

Wood County Community Health Improvement Plan (CHIP)

2020-2024

Updated November 2022



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Executive Summary

The CHIP is a unified community plan created in collaboration between Wood County Health Department, Marshfield Clinic Health System, and Aspirus Riverview Hospital and Clinics. It provides recommended direction and plans to address the identified health priorities found in the Community Health Assessment (CHA); including substance use, behavioral health, active communities, and community food systems.

Through this process, efforts focused on prevention, systemic drivers, and root causes were included in the recommendations, because our health is determined by more than our behaviors and access to care. Access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schools; the safety of our workplaces; and the cleanliness of our water, foods, and air all contribute to our health. Even more upstream, poor health and institutional and social inequities go hand in hand and systemically affect health outcomes. For this reason, recommended direction and strategies include efforts far more reaching than the health priority areas listed in the CHA.

A mixed-methods community engagement model was used to gain input from community residents most affected by the identified health priorities to assure the community informed the strategies.

The Healthy People Wood County (HPWC) Leadership Team guides the work of the identified health priorities. Using the guiding principles of health equity, policy, systems, and environmental (PSE) change, community engagement, and sustainability, the HPWC Leadership Team convenes community organizations and creates partnerships to make positive, lasting change in Wood County.

We invite you to join our efforts to improve the identified health priorities. Together we can make a difference!

Background and Introduction

The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are collaborative efforts between Wood County Health Department, Marshfield Clinic Health System, and Aspirus Riverview Hospital and Clinics. Although this is a collaborative effort, there are different requirements by state and federal law for the participating entities. Wisconsin Statute Chapter 251, Section 5 details the requirement that all local health departments must complete the CHA and CHIP every five years. On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law with an Internal Revenue Service (IRS) requirement that all non-profit healthcare systems complete a Community Health Needs Assessment (CHNA) every three years. Although these laws have different time requirements and language, the mandate is the same: complete a health assessment of the community and develop a long-term plan to improve the determined health needs. Wood County Health Department, Marshfield Clinic Health System, and Aspirus Riverview Hospital and Clinics follow the three-year requirement to ensure all entities have aligned health priorities and strategies.

To learn more about the Community Health Assessment, please reference the complete 2020 Wood County CHA, at www.healthypeoplewoodcounty.org.

Definitions

Action plan: “A detailed blueprint that maps a clear course of action to support community change” (Good and Healthy South Dakota, n.d.)

Community conversations / focus groups: “Community Conversations serve two important purposes: they are a turned-outward way to authentically engage members of the community, [and] they generate public knowledge that can then be used to inform decision-making of all kinds” (American Library Association, n.d.).

Community Health Assessment (CHA): “Identifies and describes factors that affect the health of a community...lead organization collects, analyzes, and begins to use data to prioritize issues and make decisions” (Minnesota Department of Health, n.d.a).

Community Health Improvement Plan (CHIP): “A long-term, systematic effort to address public health problems in a community. It is based on the results of community health assessment...” (Minnesota Department of Health, n.d.b).

Community partners: Local agencies, organizations, and community members who do collaborative work together, including providing input on the CHA and CHIP and helping implement CHIP strategies.

Health disparities / inequalities: “Differences in health status or in the distribution of health determinants between different population groups. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health” (World Health Organization, n.d.).

Health Equity: “Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care” (Bravemen, Arkin, Orleans, Proctor & Plough, 2017).

Policy, systems, and environmental change (PSE): “Policy, systems, and environmental change strategies are designed to promote healthy behaviors by making healthy choices readily available and easily accessible in the community. PSE change strategies are designed with sustainability in mind. Policy is a tool for achieving health promotion and disease prevention program goals. Systems change refers to a fundamental shift in the way problems are solved. Environmental change strategies involve changing the economic, social, or physical surroundings or contexts that affect health outcomes” (Rural Health Information Hub, 2008).

Public / population health: “The science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world” (CDC Foundation, n.d.).

Root causes: “Root causes are the underlying reasons that create the differences seen in health outcomes. They are the conditions in a community that determine whether people have access to the opportunities and resources they need to thrive.” (County Health Rankings, n.d.)

Social Determinants of Health: “Include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care” (Artiga & Hinton, 2018).

Methodology

The CHIP is a three-year plan to improve the health of Wood County residents as it relates to the identified priorities in the CHA. Input from the community was essential to the creation of the CHIP and is a key component to ensure the success of identified strategies.

During August of 2019, a leadership input session took place in Marshfield. Municipalities, school districts, and other key organizational leaders throughout Wood County provided insight on major health concerns residents face in their communities. This feedback helped shape existing strategies and set future goals and objectives, as well as prioritize areas to focus on.

In October of 2019, two in-person community conversations were held in Nekoosa and Auburndale. Participants at each meeting were asked to provide ideas and activities to help accomplish the goals and objectives of each HPWC Team. Fifty-five participants from 33 organizations attended the community conversations. For those unable to attend a community conversation, an online survey was provided and fifty-four responses were recorded. The survey used the same format as the two in-person community conversations.

The input gathered from the community conversations informed existing strategies for HPWC. Once the existing strategies were updated, the next phase of community engagement began. HPWC met with marginalized populations and those most impacted by the health concerns to learn whether the strategies developed from the leadership input session and community conversations would be effective for addressing the identified health priorities. Feedback from residents was also incorporated into final language for the strategies in the CHIP.

HPWC Leadership Team met with the following organizations or groups for their feedback and input:

- Boys and Girls Club of Wisconsin Rapids Area
- American Heroes Café
- South Wood County YMCA
- South Wood Emerging Pantry Shelf (SWEPS)
- Wood County Women, Infants & Children (WIC) program participants
- Aging & Disability Resource Center (ADRC) of Central Wisconsin
- Three Bridges Recovery WI, Inc.
- Hmong community members

The 2020-2024 CHIP was published in March of 2020, right before the COVID-19 pandemic began in Wisconsin. From March 2020-June 2021 teams focused on the determined priorities and strategies met virtually as they were able to. From June-December 2021 the CHIP was updated to add detail and clarity to objectives based on current community efforts and needs.

Aspirus Riverview Hospitals and Clinics and Marshfield Medical Center are currently working on a Community Health Assessment to meet their IRS requirements of every three years. They are committed to working with the Wood County Health Department on the next cycle, which will start in 2023 with a goal to publish the CHA in 2024 and CHIP in 2025.

Timeline

2019

January
 February
 March
 April
 May
 June
 July
 August
 September
 October
 November
 December

Community Health Assessment (CHA)
 Conduct community input sessions to determine top health priorities in Wood County:

- Survey
- Focus groups
- Community Conversations

Collect and analyze data
 Identify health priorities based on community input
 Community Health Assessment writing

Planning for Community Health Improvement Plan (CHIP)
 CHIP Leadership Team Meetings
 CHIP Community Conversations
 Improve CHIP strategies based on Community

Vetting Ideas
 Community Conversations with CHA Focus Groups to review CHIP strategies

Community Health Improvement Plan
 Document writing and revisions

2020-2021

January
 February

March: Held partner summit at Hotel Mead; improving health through community engagement

April 2020-June 2021: Implemented strategies included in the Community Health Improvement Plan

June 2021-December 2021: Put together detailed action plan for each goal and objective below

2020-2024 Action Plan: Top Three Priority Areas

Mental Health

Systems and organizations play a role in supporting mental health in the work place and in communities. Mental and physical health are connected. Experiences of social isolation and loneliness can make it easier for us to get sick, and increase feelings of anxiety and depression. Taking care of our mental health can help us cope with the unexpected things that life throws our way. Access to community and appropriate mental health care is a necessary facet of improving community health.

Goal 1: Decrease mental health stigma.

Objective 1.1: By December 31, 2024, two Wood County organizations serving marginalized people will implement the Trauma Informed Culture Toolkit.

Objective 1.2: By December 31, 2024, five organizations in Wood County serving marginalized people or serving youth will adopt a policy and/or procedure to hold an annual trauma and resilience training for its staff and volunteers.

Objective 1.3: By December 31, 2024, five organizations in Wood County serving marginalized people or serving youth will adopt a policy and/or procedure to hold an annual suicide prevention training for its staff and volunteers.

Objective 1.4: By December 31, 2024, implement a policy for Wood County Human Resources to require certain Wood County positions to have additional substance use and mental health training.

Goal 2: Address the impact of Adverse Childhood Experiences (ACEs) for children and adolescents.

Objective 2.1: By December 31, 2024, youth serving organizations will come together to identify two strategies to implement in schools in Wood County to reduce and prevent ACEs.

Objective 2.2: By December 31, 2024 collaborate with Wood County Human Services and other community organizations to create a culture of hope in Wood County through the [Kids at Hope](#) model.

Goal 3: Reduce social isolation and loneliness.

Objective 3.1: By December 31, 2023, pull together organizations to determine two strategies to work on to reduce social isolation and loneliness.

Objective 3.2: By December 31, 2024, increase access to social interactions through Community Health Worker outreach and connectivity.

Goal 4: Enhance access and reduce barriers to utilize mental health services by improving access to care, crisis responsiveness, and referral pathways for residents, with a focus on marginalized and at-risk populations.

Objective 4.1: By December 31, 2024, two organizations in Wood County will have contracts or memorandums of understanding with referral pathways with a mental health peer recovery organization in Wood County (e.g. River Cities Club House, A Better Way Club House).

Objective 4.2: By December 31, 2024, an establish a network of local mental health providers to discuss referral pathways, better coordination of care, and methods to reduce barriers to services.

Measures

- Emergency room admissions
- Survey of seniors through Aging and Disability Resource Center (ADRC)
- Youth Risk Behavior Survey data
- Behavior Risk Factor Survey data
- Child abuse and neglect data

Substance Use

Consuming excessive amounts of alcohol can lead to a number of different health issues, including high blood pressure, heart disease, liver disease, and certain cancers. In addition to concerns surrounding overdose injury and death, activities like injection drug use can increase the number of cases of Hepatitis C Virus infection in the community. It is also important to note that teens make up more than half of people who use illegal drugs for the first time.

Goal 5: Prevent youth substance use, specifically alcohol, prescription drugs without a prescription, tetrahydrocannabinol (THC), tobacco, and nicotine.

Objective 5.1: By September 29, 2024, implement Community Alcohol Resources for Establishments and Servers (CARES) in 10 establishments in South Wood County with proximity to youth serving organizations.

Objective 5.2: By December 31, 2024, a non-pharmaceutical Rx system (prescribing options such as physical activity, Fruit and Veggie Rx, Women, Infant Children, etc..) will be operational within one health system in Wood County.

Objective 5.3: By December 31, 2024, work with at least four Wood County pharmacies to adopt policies and procedures to increase access to prescription drug security and disposal methods, with criteria focused on people prescribed opioids, the elderly, and those with youth in their home.

Objective 5.4: By September 30, 2022, law enforcement sustain take-back events within the community as a way to properly dispose of prescription medications (preventing diversion and protecting groundwater).

Objective 5.5: By December 31, 2024, work with Wisconsin Rapids and Marshfield to update municipal sign codes to limit advertising of THC with proximity to youth serving organizations.

Objective 5.6: By December 31, 2024, work with Wisconsin Rapids and Marshfield to limit outlet density for THC outlets with proximity to youth serving organizations and in neighborhoods with schools with 50% or more students on free and reduced lunch.

Objective 5.7: By June 30, 2024, two local municipalities will pass policies focused on reducing second and third hand exposure of nicotine and unknown chemicals through commercial tobacco products and electronic nicotine delivery systems in outdoor/indoor public places.

Goal 6: Reduce adverse effects substance use has on adults in the community.

Objective 6.1: By December 31, 2024, implement Community Alcohol Resources for Establishments and Servers (CARES) in 10 establishments in South Wood County to reduce overserving alcohol to adults who are at least 21 years of age.

Objective 6.2: By December 31, 2024, establish a Vivent Health satellite site for the [LifePoint Program](#) to reduce harm to those who use injection drugs in South Wood County.

Objective 6.3: By December 31, 2024, reduce overdoses among those who use injection drugs by establishing a Narcan Direct program in South Wood County.

Objective 6.4: By May 31, 2023, install at least one accessible permanent sharps disposal box in South Wood County.

Goal 7: Become a community that is more supportive of individuals who are in recovery from a substance use disorder.

Objective 7.1: By December 31, 2022, establish working contracts for a peer recovery organization (e.g. Three Bridges Recovery) with at least four organizations in order to sustain local peer recovery efforts.

Objective 7.2: By December 31, 2024, five workplaces in Wood County, each with a minimum of 20 employees, will adopt policies that support people recovering from a substance use disorder.

Measures

- Emergency room admissions
- Youth Risk Behavior Survey data
- Behavior Risk Factor Survey data
- Department of Health Services County Overdose data
- Law enforcement arrest/citation data
- School suspension/expulsion data

Youth Health

Youth education and empowerment has been shown to greatly impact lifelong health. Studies show that youth who actively participate in their own care have greater lifelong engagement in their health and well-being, including completing more frequent preventative healthcare visits.

Goal 8: Empower youth aged 11-18 to take ownership of their own health.

Objective 8.1: By September 29 of each year through 2024, develop Providers and Teens Collaborating for Health ([PATCH](#)) in at least one Wood County school.

Objective 8.2: By May 31, 2023, Wood County Teens will update existing or write a new policy focused on improving adolescent health in schools.

Objective 8.3: By May 31, 2024, three South Wood County schools (Wisconsin Rapids Public Schools, Port Edwards School District, School District of Nekoosa) will pass a policy focused on improving adolescent health in schools.

Objective 8.4: By December 31, 2024, health systems and South Wood County school districts will sustain the Providers and Teen Communicating for Health (PATCH) or similar teen empowerment curriculum.

Measures

- Emergency room admissions • Youth Risk Behavior Survey data • Behavior Risk Factor Survey data
- Department of Health Services county overdose data

2020-2024 Action Plan: Additional Social Determinants of Health Priorities for Focus

Transportation & Recreation

People who live closer to sidewalks, gyms, and parks are more likely to engage in regular physical activity. Physical activity is associated with a number of health benefits, including a decreased risk of cancer, stroke, high blood pressure, and depression.

Goal 9: Ensure and support community design and development that supports accessible and multi-modal transportation, recreation, and place making in Wood County (trails/bike-pedestrian/UTV/wheel).

Objective 9.1: By December 31, 2024, two multi-municipality trails will have increased route connectivity through enhanced signage in partnership with local municipalities in Wood County.

Objective 9.2: By December 31, 2024, increase use of trails in Wood County through enhancements to existing routes with new infrastructure or technology advancements via application based systems.

Objective 9.3: By December 31, 2024, increase availability of accessible transportation in two Wood County communities through River Riders Bike Share and Marshfield Community Bike Share.

Objective 9.4: By December 31, 2023, determine and adopt a model to sustain the River Riders Bike Share and Marshfield Community Bike Share operations long term in Wood County.

Objective 9.5: By December 31, 2024, propose policy change in two Wood County municipalities to improve future transportation needs for those with barriers to having motorized vehicles.

Measures

- # of bikes checked out
- # of miles ridden
- Trails connected
- Signage improved
- Recreation data

Access to Healthy Foods

Reduced prices and increased affordability of healthier food choices means that more people have access to those foods. Research shows that this leads to increased purchasing of those choices, and thus a healthier community.

Goal 10: Increase accessibility of healthy foods for Wood County residents and focus on equitable economies through enhancing food systems.

Objective 10.1: By December 31, 2024, 60 local vendors will have increased economic vitality through continued coordination of the Wisconsin Rapids Downtown Farmers Market.

Objective 10.2: By December 31, 2024, develop a sustainability plan for the Wisconsin Rapids Downtown Farmers Market; with the entity becoming a 501(c)3, with a majority of the board made up of local farmers.

Objective 10.3: By December 31, 2022, hire a Regional Farmers Market Coordinator to support a Central Wisconsin Farmers Market Collaborative (including Stevens Point, Marshfield, Wausau, Waupaca, Adams-Friendship, and Wisconsin Rapids) to support and

promote connectivity of markets to address barriers to access, increase transactions for vendors, and evaluate economics utilizing [Farm 2 Facts](#) through University of Wisconsin-Madison.

Objective 10.4: By December 31, 2024, a permanent location, with input from people who are eligible for Electronic Benefit Transfer (Food Share), Women, Infants, and Children (WIC) vouchers, and Fruit and Veggie Rx and vendors, will be constructed for the Wisconsin Rapids Downtown Farmers market.

Objective 10.5: By December 31, 2022, ascertain the readiness of regional communities to invest in EBT/credit/debit services at the market.

Objective 10.6: By September 30, 2023, develop a business plan (in communities with sufficient readiness) to fund starting a new, or strengthen existing EBT/credit/debit services at the farmers market.

Objective 10.7: By September 30, 2023, evaluate the economic and social impact of well-supported and sustained EBT/credit/debit services on market vendors and local businesses, SNAP-eligible residents (fruit and vegetable purchases, inclusion), and partner entities and residents generally.

Objective 10.8: By September 30, 2023, establish ongoing impact and needs assessment to ensure EBT/credit/debit programs are sustained while also evolving in response to local needs to ensure that the market is accessible to all members of the community, including low-income, minority and differently abled.

Measures:

- # of vendors at market
- [Farm to Facts Economic data](#)
- Transactions from Electronic Benefits Machine; FoodShare, Debit, Credit
- Rx vouchers redeemed
- WIC vouchers redeemed
- Senior vouchers
- Farmer monthly earnings reporting

Leadership Development

Developing community leaders in diverse populations means that all residents have a chance to make a difference in the health of their community. These leaders will have a stake in activities like changing health behaviors, increasing environmental health, and influencing local policies that impact community health.

Goal 11: Increase opportunities for leadership and service by diverse populations focused on Hispanic, Hmong, and Native Communities.

Objective 11.1: By December 31, 2024, embed a leadership program for diverse populations into a continuing education providing institution.

Objective 11.2: By December 31, 2024, five local organizations with boards in Wood County will implement guiding principles and procedures to increase diversity in leadership and service on local non-profit boards in Wood County.

Measures:

- Annual demographic make-up of county, municipal, and school boards
- Annual surveys of these populations asking of representation on boards and in leadership positions

Family Health

People with strong family and social support systems live longer and healthier lives. This is due to the fact that a lack of support can make people more vulnerable to the effects of stress. People without strong support systems can be more likely to smoke, drink and eat excessively, and suffer from heart disease.

Goal 12: Improve the health and well-being of children and families in Wood County.

Objective 12.1: By December 31, 2024, [Parents as Teachers](#) [or like program/model], an evidence based home visiting model, will be implemented in Wood County.

Objective 12.2: By December 31, 2024, Parents as Teachers, an evidence based home visiting model, will be sustained in Wood County.

Objective 12.3: By December 31, 2024, align partner organizations to expand childcare access in Wood County.

Measures

- Pregnancy-related outcomes
- Birth outcomes
- Early identification and referral to services
- Referrals for developmental intervention programs, vision, hearing, and other health screenings that identify concerns in children
- Parental knowledge of age-appropriate child development including language, cognitive, social-emotional and motor domains
- Positive parenting skills and quality parent-child interaction

Health in All Policies (HiAP)

This focus area recognizes that governments have a responsibility for the health of the people that they serve. The purpose of HiAP is to increase the accountability of policy- and decision-makers to recognize the health impacts of all decisions at all levels.

Goal 13: Health in All Policies will be part of decision making processes within governmental agencies.

Objective 13.1; By January 2023, complete a Health Impact Assessment to inform decision making processes, programming, and the permanent location and physical structure for the Wisconsin Rapids Downtown Farmers Market.

Objective 13.2; By December 31, 2024, a Health Impact Matrix designed to consider health in all decisions will be implemented by one municipality (City of Wisconsin Rapids) as a Health in All Policies (HiAP) approach.

Measures

- EBT/Debit/Credit data • # of vendors at market • [Farm to Facts Economic data](#) • Rx vouchers redeemed • WIC vouchers redeemed • Senior vouchers • Farmer monthly earnings reporting

Housing

A lack of affordable housing limits the choices individuals and families have on where to live and affects their ability to meet other essential expenses. This means that people may be unable to afford food and medical care in addition to monthly housing costs. People who have to spend a large portion of their income on housing are more likely to delay care and utilize the emergency department. Children raised in unaffordable housing have worse health and decreased school performance.

Goal 14: Improve and increase affordable, safe, quality housing for those living in Wood County.

Objective 14.1: By December 31, 2024, support the Wood County Regional Economic Development Initiative (REDI) Plan to ensure housing needs are met throughout Wood County (see pages 27-29 of Wood County's REDI Plan).

Objective 14.2: By December 31, 2024, develop and implement a rental database and inspection program in Wisconsin Rapids, Wood County.

Objective 14.3: By December 31, 2024, increase access to recovery-supportive housing in South Wood County.

Objective 14.4: By March 2023, supportive transitional housing will be open and operating in Wisconsin Rapids.

Measures

- Number of low-income/alternative living housing units/rooms/beds • Annual average rent rate (cost) • Annual rental availability • Annual housing costs • Average household income by zip code

Incarceration

Incarceration disrupts social and family networks, increases health risks, and decreases a person's chances to find quality jobs, housing, and education. Children who have a parent who is incarcerated have a higher risk of substance use and future health problems like high cholesterol and blood pressure. In addition, the healthcare that people who are incarcerated receive while within correctional facilities is low quality and difficult to access.

Goal 15: Reduce the Wood County Jail Population

Objective 15.1: By December 31, 2023, pass a policy to require targeted interventions and programming facilitated through case managers for Wood County Electronic Monitoring Program.

Objective 15.2: By December 31, 2024, increase the number of people who utilize alternative sentencing and diversion programs including Huber, Electronic Monitoring Program, and Adult Drug Treatment Court in Wood County.

Goal 16: Increase access to substance use and mental health services at the Wood County Jail

Objective 16.1: By December 31, 2024, implement treatment assisted by medication in Wood County Jail for those with substance use disorders.

Goal 17: Improve community re-entry process for individuals getting released from the Wood County Jail.

Objective 17.1: By December 31, 2022, develop a plan to assure continuity of prescribed medications post release for individuals prescribed medications while in custody at the Wood County Jail.

Objective 17.2: By December 31, 2024, Wood County Human Services will adopt a sustainability plan to ensure the Jail Discharge Planner is a permanent position.

Objective 17.3: By December 31, 2024, pass a policy to support a safe release for people who are incarcerated at the Wood County Jail.

Objective 17.4: By December 31, 2024, establish at least two partnerships with transportation services to increase transportation access for people released from the Wood County Jail.

Measures

- Alternative sentencing
- Huber
- Electronic monitoring
- Adult drug treatment court
- Veterans treatment
- Recidivism data

Oversight and Delineation of Responsibilities

An Advisory Council, made up of a minimum of twelve members, from varying community sectors based on their connection to the overall strategies, linkages to those most impacted in our communities, and those with related lived experience exists to provide support, guidance, and resources to implement the strategies in the CHIP. The Advisory Council will meet quarterly to review the process of the work. Wood County Health Department / HPWC staff will email Advisory Council members monthly updates on progress.

Leadership Team Staff:

- Wood County Health Department: Ashley Arendt, Coriann Dorgay, Kristie Egge, Sara Luchini, Kayleigh Mengel, Ashley Normington, David Strong, Mai Thao, Jacob Wagner, & Hannah Wendels.
- Aspirus Riverview Hospital and Clinics: Sarah Beversdorf
- Marshfield Clinic Health System: Pa Khang
- Legacy Foundation: Mike Bovee

Advisory Council:

- Aging and Disability Resource Center: Erin Wells
- Aspirus: Tara Draeger
- Hannah Center: Tricia Fancher
- Ho-Chunk Nation: Jim Webster
- Ho-Chunk Nation: Tara Chapman
- Nekoosa School District: Keith Johnson
- School District of Auburndale: Jonni-rae Grancorvitz
- Three Bridges Recovery: Megan Birginal
- Wood County Board of Supervisors; Chair of Health and Human Services Committee: Donna Rozar
- Wood County Health Department/Health Officer: Sue Smith
- Wood County Human Services: Mary Solheim
- Wood County Sheriff's Department: Shawn Becker

HPWC Teams will work directly on the strategies in the CHIP with community partners and residents of Wood County. HPWC team leads will create reports detailing the progress of strategies throughout the CHIP cycle to update the Advisory Council, community, and other HPWC Team members.

Community Engagement

Community engagement is a continuous process in which community members are partners in identifying action steps that can be implemented to improve health. Engagement includes, but goes beyond, community outreach. Community outreach consists of short-term activities designed to share information with, or seek input from, community members. Community engagement is an intentional practice that includes the diverse perspectives of the community, addresses power dynamics, fosters strong relationships, and leads to action. It requires organizations to work deliberately to build long-term trusting relationships and to be open and responsive to community input.

When done well, community engagement offers opportunities for residents to express their views and provides meaningful opportunities for decision-making. It also takes into account the diversity of the community to create an inclusive and equitable process. Effective engagement removes barriers for communities that may have previously prevented residents from successfully working with local government, health systems, and community organizations. Engaging community members who are the most impacted by the issues is essential in creating and sustaining change.

HPWC strives for adequate community engagement throughout the CHIP process and implementation. Alone, none of us can overcome the challenges facing our community, but together we can make progress by examining and improving the practices, policies, and systems that affect the health of our community.

To learn more about community engagement visit: <https://healthypeoplewoodcounty.org/data-reports>

Building relationships with community members and organizations in Wood County is essential to being successful in changes to policy, systems, and environment (PSE). This includes using the community engagement model to implement strategies, include community members in planning activities to keep the work moving forward, reduce barriers for community members to participate, and communicating efforts to the community.

Monitoring and Evaluation

Due to COVID-19 the monitoring and evaluation development timeline was pushed back. A detailed action plan for the goals and objectives, including a monitoring plan, was written from June-December 2021. The HPWC Advisory Committee and HPWC staff will use this plan to track progress of efforts. The monitoring and evaluation plan includes qualitative, quantitative, and process evaluation to determine if strategies are achieving the desired outcomes for each health priority. This also includes the frequency of reporting progress and the dissemination of reports.

A dashboard with the listed measures above will be created by August 2022 and available externally for the community and partners.

Full action plans for the goals and objectives included in this document can be found on the HPWC website, www.healthypeoplewoodcounty.org.

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