

Community Health Priority:

Alcohol & Other Drug Misuse and Abuse

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Vision

Creating a culture in communities where alcohol is used responsibly and other drugs (tobacco, prescription, and illicit) are not misused.

Goal Statements

- ✓ Change social norms, attitudes, and behaviors around substance use
- ✓ Strengthen community collaboration around substance abuse prevention
- ✓ Increase funding for AODA prevention, treatment, and enforcement

Background

Marathon County, as well as the rest of Wisconsin, is experiencing a surge in heroin and prescription opiate abuse. The increases in drug-related crimes, incarceration, and the number of individuals with addiction are placing tremendous strains on criminal justice, treatment, human services, schools and healthcare systems. Alcohol continues to be the most commonly abused substance by both youth and adults in Marathon County. Community awareness that addiction is a disease is low in Marathon County.

Data

- 84% of LIFE survey respondents are very or somewhat concerned with illegal drug use
- 83% of LIFE survey respondents are very or somewhat concerned with drinking and driving
- 76% of LIFE survey respondents are very or somewhat concerned about the abuse or misuse of prescription drugs
- 68% of LIFE survey respondents are very or somewhat concerned about the abuse or misuse of alcohol
- In Wisconsin, the rate of heroin-related deaths quadrupled from 2007-2012
- Wisconsin continues to experience the highest rates of drunk driving in the nation

Shared Measurement

Past 30-day use of substances in Marathon County high school students, 2015 Baseline: alcohol (25.8%), marijuana (5.6%), cigarettes (8.2%), chewing tobacco (7.2%), e-cigarettes (N/A), prescription drugs (3.8%), heroin (N/A), methamphetamine (N/A), Source: Marathon County Youth Risk Behavior

Percentage of high school students who report that their parents or other adults in their family would disapprove if they had five or more drinks of alcohol in a row within a couple of hours, 2015 Baseline: 62.3%, Source: Marathon County Youth Risk Behavior Survey

Percentage of students who report that their peers feel it would be wrong or very wrong to use alcohol, 2015 Baseline: N/A, Source: Marathon County Youth Risk Behavior Survey

Percentage of adults who reported binge drinking in the past 30 days, Baseline: 25.3%, Source: 2015-2017 LIFE Survey

Percentage of adults who reported drinking and driving in the past 30 days, Baseline: 7.3%, Source: 2015-2017 LIFE Survey

Percentage of adults who said there is a great risk in taking prescription medication not prescribed, Baseline: 2011 = 46%; 2013 = 46%; 2015 = 48%, Source: Marathon County Medication Assessment

Community Health Priority:

Behavioral Health

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Vision

Promote well-being by preventing or intervening in mental illness such as depression or anxiety, along with preventing or intervening in substance abuse or other addictions.

Goal Statements

- ✓ Increase the public's awareness of the importance of good mental well-being and community services available to support their mental well-being
- ✓ Improve alcohol & other drug abuse and mental health treatment services
- ✓ Further integrate behavioral health within the delivery of health care

Background

There is a need to increase the public's awareness and understanding how one's behavioral health impacts their overall physical health. Marathon County recognizes the benefit of having a continuum of services and treatment options for mental health, alcohol and other substance abuse, and other addictions (gambling, pornography). There is a realization of the need for collaborative, innovative solutions to explore models of care and service across the continuum of care, settings and lifespan. There is also a need of a common understanding of what is 'behavioral health' for the general public, community organizations and health care providers.

Data

- The average Marathon County adult experiences 2.3 poor mental health days in the past month
- 12.2% of Marathon County high school students reported seriously considering attempting suicide in the past year
- 29% of Marathon County high school students describe their mental health as not good, 3 days or more in the last month
- 35.6% of 2015 LIFE Survey respondents are satisfied with accessibility of mental healthcare services

Shared Measurement

Average number of poor mental health days reported by Marathon County in the past 30 days, Baseline: 2014 - 3.3 days, Source: Behavioral Risk Factor Survey System & 2015 County Health Rankings

Percentage of high school students in Marathon County who describe their mental health as not good during the past 30 days as three days or more, Baseline: 2015 - 28.8%, Source: Marathon County Youth Risk Behavior Survey

Percentage of high school students in Marathon County who felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey, Baseline: To be determined, Source: Marathon County Youth Risk Behavior

Percentage of LIFE Report community survey respondents who reported not seeing a mental health provider when needed, Baseline: 2015 - 8%, Source: 201-2017 LIFE Report

Community Health Priority:

Adverse Childhood Experiences (ACEs)

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Vision

Preventing or reducing the impact of potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent.

Goal Statements

- ✓ To establish an ACEs Collaborative Initiative in Marathon County
- ✓ Increase community providers and the public's understanding of the link between Adverse Childhood Experiences and overall mental and physical well-being

What are ACEs?

An Adverse Childhood Experience (ACE) is traumatic experience prior to the age of 18.

The 10 ACEs are defined as:

- Physical abuse
- Sexual abuse -Emotional abuse
- Physical neglect
- Emotional neglect
- Growing up in a household with a family member who is:
 - Depressed or mentally ill
 - Addicted to alcohol or other drugs
 - In prison
 - Witnessing a mother being abused
 - Separation or divorce of parents

Background

There is a need to increase the public's awareness and understanding how one's mental well-being impacts their overall physical health. ACEs can negatively impact a child's brain development and physical, mental, and social behaviors increasing risk for poorer mental health, teen pregnancy and juvenile delinquency. Adults with higher ACEs have poorer health outcomes, such as increased levels of toxic stress, higher risk for alcoholism, illegal drug use, depression, suicide, partner violence, smoking, obesity, and heart disease. The impact of ACEs is multi-generational. Building resiliency in parents and children is crucial in reducing the impact of childhood trauma. Changing our social norm in Marathon County from "What is wrong with you?" to "What has happened to you?" is pivotal.

Data

- 10-15% of Marathon County residents have 4 or more ACEs
- 18% of youth reported that their parent(s) have a history of alcohol abuse and 16% of youth reported that their parent(s) have a history of drug abuse
- 39% of juvenile referrals to social services indicated that someone living in the family home had been in jail or spent time in prison
- 27% of juvenile referrals to social services indicated that youth did not believe that they had a positive adult relationship outside of school or their family
- Neglect is the most frequent form of substantiated maltreatment in Marathon County
- 73.2% of 2015 LIFE Community Survey respondents were concerned about family violence or abuse of adults and children

Shared Measurement

Number of ACEs trainings provided in Marathon County and number of groups and individuals trained, Baseline: To be determined, Source: To be determined

Percentage of high school students that reported having at least one teacher or other adult in their school who they can talk to if they had a problem, Baseline: 73%, Source: 2015 Marathon County Youth Risk Behavior Survey

Community Health Priority:

Healthy Weight

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Vision

A weight that lowers your risk for health problems. Achievement of a healthy weight includes healthy food choices and physical activity.

Goal Statements

- ✓ Continue the collective efforts of the Healthy Eating Active Living (HEAL) Coalition, striving to move to the "collaboration" status
- ✓ Identify aspects of healthy weight that are important to Marathon County residents
- ✓ Strengthen the link between healthy weight and economic prosperity

Background

Healthy weight is defined as a weight that lowers your risk for health problems. Achievement or maintenance of a healthy weight includes healthy food choices and physical activity. Our community environment and norms impact a person's ability to incorporate healthy food choices and physical activity into their lifestyle. Healthy weight is a community issue that directly impacts the local economy. Physical activity and recreational opportunities, as well as a local food system are two positive aspects that appeal to millennials, who are needed to fill Marathon County's work force and entrepreneurial needs. An unhealthy weight, and the accompanying health conditions, leads to absenteeism, increased health insurance costs, and decreased productivity.

Data

- 67% of LIFE Survey respondents agree that unhealthy eating and/or the lack of physical activity is a concern in the community
- 22% of LIFE survey respondents get an average of 30 minutes of physical activity 5-7 days per week
- 60% of Marathon County high school students were physically active for at least 60 minutes per day 5-7 days per week compared to 49.5% for Wisconsin
- 43% of Marathon County high school students reported eating vegetables such as green salad, carrots, green beans or other vegetables at least 1 time a day
- 38% of Life Survey respondents were overweight and 28% were obese

Shared Measurement

Percentage of the adult population that during the past month did not participate in any leisure-time physical activity or exercise such as running, calisthenics, golf, gardening, or walking for exercise, Baseline: 25%, Source: County Health Rankings

Percentage of the population who live reasonably close to locations for physical activity, including parks or recreational facilities, Baseline: 74%, Source: County Health Rankings

Percentage of students that ate fruit (do not count fruit juice) 2 times per day or more, Baseline: 11.4%, Source: 2015 Marathon County Youth Risk Behavior Survey

Percentage of students that ate vegetables such as green salad, carrots, green beans, or other vegetables (do not count potatoes) 2 times per day or more, Baseline: 9.3%, Source: 2015 Marathon County Youth Risk Behavior Survey

Within the (number of) school districts implementing Farm to School in Marathon County, percentage implementing: procurement strategies, curriculum-related strategies, environmental strategies, school garden strategies, and field-work strategies, Baseline: To be determined, Source: USDA Farm to School Census

Community Health Priority:

Health Needs of Aging

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Vision

Developing and maintaining optimal mental, social, and physical well-being and function in older adulthood. This includes addressing basic needs, optimizing health and well-being, promoting social/civic engagement, and supporting independence.

Goal Statements

- ✓ Establish infrastructure for aging-related service providers to collaborate
- ✓ Create or enhance centralized system for information-programs, services, and eligibility requirements
- ✓ Establish community messaging about "planful aging"

Background

Healthy aging includes developing and maintaining optimal mental, social, and physical well-being and function in older adulthood. In Marathon County, there is recognition of the impact the aging population will have on our communities: workforce shortages; generations that are currently functioning well and enjoying a high quality of life may transition into a lesser quality as they age; the burden of high economic costs related to health care for chronic conditions, as well as nursing home or long-term care and the loss of community assets. There is need for infrastructure to allow aging-related service providers to work together collaboratively, changing policies and organizational systems in order to enhance program and service delivery for the aging population, thereby maintaining a high quality of life and independence. Marathon County recognizes the necessity of planning as you age, not only financially, but also socially, spiritually, mentally, and physically.

Data

- 80% of older Americans are living with at least one chronic condition and 50% have at least two
- An estimated 43% of seniors are socially isolated

Shared Measurement

To be determined by Health Needs of Aging Collaborative Initiative

Community Health Priority:

Oral Health

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Vision

Promote healthy teeth and the entire mouth such as gums, chewing muscles, palate, and tongue with the goal of being free of tooth decay, gum disease, oral cancer, and chronic oral pain.

Goal Statements

- ✓ Establish an oral health collaborative initiative in Marathon County that will focus community partners' efforts
- ✓ Further the integration of oral health within the delivery of health care
- ✓ Expand current oral health prevention programs and services

Background

There is a need to further integrate oral health into primary health care, as oral health impacts overall health of an individual. The payment system for oral health care needs to be unified and keeping with health care reimbursement. Disparities in dental care coverage continue to exist in minority and low income populations. Consumers could benefit in increasing their understanding of the importance of good oral health, oral health's contribution to chronic disease, and prevention measures individuals can take. The aesthetic impact of tooth decay and tooth loss will continue to impact the employability of a segment of the population.

Data

- 77% of respondents to the 2015 LIFE Survey were satisfied with the accessibility of dental care
- 68% of 2015 LIFE Survey respondents were somewhat concerned or very concerned about the affordability of dental care
- From 2005-2011, 20% of Marathon County residents did not have a dental visit in the past year
- 79% of Marathon County high school students saw a dentist for a check-up, exam, teeth cleaning or other dental work during the last year
- 47% of 2015 LIFE Survey respondents between the ages of 18-34 reported not accessing dental care when they needed it in the last year
- 24.2% of LIFE respondents did not access dental care when needed

Shared Measurement

By 2020, 10% of LIFE Report survey respondents will report that in the past 12 months they or someone in their household should have seen a dentist but did not, Baseline: 2015 - 11.1%, 2013 - 11.3%, Source: LIFE Report Surveys

Cross-Cutting Health Priority:

Social and Economic Factors that Influence Health

Vision

Marathon County where all people enjoy the opportunities to live, learn, work, and play in a healthy community

Goal Statements

- ✓ Protect and advance the community conditions that promote health in Marathon County
- ✓ Build upon community assets in a manner that benefits all Marathon County residents
- ✓ Foster resiliency among individuals, families, and communities in Marathon County
- ✓ Create a strong sense of place for all Marathon County residents to enjoy

Background

Social and economic factors are drivers of the conditions in which people live, learn, work, and play. Factors, such as employment, community safety, income, housing, transportation, educational attainment, social support, and discrimination account for roughly 40% of all health. These factors are significantly more influential of one's health than clinical care.

The six identified community health priorities are influenced by these social and economic factors. In order to move the needle on these priorities and work towards our vision of being the healthiest, safest, and most prosperous county, our work must be upstream. Upstream work cannot be fully realized without addressing these social and economic factors.

Social and Economic Factors

Housing:

Homes that are safe and free from physical hazards promote health as do neighborhoods free from crime, violence, and pollution. Other neighborhood characteristics include employment opportunities, public resources, and social connectedness among residents. The affordability of housing shapes these home and neighborhood conditions which influence the options families have to make healthy choices.

Education:

More schooling and training leads to higher incomes and better employment opportunities. In addition, parents' education is linked to their children's health and educational attainment.

Employment:

Employment is a main source of income for families and provides benefits, such as health insurance and social connection. Positive physical and social conditions of workplaces have the ability to promote physical health and reduce stress.

Income:

Income enables families and individuals to live in adequate housing and safe neighborhoods as well as provides access to a greater number of resources. Furthermore, children's economic conditions can influence their health later on in life.

Social Support:

Positive relationships with family and friends as well as with neighbors and the community promote healthy behaviors and choices. Communities with high social capital are less prone to violence and often have sufficient resources.

Discrimination:

Discrimination, such as racism, leads to chronic stress which adversely affects individuals' health.