

# Monroe County Community Health Improvement Plan 2019-2022



**A Healthy Place to Live, Learn, Work and Play**

**Finalized August 2019**



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*The Monroe County Community Health Improvement Plan (CHIP) has been developed through the collaborative work of community partners to enhance the health of the community. This document provides a summary of the work to date.*

## ACKNOWLEDGEMENTS

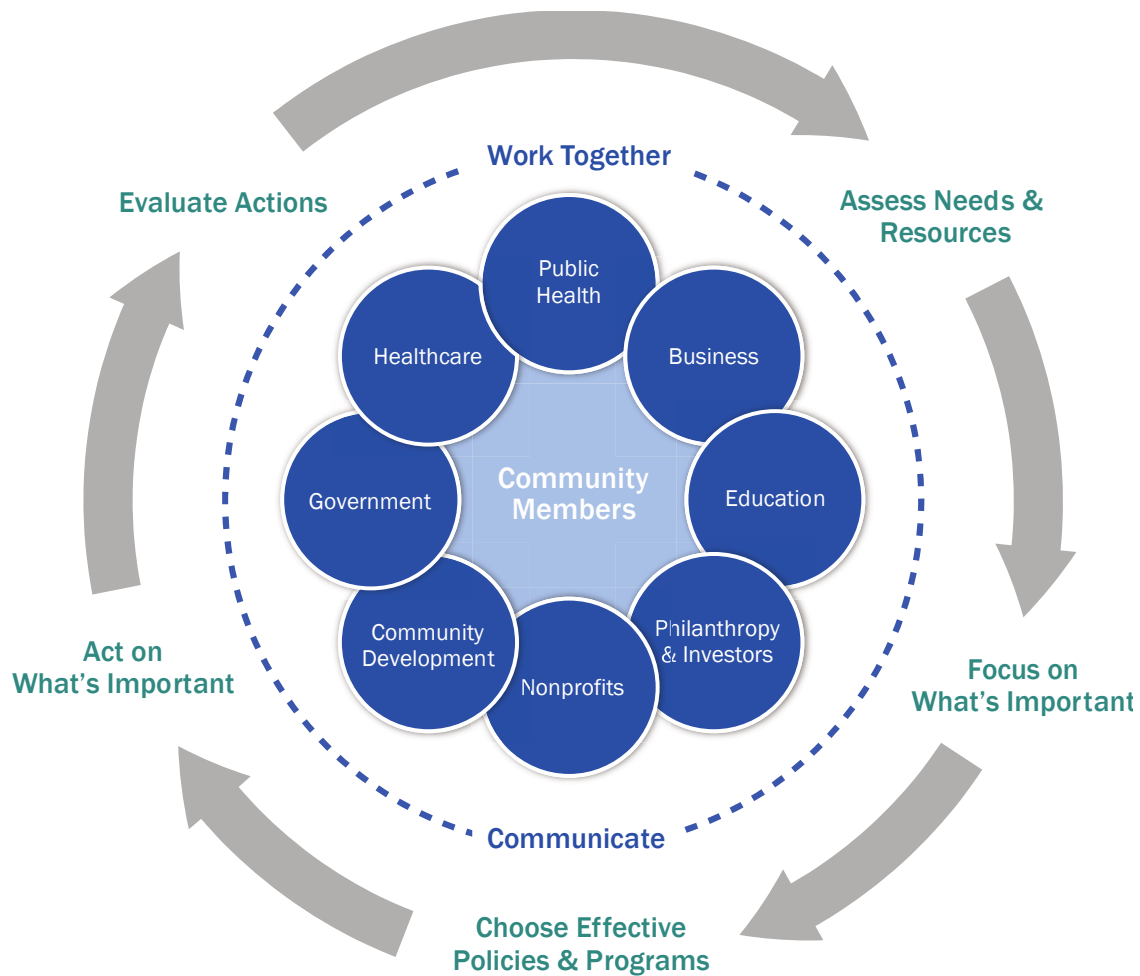
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## FRAMEWORK

The Wisconsin Association of Local Health Departments and Boards, along with the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps, partnered to develop the Wisconsin CHIPP Infrastructure Improvement Project. This collaborative effort resulted in an evidenced-based guidebook intended to help local stakeholders through the steps toward effectively improving the health of our community. The Monroe County Community Health Improvement Plan was developed utilizing this guidebook. The diagram below highlights the steps used in creating our CHIP. These steps will be used as an outline to describe the process of the CHIP.



© 2014 County Health Rankings and Roadmaps

(University of Wisconsin Population Health Institute, 2019)

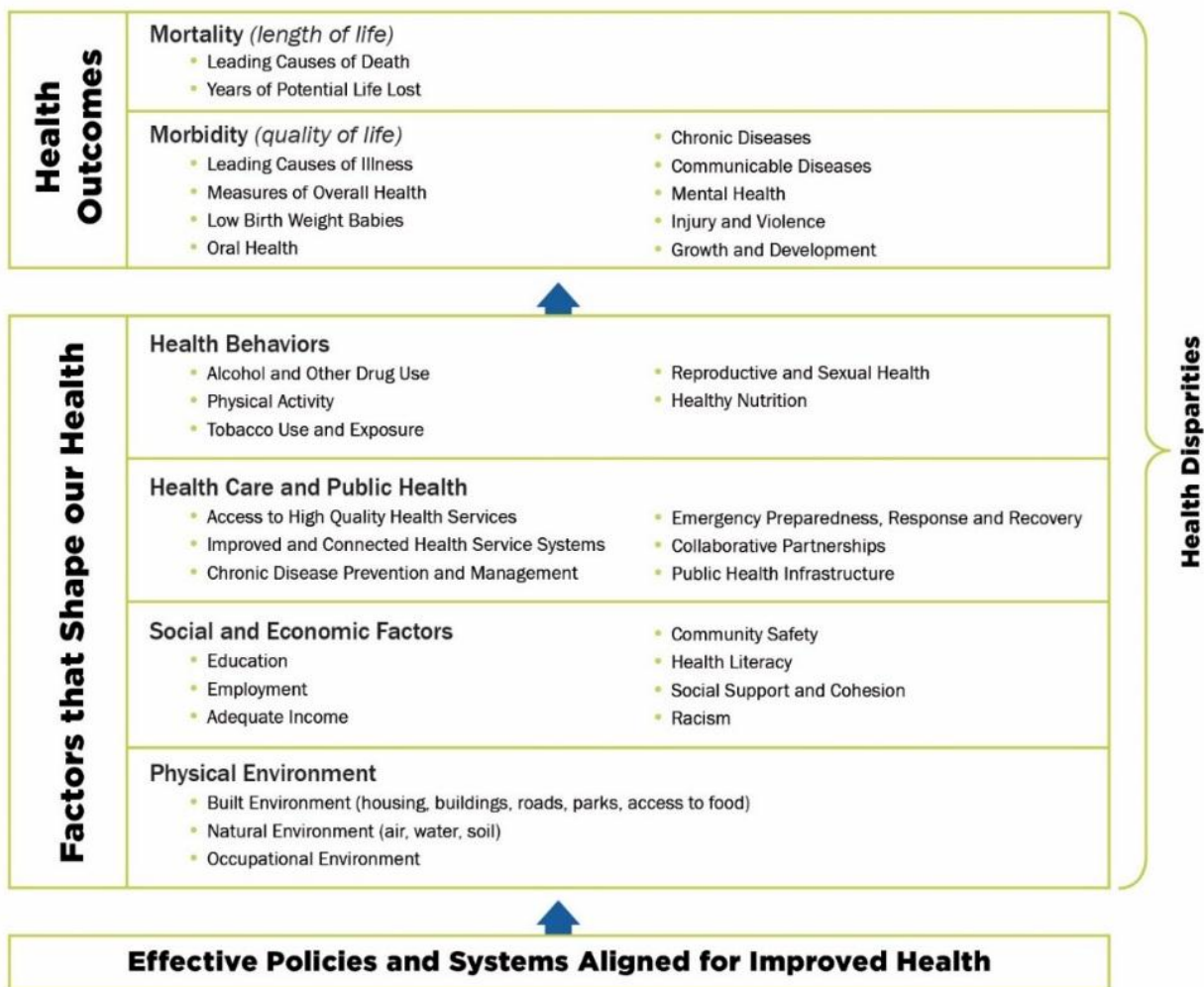
## ASSESS NEEDS & RESOURCES

The community health improvement process is made up of two distinct, yet connected processes, a Community Health Assessment (CHA) and a Community Health Improvement Plan. The first step in the process is to conduct a Community Health Assessment, which collaborates with community members and partners to gather and analyze health-related data from a range of sources. Data sources include primary data in the form of random household and convenience sampling surveys, focus groups, and secondary data sources. The findings from the Community Health Assessment are presented to community members and stakeholders and then health issues are prioritized. In addition to health-related data, the CHA also gathers information on gaps and assets in a community. Monroe County's Community Health Assessment was conducted in collaboration with Great Rivers United Way and the COMPASS Community Needs Assessment. Monroe County's CHA can be found at:

[https://www.greatriversunitedway.org/wp-content/uploads/2012/07/compass-now-2018-monroe-county\\_final.pdf](https://www.greatriversunitedway.org/wp-content/uploads/2012/07/compass-now-2018-monroe-county_final.pdf).

The CHA was presented to a group of community members and partners in February 2018. The following five health factors were identified as priorities at the February meeting: mental health, alcohol and other drugs, nutrition, wages and poverty and childcare. In November 2018, an in-depth review of health priorities was presented to a group of community members. As a result, mental health, alcohol and other drugs, and nutrition were selected as top priorities for Monroe County.

The data collected for the CHA follows the county health rankings model from the University of Wisconsin Population Health Institute. When most people are asked about measures of health or what they think are the main health problems in their community, they tend to describe mortality (what causes death) or morbidity (major illnesses or injuries). While mortality and morbidity data are important measures of health, they are greatly influenced by factors such as health behaviors, access to health care, social and economic conditions, and environment. The relationship between these factors and health outcomes has been evaluated and defined by The County Health Rankings model (on page 5). This model was created by a collaboration between Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute to "measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America on an annual basis." These measurements "provide a revealing snapshot of how health is influenced by where we live, learn, work, and play." The majority of the health outcomes and health factors listed in the model are also included in the Wisconsin State Health Plan. For more information on the Wisconsin State Health Plan, visit <https://healthy.wisconsin.gov/>.



(University of Wisconsin Population Health Institute, 2019)



## **FOCUS ON WHAT'S IMPORTANT**

In November 2018, more than 20 key stakeholders, leaders, and community members convened for a community health improvement planning session. The group reviewed more in-depth data related to specific Monroe County community health priorities selected during the Community Health Assessment process. The following priority focus areas were chosen: Mental Health, Alcohol & Other Drugs, and Adequate, Appropriate and Safe Food and Nutrition. There are three community coalitions that are meeting regularly to address these three health concerns.

The next three steps of the improvement process are listed below. Each coalition has been tasked with completing these steps as they work to improve the health focus area.

## **CHOOSE EFFECTIVE POLICIES AND PROGRAMS**

Each group created a plan of action to maximize the impact on the health priorities. After taking time to better understand how the chosen health issues play out in our community, they chose strategies that have been shown to effectively address those issues and made plans with commitment from the group. It's important to note that some groups have been meeting for years and will continue to work together to address these priority health issues.

## **ACT ON WHAT'S IMPORTANT**

Once the plan is made, the group will take action. They will ensure that strategies are adopted, implemented, improved and maintained in order to achieve intended results. Making a difference in our community's health requires ongoing collaboration, communication and attention to progress.

## **EVALUATE ACTIONS**

The groups will continually evaluate whether the policies and programs are working as intended. Evaluation is an important step in the community health improvement process; therefore, each group will provide updates to this community health improvement plan at least annually.

The next pages of this document include contact information about each workgroup. Information about each workgroup and an overview of the workgroup's plans to address the three priority health issues are included on the following pages.

## PRIORITY #1: MENTAL HEALTH

Mental health has been one of Monroe County's leading health priorities in since 2012. Mental health is defined by the World Health Organization as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization, 2014). Mental health is not merely an absence of a mental health condition and those with mental health conditions can also have good levels of well-being (World Health Organization, 2014).

Poor mental health is a health concern worldwide. Globally, depression is one of the main causes of disability; approximately 300 million people live with depression (World Health Organization, 2018). In addition to depression, mental health conditions include bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism (World Health Organization, 2018). In the United States, 1 in 5 adults live with a mental health condition (National Institute of Mental Health, 2019).

Mental health can be positively and negatively affected by a number of factors including biological factors such as genes or brain chemistry, life experiences such as trauma and abuse, family history, race and ethnicity, access to health care, gender, age; and social determinants of health such as discrimination, violence, income level, education level, interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions (Healthy People, 2019; U.S. Department of Health and Human Services, 2019; World Health Organization, 2014).

The most devastating public health problem associated with poor mental health is suicide. Monroe County's suicide rate over a ten-year span (2008-2017) is 14.0 per 100,000 population, which is slightly higher than the state rate of 14.0 per 100,000.<sup>8</sup> Monroe County sees disparities between men and women. The suicide rate among men during 2008-2017 was 21.4 per 100,000 population versus 6.3 per 100,000 population for women (Wisconsin Department of Health Services, 2019). This is consistent with national trends (National Institute of Mental Health, 2019).

Stakeholders continue to see a lack of access to mental health care for adults and youth. While the ratio of providers to population has improved over the years, it still remains below the state rate. In 2013, there were 8,952 county residents for every one mental health provider.\* In 2018, there were 650 county residents for every one mental health provider, which remains below the state ratio of 530:1 (County Health Rankings, 2019). Stakeholders are concerned about the issue of mental health access because lack of access is a risk factor for suicide. Additionally, stakeholders report that it is difficult for those with mental health conditions in Monroe County, especially children, to get an appointment to see a behavioral health provider.

\* Note: In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure



Mental health treatment gaps exist in Monroe County for both children and adults. Treatment gaps are the rate of individuals who need mental health treatment, but do not receive it. The treatment gap for adults is 57% and for youth is 45%. In Wisconsin, the treatment gap for adults is 54% and 35% for youth (Wisconsin Department of Health Services, 2018).

While Monroe County has not had a large number of adolescent suicides, many Monroe County adolescents exhibit risk factors for youth suicide identified by the Substance Abuse and Mental Health Services Administration [SAMHSA] (2017). According to the Youth Behavior Risk Survey, Monroe County adolescents exhibited a number of other risk factors for suicide. One of these risk factors includes hopelessness. In 2017, over one out of three of Monroe County adolescents reporting “feeling so sad or hopeless almost every day for two weeks or more in a row.” This has increased from one out of five in 2011. Suicide ideation is also another risk factor for suicide-19% of Monroe County adolescents reported that they “seriously considered suicide in the last 12 months.” This increased from 13 percent in 2011.

As previously stated, trauma and abuse can impact mental health. According to the Centers for Disease Control and Prevention (CDC), “Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.” ACEs include physical, emotion, or sexual abuse; physical and emotional neglect; and household dysfunction such as violence between adults, substance abuse, parental separation or divorce, and whether a household member was incarcerated, abused substances, or was depressed, mentally ill, or suicidal). Research has found that ACEs can lead to poor physical, mental, and socioeconomic outcomes later in life and that the more ACEs someone has experienced, the higher their risk of poor outcomes. In Wisconsin, 57% of adults experienced at least one ACE and 14% experienced four or more ((Child Abuse and Neglect Prevention Board, 2018). An article published in 2017 from the Milwaukee Journal Sentinel entitled, “Impact of Childhood Trauma Reaches Rural Wisconsin” used 2011-2015 data from the Wisconsin Child Abuse and Neglect Prevention Board and found that 20 percent of Monroe County residents scored four or higher on ACE questionnaires (Schmid & Mollica, 2017).

The Monroe County Mental Health Coalition is the group that is primarily tasked with addressing this health priority. The Coalition started in 2012, based on needs identified in the Monroe County Community Health Improvement Plan. The coalition is made up of partners from healthcare, law enforcement, education, human services, the United Way, Wisconsin State Representative, Nancy VanderMeer, the Ho-Chunk Nation, Monroe County Safe Community Coalition, Fort McCoy, and many other community partners. The coalition’s vision is, “Improved mental wellness of Monroe County” and their mission is to, “Improve access to mental wellness services and reduce stigma across the generations.” Below is the group’s strategic plan for the next three years. The creation of a logic model helped guide the group’s strategic planning process.

GOAL: IMPROVE MENTAL HEALTH OF MONROE COUNTY RESIDENTS	
<p><b>Indicators</b></p> <p>*Note: indicators are data trends, and are not intended to be measures of success</p>	<ul style="list-style-type: none"> <li>• Suicide mortality rate (Wisconsin Interactive Statistics on Health)</li> <li>• Mental health-related emergency department visits (Wisconsin Interactive Statistics on Health)</li> <li>• Ratio of mental health providers to population (County Health Rankings)</li> <li>• Percentage of teens that felt so sad or hopeless almost every day for two weeks or more in a row (YRBS)</li> <li>• Percentage of teens that seriously considered suicide in last 12 months</li> </ul>

OBJECTIVE 1: BY 2021, INCREASE UNDERSTANDING OF MENTAL HEALTH AMONG COMMUNITY MEMBERS AND PARTNERS	
<p>Performance Measures</p> <ul style="list-style-type: none"> <li>• Number of mental health-related education events</li> <li>• Number of participants at mental-health related education events</li> <li>• Change in knowledge, attitudes, and beliefs in relation to mental health</li> </ul>	<p>Strategies</p> <ul style="list-style-type: none"> <li>• Education for coalition members on the LGBTQ+ population</li> <li>• Evidence-based mental health education</li> <li>• Individual story-telling of mental health challenges</li> <li>• Education on mental health stigma                             <ul style="list-style-type: none"> <li>○ Education on language used to describe mental health</li> </ul> </li> <li>• Education on mental health coping strategies</li> </ul>
OBJECTIVE 2: OBJECTIVE 2: BY 2021, COALITION MEMBERS WILL ADVOCATE FOR MENTAL HEALTH-RELATED FUNDING AND POLICIES	
<p>Performance Measures</p> <ul style="list-style-type: none"> <li>• Number of testimonies</li> <li>• Number of communications with policy makers</li> </ul>	<p>Strategies</p> <ul style="list-style-type: none"> <li>• Create partnerships with policy makers</li> <li>• Invite legislators for listening sessions on mental health with coalition</li> <li>• Testify at mental health-related policy events</li> </ul>

<b>OBJECTIVE 3: BY 2021, INCREASE UNDERSTANDING OF ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA-INFORMED CARE</b>	
Performance Measures	Strategies
<ul style="list-style-type: none"><li>• Change in knowledge of adverse childhood experience (ACEs)</li><li>• Change in knowledge of trauma-informed care</li><li>• Number of trainings</li><li>• Number of participants at trainings</li></ul>	<ul style="list-style-type: none"><li>• Coalition member involvement in Resilient and Trauma-Informed Community effort</li><li>• Support organizations implementing trauma-informed care</li><li>• Support ACEs/Trauma Informed Care education events</li></ul>



TARGET POP	INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES	ANTICIPATED IMPACTS
Who will directly benefit?	Resources dedicated to or consumed by our effort	What we do - in quantifiable terms	Direct products of our activities	Initial changes in the condition, knowledge, attitudes, beliefs, skills.	Resulting behavior change	Changes in policies, programs and practices	Longer term indicators of impact
Monroe County residents  Youth	Staff time  Coalition partnerships: healthcare, law enforcement, policymakers, human services, local non-profits, education, public health  Opportunities for grant funding	Policy Advocacy  LGBTQ education and awareness training for coalition partners  Mental Health Education -evidence-based -individual storytelling -language -stigma -coping strategies  Resilient/Trauma-Informed Monroe Co	# of testimonies # of communications #of outreach with policy makers  #education events #participants  #Education #Participants	Create partnerships with policy makers  Change in knowledge, attitudes, beliefs (training and community partner evaluations)  Change in knowledge, attitudes, beliefs (training evaluations)	Funding increase  Increased number of teens who have at least one adult at school they could talk to if they have a problem  Decrease in number of chapter 51 commitments  Organizations implementing TIC	Professionals providing care (ratio of providers to population)  Increased community supports  Decrease teen suicide ideation  Decreased teen hopelessness  Trauma-Informed practices and policies	Decrease in suicides  Decrease mental health-related emergency department visits  Systems Change and Cultural shift  Mental health is health

## PRIORITY #2: SUBSTANCE MISUSE AND ABUSE

Substance (drug) misuse is “the use of a substance for a purpose not consistent with legal or medical guidelines (National Collaborating Centre for Mental Health (UK), 2008). Drug abuse, which is referred to as substance abuse “refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs” (World Health Organization, 2019).

Substance misuse and abuse can have both short and long term, direct and indirect impacts. Direct effects include physiological changes in appetite, wakefulness, heart rate, mood, blood pressure, heart attack, stroke, psychosis, heart or lung disease, cancer, mental health conditions, HIV/AIDS, hepatitis or even death. Indirect effects of substance misuse and abuse include impacts on nutrition, decision making and impulsivity, sleep, and “risk for trauma, violence, injury, and communicable diseases.” Babies born to women who use drugs while pregnant can also be affected by substance use (National Institute on Drug Abuse, 2017). Additionally, substance use can lead to addiction. Addiction is defined as a “chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences” (National Institute on Drug Abuse, 2018). While many may think that addiction is due to a lack of moral principles or willpower, it is a brain disorder (National Institute on Drug Abuse, 2015; National Institute on Drug Abuse, 2018). For some people, drug use can change how the brain functions, which creates changes in their ability to control stress, make decisions, and how they experience normal pleasures, making it difficult to quit using the substance even though it may be having negative consequences on their life (National Institute on Drug Abuse, 2018). Additionally, some substances create physical dependence, where there is a severe, in some cases even life threatening, physiological reaction when the substance is removed (National Institute on Drug Abuse, 2007).

Globally, approximately 31 million people have a substance abuse disorder (World Health Organization, 2019). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders “occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home” (12). In the United States, the 2016 National Survey on Drug Use and Health (NSDUH) found that “approximately 20.1 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year, including 15.1 million people who had an alcohol use disorder and 7.4 million people who had an illicit drug use disorder” (Substance Abuse and Mental Health Services Administration, 2017). In Wisconsin, the 2013-2014 NSDUH found that an estimated 9.5% of Wisconsin residents age 12 and older had a substance use disorder (Wisconsin Department of Health Services, 2018, p.92).

There are a number of factors that can increase or decrease the risk of substance abuse including family history, having an existing mental health condition such as depression, anxiety, attention-deficit/hyperactivity disorder (ADHD) or post-traumatic stress disorder (PTSD), early substance use, gender, race and ethnicity, age, sexual orientation, interpersonal and household dynamics, and social determinants such as income level, access to resources, educational attainment, and community poverty. (Mayo Clinic, 2017; National Institute on Drug Abuse, 2018; U.S. National Library of Medicine, 2019).

As discussed previously, a risk factor for substance abuse in adulthood is early substance use in youth. Therefore, the majority of strategies and indicators focus on youth substance use. In 2017, 29% of

Monroe County teens reported drinking alcohol in the past 30 days, a decrease from 36% in 2011. Teen binge drinking remains higher than the state rate as 19% of Monroe County teens reported binge drinking in the past 30 days compared to 16% of Wisconsin teens (Monroe County Youth Risk Behavior Survey, 2017). Use of prescription drugs without a doctor's use decreased from 18% in 2011 to 10% in 2017. About one-quarter of teens report having used marijuana in their lifetime, which has remained consistent since 2011 but lower than the state rate of 30%. One of the most problematic outcomes of alcohol misuse and abuse is drunk driving. In Monroe County, 26% of driving deaths involved alcohol (County Health Rankings, 2019). One trend that community partners are noticing is the increase in meth use. In 2017 there were 19 cases with reports issued to the Wisconsin Crime Lab and in 2018 there were 18. This is a substantial increase as there were 17 cases reported during 2011-2016. (Wisconsin Crime Lab, 2019). Compounding the problem of substance abuse in Monroe County is the severe treatment gap as 82 percent of those needing treatment for substance abuse did not receive it (Wisconsin Department of Health Services, 2018, p.131).

The Monroe County Safe Community Coalition is the group that is primarily tasked with addressing this health priority. The Coalition started in the mid-1980s, and was called the Monroe County Adolescent Task Force to address the rise in teen pregnancies in Monroe County. Over time, the task force shifted focus to alcohol, drugs, tobacco, injury-prevention, and traffic safety. In conjunction with Couleecap, Inc., the coalition received a 10-year Federal Drug-Free Communities grant. The coalition is made up of partners from justice, law enforcement, emergency, health, human services, schools, citizens, tavern owners, domestic abuse, family resource centers, Fort McCoy, the HoChunk Nation, and more. The coalition's mission is, "The Monroe County Safe Community Coalition partners with the community to reduce and prevent alcohol, tobacco, and drug use, enhance traffic safety, and promote healthy choices" (Monroe County Safe Community Coalition, 2014).



GOAL 1: INCREASE COMMUNITY COLLABORATION	
Indicators	<ul style="list-style-type: none"> <li>Number of outreach efforts</li> </ul>

<p><b>OBJECTIVE 1.1: By September 29, 2020, have over 20 outreach efforts through media contacts and public outreach to promote the Monroe County Safe Community Coalition (MCSCC) as a leader in alcohol and other drug prevention to residents of Monroe County.</b></p>	
<b>Strategy 1.1</b>	Promote the MCSCC through the utilization of consistent promotional materials, effective media strategies, and community collaborations.

Action Plan For Strategy 1.1.1		
Activity	Who is responsible?	By when?
Biannually report coalition outcomes to funders, policy makers, community members, and other stakeholders.	Operations Workgroup, Staff	September 2020
Create and utilize opportunities to collaborate more with other organizations/businesses.	Operations Workgroup	September 2020
Increase coalition presence in the community among “general population”, not just professionals, through the news and social media.	Operations Workgroup	September 2020
Review the strategic plan and monitor progress quarterly.	Operations Workgroup	September 2020
Utilize the 12 Month Coalition Action Plan to monitor MCSCC’s performance.	Operations Workgroup, Staff	September 2020

GOAL 2: REDUCE YOUTH SUBSTANCE ABUSE	
<p>Indicators</p> <p>*Note: indicators are data trends, and are not intended to be measures of success</p>	<ul style="list-style-type: none"> <li>Percentage of Monroe County Teens Who Used Prescription Drugs without a Doctor's Permission in Lifetime (YRBS)</li> <li>Percentage of Monroe County Teens Who Used Marijuana in Lifetime (YRBS)</li> <li>Percentage of Monroe County Teens Who Drank Alcohol in Past 30 Days (YRBS)</li> <li>Percentage of Monroe County Teens Who Binge Drank in the Past 30 days (YRBS)</li> <li>Percentage of Monroe County Teens Who Used Prescription Drugs Without a Doctor's Permission in Lifetime (YRBS)</li> </ul>

<b>Objective 2.1: By September 29, 2020, increase by 10%, over the baseline level from the previous year, the number of alcohol compliance checks conducted by law enforcement at licensed establishments in Monroe County.</b>	
<b>Strategy 2.1.1:</b>	Reduce youth access to <u>alcohol</u> using evidence based practices and environmental strategies.

<b>Action Plan For Strategy 2.1.1</b>		
<b>Activity</b>	<b>Who is responsible?</b>	<b>By when?</b>
Alcohol Compliance Checks: <ul style="list-style-type: none"> <li>• Conduct quarterly throughout Monroe County</li> <li>• Continue incentive program</li> <li>• Track outcome data from the compliance checks conducted and share data with the public regarding those that passed</li> </ul>	Law Enforcement, MCSCC, Alcohol Workgroup, Staff	September 2020
Follow recommendations from Julia Sherman, Wisconsin Alcohol Policy Project Coordinator, regarding alcohol related policy issues and current, local changes in Monroe County.	Law Enforcement, MCSCC, Alcohol Workgroup, Staff	September 2020
Educate the public on risks and consequences of driving under the influence of alcohol.	Alcohol Workgroup, Law Enforcement, Staff	September 2020
Continue on-going education on the risks of long-term negative effects of alcohol on the teenage brain, along with effects of alcohol on the athletes, through public outreach and reinforcement of past education.	Alcohol Workgroup, Law Enforcement, Staff	September 2020
Provide DITEP (Drug Impairment Training for Educational Professionals) training in Monroe County.	Alcohol Workgroup, Staff	September 2020



**OBJECTIVE 2.2: By September 29, 2020, educate at least 200 parents/caregivers, teachers, coaches, health professionals, business leaders, and other community residents in Monroe County about the risks and consequences associated with prescription drugs.**

**Strategy 2.2.1:** Reduce youth access to **prescription drugs** by educating youth and adults and promoting proper disposal of prescription drugs.

Action Plan for Strategy 2.2.1		
Activity	Who is responsible?	By when?
Promote permanent medication drop box locations and proper medication disposal through flyers and social media.	Prescription Drug Workgroup, Staff	September 2020
Investigate how we can support county/state/national prescription drug or opiate legislation.	Prescription Drug Workgroup, Staff	September 2020
Maintain current medication return boxes in the county and support the proper disposal of prescription drugs/medications.	Prescription Drug Workgroup, Law Enforcement, Scenic Bluffs Community Health Centers, Staff	September 2020
Influence provider prescribing practices through the ongoing relationship with Mayo Clinic via Prescription Drug Monitoring Program (PDMP) education, CMEs, and other opportunities.	Prescription Drug Workgroup, Mayo Clinic, Staff	September 2020



**OBJECTIVE 2.3: By September 29, 2020, educate at least 200 parents/caregivers, teachers, coaches, health professionals, business leaders, and other community residents in Monroe County about the risks and consequences associated with marijuana use.**

<b>Strategy 2.3.1:</b>	Reduce youth access to <b>marijuana</b> by enhancing skills and providing information to youth and adults about the harmful effects of marijuana use.
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<b>Action Plan for Strategy 2.2.1</b>		
<b>Activity</b>	<b>Who is responsible?</b>	<b>By when?</b>
Create and distribute popcorn bags with marijuana prevention messaging.	Marijuana Workgroup, La Crosse Prevention Network, Staff	June 2020
Update Burden of Marijuana Report.	Marijuana Workgroup, La Crosse Prevention Network, Staff	August 2020
Continue collecting data in regards to local marijuana use from law enforcement, emergency rooms, employee assistance programs, poison control, etc.	Marijuana Workgroup, DFC Evaluator, Law Enforcement, MCSCC, Staff	September 2020
Continue to collect stories about local issues around marijuana.	Marijuana Workgroup, DFC Evaluator, La Crosse Prevention Network, Staff	September 2020
Continue to conduct educational presentations on the negative impact of marijuana use to build capacity.	Marijuana Workgroup, MCSCC, Staff	September 2020



### PRIORITY #3: NUTRITION

Good nutrition is an essential part of health. Poor nutrition is linked with an increased risk for developing chronic diseases such as cardiovascular disease, cancer, diabetes, and obesity. In Monroe County, the two leading causes of death are heart disease and cancer (Wisconsin Dept. of Health Services, 2019). Multiple factors affect an individual's nutrition and ability to eat a healthy diet. According to Healthy People 2020, "the built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status" (Healthy People 2020, 2019).

Food insecurity is another social determinant that affects peoples' ability to eat a healthy diet. Food insecurity is defined by the United States Department of Agriculture (USDA) as "a lack of consistent access to enough food for an active, healthy life" (Feeding America, 2019). Food insecurity impacts the health of people throughout the lifespan. Some of the health impacts of food insecurity include risk of developmental delays, behavioral and social emotional problems, poor educational performance and academic outcomes in children; asthma, increased risk of chronic diseases, mental health problems, obesity, high blood pressure and type 2 diabetes (Food Research & Action Center, 2017).

Nutrition was selected as a health priority in 2015 and 2018 because of its ties to chronic disease. As previously stated, chronic diseases are the leading causes of death in Monroe County. In addition to chronic disease deaths, obesity rates continue to rise in the county. In 2011, 28% of county residents were considered obese, which rose to 34% in 2018. According to the Wisconsin Health Atlas (2018), some areas of Monroe County have obesity rates as high as 53% among adults. Additionally, a disparity exists in diabetes mortality rates compared to state rates. Based on the most recent data, during 2012-2017, the diabetes mortality rate in Monroe County was 34.8 per 100,000 population. This is higher than the Wisconsin rate of 19.1 per 100,000 population.

What also concerned stakeholders, was the impact of food insecurity on Monroe County residents, especially children, as they are especially vulnerable to the health impacts of hunger and malnourishment. The latest food insecurity data (2016) shows that 11% (over 4,800 people) of Monroe County residents experienced food insecurity, which is equal to the Wisconsin state rate. Additionally, 44% of Monroe County children are eligible for free and reduced lunch, compared to the Wisconsin state rate of 37% (County Health Rankings, 2019). In 2017, 89.8% of high school students reported eating one or more pieces of fruit per day over the last seven days, compared to 48.3% in 2015. Fewer students ate vegetables with 36.4% of high school students reported eating one or more vegetables (other than potatoes) per day over the last seven days compared to 43.2% in 2015 (Monroe County Youth Risk Behavior Survey, 2017).

Monroe County's Community Health Assessment included a random household survey. As part of the survey, respondents were asked to rate their access to healthy food choices and their ability to pay for healthy food choices. The majority of respondents rated their access as good or excellent (83.2%), which is an improvement from 2015 (80.7%). However, 16.9% of respondents rated their access as poor or fair,

which was a slight improvement from 2015 (19.4%). There were differences between access and ability to pay. While 16.9% of respondents rated their access to healthy foods as poor or fair, 23.9% rated their ability to pay for healthy food as poor or fair, which improved from 32.3% in 2015. In addition to the random household surveys, convenience sample surveys were also collected. Convenience sample surveys were done to ensure that the voices of those who normally aren't able to access random household surveys were heard. Convenience sample surveys were available at Monroe County Women, Infants, and Children (WIC), food pantries, Essential Health Clinic, and Couleecap. Among convenience sample respondents, nearly one-third (29.1%) rated their ability to pay for healthy foods as poor or fair (no 2015 data available for comparison) (Gromoske, 2018).

The Monroe County Nutrition Coalition is the group that is primarily tasked with addressing this health priority. The Coalition started in 2015, based on needs identified in the Monroe County Community Health Improvement Plan. The coalition is made up of partners from healthcare, education, food pantries, and WIC. The coalition's vision is, "A healthier Monroe County, one bite at a time" and their mission is, "To build a healthy community through a comprehensive initiative to promote good nutrition and access to healthy foods." Below is the group's strategic plan for the next three years.



GOAL 1: IMPROVE NUTRITION OF MONROE COUNTY RESIDENTS	
<p>Indicators</p> <p>*Note: indicators are data trends, and are not intended to be measures of success</p>	<ul style="list-style-type: none"> <li>• The percentage of the population who did not have access to a reliable source of food during the past year (County Health Rankings)</li> <li>• How county residents rate their access to healthy food choices (COMPASS NOW)</li> <li>• How county residents rate their ability to pay for healthy food choices (COMPASS NOW)</li> <li>• Percentage of high school students who ate one or more pieces of fruit per day over the last seven days (YRBS)</li> <li>• Percentage of high school students who ate one or more vegetables (other than potatoes) per day over the last seven days (YRBS)</li> </ul>

OBJECTIVE 1: BY 2021, ENGAGE COMMUNITY PARTNERS TO IDENTIFY OPPORTUNITIES FOR NUTRITION-RELATED CAPACITY BUILDING	
Performance Measures	Strategies
<ul style="list-style-type: none"> <li>• Number of new partners</li> <li>• Number of programs</li> <li>• Educational events</li> <li>• Policy changes</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate feasibility of backpack program with Tomah Area School District.</li> <li>• Collaborate with and support Aging and Disability Resource Center (ADRC) of Monroe County’s senior nutrition efforts.</li> <li>• Partner with additional school districts and community partners to provide Harvest of the Month education to community and additional school districts.</li> <li>• Assist food pantries in providing onsite nutrition education.</li> <li>• Support WIC and Fit Families program outreach.</li> </ul>

GOAL 2: REDUCE DIABETES DEATH DISPARITIES	
<p>Indicators</p> <p>*Note: indicators are data trends and are not intended to be measures of success</p>	<p>Diabetes mortality rate (Monroe County vs. Wisconsin) (Wisconsin Interactive Statistics on Health)</p>

<b>OBJECTIVE 1: OBJECTIVE: BY 2021, INCREASE DIABETES PREVENTION AND EDUCATION RESOURCES AVAILABLE TO COUNTY RESIDENTS.</b>	
Performance Measures	Strategies
<ul style="list-style-type: none"><li>• Assessment conducted</li><li>• Outreach numbers</li><li>• Partnerships created</li><li>• Events</li><li>• Media and outreach (number reached)</li><li>• Programs offered</li><li>• Attendees</li></ul>	<ul style="list-style-type: none"><li>• Partner with institutions of higher education to conduct a Monroe County diabetes needs assessment.</li><li>• Engage with partners/ Partnering with St. Clare, Lions Club</li><li>• Diabetes awareness month events in November</li><li>• Provide evidence-based diabetes education programs</li></ul>



PRIORITY CONTACT INFORMATION

*Mental Health*

**Mental Health Coalition**



Contact information: Kayleigh Day, Monroe County Health Department (608) 269-8666 or [kayleigh.day@co.monroe.wi.us](mailto:kayleigh.day@co.monroe.wi.us). The workgroup meeting is held on the 3<sup>rd</sup> Thursday of each month from 8:00 am to 9:30 am.

*Alcohol & Other Drugs*

**Monroe County Safe Community Coalition**



Contact information: Natalie Carlisle, Coulee Cap, Drug Free Communities Coordinator, 608-269-2391 or [Natalie.Carlisle@couleecap.org](mailto:Natalie.Carlisle@couleecap.org). The Monroe County Safe Community Coalition meets on the 2<sup>nd</sup> Tuesday of every month.

*Adequate, Appropriate and Safe Food and Nutrition*

**Nutrition Coalition**



**Monroe County  
Nutrition  
Coalition**

"A HEALTHIER MONROE COUNTY, ONE BITE AT A TIME"

Contact information: Kayleigh Day, Monroe County Health Department [kayleigh.day@co.monroe.wi.us](mailto:kayleigh.day@co.monroe.wi.us) or (608) 269-8666. The workgroup meeting is held on the 2<sup>nd</sup> Wednesday of each month from 1:300 pm to 3:00 pm.

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### For More Information on the Monroe County Community Health Assessment and Improvement Plan:

Monroe County Health Department

608-269-8666

<http://www.co.monroe.wi.us/departments/health-department/>

Email: [Kayleigh.day@co.monroe.wi.us](mailto:Kayleigh.day@co.monroe.wi.us)





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