

Healthiest Manitowoc County 2020:
2020 Manitowoc County
Community Health Improvement Plan

How healthy are the people of Manitowoc County? What does it mean to be healthy? How do we measure health? Health is much more than the lack of illness. The World Health Organization defines health as *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*; so to assess the health of a community we need to look beyond standard measures like deaths, diseases and disability and assess the underlying determinants of health. The determinants of health include health behaviors and skills; social, economic and educational factors; health services and systems; and the physical environment.

During 2010, the Manitowoc County Health Department, Healthiest Manitowoc County 2020 and the United Way of Manitowoc County assessed the health of Manitowoc County, paying attention to the factors that influence health. We began the process by reviewing what Healthiest Manitowoc County 2010 had accomplished since the last assessment and plan were developed in 2003. We then collected information on the health status of our community as it relates to the state health priorities identified in Healthiest Wisconsin 2020. In September 2010 we convened a community group to review the information and asked them to help identify and prioritize the health and social issues that Manitowoc County should focus on during the next ten years.

In the end, the issues that Manitowoc County will focus on for health improvement will be those the community is willing to devote the resources needed for change. Healthiest Manitowoc County 2020 and the United Way will take leadership of issues that fit with their existing missions and will refer other issues of community importance to those organizations with the expertise and resources to address the problem.

Issues identified during the Community Meeting	Lead Organization
Access to Health Services for those who can't afford it	HMC 2020
Alcohol & Other Drug, Prescription Drug and Tobacco Abuse	HMC 2020
Healthy Growth and Development <ul style="list-style-type: none"> o Prenatal to 5 o School Age and Adolescents 	United Way
Injury Prevention	HMC 2020
Jobs that Pay a Living Wage	Economic Development Corporation and Chamber of Commerce
Mental Health	HMC 2020
Oral Health	HMC 2020
Physical Activity and Nutrition	HMC 2020
Violence and Crime	Crime Prevention Committees

DEMOGRAPHICS and SOCIAL & ECONOMIC FACTORS THAT INFLUENCE HEALTH

It is important to understand the demographics, income and education status of a community when working to improve health status. Any interventions should be implemented taking into account the strengths and opportunities that are defined by these factors that influence health.

Manitowoc County's population is basically stagnant. The population in 2000 was 82,893; falling to 81,442 in 2010. One change that is occurring is the population is becoming more diverse; in 1990, the minority population was 2.5% and in 2009 it nearly tripled to 7.2%. Another change that is that we are becoming older, the median age in 2007 was 41.6 years compared to 38.3 years in 2000; one of the 5 largest changes in the state. While the 65 and older population has maintained at about 16% of total population since 1990; the 85 and older population has increased from 0.2% in 1990 to 2.5% in 2009, more than a ten-fold increase.

The median household income in Manitowoc County is \$50,150 compared to Wisconsin at \$52,103. More households are below poverty statewide than in Manitowoc County, 10.5% compared to 8.6%. Unemployment was 8% in July of 2010, down from nearly 12% in January 2010. Manitowoc County has fewer residents with bachelor's degree or higher education, 15.5% compared to 22.4%. The general level of education is increasing, in 2008 91% of county residents had at least a high school diploma, an increase from 1990 when only 75.5% met that standard.

Education is a known determinant of health. One measure of success is proficiency in reading and math in 3rd grade. 83.5% of county 3rd grade students are advanced or proficient in reading and 79.3% were advanced or proficient in math. Boys and economically disadvantaged students were less likely to be advanced or proficient in both reading and math. Manitowoc County Public High Schools graduation percentages average at 94%. Boys and economically disadvantaged students were less likely to graduate.

Access to Health Services (for those who can't afford it)

Healthiest Wisconsin 2020 defines *Access to health services* as universal access to affordable high-quality health services for all people in Wisconsin to promote optimal physical and mental health and to prevent illness, disease, injury, disability, and premature death.

The 2010 Manitowoc County community assessment determined that for most people in our community access to health care is not a problem. We did determine that it is a problem for many low income individuals in our community, especially those without health insurance. The 2010 Aurora Community Health Survey indicated that 19% of county residents between the ages of 19 and 64 were currently without health insurance, up from 9% in 2007. Another concerning statistic from the survey was that 22% of those surveyed were without health insurance in the last year, and 23% lived with someone without health insurance in the last year. Nearly 80% of adult county residents have a primary health care provider, which suggests that the remaining 20% either forego health care or obtain their health care through urgent or emergency care settings. Another possibility is that they are just waiting to establish a relationship with a primary care provider until they chose to access health care.

Manitowoc County Badger Care recipients increased between 2003 and 2010 by 66% to over 12,000 people or about 15% of the population. Most Manitowoc County health care providers continue to accept new Badger Care patients, although in some specialties, there are caseload limits and waiting lists, which limit access to care.

The Community Health Improvement Objective will be:

By 2020, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Objective 1: By 2020, 85% of adults will report that they have a primary health care provider. Baseline: 79% (source: Aurora Community Health Survey 2010)

Healthiest Manitowoc County 2020 has formed a new community health improvement committee, *Access to Health Care*. Based on the assessment information, the first task of the committee is to determine the feasibility of opening a federally qualified health center in Manitowoc County, either independently or in partnership with Sheboygan County. The core membership of the Access to Health Care Committee is Marty Schaller, Northeast Wisconsin Area Health Education Center; Amy Wergin, Manitowoc County Health Department; Mary Maurer, Holy Family Memorial; and Betsy Benz, Aurora Health Care.

Alcohol & Other Drug, Prescription Drug and Tobacco Abuse "Substance Use"

Substance use means any use of a substance, or uses of substances, that result in negative consequences. This includes but is not limited to, alcohol, tobacco, prescription drugs, marijuana and other illegal drugs. To impact the use and misuse of substances in Manitowoc County, focus will be given to underage drinking, responsible adult alcohol consumption, tobacco use among all ages, misuse and abuse of prescription drugs, and use of all illegal drugs.

Alcohol-related deaths are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke. In its 2007 Youth Risk Behavior Survey, the Centers for Disease Control ranked Wisconsin first in the rate of current alcohol use among youth; and third in the rate of binge drinking among youth. Wisconsin ranks third in the nation in per-capita consumption of beer.

Alcohol abuse is a problem in Manitowoc County. According to the 2010 Aurora Health Care Community Survey, 23% of adults admit to binge drinking an increase from 19% in 2003, but a reduction from 28% in 2007. This compares to 24% in Wisconsin and 16% for the US. Additionally, heavy drinking among Manitowoc County adults has been creeping up over the last 7 years from 5% in 2003 to 9% in 2010. Alcohol use in teens has lessened but continues to be a problem. In 2011, fewer than 20% of teens surveyed admitted to binge drinking, compared to 30% in 2005. We have also reduced the number of children who had their first drink of alcohol before age 13 from nearly 29% in 2005 to under 19% in 2011.

Living in a rural community leads many to think that marijuana and other illegal drugs is not a problem as that is only a problem that most urban areas must deal with. However Manitowoc County numbers of arrests for use and distribution of these illegal drugs are comparable with the state of Wisconsin. Although there are many arrests among adults, we have seen an increase in arrest among young adults starting as early as 20 years old. Illegal drug use among our youth is comparable with the state data. So although Manitowoc County is smaller in nature, we are not immune to the use and distribution of illegal drugs. Illegal drugs continue to plaque our community and in the end affect the health and safety of our residents.

Manitowoc County has experienced at least one death each month due to a prescription drug overdose since 2009. Nearly 19% of students admitted to using prescription drugs such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin or Xanax without a doctor's prescription in their lifetime. Prescription drugs remain one of the fastest growing drugs being misused and abused.

Tobacco use is decreasing in Manitowoc County but not as quickly as the rest of the state or the nation. In 2010, 75% of Manitowoc County adults were non-smokers compared to 72% in 2003. While pregnant women are less likely to smoke than other adults in Manitowoc County, the percent of non-smoking pregnant women in Manitowoc County is 81%, compared to 85% of pregnant women statewide. For

Manitowoc County youth, in 2005, 71% were non-smokers and in 2011, 83% were non-smokers. The percent of children who initiated smoking before age 13 has also decreased from 18% to 9%.

The Community Health Improvement Objectives will be:

By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.

By 2020, reduce tobacco use by changing policies and by supporting services for prevention, screening, intervention, and treatment.

Objective 1: By 2020, there will be a decrease in the percentage of youth reporting the use of alcohol, tobacco or unprescribed drugs under age 15. (Source: 2011 YRBS)

Substance	Baseline (2011 YRBS)	Target
Alcohol	40%	35%
Marijuana	10%	8%
Prescription drug	NA	To be determined
Tobacco	17%	8%

Objective 2: By 2020, there will be a decrease in the percentage of high school students admitting to tobacco, alcohol or drug use in the previous 30 days. (Source: 2011 YRBS)

Substance	Baseline (2011 YRBS)	Target
Alcohol	35%	30%
Marijuana	12%	10%
Prescription drug	18.5%	14%
Tobacco	17%	8%

Objective 3: By 2020, 10% of high school students will report engaging in binge drinking. Baseline: 19% of students admitted to binge drinking. (Source: 2011 YRBS.)

Objective 4: By 2020, 85% of Manitowoc County adults will be non-smokers. Baseline: 75% are non-smokers (Source: Aurora Community Health Survey 2010)

The Manitowoc County Alliance for Substance Abuse Prevention Coalition (MCASAP) is the supporting group to address the substance use and abuse in Manitowoc County. MCASAP's mission: To reduce the incidence of alcohol, tobacco and drug use by youth and young adults through education, peer leadership, policies and environmental strategies. MCASAP's contact is Annie Short, NEW AHEC.

Injury Prevention

According to Healthiest Wisconsin 2020, **unintentional injuries** are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Common prevention strategies exist across all causes and manners of injury that include but are not limited to environmental changes, education, and enforcement of policies, laws and standards. The burden of injury differs across the life span. The effects of unintentional injury include costs related to care and treatment of injuries, but also loss of productivity (economic loss to the individual, family and workforce), years of potential life lost due to injury mortality, and the influence of injury on chronic disease, physical and mental health.

In 2008, the third leading cause of death in Manitowoc County was unintentional injuries. The Manitowoc County death rate from injuries was 67/100,000 compared to 43/100,000 in Wisconsin. The most common cause of death from injury in Manitowoc County is falls with a rate of 30/100,000 compared to Wisconsin at 16/100,000. This is an improvement since 2003, when the death rate from falls in Manitowoc County was 44/100,000. In 2008, the suicide death rate in Manitowoc County is 12/100,000 compared to 13/100,000 in Wisconsin.

The Community Health Improvement objective will be:

By 2020, reduce the leading causes of injury (falls, motor vehicle crashes, suicide/self-harm, and poisoning) through policies and programs that create safe environments and practices.

Objective 1: By 2020, reduce the death rate from injuries to 60/100,000.
(Baseline WISH 2008: 67/100,000)

Objective 2: By 2020, reduce the death rate from falls to 25/100,000.
(Baseline WISH 2008: 30/100,000)

The primary responsibility for this health priority is the Manitowoc County Safe Community Coalition its subcommittee Manitowoc County Falls Prevention Committee. The contact is Amy Wergin, Manitowoc County Health Department.

Mental Health

Mental health refers to the overall way people meet the demands of life. Although there is no single definition of mental health, the following characteristics are widely considered attributes of mentally healthy people:

- They feel comfortable with themselves. They have tolerant, easy-going attitudes, can laugh at themselves, and can accept their own limitations. In short, they have self-respect.
- They feel comfortable with other people. They are able to give and receive love, consider the interests of others, respect the many differences they find in people, and have satisfying personal relationships.
- They are able to meet the demands of life. They can handle life's challenges and stressful events. They make use of their abilities, set realistic goals, and find satisfaction in simple, everyday pleasures.

In contrast, difficulties are exaggerated for people who have a mental illness or emotional disturbance. Problems the healthy person can resolve become too much for them.

An estimated 22 percent of adult American - about 1 in 5 adults - suffer from a diagnosable mental disorder in a given year. Four of the 10 leading causes of disability in the United States are mental disorders. Many people suffer from more than one mental disorder at a given time. Many mental illnesses, including depression, bipolar disorders, schizophrenia and panic disorders, are caused by biochemical disturbances in the brain and others are triggered by exposure to an extremely stressful event.

While both men and women are burdened by the personal and financial toil that mental illnesses bring, women are more often affected by certain conditions. For example, women are affected twice as often as men by most forms of depression and anxiety disorders, and nine times as often by eating disorders. One out of four women will suffer from clinical depression; only 20 percent of those women will get the help they need.

Mental illnesses are treatable, especially when treatment is not delayed. Regardless of age early detection and treatment can help prevent mental illnesses from worsening and can improve the individual's chances for full recovery. Therefore, it is critical for a person to seek mental health care when he or she needs it and it is equally important for service providers, friends, and family members to be informed about the symptoms of a mental illness and the treatment options available.

-From Mental Health, a brochure from Wisconsin United for Mental Health

Measures of mental health can be difficult to obtain, yet through various community planning sessions, lack of screenings, education and access to address mental illnesses continues to be raised as an area of concern.

The Aurora Community Health survey of adults, completed every three years, asks three questions regarding mental health. The results have been consistent since the first survey was completed in 2003. The first is "how often in the last 30 days have you felt sad, blue or depressed", in Manitowoc County 4-6% of respondents answered always or nearly always. Between 3 and 5% of respondents seldom or never find meaning in daily life and 4% considered suicide in the last year.

The Youth Risk Behavior Survey has several questions related to mental health. In 2011, when asked "did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities", 21% of students answered yes. In a follow up question, 11% admitted to making a plan about how they would attempt suicide. These percentages are similar to the 2009 survey.

Healthiest Manitowoc County 2020 has recognized the need to address this focus area and will work to promote and engage healthy behaviors to promote mental health.

The Community Health Improvement objective will be:

By 2020, improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Objective 1; By January 2013, the Mental Health Task Force will be mobilized and a 2020 plan will be in place that includes measurable outcomes.

The primary responsibility for this health priority is the Manitowoc County Mental Health Taskforce. The contacts are Martha Rasmus; Laurie Crawford, United Way; Faye Malek, UW Extension; June Schultz, Painting Pathways; and Annie Short, NEW AHEC.

Oral Health

Oral health is basic to general overall health throughout the life span. It means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease, and other diseases that affect the mouth and surrounding structures. Achieving good oral health requires access to a dental home, which is not a building, but rather a team approach to providing comprehensive oral health care services in a high quality and cost-effective manner. Early intervention with primary preventive measures (tooth brushing, flossing, good nutritional and infant feeding practices) begins during the preconceptional and prenatal periods. It includes care provided from both primary health care providers and oral health providers and continues through the life span. Early intervention with preventive measures, such as fluoride varnish and dental sealants, includes children and adults with developmental disabilities who experience significant problems of access to dental services. Older adults with poor oral health are at risk for malnutrition.

Access to oral health care for lower income people has been identified as an ongoing problem in Manitowoc County and has been a Health Priority since 2004. In 2008, only 22% of Medical Assistance recipients received any type of dental care, down from 26% in 2004. Since 2003, the percent of the general adult population that has reported receiving a dental check-up in the last year has declined from 73% to 65%.

Healthiest Manitowoc County has implemented several programs to improve Dental Health in Manitowoc County. We began by coordinating Give Kids a Smile Day in 2004. Healthy Teeth Healthy Kids has been providing school based dental clinics for low income children in Manitowoc County since 2006. In 2009, we expanded to begin providing care to adults. In 2010, a new not for profit organization, Healthy Teeth, Healthy Teeth Manitowoc County, was formed to oversee the dental clinics initiated by Healthiest Manitowoc County.

The Community Health Improvement objective will be:

By 2020, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

Objective 1: By 2020, 75% of Manitowoc County adults will have seen a dentist in the last year. (Baseline: 65% Source: Aurora Community Health Survey 2010)

Objective 2: By 2020, 30% of Medicaid (Badger Care) recipients will receive dental care in a year. (Baseline: 22% Source: Wisconsin Department of Health Services Medicaid Data Base State fiscal year 2008)

The primary responsibility for this health priority is Healthy Teeth, Healthy Communities Manitowoc County. The contact is Michele Schmitt.

Physical Activity and Nutrition

Physical Activity and Nutrition are included in the Manitowoc County Community Health Improvement plan as a combined entity because they are often addressed together in an effort to improve health.

Physical Activity

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population.

According to the American Cancer Society, the American Diabetes Association, and the American Heart Association, nearly seven out of ten Americans do not get enough physical activity. Being inactive is more common among women than men, among older adults, and among African Americans and Hispanics/Latinos than Caucasians. The 2011 Youth Risk Behavior Survey taken by high school students enrolled in Manitowoc County schools where findings indicated 46.1% were trying to lose weight. Less than 50% of students reported they were active for at least 60 minutes per day at least 5 days each week. Inactivity was measured by asking how many hours of TV were watched on an average day during the school week, 24% of students watched TV three or more hours per day. When asked about video games or using the computer for something other than schoolwork, 53.9% indicated they played video or computer games from 2 – 4 hours daily. Additionally, 44.3% of high school students in Manitowoc County do not participate in physical education classes during an average week at school. Information regarding physical activity in Manitowoc County adults was measured by the 2010 Aurora Health Community Survey. Forty-two percent of adults participate in moderate physical activity for at least 30 minutes five days a week and 23% participate in vigorous physical activity at least three times a week for 20 minutes.

Results from a March 2011 strategic planning sessions coordinated by the Coalition for Activity and Nutrition indicated a need to focus on gaps related to physical activity including: filling voids created by public sector cutbacks, increasing educational efforts at businesses and schools, gearing education to represented minorities, creating a clearinghouse for activities to create an awareness of what activities are available and at what cost, and examining the affordability of physical activities for families and individuals to assure economically diverse residents have sufficient options to enhance their activity level.

Nutrition

Healthiest Wisconsin 2020 indicates “adequate, appropriate and safe food and nutrition means the regular and sufficient consumption of nutritious foods across the life span, including breastfeeding, to support normal growth and development of children and promote physical, emotional, and social well-being for all people. Good nutritional practices can also reduce the risk for a number of chronic diseases that are major public health problems, including chronic conditions such as obesity, type 2 diabetes, cancer, heart disease and stroke.”

Manitowoc County pantry managers belonging to FEED Manitowoc County (Food, Essential, and Empowerment with Dignity) have identified a significant increase in the number of residents accessing food pantries in the last two years, particularly first-time users including middle-class families and individuals. A 2010 Assessing My Food Needs Report indicated that 56% of the 131 participants acknowledged someone in their household experienced hunger in the last year.

According to 2011 Youth Risk Behavior Survey data, 22.8% of high school students consumed 2 or more servings of fruit (excluding juice) each day in the last seven days, and 16.1% consumed 3 or more servings of vegetables (excluding juice) each day in the last seven days. According to the 2010 Aurora Community Health Survey, adult consumption of fruits and vegetables were two or more fruits 65% and three or more vegetables 23%.

The Coalition for Activity and Nutrition, CAN, hosted a strategic planning session in March 2011 to determine where to focus their efforts. The results of participant input provided specificity: education related to nutrition, food preparation, grocery shopping, education for represented minorities addressed with the caveat of a train-the-trainer delivery to assure cultural appropriateness and communication, food security for all residents, and the need for a general clearinghouse for nutrition information and resources.

The Community Health Improvement objective will be:

By 2020, Manitowoc County residents will improve health, fitness, and quality of life and reduce chronic disease through daily physical activity and the consumption of healthful diets.

Objective 1: By 2020, 53% of adults will report engaging in moderate or vigorous physical activity for 60 minutes daily, five days per week. (Baseline Aurora Community Health Survey 2010: 49%)

Objective 2: By 2020, 53% of high school students will report being physically active five or more days per week for at least 60 minutes daily. (Baseline YRBS 2011: 50%)

Objective 3: By 2020, 50% of the food vendors at Farmer's Markets in Manitowoc County will accept Food Share(Food Stamp) payment using Electronic Benefit Transfer cards. (2011: none)

Objective 4: By 2020, 25% percent of high school students will report eating two or more servings of fruit daily. (Baseline 2011 YRBS: 22.8%)

Objective 5: By 2020, 20% of high school students will report eating two or more servings of vegetables daily. (Baseline 2011 YRBS: 16.1%)

Objective 6: By 2020, 70% of adults will report eating two or more fruits per day. (Baseline Aurora Community Health Survey 2010: 65%)

Objective 7: By 2020, 30% of adults will report eating three or more vegetables per day. (Baseline Aurora Community Health Survey 2010: 23%)

Objective 8: By 2020, Healthiest Manitowoc County in partnership with Manitowoc County Employers will achieve Well County designation from the Wellness Councils of America (WELCOA).

Well City USA designation was a concept created in 1991 by WELCOA, an international non-profit health promotion organization. The Well Workplace/Well City USA initiative challenges local business communities to work together toward building healthier communities, starting in the workplace. Achieving Well City USA designation requires that 20% of a community's working population must be employed by Well Workplace Award-winning companies/organizations. The Well City USA designation is awarded at the Bronze, Silver or Gold level and can now be implemented at a County level.

The primary responsibility for this health priority is the Coalition for Activity and Nutrition, which is restructuring to address identified nutrition and physical activity needs. On the CAN Leadership Team are: Julie Reimer and Pat Sampe, Manitowoc County Health Department; Faye Malek, Manitowoc County UW-Extension; and Steve Smith, Manitowoc-Two Rivers Y.