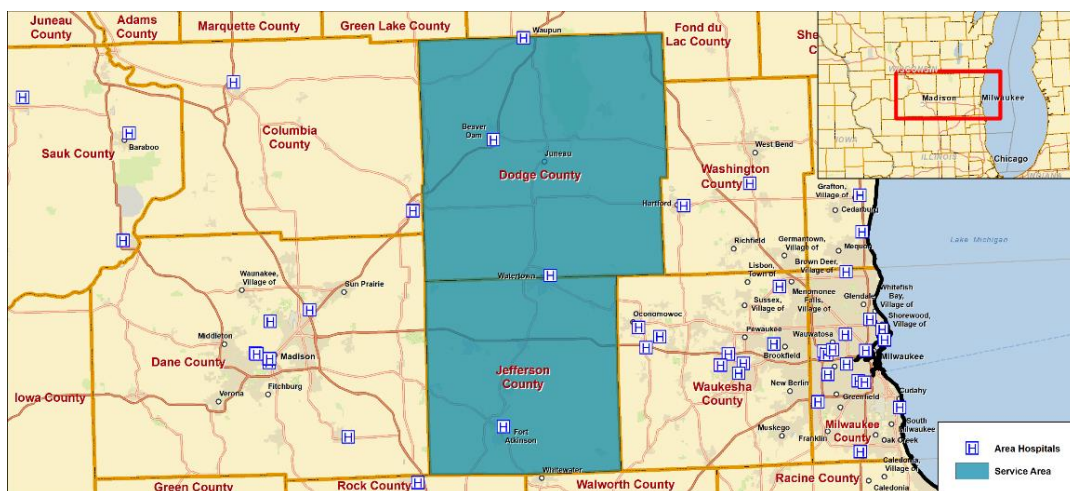
### Community Engagement and Transparency

Many members of the community participated in the focus groups, individual interviews, community surveys, and the Summit. We are pleased to share the results of the Community Health Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Dodge and Jefferson Counties. 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.

### Community Selected for Assessment

Dodge and Jefferson Counties were the primary focus of the CHA due to the service area of Watertown Regional Medical Center. Used as the study area, Dodge County provided 43% and Jefferson County provided 53% of inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Watertown Regional Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Watertown Regional Medical Center's Financial Assistance Policy.

## Watertown Regional Medical Center Patients - 2018



Source:  
Watertown  
Regional Medical  
Center 2018



# Key Findings

## Community Health Assessment

### Results

Based on the primary and secondary data, interviews, focus groups and surveys the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

1. Substance Use Disorders
2. Mental Health
3. Obesity and Nutrition
4. Family Issues
5. Physical Activity
6. Socioeconomics
7. Transportation
8. Access and Affordability of Care

## Process and Methods

Both primary and secondary data sources were used in the CHA.

### Primary methods included:

- Community focus groups
- Individual interviews with community members
- Online survey of community members
- Online survey of hospital employees and community physicians
- Community Health Summit

### Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



*Photo credit Harvest Market Chef with Johnson Creek School District; Facebook.com*

# Demographics of the Community 2018-2023

## Description of the Communities Served

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	89,917	84,926	5,847,633	330,088,686
Median Age	42.0	39.7	39.7	38.3
Median Household Income	\$56,305	\$57,519	\$57,408	\$58,100
Annual Pop. Growth (2018-2023)	0.16%	0.37%	0.39%	0.83%
Household Population	34,543	32,990	2,354,192	124,110,001
Businesses	3,025	3,214	223,374	11,539,737
Employees	40,588	39,730	3,201,109	151,173,763
Medical Care Index*	88	87	96	100
Average Medical Expenditures	\$1,723	\$1,703	\$1,868	\$1,950
Total Medical Expenditures	\$59.5 M	\$56.2 M	\$4.4 B	\$242.0 B
<b>Racial and Ethnic Make-up</b>				
White	92%	93%	84%	70%
Black	3%	1%	7%	13%
American Indian	1%	0%	1%	1%
Asian/Pacific Islander	1%	1%	3%	6%
Other	2%	3%	3%	7%
Mixed Race	1%	2%	2%	3%
Hispanic Origin	5%	7%	7%	18%

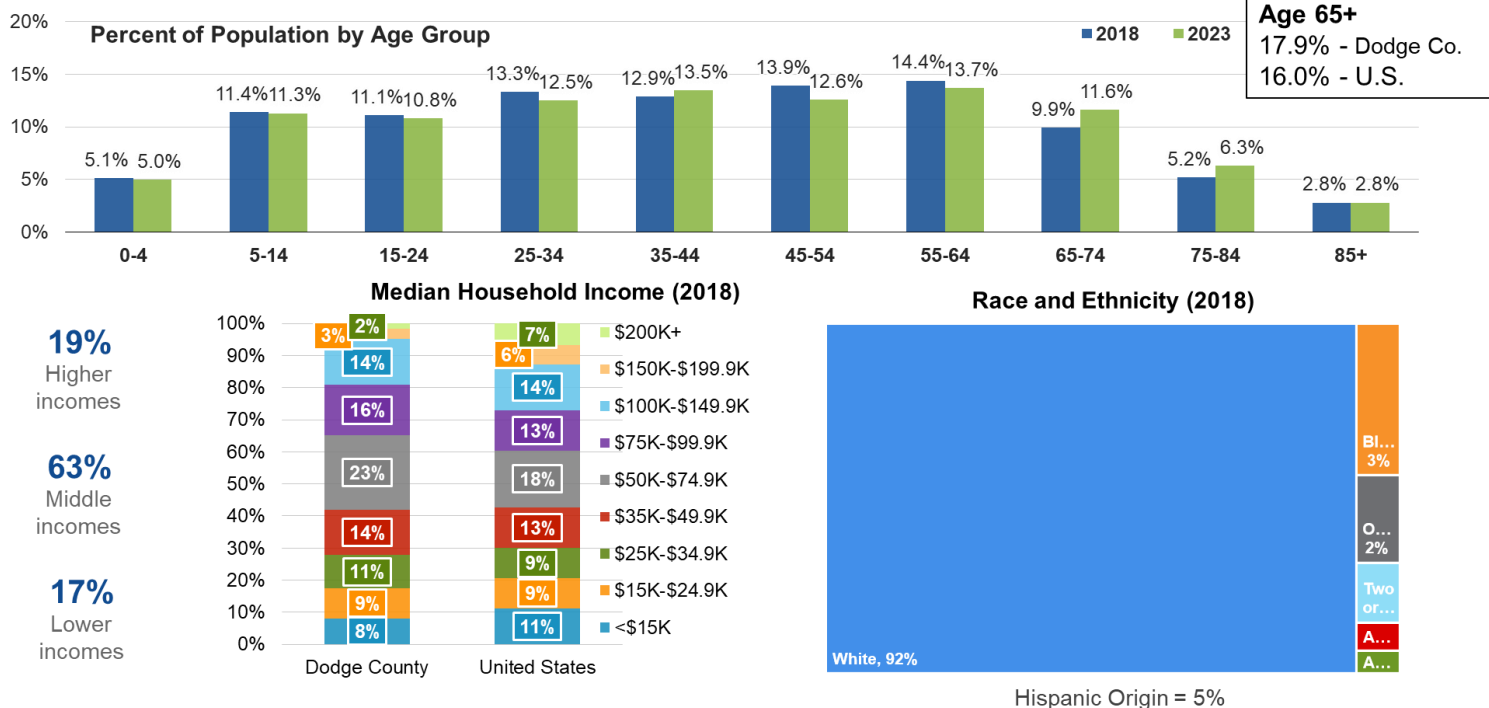
Source: ESRI

\*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

*The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.*

## Description of the Communities Served

### Dodge County

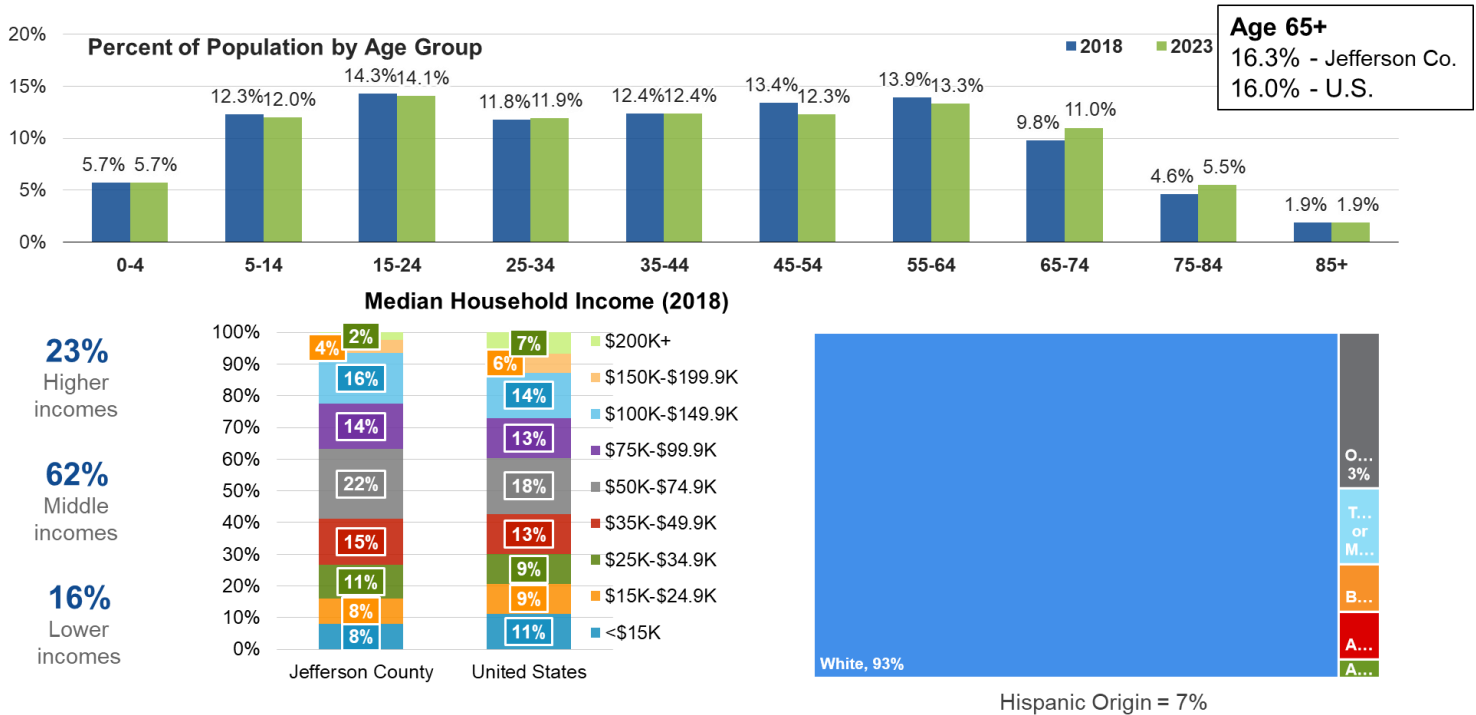


Source: ESRI

- The population of Dodge County is projected to increase from 2018 to 2023 (0.16% per year). Wisconsin is projected to increase 0.39% per year. The U.S. is projected to increase 0.83% per year.
- Dodge County had a higher median age (42.0 median age) than WI 39.7 and the U.S. 38.3. Dodge County percentage of the population 65 and over was 17.9%, higher than the US population 65 and over at 16%.
- Dodge County had lower median household income at \$56,305 than WI (\$57,408) and the U.S. (\$58,100). The rate of poverty in Dodge County was 8.6% which was lower than WI (11.3%) and the U.S. (13.4%).
- The household income distribution of Dodge County was 19% higher income (over \$100,000), 63% middle income and 17% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Dodge County was 88, indicating 12% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Dodge County was 92% white, 3% black, 5% Hispanic Origin, 2% other, 1% mixed race, and 1% Asian/Pacific Islander. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

## Description of the Communities Served

### Jefferson County

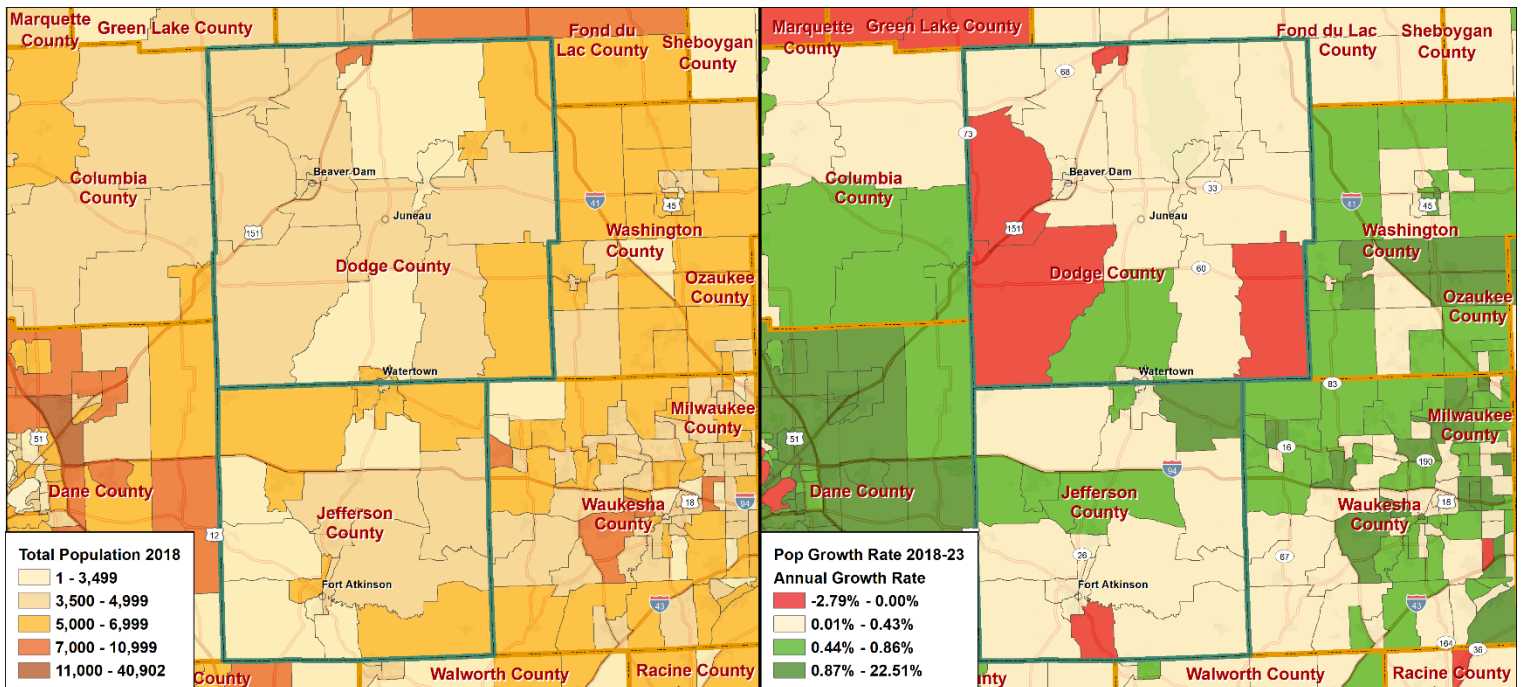


Source: ESRI

- The population of Jefferson County is projected to increase from 2018 to 2023 (0.37% per year). Wisconsin is projected to increase 0.39% per year, and the U.S. 0.83% per year.
- Jefferson County had the same median age (39.7 median age) as WI, but higher than the U.S. (38.3 median age). Jefferson County percentage of the population 65 and over was 16.3%, higher than the US population 65 and over at 16%.
- Jefferson County had higher median household income at \$57,519 than WI at (\$57,408). The rate of poverty in Jefferson County was 8.5% which was lower than WI (11.3%) and the U.S. (13.4%).
- The household income distribution of Jefferson County was 23% higher income (over \$100,000), 62% middle income and 16% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Jefferson County was 87, indicating 13% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Jefferson County was 93% white, 5% Hispanic Origin, 2% other, 2% mixed race, 1% black, and 1% Asian/Pacific Islander. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*



## 2018 Population by Census Tract and Change (2018-2023)



Source: ESRI

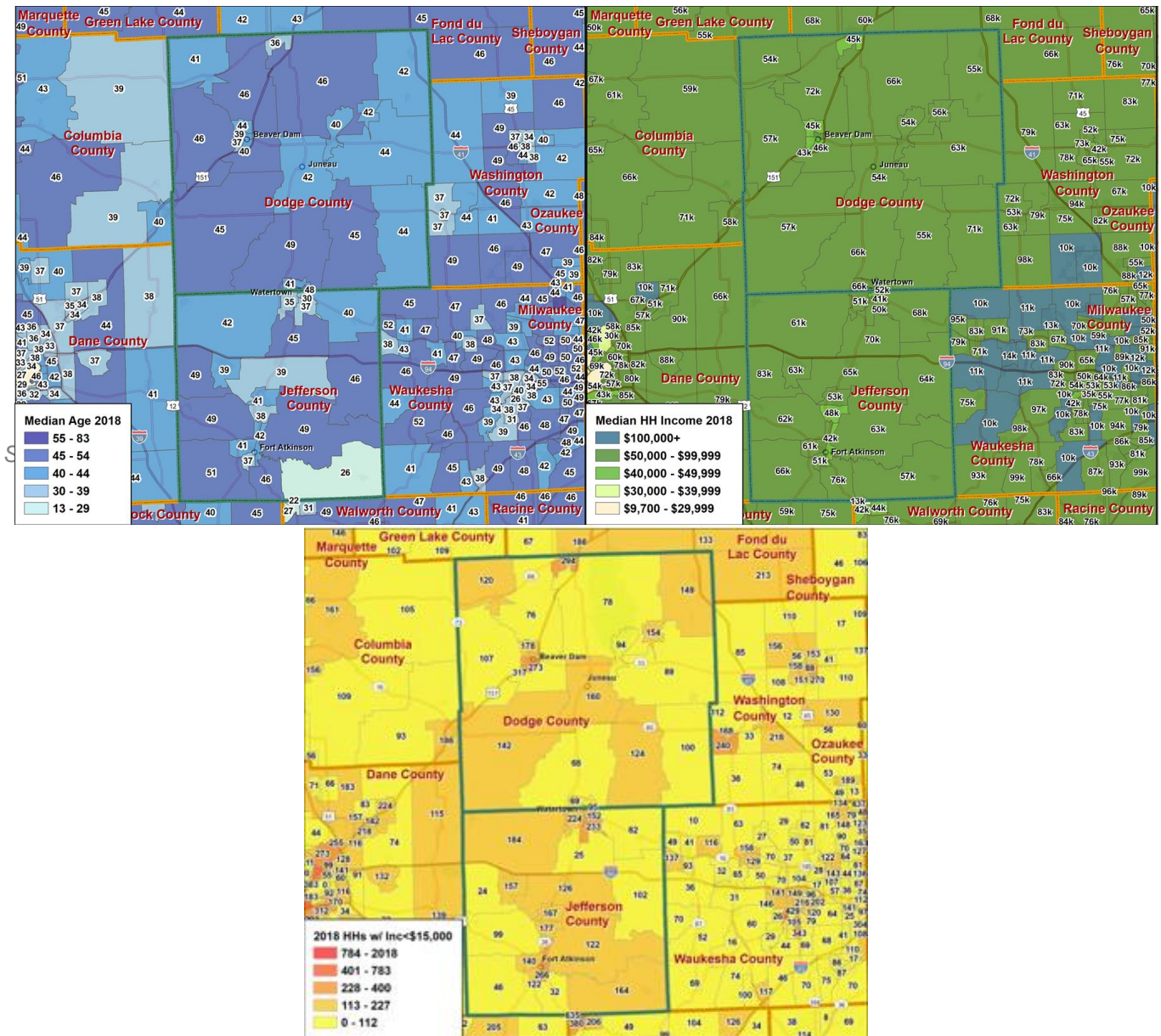
Red is population decline  
 Yellow is positive up to the WI growth rate  
 Green is greater than the WI growth rate  
 Dark Green is twice the WI growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

Dodge County's population was projected to increase from 2018 to 2023, 0.16% per year. However, there are a few census tracts where the population was projected to decline, one in the northern part of the county in Waupun, two tracts to the west and one in the southeast corner. There was one census tract expected to grow up to the WI growth rate in the southern part of Dodge County.

Jefferson County's population was projected to increase 0.37% per year. All census tracts, except one were projected to increase. One census tract in the south of the county was projected to decline. A census tract in the northeast corner is projected to grow more than twice the WI growth rate.

## 2018 Median Age & Income



These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the southwest corner of Jefferson County with a median age of 51 and the census tract in the southeast corner with a median age of 26.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The two counties have fairly even median incomes.

The lower map is the number of households making less than \$15,000 per year. Again further attempting to identify those areas within the county that may have lower health status.

## Description of the Communities Served

Additionally, Dodge County's February 2019 preliminary unemployment was 3.1% and Jefferson's was 3.4% compared to 2.9% for Wisconsin and 3.8% for the U.S., which is a large decline in unemployment since 2014. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

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## Business Profile

Sixty-five percent of employees in Dodge County were employed in:

- Manufacturing (21.8%)
- Health care and social assistance (14.2%)
- Public Administration (12.0%)
- Retail trade (10.2%)
- Education services (6.8%)

*Source: ESRI*

Retail jobs offers health insurance at a lower rate than manufacturing, healthcare, public administration and educational services. Dodge County loses 6,558 net commuters per day commuting out of the county for work, with 11,808 commuting into the county and 18,366 commuting out of the county.

*Source: US Census Bureau, American Community Survey (2009-2013)*

Sixty-three percent of employees in Jefferson County were employed in:

- Retail trade (19.2%)
- Manufacturing (16.5%)
- Health care and social assistance (12.2%)
- Educational services (7.4%)
- Accommodation and food services (7.4%)

*Source: ESRI*

Retail and accommodation and food service jobs offers health insurance at a lower rate than healthcare, manufacturing, education and public administration. Jefferson County loses 9,378 net commuters per day commuting outside the county for work, with 10,116 commuting into the county and 19,494 commuting out of the county.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.



### Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 49% of Dodge and Jefferson Counties are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.

The dominant Tapestry Segments in the counties were Green Acres (20%), Salt of the Earth (16%), and Middleburg (13%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

#### Top 3 Tapestry Segments

##### 6A | Green Acres (20%)

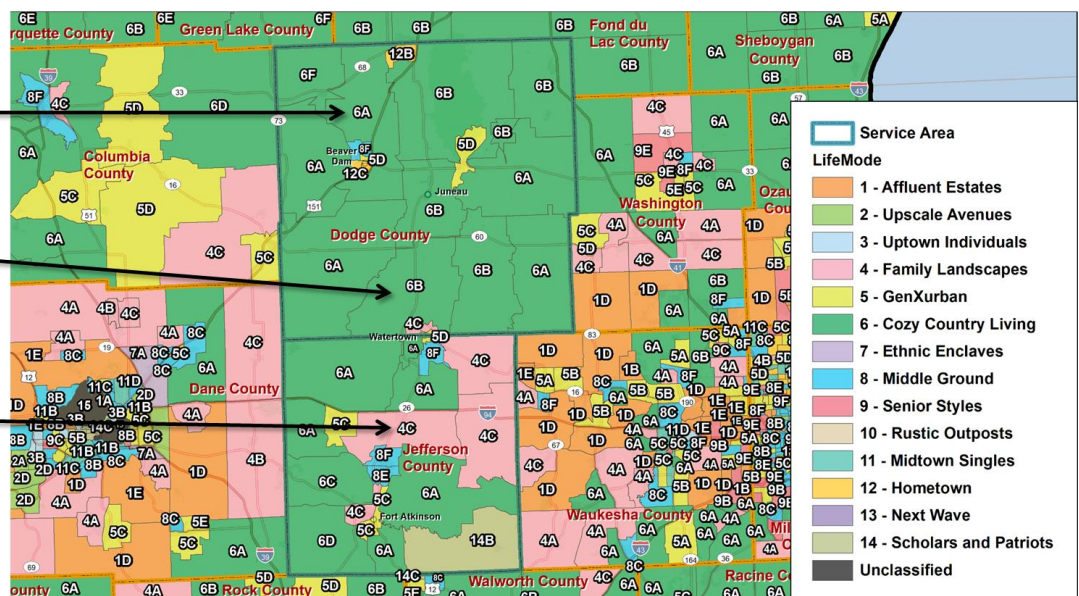
- 43.9 med. age
- \$77k med. HH income
- More than 60% college educated
- Homeowners favor DIY improvements
- Residents active in their communities

##### 6B | Salt of the Earth (16%)

- 44.1 med. age
- \$56k med. HH income
- Cost conscious, prefer American made
- Last to buy latest and greatest products
- Spending time with family is #1 priority

##### 4C | Middleburg (13%)

- 36.1 med. age
- \$60k med. HH income
- Prefer to buy American
- Traditional values
- Entertainment is family oriented



Source: ESRI



### Focus Groups and Interview Results

Forty-seven community stakeholders representing the broad interests of the community as well as representing low income, medically underserved and minority populations participated in three focus groups and individual interviews on April 24-25, 2019 for their input into the community's health. There were focus groups in Juneau, Watertown and Jefferson. Community participation in the focus groups and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussions and the individual interviews.

#### 1. How do you define health?

- Physical emotional wellbeing, stability, thriving, multifaceted, security and safety
- Being able to function and live in the community
- Wellbeing, mental, social, emotional, physical, financial, school readiness, basic necessities being met
- General wellbeing, mental, physical, emotional, spiritual, social economic

#### 2. Generally, how would you describe the community's health?

- Not in the best of health either physically or mentally
- Struggling more than people are aware of
- There's a gap between the haves and have nots, and it is widening. There are two parallel universes, one that has difficulty functioning and the other universe doesn't see the other.
- It depends on socioeconomics. Good and not so good.
- Precarious

#### 3. What are the most important health issues facing Dodge and Jefferson Counties?

- Substance use disorders/alcohol/tobacco
  - Heroin
  - Alcohol culture
  - Results in adverse childhood experiences for the kids
- Mental health
  - Lack of access to services, esp. for low income, children
  - Growing diagnosis serious and persistent mental illness
  - Dual diagnosis with substance abuse
- Transportation
  - Need for jobs, doctor's appointments, grocery, seniors
  - Convenient
- Housing
  - Affordable
  - Homeless shelters
- Nutrition and Exercise
  - Proper nutrition – kids, families, elderly
  - Lack of exercise, sedentary
- Access to care and insurance
  - Dental
  - Primary care
  - Free clinics
- Senior issues
  - Caregivers
  - Dental and mental health
  - Isolation
- Socioeconomics/poverty
  - Paycheck to paycheck stress
  - Part time jobs
- Family/children's issues
  - Child abuse and neglect
  - Single parent households
  - ACEs
- Others
  - Social media and screen time
  - Sexually transmitted infections
  - Disabilities

## Focus Group Results, cont.

### 4. What has changed most in the health status in the last 3 years?

Improved

- Blue Zones in Beaver Dam focusing on nutrition, movement and community
- Mental health providers in schools
- Jobs are available
- Schools addressing mental health

Worse

- Lack of mental health providers
- Transportation to jobs
- Lack of a living wage
- Nutrition – backpack program growing
- Homelessness
- Substance abuse
- Toxic stress
- ACEs due to addiction

### 5. What behaviors have the most negative impact on health?

- Drug use
- Alcohol use
- Tobacco use
- Lack of physical activity
- Lack of coping strategies
- Technology

### 6. What environmental factors have the biggest impact on community health?

- Good walking and biking trails
- Agriculture and clean water
- Weather – exercise in winter is difficult
- Public policy – food Share requirements
- Housing – lack of low-income housing
- Long commute times
- Location between two larger cities – drugs, urban make-up



*Photo Credit: Dodge County's Website*

## Focus Group Results, cont.

### 7. What are the barriers to improving health going forward?

- Lack of access to care
  - Mental health
  - Addiction treatment
  - High deductible health plans
- Personal responsibility and change
- Education and Knowledge
  - Lack of knowledge about resources and offerings
  - Lack education on health issues
- Economics/resources
  - Low minimum wage
  - Lose benefits with a job but don't make enough to support a family
- Healthcare system
  - Changing insurance environment
  - Low reimbursement creates issues for providers and nursing homes
- Leadership – need fresh ideas and openness
- Need more community volunteers

### 8. What community assets support health and wellbeing?

- Nurse navigators
- Walking/ biking trails
- Greater Watertown Foundation investing money in the two counties
- Not-for-profit organizations
- Churches
  - Literacy Council
- Police and Fire Departments
  - People Against Domestic Abuse (PADA)
- Parish nurses
  - University of Wisconsin-Whitewater
- Church Health Services
  - School nurse programs
- County services
  - Rainbow Hospice
- Temp Agencies provide transportation
  - Mobility Manager
- Loaves and Fishes
- Bread and Roses
- Feeding America
- Crossroads Transitional Housing
- Mary's Room
- Senior Center
- Free Clinic
- Dental Clinic
- Recovery Coaches
- Dave Gallup Foundation
- Recovery House
- Medically Assisted Treatment in Fort Atkinson
- Alternative drug and alcohol courts
- National Alliance on Mental Illness (NAMI)
- Suicide coalition

## Focus Group Results, cont.

### 9. Where do members of the community turn for basic healthcare needs?

- There are two health systems and one hospital in the county
- Emergency Department
- Low income have charitable options but don't understand how they can get care
- Local Clinics – but are open 8-5 and are difficult to access
- Free Clinic in Jefferson

### 10. If you had a magic wand and the power you so richly deserve, what priority health improvement action should Dodge and Jefferson Counties focus on?

- Increase access to mental health treatment, facility and providers
- Increase access to addiction treatment, sober living facilities
- Assistance in navigating the health system and providers
- Expand Medicaid
- Communicate charity care policies
- Increase access to primary care to monitor conditions, prescribe drugs, prevention
- Increase access to bilingual providers
- Education – services available, stress management, mental health
- Transportation – bus system for jobs, medical care, groceries
- Affordable housing – decrease homeless
- Higher wages
- Embrace diversity and improve cultural competencies
- Parenting programs and support for single parents
- Lower the cost of drugs
- Increase access to nutritious foods
- Integrated wellness centers



*Photo Credit: Blue Zones Dodge County Facebook*



### Survey Process

An online survey was conducted using SurveyMonkey and distributed to residents of Dodge and Jefferson Counties via the following methods.

Paper copies were distributed to:

- Juneau and Beaver Dam Libraries
- Beaver Dam Community Center
- Dodge County Health Department
- Jefferson County Health Dept
- Jefferson County Human Services
- Watertown Public Health
- Watertown City Hall
- Watertown Area Cares Clinic
- Watertown Family Center
- Watertown Area Chamber
- Watertown Senior & Community Centers

Survey Links were sent:

- Civic organizations – Beaver Dam
- City of Watertown website
- Greater Watertown Community Health Foundation webpage
- Dodge County website
- Jefferson County website

E-mailed

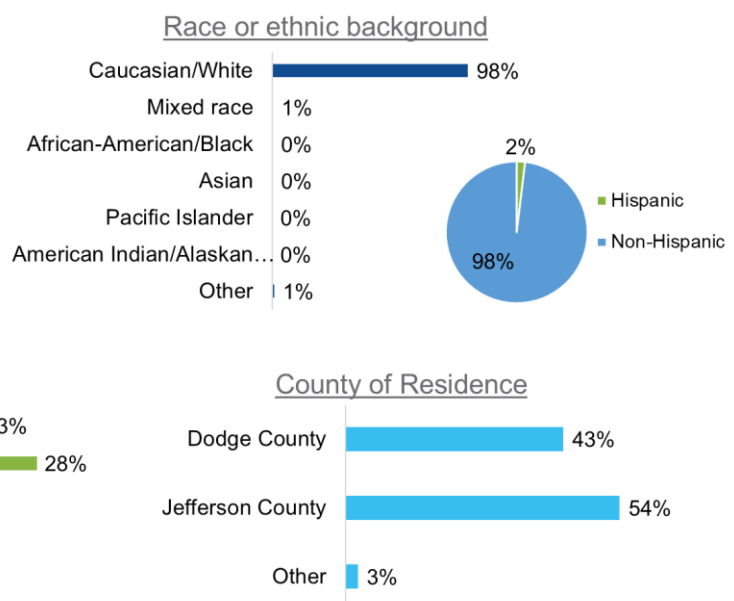
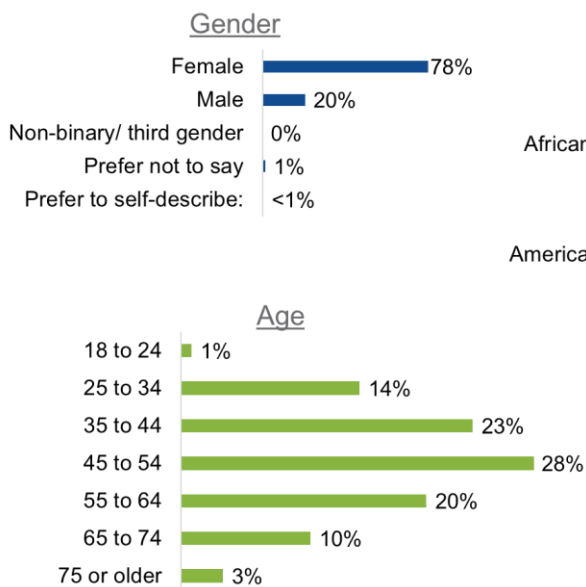
- Watertown city employees
- WUSD staff and families
- Jefferson County Drug Free Coalition
- Watertown Dept of Health Infectious Disease Meeting
- Juneau/Beaver Dam schools and school nurses
- Get Healthy Watertown members
- Jefferson County Schools and School Nurses
- Jefferson County Board members
- All county employees – cities, towns, villages
- Chamber of Commerce
- Community dental clinic
- Libraries

Facebook Pages

- WRMC Facebook
- Dodge Co Public Health Facebook
- Watertown Library Facebook
- Watertown Fire Dept Facebook
- Watertown Dept of Public Health
- Jefferson County Health Department
- Jefferson County

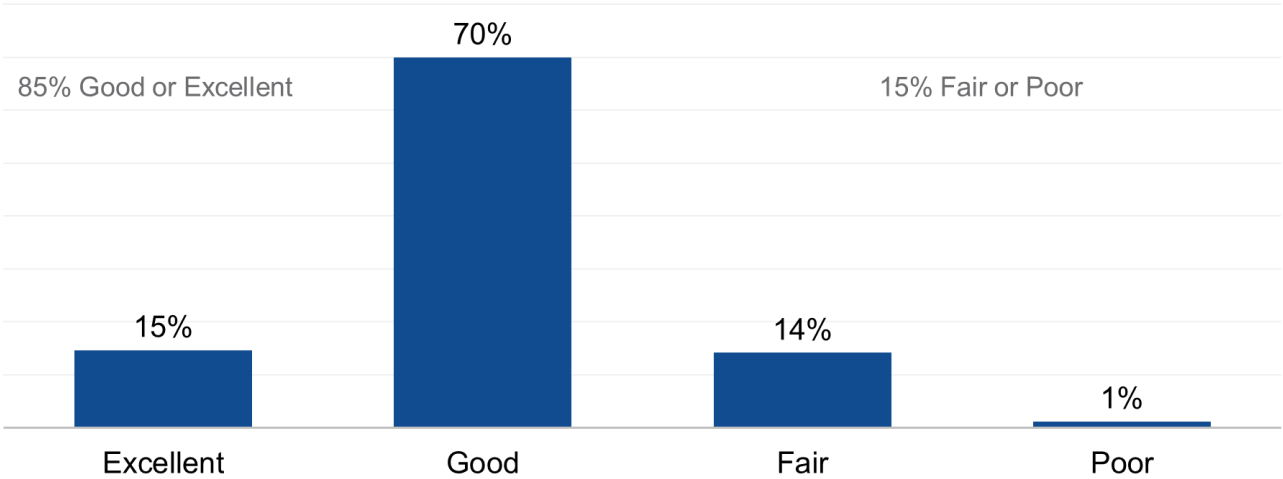
The survey opened on April 2 and closed April 29, 2019. 949 surveys were completed.

### Survey Demographics



## Health Status

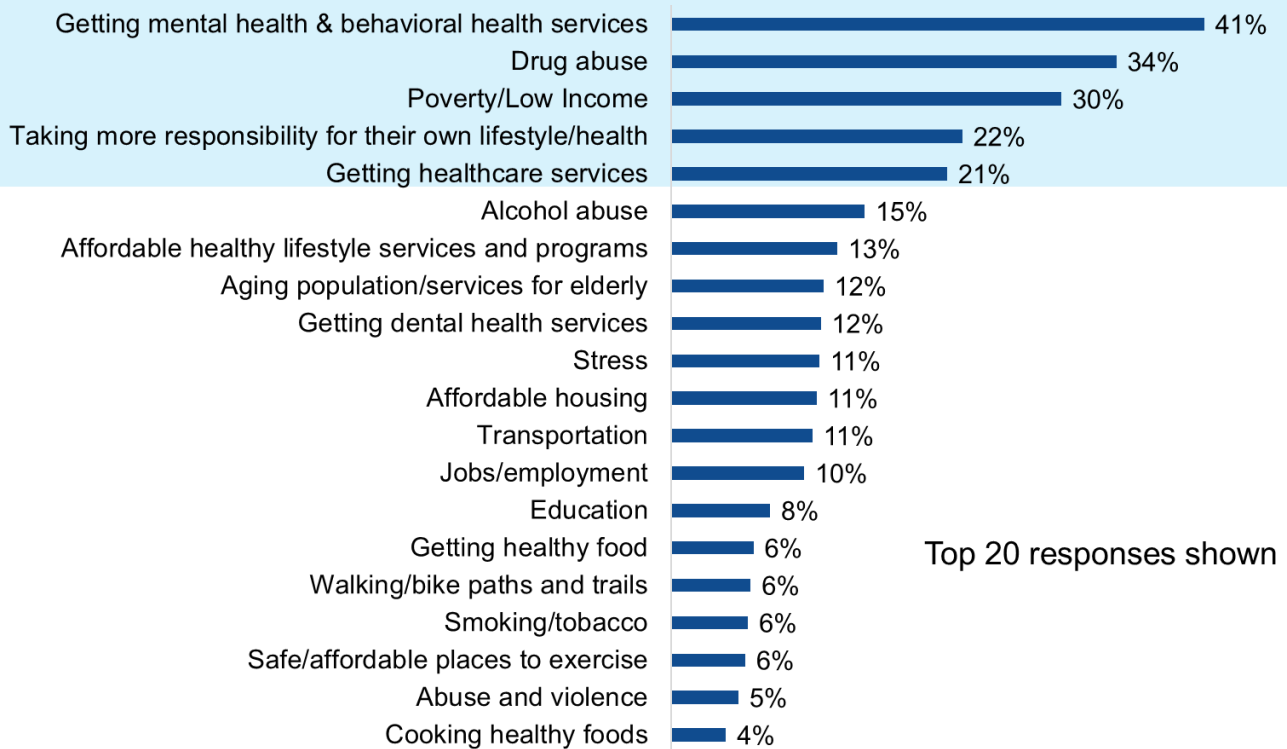
Generally, how would you describe your health?



15% believe their health is fair or poor, leaving 85% believing their health is excellent or good.

## Top Three Issues that Impact Health

What are the top 3 issues in your community that impact people's health?

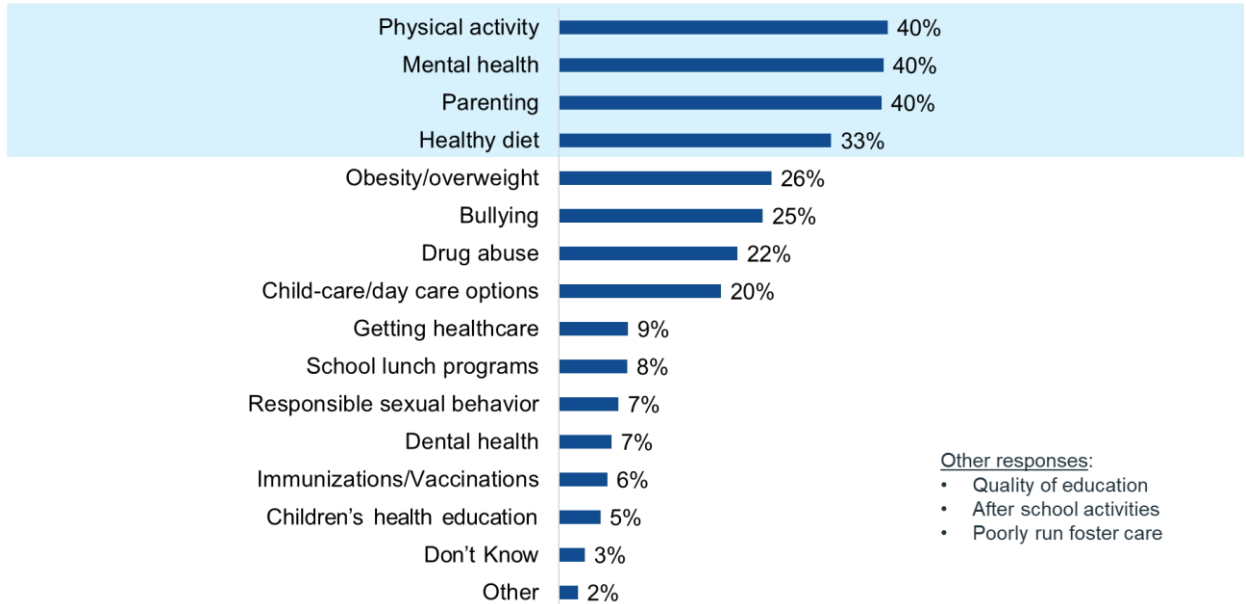


Top 20 responses shown

Mental and behavioral health services, drug abuse, poverty/low income and personal responsibility were the top issues impacting health in the community.

## Top Three Concerns for Children

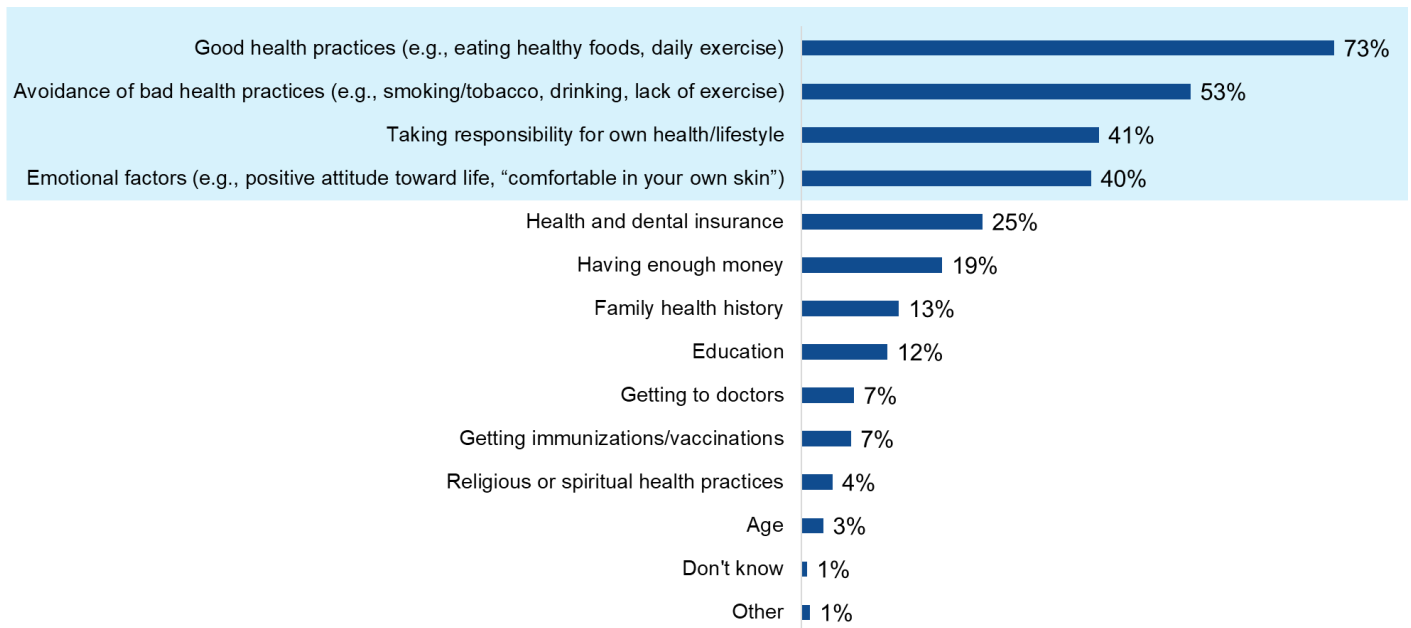
In your opinion, what are the top 3 health concerns for children in your community?



Physical activity, mental health, parenting and a healthy diet were the top concerns for children.

## Health Influencers

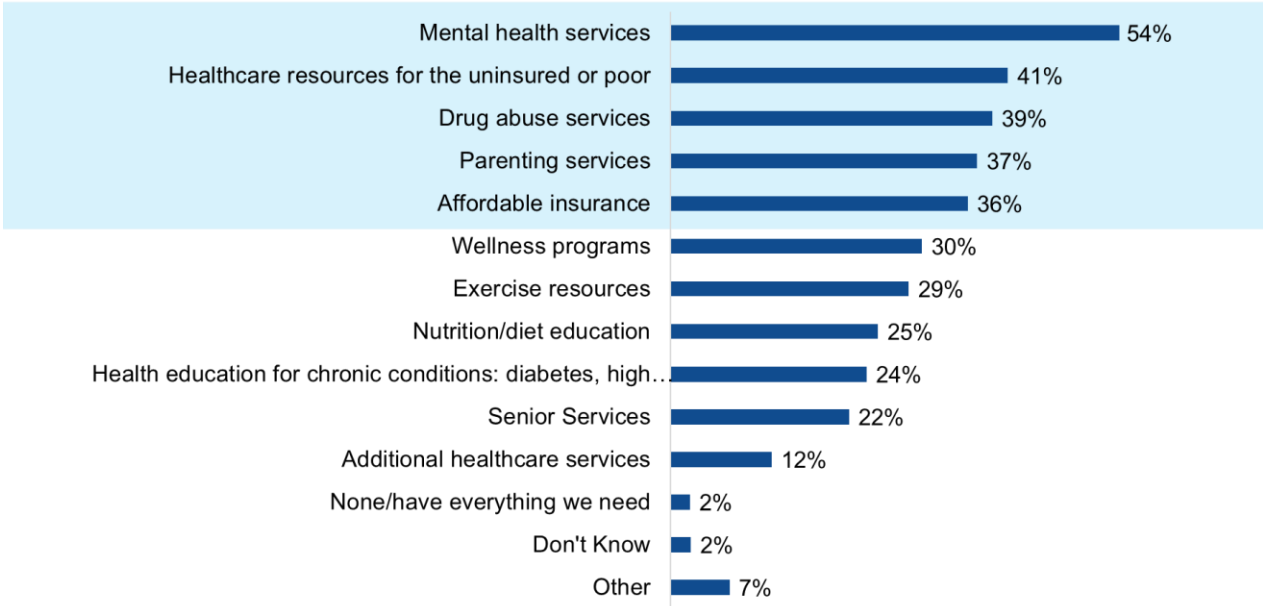
In your opinion, which are the top 3 factors that influence how healthy someone is?



Good health practices followed by avoidance of bad practices then personal responsibility for health were the top three factors that influence health.

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

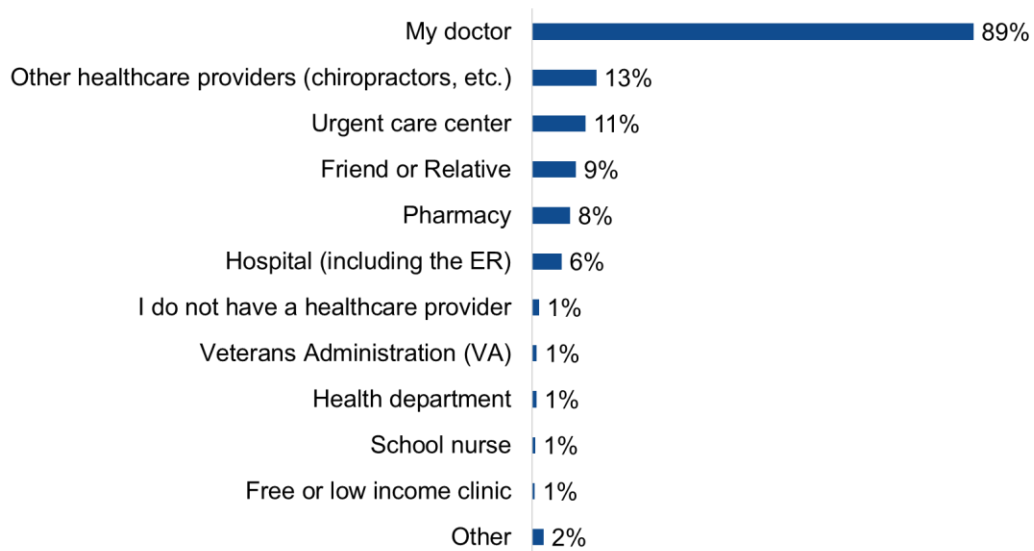
What healthcare, health education or public health services or programs would you like to see offered in your community?



Respondents would like to see mental health services, health resources for the uninsured or poor, drug abuse services, parenting services and affordable insurance.

## Basic Healthcare Needs

If you have one person or group you turn to for basic healthcare needs, where do you go most often?

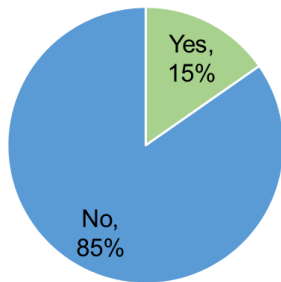


Most people go to their doctor for their basic healthcare needs followed by other healthcare providers, then urgent care.

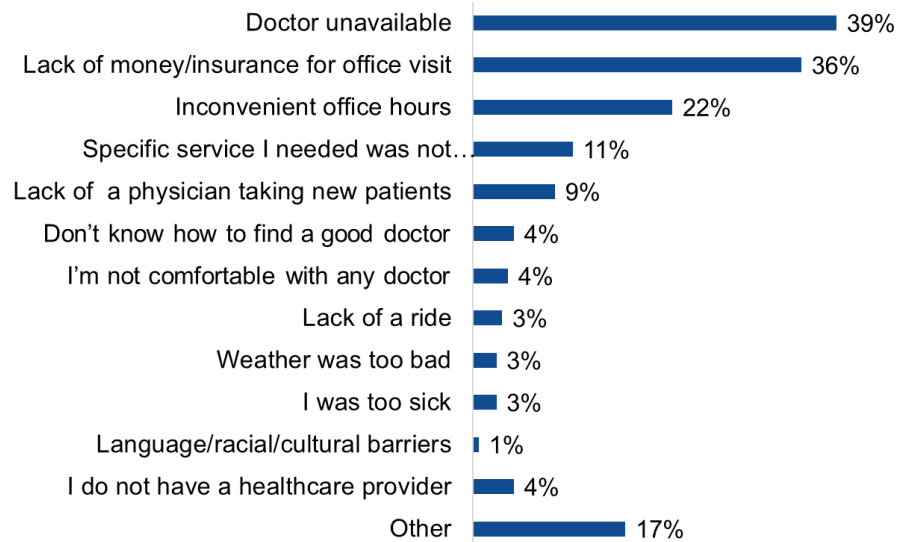


## Physician Access

Was there a time in the past 12 months when you needed to see a doctor but could not?



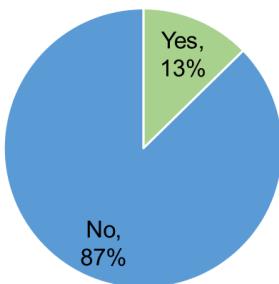
What are some of the reasons why you could not?



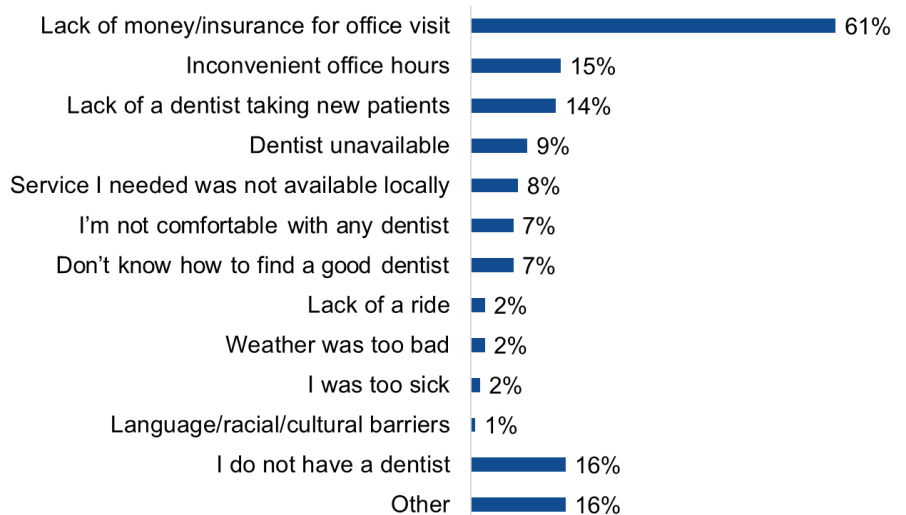
15% indicated there was a time in the last 12 months when they needed to see a doctor but could not. The primary reasons were the doctor was unavailable, lack of money/insurance for office visit and inconvenient office hours.

## Dentist Access

Was there a time in the past 12 months when you needed to see a dentist but could not?



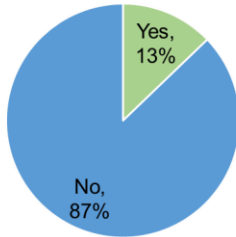
What are some of the reasons why you could not?



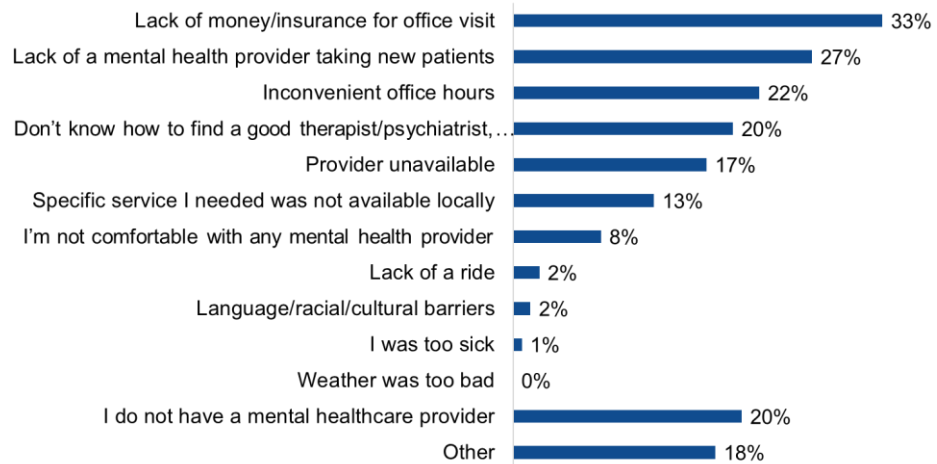
13% indicated there was a time in the last 12 months when they needed to see a dentist but could not. The primary reasons were lack of money/insurance for office visit, inconvenient office hours, and lack of a dentists taking new patients.

## Mental Health Access

Was there a time in the past 12 months when you needed to see a mental health professional but could not?



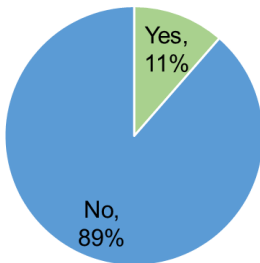
### What are some of the reasons why you could not?



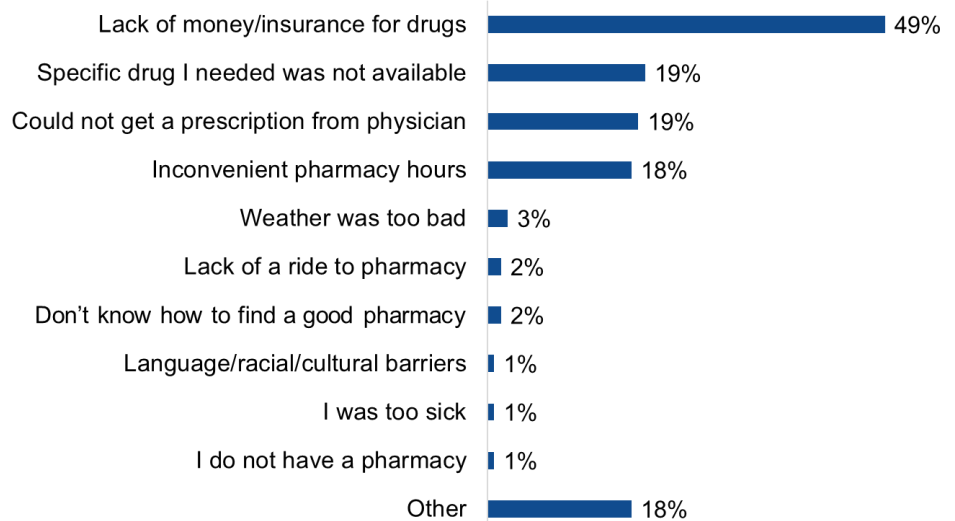
13% indicated there was a time in the last 12 months when they needed to see a doctor but could not. The primary reasons were lack of money/insurance for office visit, lack of a mental health provider taking new patients, and inconvenient office hours.

## Medication Access

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



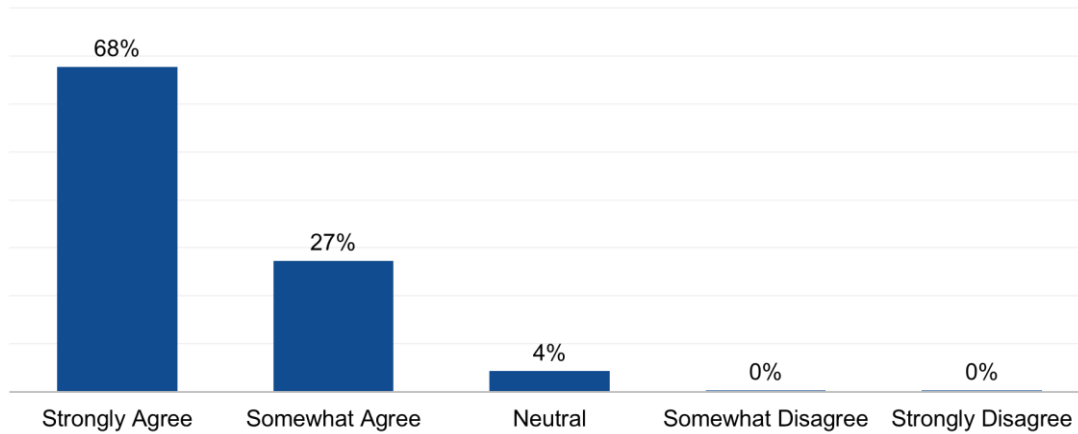
### What are some of the reasons why you could not?



11% indicated there was a time in the last 12 months when they needed medications but could not get them. The primary reasons were lack of money/insurance for drugs, specific drug I needed was not available, and could not get a prescription from physician.

## Drug Use

To what extent do you agree or disagree: drug abuse is a problem in our community?

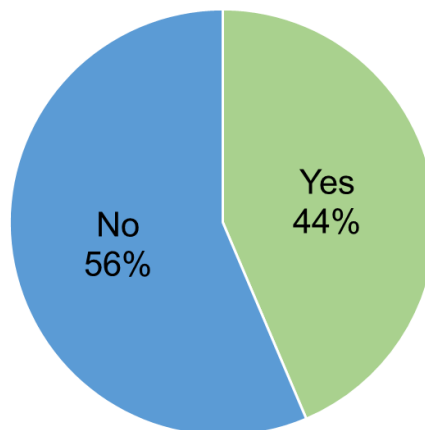


68% strongly agree with the statement, 27% somewhat agree, and 4% are neutral.

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## Drug and Alcohol Treatment

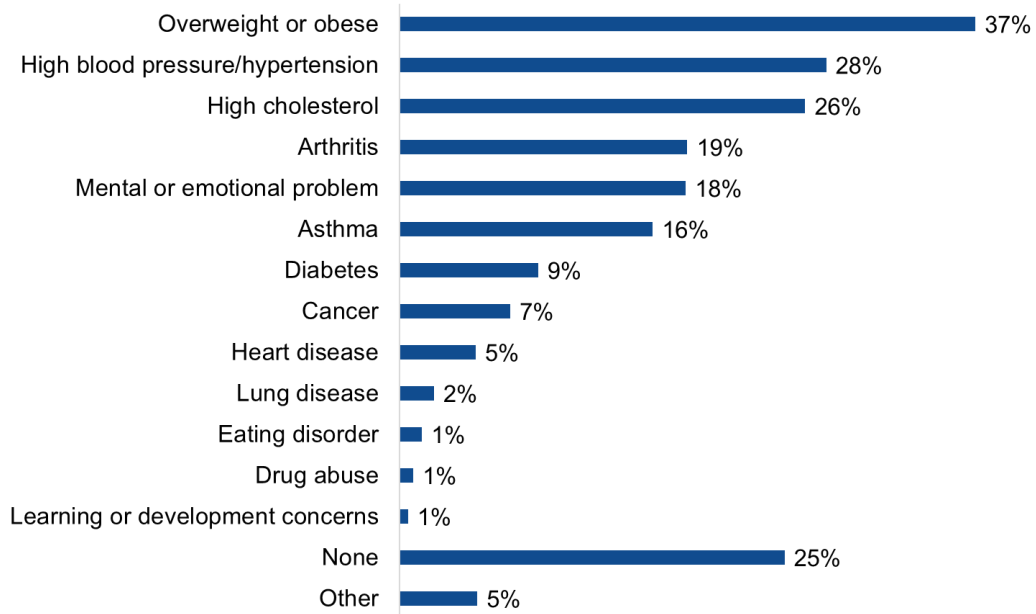
Would you be able to direct someone to access drug or alcohol treatment in the community?



56% would not be able to direct someone to access drug or alcohol treatment in the community.

## Health Conditions

Have you ever been told by a doctor you have any of these conditions, diseases or challenges?



25% of those surveyed have no conditions, diseases or challenges. 37% indicated they had been told they were overweight or obese, 28% had high blood pressure, 26% had high cholesterol, 19% had arthritis and 18% had a mental or emotional problem.

## Needed to Manage Health

Do you feel you have all that you need to manage your health condition(s)? What do you need in order to manage your health condition(s)?

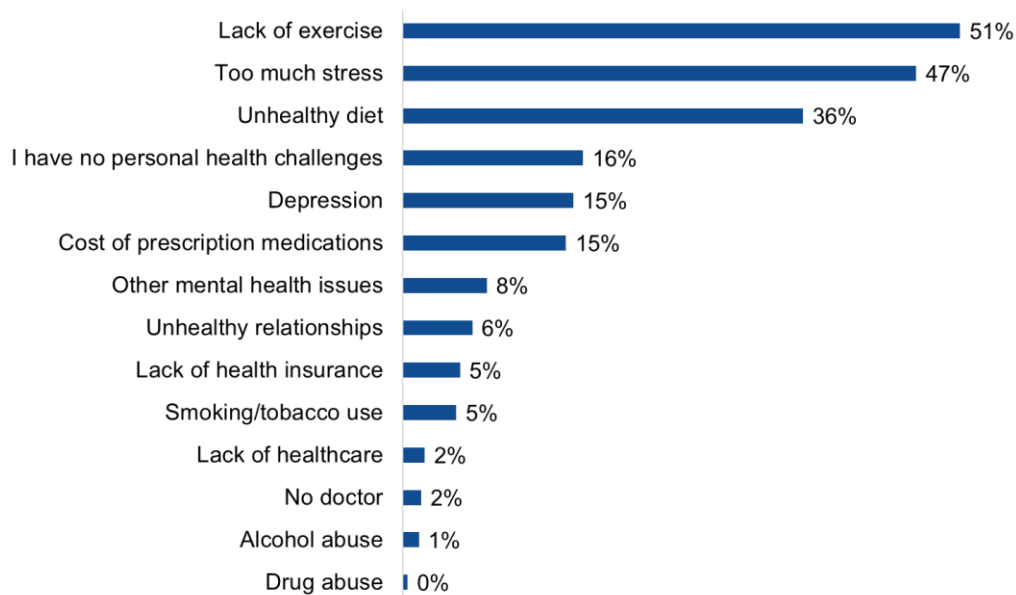


16% do not feel they have all they need to manage their health conditions. They need a better support system and financial assistance for doctor visits/medical supplies.



## Great Challenges to Personal Health

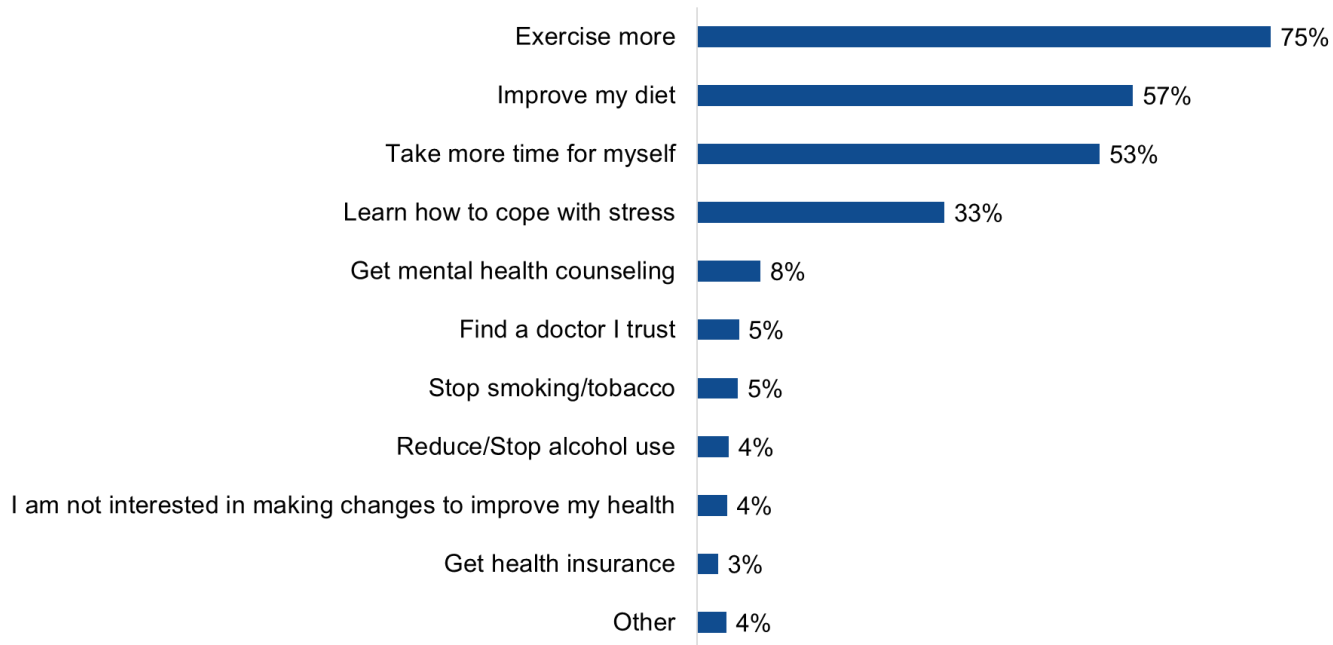
What do you feel are the greatest challenges to your personal health?



51% indicated lack of exercise was their greatest challenge to their personal health followed by stress, and unhealthy diet. 16% had no personal health challenges.

## Changes

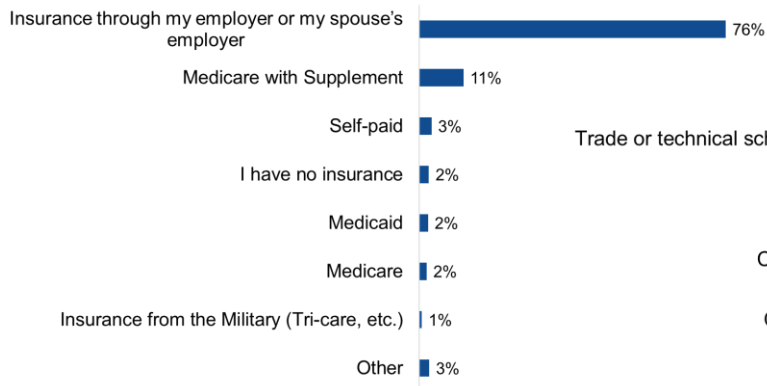
Thinking of your personal health, what change or changes would you like to make over the next 12 months?



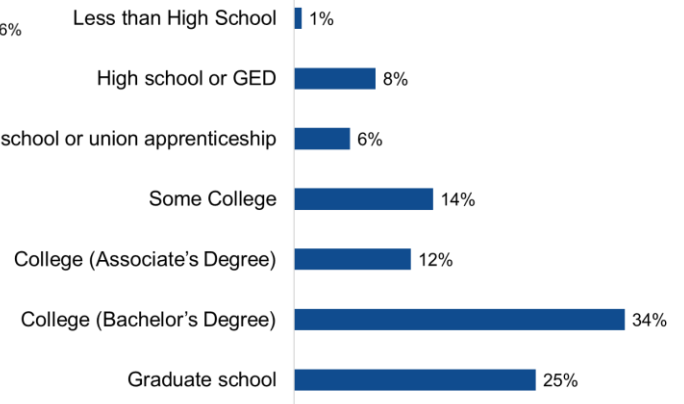
75% would like to exercise more while 57% want to improve their diet. 53% would like more time for themselves and 33% would like to learn how to cope with stress.

## Survey Demographics, cont.

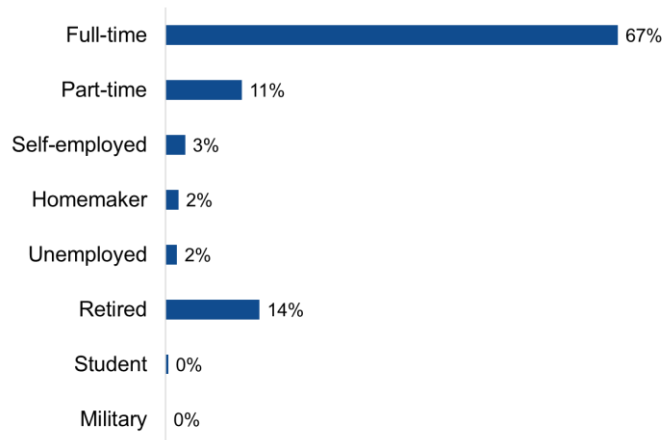
### Insurance Coverage



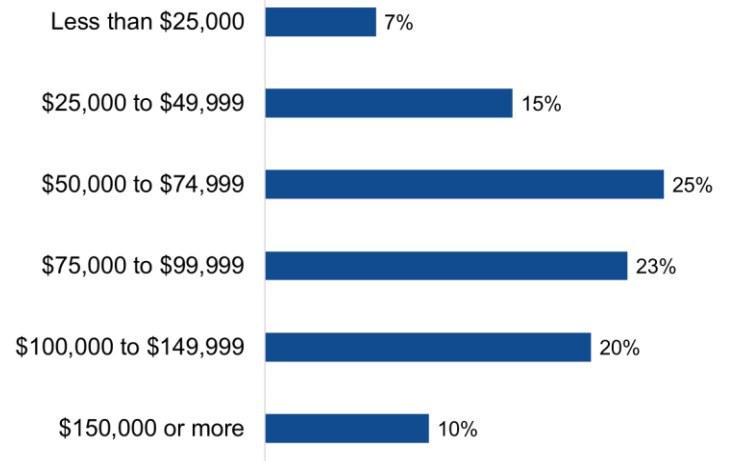
### Highest Level of Education



### Employment Status



### Annual Household Income



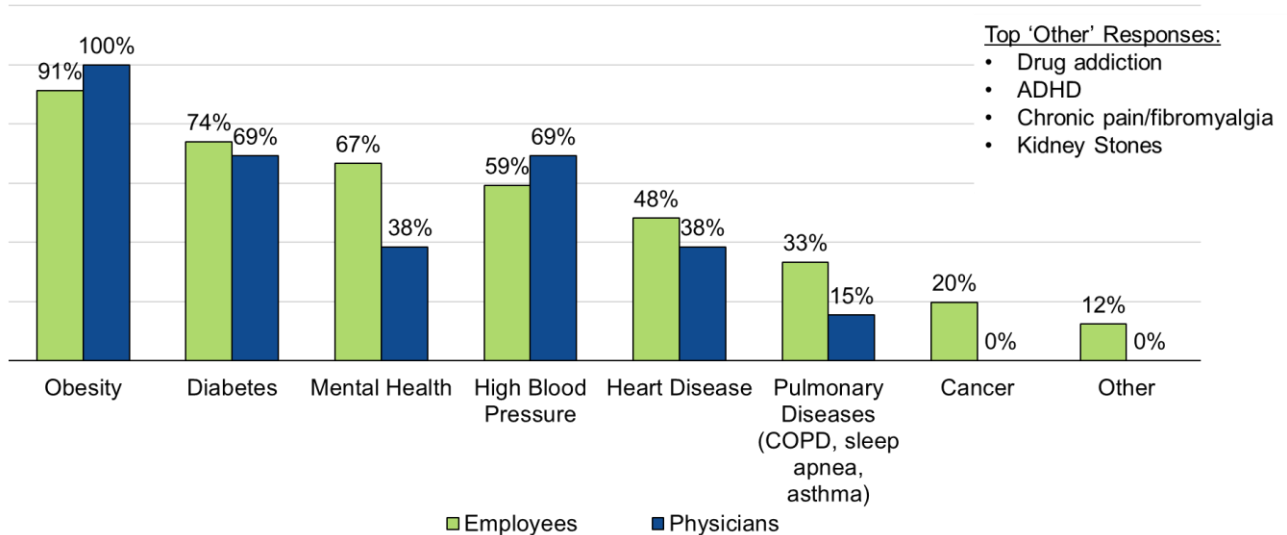
The survey skewed female and those employed full time with insurance. The age distribution was uniform as well as the household income.

### Survey Process

Watertown Regional Medical Center and Fort Healthcare conducted employee and physician surveys about the health of Dodge County and Jefferson County. A combined total of 83 employees and 13 physicians completed the on-line surveys. The surveys were conducted between April 1, 2019 through April 29, 2019.

### Prevalent Chronic Diseases

What are the most prevalent chronic diseases in your community?



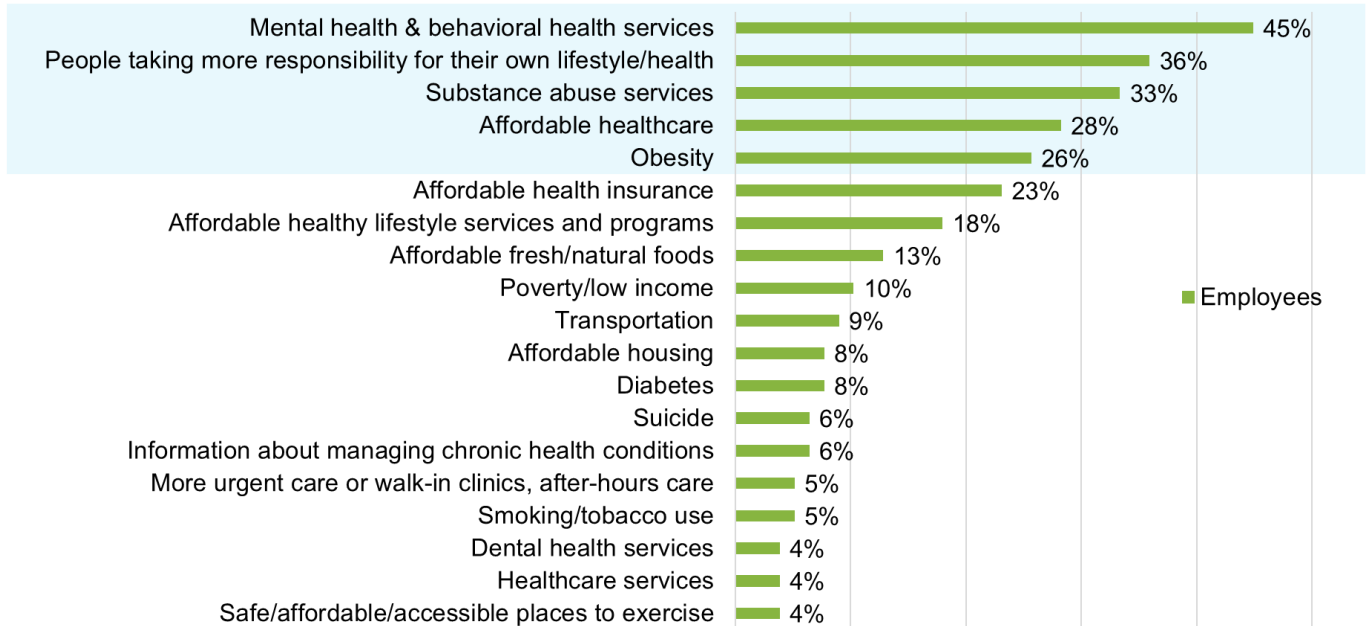
The employees felt that obesity, diabetes, mental health, high blood pressure and heart disease were the most prevalent chronic diseases. The providers also thought the same with obesity and then high blood pressure tying for second. However, mental health tied with heart disease.



Photo source: Cross Country Ski Trail Brandt Quirk Watertown (Park and Rec Facebook Page)

## Top Health Needs that Impact Health

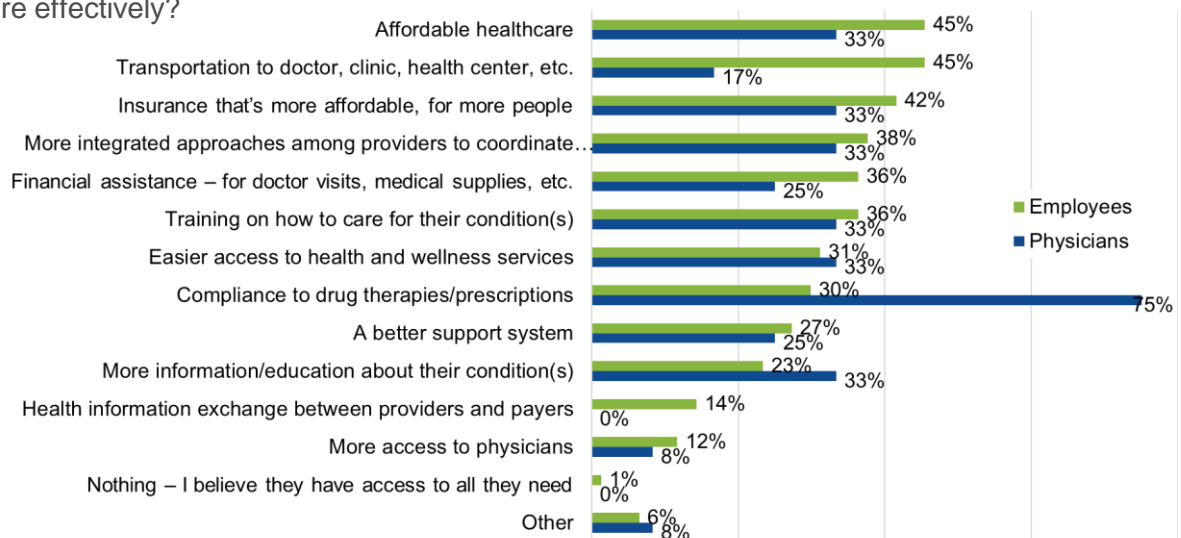
What are the top 3 issues that need to be addressed in your community that impact people's health?



Employees thought mental and behavioral health, personal responsibility, substance abuse services, affordable health care and obesity were the top health needs that impact health. Providers thought mental health, substance abuse, obesity, personal responsibility and dental services were the top needs.

## Community Needs

What, if anything, do you think the people in the community need in order to manage their health more effectively?



Affordable healthcare, transportation and affordable insurance were top needs for employees. Compliance to drug therapies, more information about conditions, affordable healthcare, affordable insurance, more integrated approach among providers to coordinate care, and training on how to care for their conditions were top needs for physicians.

### Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, Dodge County ranked 35<sup>th</sup> healthiest County in Wisconsin out of the 72 counties ranked (1= the healthiest; 72 = unhealthiest), 37<sup>th</sup> for health outcomes and 34<sup>th</sup> for health factors. Jefferson County ranked 18<sup>th</sup> healthiest county in Wisconsin, 15<sup>th</sup> for health outcomes and 22<sup>nd</sup> for health factors.

County Health Rankings suggest the areas to explore for improvement in Dodge County were: higher adult smoking, higher adult obesity percentage, lower percentage of adults with some college and higher percentage of excessive drinking. The areas of strength were identified as lower percentage of physical inactivity, Lower alcohol-impaired driving deaths, lower teen births, lower uninsured, lower preventable hospital stays, lower unemployment, lower children in poverty, and lower income inequality.

County Health Rankings suggest the areas to explore for improvement in Jefferson County were: higher adult smoking, higher adult obesity percentage, higher excessive drinking, higher population per primary care physician and higher air pollution. The areas of strength were identified as lower percentage of physical inactivity, lower teen births, lower uninsured, lower preventable hospital stays, higher mammography screening and higher flu vaccinations, higher percentage of adults with some college, lower unemployment, lower percentage of children in poverty, and lower income inequality

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., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Wisconsin and eventually the Nation, Dodge and Jefferson Counties must close several lifestyle gaps. For additional perspective, Wisconsin was ranked the 23<sup>rd</sup> healthiest state out of the 50 states. (Source: 2018 America's Health Rankings) Wisconsin strengths were low levels of air pollution, high percentage of high school graduation, low percentage of uninsured population. Wisconsin challenges were high prevalence of excessive drinking, high incidence of pertussis, low per capita public health funding.

<sup>2</sup> The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.



## Comparisons of Health Status

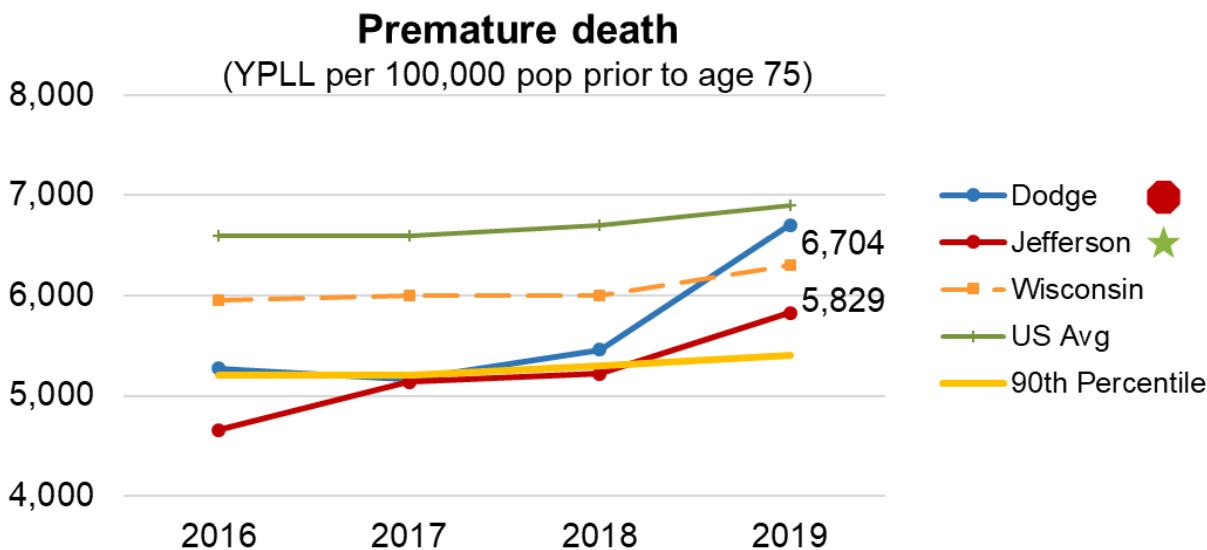
Information from County Health Rankings and America's Health Rankings was analyzed in the CHA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. Data for Wisconsin, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. If a measure was better than Wisconsin, it was identified as a strength, and where an indicator was worse than Wisconsin, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red symbols, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

## 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 37<sup>th</sup> and Jefferson County ranked 15<sup>th</sup> in Health Outcomes out of 72 Wisconsin counties.

### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Dodge County ranked 42<sup>nd</sup> in length of life in WI. Dodge County lost 6,704 years of potential life per 100,000 population which is higher than WI, but lower than the U.S. Jefferson lost 5,829 YPLL per 100,000 population, lower than WI and the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2015-2017

## Leading Causes of Death: Age-Adjusted Death Rates per 100,000

Cause of Death	Dodge County	Jefferson County	Wisconsin	US
Heart diseases	157.8	157.8	157.6	165.0
Cancer	162.3	156.8	153.2	152.5
Respiratory Diseases	40.0	33.6	38.3	49.4
Accidents (Unintentional Injuries)	70.3	55.5	58.3	40.4
Stroke	37.2	35.5	33.5	37.6
Alzheimer's Disease	44.5	27.7	31.6	31.0
Diabetes	16.5	17.3	19.4	21.5
Influenza and Pneumonia	16.7	8.7	12.9	14.3
Suicide	15.4	15.8	15.4	14.0
Kidney Disease	12.8	15.3	12.5	13.0

Source(s): Wonder CDC.gov (2017) Age-adjusted rates per 100,000 population. Multiple years were combined for each county to calculate reliable use rates. Dodge County data from 2016,2017. Jefferson County Data from 2015,2016,2017. WI and US data from 2017. Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Red areas had death rates higher than WI. The leading causes of death in Dodge County were cancer followed by heart disease. The leading cause of death in Jefferson County was heart disease followed by cancer, like WI and the U.S. Lagging as causes of death were accidents, respiratory diseases, and Alzheimer's Disease. Suicide deaths in Dodge County were the same as WI and higher in Jefferson County.

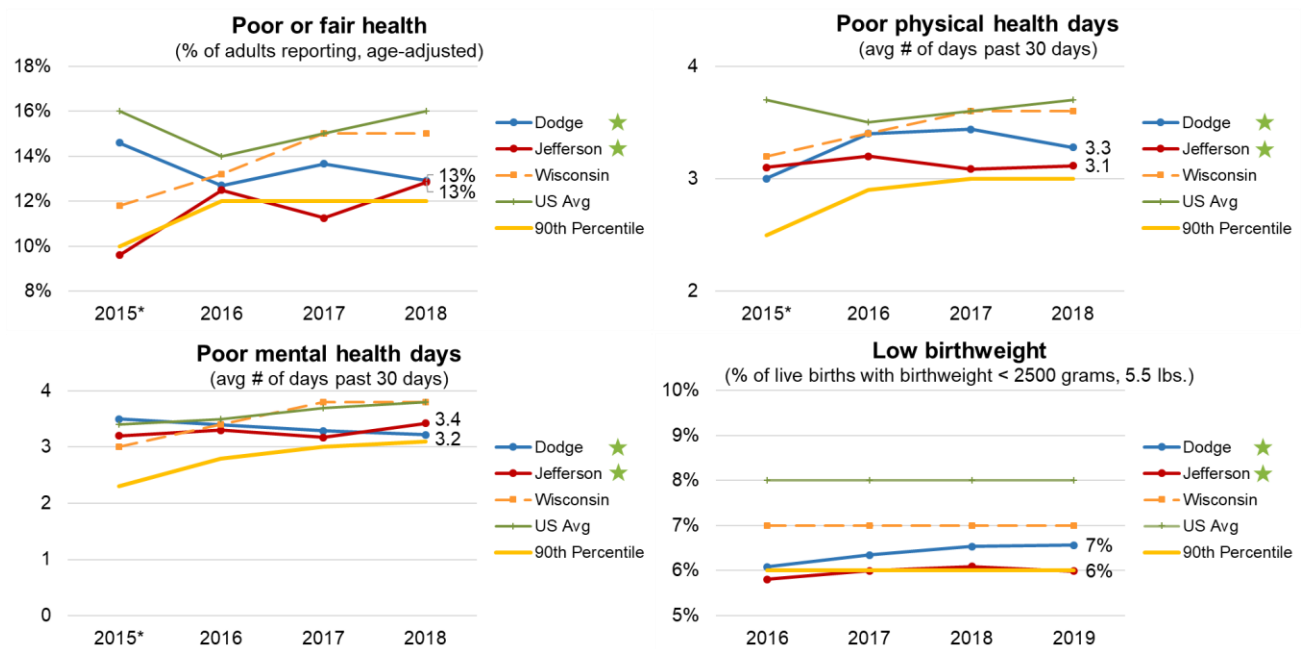
In most of the following graphs, Dodge County will be blue, Jefferson County will be red, Wisconsin (WI) will be orange, U.S. green and the 90th percentile of counties in the U.S. gold. \*indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.



Photo Credit: Frosty Rock Challenge Kids Run in Fort Atkinson; Facebook

## Quality of Life

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 21<sup>th</sup> and Jefferson ranked 9<sup>th</sup> in Wisconsin for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings; National Center for Health Statistics – Natality files (2011-2017)

## Quality of Life STRENGTHS

- Years of potential life lost per 100,000 population prior to age 75 in Jefferson County were lower than WI and the U.S.
- Dodge County had a lower death rate for diabetes and suicide than WI. Jefferson County had lower death rates for respiratory diseases, accidents, Alzheimer's Disease, Diabetes and Influenza and pneumonia.
- Dodge and Jefferson Counties at 13% had a lower percentage of adults reporting poor or fair health than WI and the U.S.
- Dodge and Jefferson Counties had lower average number of poor physical health days in the past 30 days than WI and the U.S. at 3.3 and 3.1 days.
- Dodge and Jefferson Counties also had a lower number of poor mental health days in the past 30 days than WI and the U.S. at 3.2 and 3.4.
- Dodge and Jefferson Counties had a lower percentage of low birthweight babies at 7% and 6%. Jefferson was at the 90<sup>th</sup> percentile of all counties in the U.S.

## Quality of Life OPPORTUNITIES

- Dodge County had higher years of potential life lost prior to age 75 than WI.
- Dodge County had higher death rates than WI for heart disease, cancer, respiratory diseases, accidents, stroke, Alzheimer's Disease, influenza and pneumonia and kidney disease. Jefferson County had higher death rates than WI for heart disease, cancer, stroke, suicide and kidney disease.



*Photo Credit: Watertown Women's Kayaking Club; Facebook*

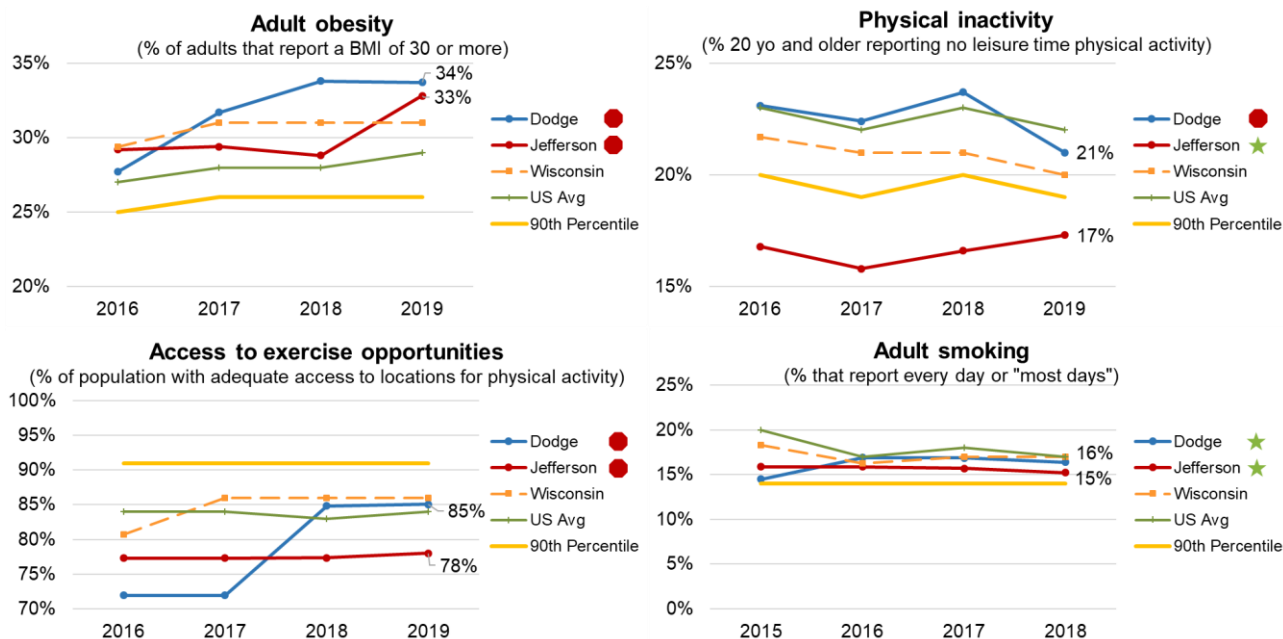


## Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Dodge County ranked 34<sup>th</sup> and Jefferson County ranked 22<sup>nd</sup> out of 72 Wisconsin counties.

## Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Dodge County ranked 45<sup>th</sup> and Jefferson County ranked 16<sup>th</sup> out of 72 counties in Wisconsin.



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2015 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2018. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

### Reason for Smoking Ranking

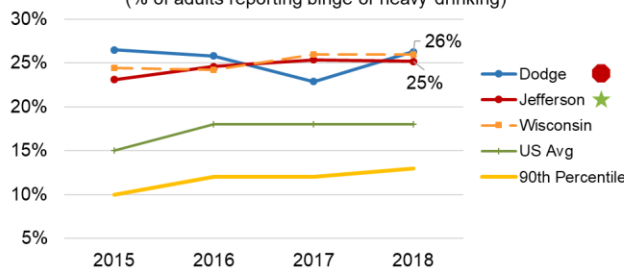
Each year approximately 480,000 premature deaths can be attributed to smoking.[1] Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

[1] U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014[accessed 2018 Feb 22]. [2] Nelson DE, Holtzman D, Bolen J, Stanwyck CA, Mack KA. Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Soz Präventivmed*. 2001;46:S3-S42.

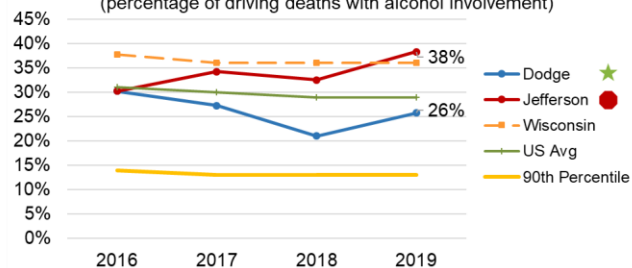


## Health Behaviors, Cont.

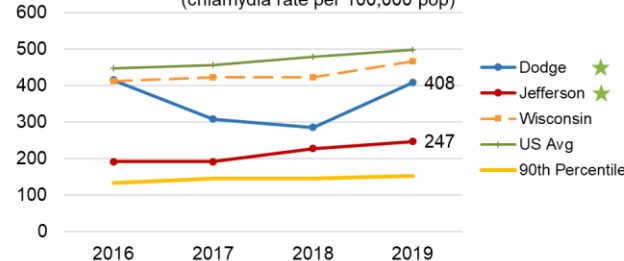
**Excessive Drinking**  
(% of adults reporting binge or heavy drinking)



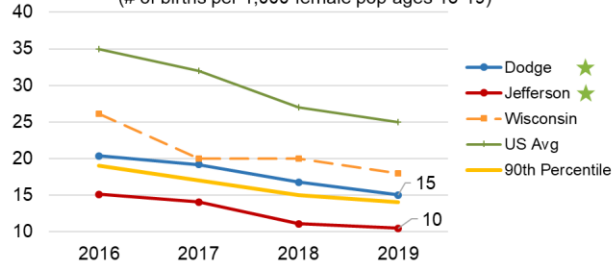
**Alcohol impaired driving deaths**  
(percentage of driving deaths with alcohol involvement)



**Sexually transmitted infections**  
(chlamydia rate per 100,000 pop)

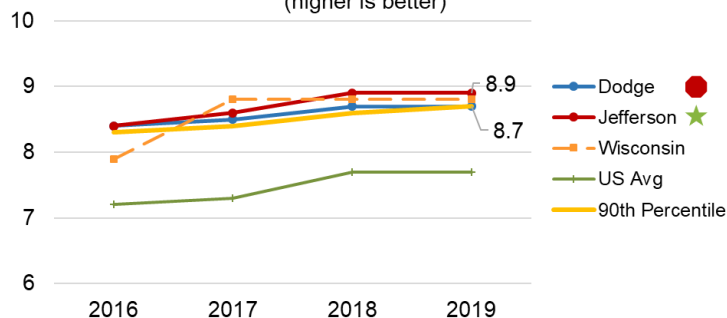


**Teen birth rate**  
(# of births per 1,000 female pop ages 15-19)

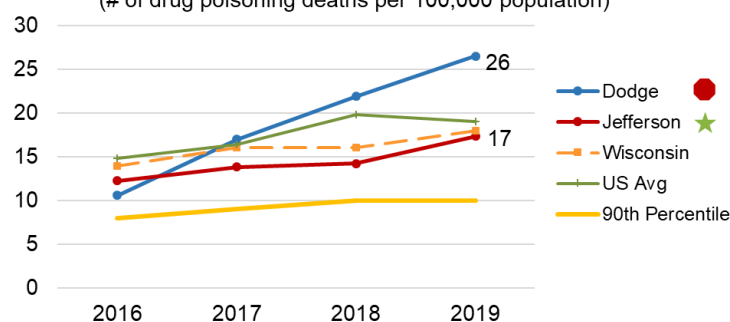


Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2013-2017 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2011-2017

**Food environment index**  
(higher is better)



**Drug Overdose Mortality Rate**  
(# of drug poisoning deaths per 100,000 population)



Source: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2016; CDC WONDER mortality data, 2015-2017

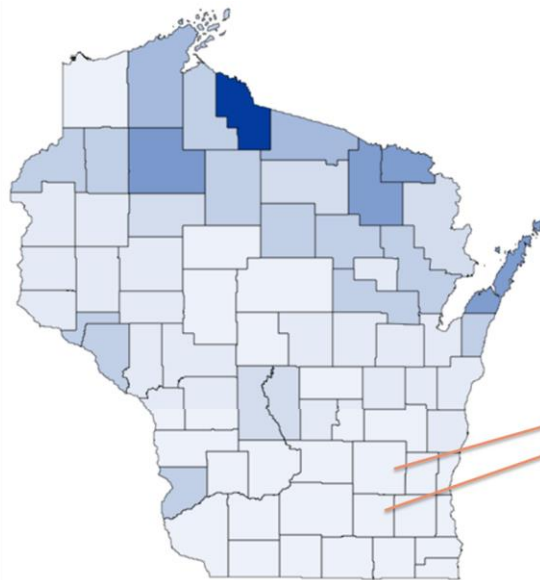
The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population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

## Health Behaviors, Cont.

### Alcohol Outlet Density

Alcohol Outlet Density 2015-2016 Crude Rate (per 500 pop) by County

Alcohol outlet density is significantly related to the level of alcohol harm and problems that neighborhoods experience, particularly violence.



Source: US Census County Business Patterns, 2016

### The Impact of E-Cigarettes on the Lung

Following excerpt taken from American Lung Association website, [www.lung.org](http://www.lung.org), “The Impact of E-Cigarettes on the Lung”

“In January 2018, the National Academies of Science, Engineering and Medicine<sup>1</sup> released a consensus study report that reviewed over 800 different studies.

That report made clear: using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit a number of potentially toxic substances. The Academies' report also states there is moderate evidence that youth who use e-cigarettes are at increased risk for cough and wheezing and an increase in asthma exacerbations.

A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes—propylene glycol and vegetable glycerin—are toxic to cells and that the more ingredients in an e-liquid, the greater the toxicity.<sup>2</sup>

E-cigarettes produce a number of dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.<sup>3</sup>

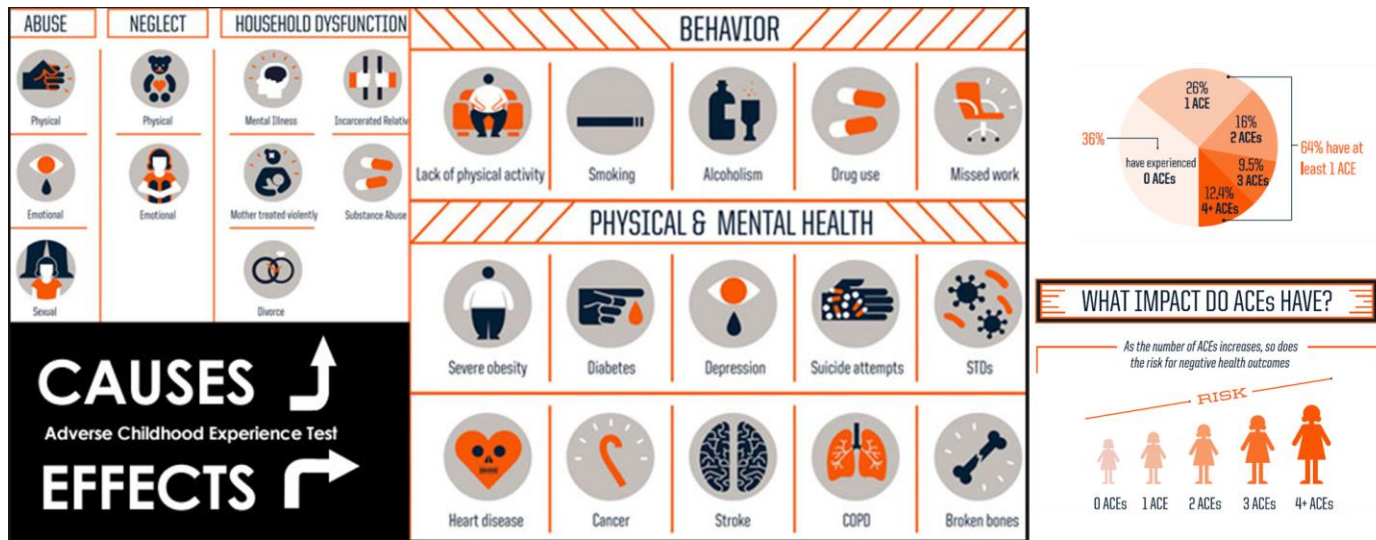
E-cigarettes also contain acrolein, a herbicide primarily used to kill weeds. It can cause acute lung injury and COPD and may cause asthma and lung cancer.<sup>4</sup>”

1. NAM Report - <https://www.nap.edu/resource/24952/012318ecigaretteConclusionsbyEvidence.pdf>
2. Sassano MF, Davis ES, Keating JE, Zorn BT, Kochar TK, Wolfgang MC, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. PLoS Biol 16(3): e2003904. <https://doi.org/10.1371/journal.pbio.2003904>
3. Ogunwale, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. ACS omega 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489].
4. Bein K, Leikauf GD. (2011) Acrolein - a pulmonary hazard. Mol Nutr Food Res 55(9):1342-60. doi: 10.1002/mnfr.201100279.

## Health Behaviors, Cont.

### Adverse Childhood Experiences (ACEs)

Abuse, neglect and household disfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor outcomes



Wisconsin 2011–2016 BRFSS prevalence rates by individual ACE<sup>1</sup>

Household Dysfunction	Prevalence	Abuse	Prevalence
Substance abuse in household	26%	Emotional abuse	28%
Divorce or parental separation	23%	Physical abuse	17%
Violence between adults in household	16%	Sexual abuse	10%
Mental illness in household	16%		
Incarcerated member of household	7%		

According to the WI BRFSS survey, 26% of WI children have substance abuse in the household, 23% have divorce or parental separation, 16% have violence between adults in the household, 16% have mental illness in the household, and 7% have an incarcerated member of the household. Additionally, 28% experience emotional abuse, 17% experience physical abuse and 10% experience sexual abuse.

<sup>1</sup>WI Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." [www.dhs.wisconsin.gov/stats/brfs.htm](http://www.dhs.wisconsin.gov/stats/brfs.htm)

## Health Behaviors STRENGTHS

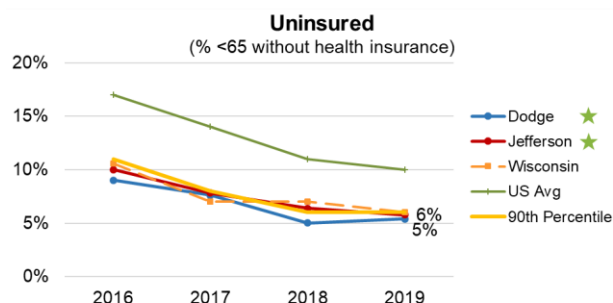
- Physical inactivity in Jefferson County was 17% which is lower than WI at 20% and the U.S. at 22%
  - Adult smoking was lower in Dodge and Jefferson Counties (16% and 15% respectively) than WI and the U.S. at 17%. However, given the dangers of any smoking the percentage should be lower.
  - Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Dodge County (408) and Jefferson County (247) than WI (466) and the U.S. (497).
  - Alcohol impaired driving deaths were lower in Dodge County (26%) than in WI (36%) and the U.S. (29%).
  - The teen birth rate in Dodge County was 15 births per 1,000 female population ages 15-19 was lower than WI at 18 births and the U.S. at 25 births and has decreased since 2016. Jefferson County was below the 90<sup>th</sup> percentile of all counties in the U.S. at 10 births.
  - The drug overdose mortality rate in Jefferson County was lower than WI and the U.S. at 17 drug poisoning deaths per 100,000 population.
  - The food environment index was higher in Jefferson County (8.9) than WI (8.8). The index has increased/improved for both Counties since 2016.
- .....

## Health Behaviors OPPORTUNITIES

- Adult obesity in Dodge County was 34% and Jefferson County was 33% both higher than WI at 31%, and the U.S. at 29%. The obesity trend had been increasing in Dodge but appears to have leveled off. Jefferson County's obesity increased from 2018 to 2019 data release. Obesity in Wisconsin and the U.S. continue to rise, putting people at increased risk of chronic diseases including: 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 Disease and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Dodge County at 21% than WI at 20%.
- Access to exercise opportunities in Dodge County was 85% and Jefferson was 78% both lower than WI at 86%.
- 26% of Dodge County and 25% of Jefferson County reported binge or heavy drinking equal to WI, but much higher than the U.S. at 18%.
- Alcohol outlet density per 500 population was 1.51 in Dodge and 1.58 in Jefferson compared to the U.S. at .05.
- Alcohol impaired driving deaths were higher in Jefferson County (38%) than in WI and the U.S.
- The drug overdose mortality rate in Dodge County was higher than WI and the U.S. at 26 drug poisoning deaths per 100,000 population.
- The food environment index was lower in Dodge County (8.7) than WI (8.8).

## Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Dodge County ranked 21<sup>st</sup> and Jefferson County ranked 31<sup>st</sup> out of 72 Wisconsin counties in clinical care.



**Preventable hospital stays**  
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

**2019**

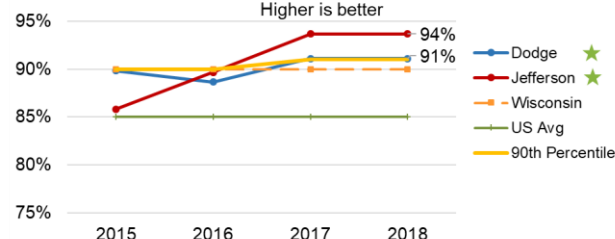
Dodge	3,163
Jefferson	3,624
Wisconsin	3,971
US Avg	4,648
90th Percentile	2,765

**Mammography screening**  
(% female Medicare enrollees receiving mammo screening)  
Higher is better

**2019**

Dodge	51%
Jefferson	47%
Wisconsin	50%
US Avg	40%
90th Percentile	49%

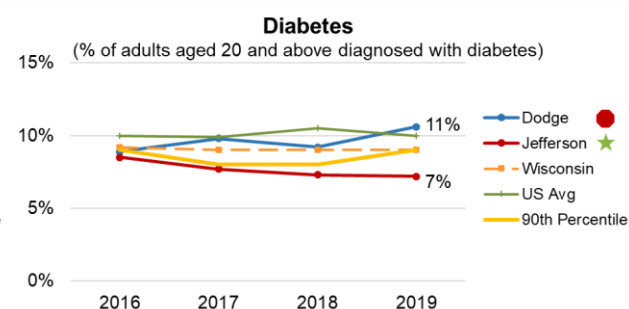
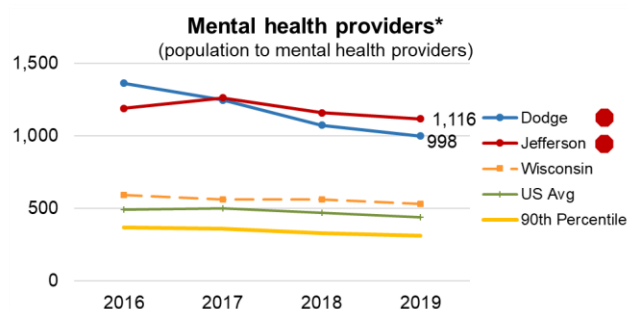
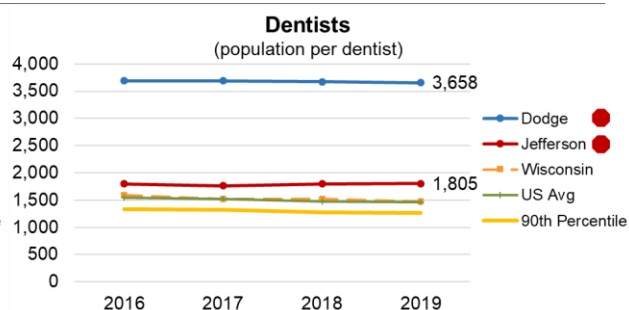
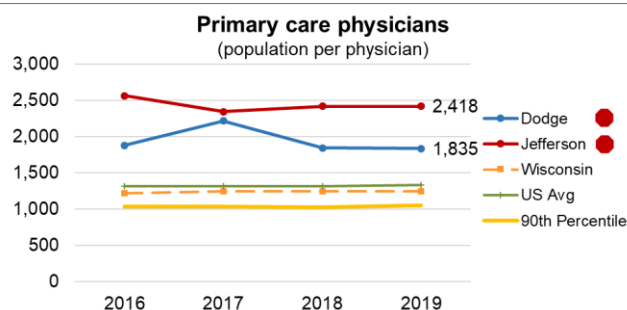
**Diabetic screening**  
(% diabetic Medicare enrollees receiving HbA1c screening)  
Higher is better



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2016

Source: Preventable hospital stays, mammography screening – County Health Rankings, CMS Mapping Medicare Disparities Tool, 2016

Source: diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2016



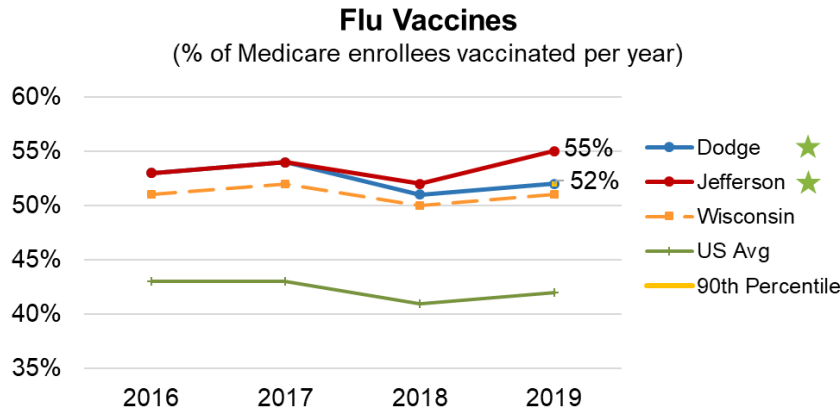
Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2016

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2017

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, 2018

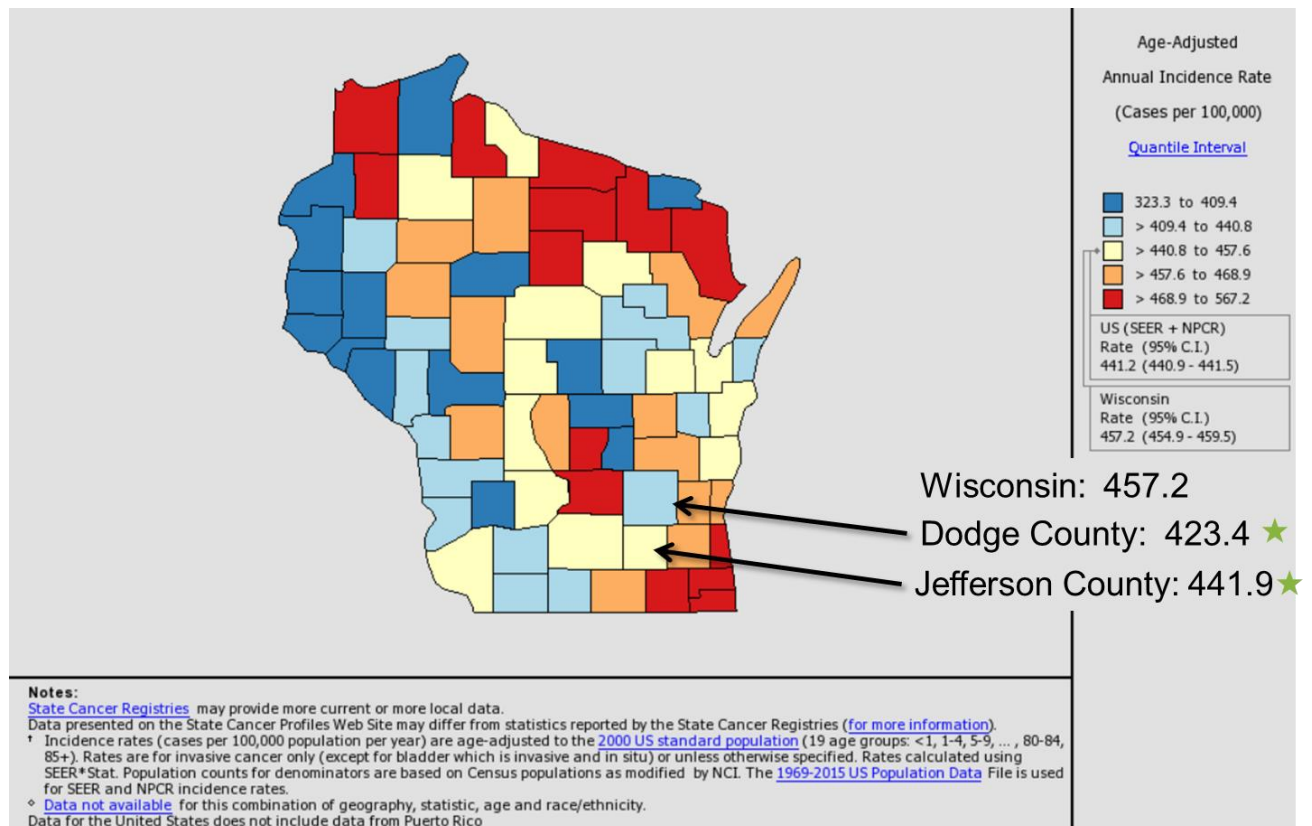


## Clinical Care, Cont.



Source: The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2016

## Cancer Incidence Rates – WI Counties



## Clinical Care STRENGTHS

- The percent of population under sixty-five without health insurance was 6% in Jefferson County and 5% in Dodge County, which was at WI and 90<sup>th</sup> percentile at 6% and lower than the U.S. at 10%.
- Preventable hospital stays in Dodge and Jefferson Counties were 3,163 and 3,624 per 100,000 Medicare enrollees which was lower than WI (3,971) and the U.S. (4,648).
- Mammography screening was higher in Dodge at 51% than WI at 50% and the U.S. at 40%.
- Diabetic screening was 94% in Jefferson and 91% in Dodge County which was higher than WI (90%) and the U.S. (85%).
- The percent of adults over 20 who had been diagnosed with diabetes was 7% in Jefferson County, lower than WI (9%) and the U.S. (10%).
- The cancer incidence rate in Dodge and Jefferson Counties was 423.4 and 441.9 cases per 100,000 population which was lower than WI (457.2).
- The percent of Medicare enrollees with flu vaccines per year was higher in Dodge and Jefferson Counties at 52% and 55% than WI and the U.S.

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## Clinical Care OPPORTUNITIES

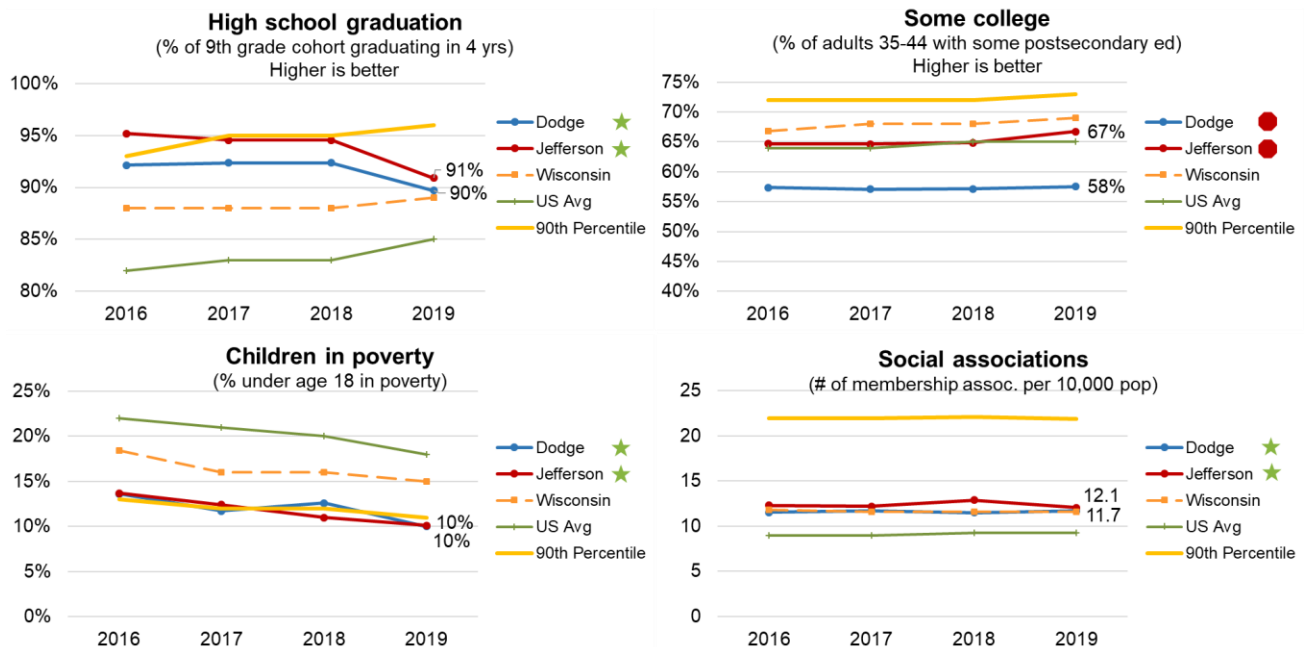
- The percent of female Medicare enrollees receiving mammography screening was 47% in Jefferson County which was lower than WI.
- The population per primary care physician was higher in Dodge and Jefferson Counties than WI and the U.S. at 1,835 and 2,418.
- The population per dentist was higher in Dodge and Jefferson Counties than WI and the U.S. at 3,658 and 1,805.
- The population per mental health provider was higher in Dodge and Jefferson Counties than WI and the U.S. at 998 and 1,116.
- The percentage of adults with diabetes in Dodge County at 11% was higher than WI and the U.S.



*Photo Credit: Railyard at Fort HealthCare; Facebook*

## 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 25<sup>th</sup> and Jefferson County ranked 20<sup>th</sup> out of 72 Wisconsin counties.

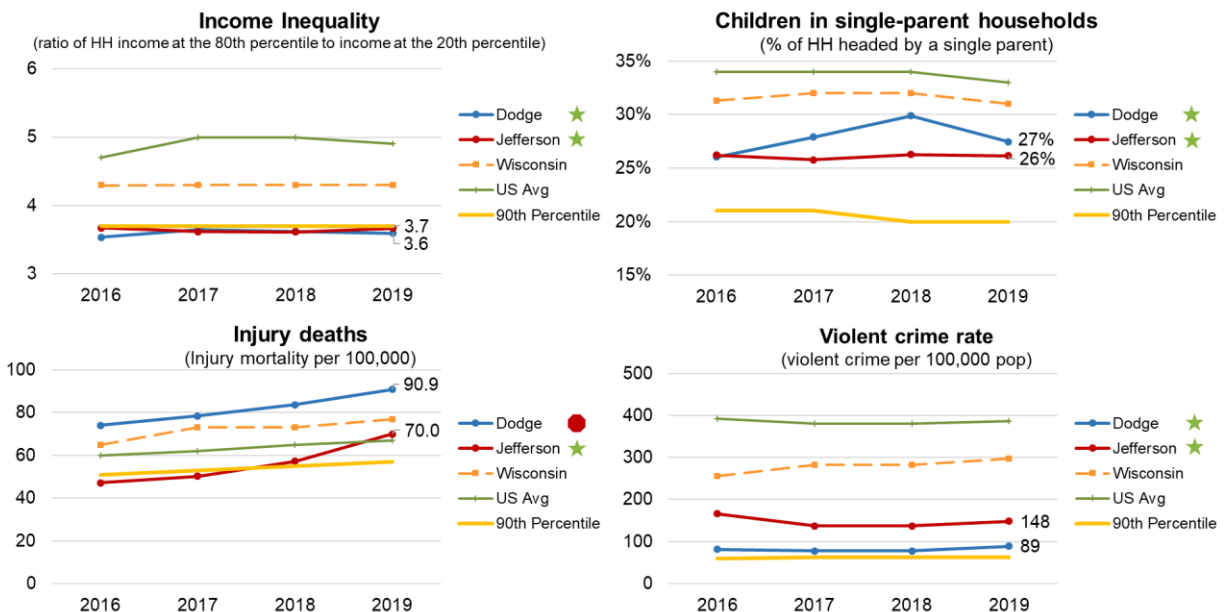


Source: High School graduation – County Health Rankings; WI Dept of Public Instruction, 2016-2017

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2013-2017.

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

Estimates, 2017 Source: Social associations - County Health Rankings; County Business Patterns, 2016



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2013-2017. Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2013-2017. Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2014 & 2016

## Social & Economic Factors STRENGTHS

- High school graduation was higher in Dodge and Jefferson Counties at 90% and 91% than WI at 89% and the U.S. at 85%. However, the trend is down.
- Social associations were higher in Dodge County at 11.7 and Jefferson County at 12.1 memberships per 10,000 population than WI at 11 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- The children in poverty rate was lower for both Dodge (10%) and Jefferson (10%) Counties than WI (15%) and the U.S. (18%). Both counties have experienced a significant decrease since 2016.
- Injury deaths were lower in Jefferson County at 70 per 100,000 population than WI (77).
- Income inequality represents the ratio of house hold income at the 80<sup>th</sup> percentile compared to income at the 20<sup>th</sup> percentile. Income inequality was lower in Dodge and Jefferson Counties at 3.6 and 3.7 than in WI (4) and the U.S. (5).
- The percentages of children in single-parent households were 27% in Dodge County and 26% in Jefferson County which was lower than WI at 31% and the U.S. at 33%.
- The violent crime rate in Dodge and Jefferson Counties at 89 and 148 violent crimes per 100,000 population were lower than in WI at 298 and the U.S. at 386.
- The median household income in Jefferson County was higher than WI at \$57,519.
- The poverty estimates for 2017 have poverty in Dodge County at 8.6% and in Jefferson County at 8.5%, both lower than WI (11.3%) and the U.S. (13.4%).

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## Social & Economic Factors OPPORTUNITIES

- 58% of Dodge County and 67% of Jefferson County adults had some postsecondary education which was lower than WI (69%).
  - Injury deaths in Dodge County at 90.9 per 100,000 population were higher than WI and the U.S.
  - The median household income in Dodge County was lower than WI and the U.S. at \$56,305.
- 



*Photo Credit: Grilled Trout Salad from Harvest Market at Watertown Regional Medical Center (Facebook)*



## Physical Environment

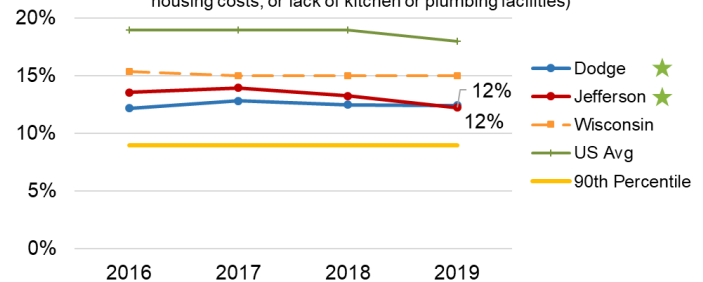
Physical environment contains four measures in the category and accounts for 10% of the County rankings. Dodge County ranked 65<sup>th</sup> and Jefferson County ranked 67<sup>th</sup> out of 72 Wisconsin counties in physical environment.

### Drinking water violations

	2017	2018	2019	
Dodge County	Yes	Yes	Yes	●
Jefferson County	Yes	Yes	Yes	●

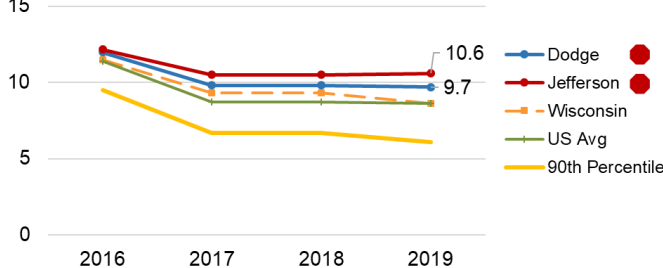
### Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



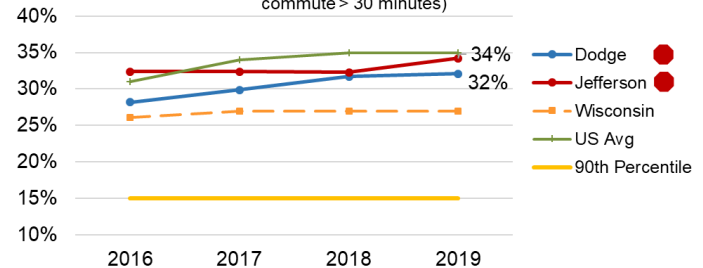
### Air pollution - particulate matter

(avg daily measure of matter in micrograms per cubic meter)



### Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2017. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2011-2015. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2013-2017. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2014

## Physical Environment STRENGTHS

- Dodge and Jefferson Counties had a lower percentage of severe housing problems than WI and the U.S. at 12% for both.

## Physical Environment OPPORTUNITIES

- Dodge and Jefferson Counties both had drinking water violations.
- The average daily measure of matter in micrograms per cubic meter at 10.8 in Dodge County and at 9.7 in Jefferson County were higher than WI and the U.S. both at 9.
- 32% of workers in Dodge County and 34% of workers in Jefferson County who commute alone commute over 30 minutes which was higher than WI.



### 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 towns, employers, churches, and community organizations to engender 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 have the poorest health outcomes.
  - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
  - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the counties have many assets to improve health.
- .....



*Photo Credit: Waterloo School Second Grade Class (Greater Watertown Community Health Foundation Facebook)*

# Results of the CHA: Community Health Summit Prioritized Health Needs, Goals and Actions

## Prioritization of Health Needs



Photo Credit Stratasan

### Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<b>Magnitude / scale of the problem</b>	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?
<b>Seriousness of Consequences</b>	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)?
<b>Feasibility</b>	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?

## Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. 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 many of the comments received on the sticky notes.

- 1. Substance Use Disorders**
- 2. Mental Health**
- 3. Obesity and Nutrition**
- 4. Family Issues**

### **1. Substance Use Disorders (53 sticky notes)**

- Substance/drug abuse/use (X22)
- Substance abuse – heroin and cocaine (X2)
- Substance use disorder (X2)
- Alcohol and alcohol abuse (X3)
- Alcohol and drug use/abuse (X14)
- Alcohol, use, abuse, and misuse
- Addictions- tobacco, alcohol, prescription/opioids
- Drug addiction/opioids (X2)
- Tobacco use
- Smoking including e-cigarettes
- Vaping among youth
- Youth e-cigarette rate: Middle school 272% increase, High school 154% increase from Mouth Tobacco Survey 2018
- All who abuse
- Increase EBP prevention strategies for alcohol use issue

### **2. Mental Health (51 responses, 50 sticky notes)**

- Mental health (X23)
- Mental and behavioral health (X5)
- Mental health services/access (X2)
- Access and availability of mental health providers
- Mental health “free” services (counselors)
- Getting mental and behavioral health services (X7)
- Mental health care treatment
- Pediatric mental health (X4)
- Use of drugs, depression, anxiety, loss of job, loss of housing
- Stress (X2)
- Social isolation
- Rethinking the need for earlier intervention and education settings
- Lack of counselors and treatment services
- Linking services, advocacy, many people struggle because they don’t ask the right questions because of age or mental issues

- 5. Physical Activity**
- 6. Socioeconomics**
- 7. Transportation**
- 8. Access and Affordability of Care**

### **3. Obesity and Nutrition (22 sticky notes)**

- Lack of healthy diet (X5)
- Need for increase access to fruits and vegetables
- Nutrition (X2)
- Nutrition education (X2)
- Obesity (childhood and adult) (X4)
- Lack of physical activity/exercise (X2)
- Heart disease
- Unhealthy lifestyle/life choices
- Senior health and nutrition
- Nutrition for school-aged kids
- Poor nutrition, poor eating choices/behaviors
- Systematic problem

### **4. Family Issues (20 sticky notes)**

- Family- positive parenting
- Parenting – involved, supporting (X5)
- Family/children issues (X3)
- Increase affordable high quality child care
- Adequate quality child care
- Responsible, involved, parents (parenting skills)
- Reducing ACEs (X2)
- ACEs, parenting protective factors
- ACEs and mental health
- Child abuse
- Toxic stress
- Seniors isolation and health (X2)

## Most Significant Community Health Needs, Cont.

### 5. Physical Activity (18 sticky notes)

- Physical activity (X11)
- Physical activity and obesity
- Clean water and air, clean environment
- Exercise, including education
- Exercise
- Nutrition and exercise
- Access to physical activity opportunities
- Activity in children

### 6. Socioeconomics (18 sticky notes)

- Poverty/ low income (X4)
- Poverty- housing and transportation concerns
- Affordable healthcare (X2)
- Unemployment
- Socioeconomic/poverty
- Lack of food
- Affordable healthy food choices
- Access to healthy food
- Homelessness (X2)
- Affordable housing (X2)
- Increase affordable housing unit
- Poverty= household income vs. housing, healthy food cost. Definition of “new” low income class

### 7. Transportation (11 sticky notes)

- Transportation (X7)
- Transportation for services
- Transportation- if you can't get to healthcare its useless to you
- Transportation including ambulance service availability and education
- Lack of transportation to jobs, medical appointments, after hours

### 8. Access and Affordability (9 sticky notes)

- Dental care (X4)
- Access to affordable healthcare (X3)
- Affordable insurance and drugs
- Increase access to healthcare navigation

### 9. Other

- Lifestyle responsibility
- Not accepting responsibility for personal health/wellness
- Taking more responsibility for own lifestyle/health
- Community education, public health programs
- Continued determination on slower process
- Very feasible align incentives/educate consequences of not compromising
- Patient engagement



Photo Credit  
Stratasan



# Community Health Summit Brainstorming

## Community Health Goals and Actions Brainstorming

The most significant health needs coalesced into nine categories. Table groups then brainstormed goals and actions for each goal along with resources and collaborators needed. The brainstorm results are below.

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### Significant Health Need 1: Substance Use Disorders



#### **Goal 1 –Reduce the amount of opioid deaths in the counties**

**Action 1** - Get community education out there and reach/focus on places where drug abusers are such as, food pantries, gas stations, churches, and schools.

*Resources/Collaborators Needed: schools, community educators, churches, board members, local government*

**Action 2** - Increase community training in Narcan

*Resources/Collaborators Needed: Need money for Narcan and training, train the trainers, training opportunities*



#### **Goal 2 – Increase the number of outpatient and inpatient treatment centers**

**Action 1** - Spread awareness of treatment options, increase treatment options and hours of treatment.

**Action 2** - Decrease the stigma of drug use and increase education on opioids. Have pharmacy and doctors educate people on addiction and signs of addiction.

*Resources/Collaborators Needed: Healthcare providers, faith-based organizations, community fundraising, community collection, pharmacists, medical professionals to help get the word out/educate*



#### **Goal 3 – Decrease tobacco/vaping use**

**Action 1** – Increase taxes on tobacco

**Action 2** – Change policies

*Resources/Collaborators Needed: Coalition, data, American Lung Association, government, educators*



*Photo Credit Stratasan*



## Significant Health Need 2: Mental Health

### ✓ Goal 1 – Expand access and increase early intervention

**Action 1** - Increase availability of mental health services in schools through mental health education, interventions, and outreach to parents and students.

**Action 2** - Emphasize appropriate language used. Need ongoing participation. Health department and hospitals are working together and have accomplished a lot but need further engagement of ideas, energy, and resources to move forward.

*Resources/Collaborators Needed: Community organizations, mental health professionals, jails, schools, churches*

### ✓ Goal 2 – Destigmatize mental health treatment and care

**Action 1** - Ease of access- integrate mental health into general clinics, environments, and more areas.

*Resources/Collaborators Needed: Mental health professionals, clinics, etc.*

**Action 2** - Educate the community and healthcare providers on impact of Adverse Childhood Experiences (ACEs) to recognize and refer accordingly.

**Action 3** - Engage education system to teach coping skills

*Resources/Collaborators Needed: Health department, hospital, community members, schools, educational grants*

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## Significant Health Need 3: Obesity and Nutrition

### ✓ Goal 1 – Improve senior nutrition

**Action 1** - Investigate and redesign meal sites and senior nutrition centers to increase attendance

**Action 2** - Reduce the stigma of meal sites

**Action 3** - Market and educate seniors of opportunities such as Meals on Wheels program

*Resources/Collaborators Needed: Meal sights, transportation opportunities, senior center, marketing efforts, funding, Meals on Wheels, churches, ADRC, hospital, other facilities*

### ✓ Goal 2 – Target middle school youth and create an education program to enhance nutrition choices, food preparation, and portion control

**Action 1** - Identify resources in the community to offer programs at schools

**Action 2** - Create blogs and social media for kids through the school system

**Action 3** - Include nutrition in home economics classes

*Resources/Collaborators Needed: Schools, after-school programs, social organizations, hospital dieticians, fitness facilities, student organizations, school board, student council*

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## Significant Health Need 4: Family Issues

### ✓ Goal 1 – By 2022, we will increase engagement of high-risk families centered around all programs working to reach more people

**Action 1** - Survey the needs of high-risk families, qualify missing needs and get them engaged with programs.

*Resources/Collaborators Needed: Survey resources, programs, funding*

**Action 2** - Utilize the new Talk, Read, Play center as a family engagement hub. Capitalize on community centers in high risk neighborhoods

*Resources/Collaborators Needed: Talk, Read, Play center, community centers, schools, churches, community members*

### ✓ Goal 2 – Increase high-quality affordable childcare

**Action 1** - Create a district pre-k program

**Action 2** - Build programs in more accessible locations and facilitate new child care options- build child care centers

*Resources/Collaborators Needed: Government, community leaders, child care professionals, funding and resources*



### **Goal 3 – Increase social connections**

**Action 1** - Create a family mentoring program

**Action 2** - Decrease senior isolation

*Resources/Collaborators Needed: Community leaders, schools, churches, senior center, facilitators, funding and resources*

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## **Significant Health Need 5: Physical Activity**



### **Goal 1 – Create a community-led movement program**

**Action 1** - Create incentives for physical activity in the community

**Action 2** - Walking assessment to find walking routes and start a walking program

**Action 3** - Establish locations for programs. Establish a location for people to exercise/walk in bad weather

*Resources/Collaborators Needed: Hospital, public health, free clinic, dental clinic, county agencies, locations for the program*



### **Goal 2 – Create an education and resource guide**

**Action 1** - Make resource guide available through media, and apps

**Action 2** - Provide an education guide for all the activities available in the community

**Action 3** - Involve employer's resources and collaborators

*Resources/Collaborators Needed: Government, community leaders, employers, providers, media*

### **Goal 3 – Improve physically active community policies**

**Action 1** - Review current policies at the municipal level and encourage them to enact policies to create safe routes to schools, make sure there is P.E. in school, etc.

*Resources/Collaborators Needed: School system, government, community advocates, parents, funding*

**Action 2** - Work with families with special needs children to make parks and playgrounds handicap accessible

**Action 3** - Integrate parks and art. Put interesting things along the trail such as educational information, trees, flowers

*Resources/Collaborators Needed: Get Healthy Watertown, funding, volunteers, advocates of the special need's community, government, park and recreation department*

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## **Significant Health Need 6: Socioeconomics**



### **Goal 1 – Increase subsidized housing for low income families with children**

**Action 1** - Build affordable housing, 1,2, and 3-bedroom houses near high employment areas. Section 8 currently has a waiting lists of 2-3 years- expand their resources

*Resources/Collaborators Needed: Government- zoning/resources, developers, Section 8, Rapid Rehousing program, community members*



### **Goal 2 – Look for grant opportunities for mixed use housing. Add child care, medical services, and housing for disabilities**

**Action 1** - Look at a business that does housing with childcare/medical etc.

**Action 2** - Provide tax incentives and subsidize the developments

*Resources/Collaborators Needed: Grants, government, businesses, developers, community advocates*

## Significant Health Need 7: Transportation

- ✓ **Goal 1 – Coordinate transportation services that address transportation needs/access to all people, so they receive the services and products they need.**

**Action 1** – Mobility managers who coordinate transportation needs/delivery solution for people and goods. Create a call center for a central place to coordinate driving and moving people and resources.

*Resources/Collaborators Needed: Call center, mobility manager, funding*

**Action 2** - Increase funding by engaging employers and others to address transportation/delivery needs.

*Resources /collaboration needed: community stakeholders, schools, churches, hospitals, local businesses*

**Measures:** Increase ridership, increase number of mobility solutions, Increase in number of essential goods/services delivered to residents

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## Significant Health Need 8: Access to affordable healthcare- mental health, dentists, medical

- ✓ **Goal 1 – Increase knowledge of community resources**

**Action 1** - Have one centralized resource to inform people of the services available, how and where to access them

**Action 2** - Update resources regularly

*Resources/Collaborators Needed: Hospital, public health, free clinic, dental clinic, county agencies*

- ✓ **Goal 2 – Increase volunteer participation of providers- MD, NP, specialists for free clinics**

**Action 1** - Work with local hospitals to increase providers participation

**Action 2** - Let providers know there is a need for their services. Work on contract changes so its part of their job.

*Resources/Collaborators Needed: Government, community leaders, child care professionals, funding and resources, contract reform*

- ✓ **Goal 3 – Increase pediatric dental care in the Watertown area. Focus on population up to 12 years of age to establish good habits.**

**Action 1** - Work with local dentists to provide pro bono care

*Resources/Collaborators Needed: Dentists, contract and tax reforms*

**Action 2** - Partner with Fort Atkinson and Beaver Dam to provide transportation for people to get to care.

*Resources/Collaborators Needed: Government, transportation services, funding, collaboration with care and transportation*



*Photo Credit  
Stratasan*

# Impact of 2016 CHA and Implementation Plan

## Impact

In 2016, the Dodge and Jefferson Counties, Wisconsin communities prioritized the following health needs:

- |                                   |                           |
|-----------------------------------|---------------------------|
| 1. Obesity/Nutrition and Activity | 5. Access                 |
| 2. Substance Abuse                | 6. Socioeconomics/poverty |
| 3. Mental/Behavioral Health       | 7. Miscellaneous          |
| 4. Children and Family Issues     |                           |

At the Community Health Summit, the Partnership presented on community initiatives since 2016. Bridget Monahan, Manager Community Health and Wellness at Fort Healthcare presented on progress in Jefferson County.

- Jefferson County received gold designation as a Wisconsin Healthy Community. The designation focused on the following initiatives:
  - Establish and support multiple healthy community coalitions to help reduce obesity rates of residents within the Greater Jefferson County area through multi-level diet & exercise strategies.
  - Jefferson County Alcohol Treatment Court and Drug Treatment Court
  - Jefferson County – Park and Recreation Open Space Plan 2013-2018
  - Rock River Free Clinic
  - Seal-A-Smile program through the Community Dental Clinic
  - Behavioral Health Primary Care Integration
  - Computerized Physician Order Entry in the electronic medical record (CPOE)
  - Proper Drug Disposal Programs
  - Jefferson County Bike Way/Pedestrian Way Master Plan
  - Naloxone Education & Distribution Programs through the Jefferson County Drug Free Coalition

### **Other Initiatives:**

#### **Mental/Behavioral Health**

Priority: Reduce stigma attached to seeking help/services

##### Community

Integrate behavioral health services within existing clinics.

Based on a collaborative care model (evidence based best practice).

Worked to imbed mental/behavioral health providers in primary care clinics.

Community members able to seek help from primary care provider

Schools Integrate behavioral health services *within school districts*.

School Pilot Program in Whitewater to create access for middle and high school students.

Make available within a school district.

Expansion to Fort Atkinson and Jefferson

Now have a full-time dedicated therapist for this program.

Support by providing online resources

# Impact of 2016 CHA and Implementation Plan

## Impact

Other Initiatives:

### **Substance Abuse**

Priority: Alcohol

Increase education and awareness of issues in our community

Successful Intake screening process - for the future moving to an evidence-based tool

School Mental/Behavioral Health program works with AODA issues

Priority: Opiates

Increase education and awareness of issues in our community – Stairway to Heroin

Prescription Drug Takebacks and Clean Sweeps

Naloxone Training

Education Care Packages for Providers in service area

Opioid Use Task Force

Priority: Tobacco

Continued education and awareness regarding use of tobacco.

Staff member trained as a Tobacco Educator and provide tobacco cessation.

### **Obesity/Nutrition and Activity**

Priority: Obesity

Education for Worksites, families and individuals on the impact of obesity on chronic disease(s) including - BMI, Blood Pressure, Diabetes, High Cholesterol screenings. Community Challenges, Movin and Losin series.

True obesity prevention begins with children.

Priority: Nutrition

School Gardens

Farm to School, AmeriCorps, Farmers Markets

Use of food grown in School Garden in school nutrition program

Provide nutrition education to students, parents and community

Priority: Physical Activity

Families and Individuals - Create opportunity's for physical activities.

Worksites – Create or join local community coalition to coordinate opportunities for employees, join a local worksite wellness co-op

Increase access to affordable physical activity community – County Parks, Community Park and Recreation

### **Access - Transportation**

Priority: Parks

Open space plan

Bike Way/Pedestrian Way Master Plan

Priority: Fort Mobility Assist

First formed in 2018

Senior Center Pilot Bus Program

Recent hiring of the Jefferson County Mobility Manager



# Impact of 2016 CHA and Implementation Plan

## Impact

Linda Klinger, Director of Rehabilitation Services & Wellness, Beaver Dam Community Hospital, and Abby Sauer, Public Health Officer, Dodge County Human Services and Health Department presented on progress in Dodge County.

Beaver Dam Community Hospital sponsored Blue Zones in Beaver Dam in Dodge County. Beaver Dam, Horicon and Juneau received silver designation as a Wisconsin Healthy Community. Applications for Silver Designations highlighted the collaboration within the communities, the involvement of both public and private sectors, and the policy work that has been completed in each community via the Blue Zones Project Dodge County.

### Policy Changes:

#### Built Environment Policies

Complete Streets with added bicycle lanes and sidewalks, Safe Routes to School, Joint Use Facility Agreements, Built Environment Master Plans, Marquee Projects

#### Food Environment Policies

Safe and Healthy Food Pantries, Smarter Lunchroom Movement, Healthy Vending and Healthy Cooking Skills

#### Tobacco Policies

SBIRT, Adding e-cigarette language, Since 2017, 176 Quit Line calls

#### County-wide Alcohol Policies

SBIRT and Place of Last Drink

### Allies for Substance Abuse Prevention

- Mission: Supporting Safe and Healthy Communities
- Vision: Collaborating to Reduce Substance Abuse in Dodge County
- What We Are Working On:
  - Getting Key Stakeholders to the table
  - Dose of Reality Campaign
  - Drug Lockboxes/bags
  - Drug Take Back Campaign
- Goal: Apply for the Drug Free Community Grant

Ashley Sullivan, Wellness Navigator at Watertown Regional Medical Center and Susan Wollin, Public Health Nurse Watertown Department of Public Health presented on progress of Get Healthy Watertown (Health Coalition), which impacts both Dodge and Jefferson Counties.

- Primary focus of the coalition
  - Encourage healthy nutritional choices
  - Increase physical activity in our community
  - Expand the community's knowledge of healthy lifestyle choices
  - Support a variety of educational and physical activities
- Three coalition highlights since 2016:
  - WI Active Together Award
  - WI Healthy Communities Silver Municipality Designation
  - Senior Nutrition Project

## Impact of 2016 CHA and Implementation Plan

### Impact

Get Healthy Watertown received the Wisconsin Active Together Award in recognition of our partnership-based work in the City of Watertown.

- One of seven initial communities recognized for our commitment to promoting places to walk, bike and be active
- Designated 2018-2021
- Wisconsin Active Together project is funded through the Wisconsin Partnership Program, University of Wisconsin-Madison School of Medicine and Public Health and as part of the Obesity Prevention Initiative.
- healthTIDE launched this campaign to support local action on active transportation strategies.

Watertown's recognized activities:

- Get Healthy Watertown hosts a Saturday Morning Walk
- 1-3 mile walking route held each Saturday throughout the year.
- Indoor walks occur during the cooler months and outdoor walks starting at various locations in Watertown are held from April through October.
- A large kiosk will be installed through a grant designated by the Greater Watertown Community Health Foundation which includes walking and biking maps in Watertown along with QR codes that link to additional maps.

The City of Watertown Engineering and Parks and Recreation departments play a major role in assisting Get Healthy Watertown in learning about important infrastructure safety improvements.

- The coalition desires to educate and promote sidewalks and pedestrian/bicycle safety within the community.
- We have written Voice of the People articles in the Watertown Daily Times to showcase our support.
- Support local bicycle collaborations such as Recycle Bicycle and infrastructure within trail systems.
- Partner with the City of Watertown's City-Wide Bicycle & Pedestrian Task Force.

Get Healthy Watertown received a Wisconsin Healthy Communities Silver Municipality Designation for the City of Watertown. The designation aims to:

- Recognize local communities' efforts to improve health in multiple areas such as health behaviors, clinical care, social and economic factors, and physical environment.
- Encourage communities to conceptualize health improvement in this broad way, structuring their health improvement efforts accordingly.
- Promote cooperation between economic development and health improvement.

# Impact of 2016 CHA and Implementation Plan

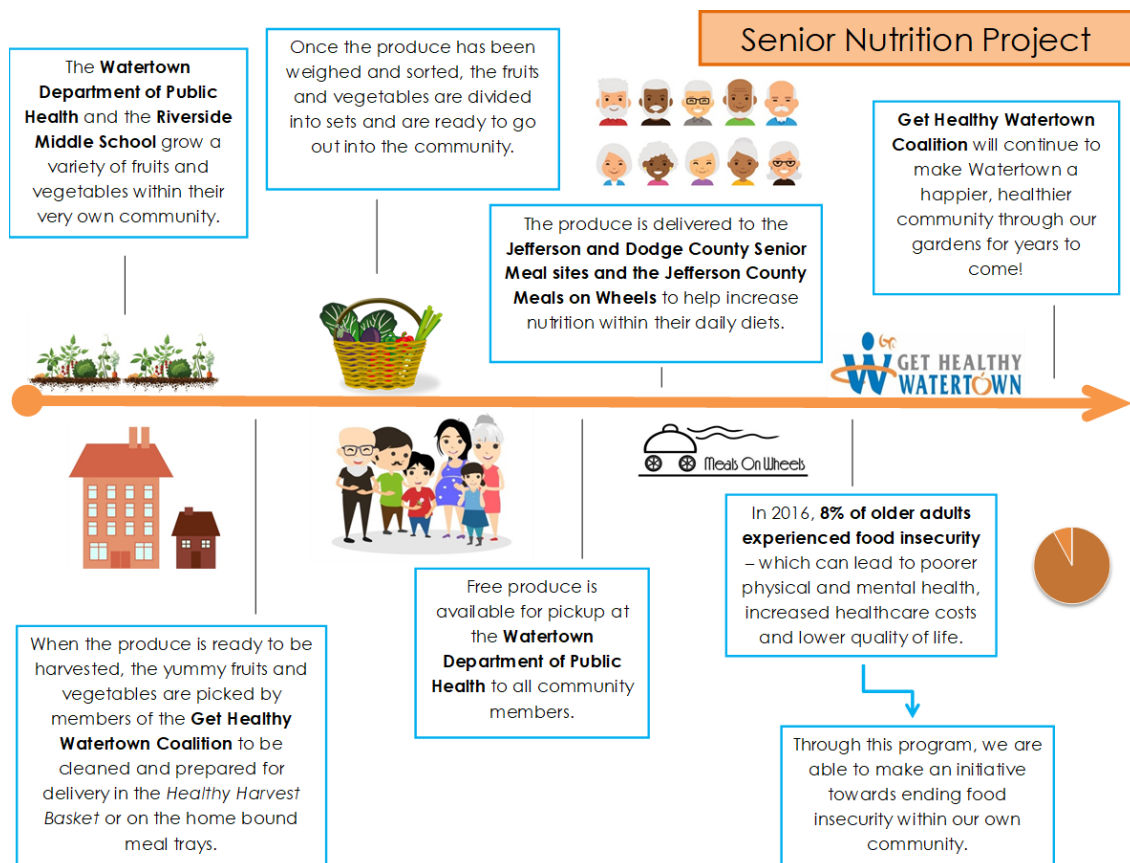
## Impact

Community-wide initiatives that led to the designation:

- ONE Wellness Program at Watertown Regional Medical Center
- Child Passenger Safety-Car Seat Dispense Program
- Early Childhood Home Visitation Program
- Radon Mitigation Program
- Proper Drug Disposal Program
- School Dental Community
- School Breakfast Program
- Bike and Pedestrian Master Plan

### Senior Nutrition Project

- Get Healthy Watertown Coalition partnered with the Watertown Department of Public Health and Riverside Middle School to share produce grown locally in our community gardens.
- Seniors were provided with a vegetable sample along with a recipe.
- 660 pounds of produce shared!



# Community Asset Inventory

## Community Asset Inventory

*The separate document contains a 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.*



*Photo Credit: Dodge County's largest park, Harnischfeger Park, Town of Lebanon (Facebook – Discover Dodge County WI)*

# Community Health Assessment for Dodge and Jefferson Counties

*Completed by Dodge-Jefferson Healthier Community Partnership in  
partnership with:*

Stratasan

