



COMMUNITY HEALTH IMPROVEMENT PLAN



2015-2017

Healthy Sheboygan County 2020

Community Health Improvement Plan

HEALTHY SHEBOYGAN COUNTY 2020

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How healthy is Sheboygan County?

Looking at County Health Rankings and Roadmaps

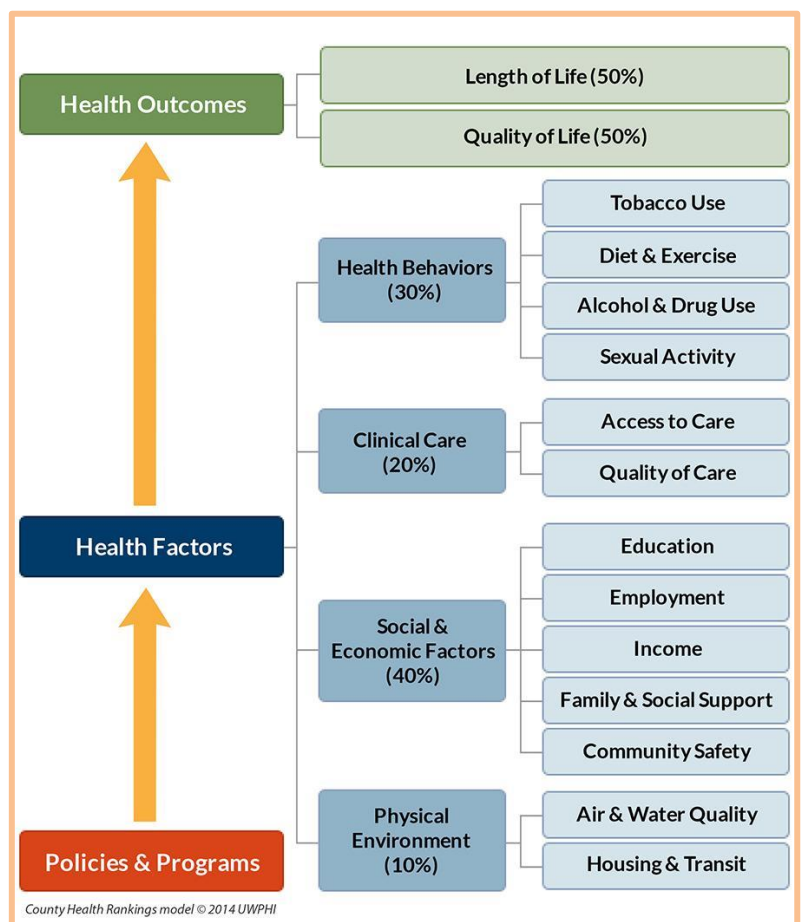
Located on the coast of Lake Michigan, Sheboygan County is home to just over 115,000 residents. When we look at the health of those residents, it is important to understand the many factors that influence health.

The County Health Rankings and Roadmaps program is collaboration between UW Population Health Institute and the Robert Wood Johnson Foundation that focuses on providing local data to communities to help them identify opportunities to improve their health. The rankings are based on a model of population health that emphasizes the many factors that, if improved, can make communities a healthier place to live, work, learn and play. The model below helps illustrate the many factors that affect the health of our communities, and to what degree they play a role in determining our health.

County rankings measure health in terms of health outcomes and health factors. These include looking at elements such as educational attainment, binge drinking rates, obesity, health care access and early death.

Of the 72 counties in Wisconsin, the following is how Sheboygan Ranks:

- 25** in Health Outcomes
...how healthy our county is
- 10** in Health Factors
...things that influence health
- 15** in Health Behaviors
...how healthy we live
- 11** in Clinical Care
...how good is our healthcare
- 17** in Social and Economic Factors
...how strong is our social fabric
- 35** in Physical Environment
...how healthy our environment is



The County Health Rankings, as well as the locally conducted 2014 Sheboygan County Community Health Assessment, indicate that the health of Sheboygan County residents continues to be negatively impacted by physical inactivity, alcohol consumption, unemployment and children in poverty. For more detailed information about the County Health Rankings and Roadmaps, go to:

<http://www.countyhealthrankings.org>

Background and Purpose

Healthy Sheboygan County 2020

Healthy Sheboygan County 2020 (HSC2020) is a community-based initiative formed in 1993 which is designed to make positive changes in the health status of Sheboygan County by 2020. The diverse membership, which includes public health, local health care agencies, schools, businesses, and community representatives, all work together to achieve the ultimate goal of the community living better, longer lives.

Community Health Improvement Plan Process

HSC2020's Role in Community Health Improvement Plan

The Sheboygan County Community Health Improvement Plan is part of the ongoing effort put forth by Healthy Sheboygan County 2020 and Sheboygan County Health and Human Services, Division of Public Health to improve the health and quality of life in our community. The intention of Healthy Sheboygan County 2020 and this Health Improvement Plan are to increase community awareness of Sheboygan County's public health issues, establish or build upon existing community partnerships focused on improving the health of our community while reducing fragmentation of present coalitions, and to engage residents to take responsibility in adopting a healthier lifestyle.

Planning Process

The HSC2020 community health improvement planning process follows the work of the 2012-2014 Community Health Improvement Plan developed by the HSC2020 Steering Committee, and the Sheboygan County Activity and Nutrition (SCAN), Health Literacy, Mental Health, and alcohol, tobacco and other drug abuse (ATODA) community action committees. Committee members designed a new plan based on the changing environment and the findings of the most recent community health assessment. The following are key steps that were taken to develop the 2015-2017 Community Health Improvement Plan (CHIP) priorities.

Community Conversations

- March 2014, more than 300 community members joined together to talk about mental health and ATODA issues. Participants included local law enforcement, social services/human services, legislature, education, businesses, nonprofits, health care providers, families and consumers.
- The event incorporated presentations on local and state data, system functionality and small group discussions guided by why good mental health is important, what is working in our community, barriers, and gaps/missing services related to mental health and alcohol and other drug abuse. The close of the day focused on action planning and how to build on our strengths.

Community Health Improvement Plan

- Out of the event, emerged the focus areas of education/prevention, access and coordination of care. These are areas that are integrated into the new leadership structure and were key to building the actions of our health priority coalitions.

Community Health Assessment (CHA)

- In 2014, Healthy Sheboygan County 2020 partnered with Aurora Health Care, Sheboygan County Health and Human Services, Division of Public Health, Lakeshore Community Health Care, St. Nicholas Hospital, United Way of Sheboygan County and UW Extension of Sheboygan County to complete the 2014 Community Health Assessment. This included key informant interviews; county health survey and secondary data report—click below to view.
 - [Key Informant Interview Report](#)
 - [County health Survey](#)
 - [Secondary Data Report](#)

Community Call to Action

- Over 110 participants representing health care systems, human service agencies representing various populations within the community, public safety, education and private/corporate employers
- Assisted by an external facilitator, the group spent a significant amount of time in smaller discussion groups that were tasked with identifying and discussing and prioritizing aspirational visions for the health of Sheboygan County, the systematic changes that will help to achieve those visions, restricting factors, and measures of progress and success.

Leadership Work Sessions

Over the six months that followed the Community Call to Action, members of the HSC 2020 Steering Committee held several work sessions to identify the health priorities that HSC 2020 would address in the 2015-2017 CHIP. As a part of this planning process, with the assistance of a facilitator from the Wisconsin Primary Health Care Association, members reviewed the findings of the CHA and the vital community input they received during the 2014 community events. The group agreed that a stronger HSC 2020 infrastructure would be needed to build a culture of health across the lifespan. Throughout these work sessions, committee members discussed and embraced the concept of collective impact, the commitment of a group of multidisciplinary members across sectors with a common agenda to solve problems through collaboration.

Throughout the discussions, the Steering Committee recognized that if HSC 2020 is to be successful in making substantial improvement in the overall health of the community, there is a need for a stronger infrastructure and active participation of leadership from key health/social service agencies. This stronger infrastructure would involve a multi-stakeholder leadership group that is focused on having a collective impact towards a common agenda, shared measurement systems, mutually reinforcing activities,

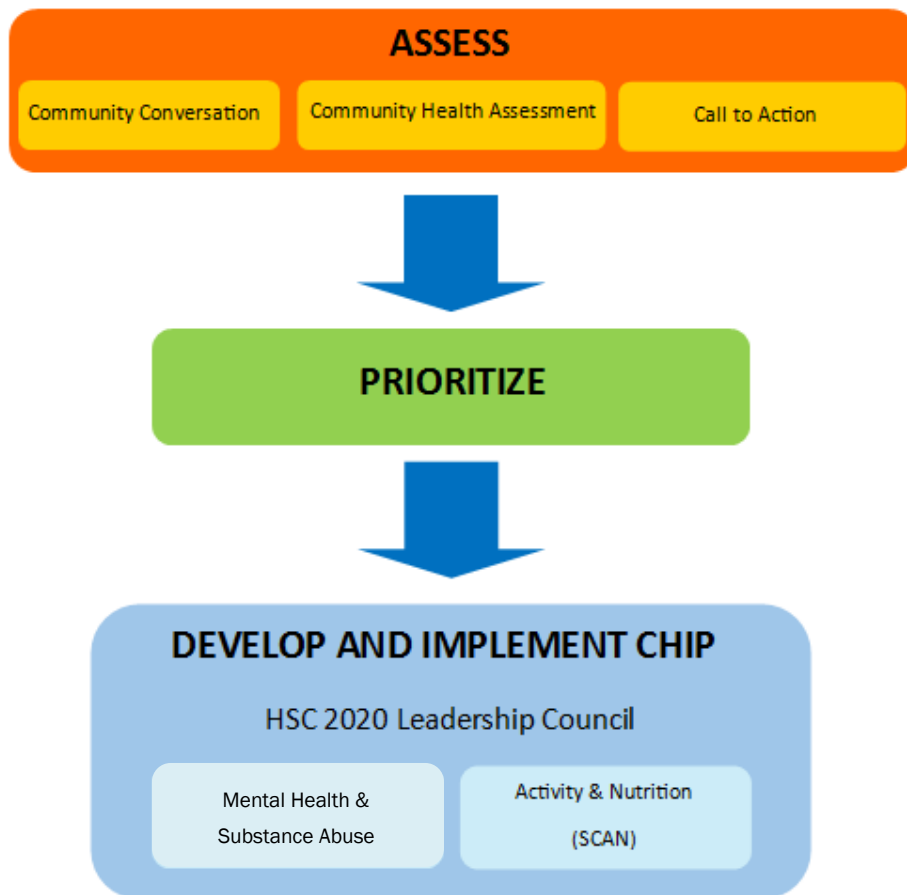
continuous communication, and backbone support organizations. This model would transition the previous HSC 2020 Steering Committee, made up largely of the co-chairs of the Community Health Committees (CHC) to a Leadership Council comprised of decision makers from the local health/social service agencies. These decision makers are inherently involved in the key health priorities identified throughout the community health assessment/planning process.

Health Priorities

Overwhelmingly, the Leadership Council membership agreed the 2015-2017 Community Health Improvement Plan should continue to build on the work accomplished by the Community Health Coalitions (CHC) in the particular areas of:

- Mental Health
- Substance Abuse
- Physical Activity and Nutrition

The following schematic reflects the steps of the community health improvement planning process taking place in 2014 to early 2015.



In addition to these areas, the following areas emerged as themes in each of the mental health, ATODA and physical activity and nutrition health priority areas.

- Education/Prevention
- Access to Services
- Coordination/Continuity of care
- Health Literacy
- Well County Initiative

Due to recognized need of HSC2020 evolving beyond the existing HSC2020 Steering Committee and Community Health Coalitions (CHC), the following structure has been developed to support the community health improvement work over the next 3-5 years.

HSC 2020

Sheboygan County Residents will Live in a Community That Supports Healthy Living Across the Lifespan

| SCAN | Mental Health & Substance Abuse |
|--|---------------------------------|
| See Action Plan | See Action Plan |
| Education/Prevention | |
| Access to Service | |
| Coordination/Continuity of care | |
| Health Literacy | |
| Spread/Integrate Well County Initiatives | |
| HSC2020 Leadership Development/Succession Planning | |
| Community Awareness Readiness/Community Engagement | |
| Marketing and outreach | |
| Strategic planning, implementation, data collection/analysis, evaluation | |

Legend

| | | |
|---|---|---|
| <i>HSC2020 CHCS Focus Areas – Considered/integrated into CHC and Leadership Council Goals</i> | <i>Topic/Focus Area Goals – Determined by CHC</i> | <i>HSC 2020 Leadership Council assumes Primary Oversight and Support of these efforts</i> |
|---|---|---|

Community Health Priorities

Within the following section, each of the priority areas will be highlighted. For each priority there will be a description, information on why it is included in the plan, the goals for improvement in that area and how we will measure success. In other words, it will be a plan of HSC2020 plans to take action.

Health Priority: Mental Health and Substance Abuse

Combination of Mental Health and ATODA groups

New to the 2015-2017 Community Health Improvement Plan, the ATODA and Mental Health community health committees will join forces and work together as one coalition. After the Community Conversation, Call to Action and leadership discussion, it was decided to join these groups to have a collaboration of efforts and resources to better reach our population while decreasing duplication of efforts.

Mental Health

What is Mental Health?

The World Health Organization defines mental health as a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

Why is Mental Health a priority for HSC2020?

Mental disorders are real and treatable health conditions that affect people of all walks of life. According to the National Institute of Mental Health (NIMH), an estimated 1 in 4 adults suffers from a diagnosable mental disorder in a given year. Additionally, mental health disorders are the leading cause of disability in the United States. This can have an overwhelming toll on affected individuals and their families. Mental health and physical health are closely linked and affects one's ability to maintain good overall health. Conditions like depression and anxiety impact people's ability to participate in health-promoting behaviors.



DID YOU KNOW?

9% of Sheboygan county residents reported they always or nearly always felt sad, blue or depressed in the past 30 days

1 in 4 are affected by mental illness

Between 2003 and 2013 Sheboygan County had 165 confirmed suicides

Community members report difficulties in accessing needed mental health services

The stigma of mental illness has been identified as an issue requiring attention in Sheboygan County

Substance Abuse

What is Substance Abuse?

Substance abuse means any use of a substance resulting in negative outcomes. This includes mood-altering substances such as alcohol, illegal mood-altering substances and prescriptive medications. Negative consequences include operating a motor vehicle while intoxicated, drinking during pregnancy, binge drinking, underage drinking, tobacco and illicit drug use.

DID YOU KNOW?

17.5% of Sheboygan County High School youth smoke

OWI, or Operating While Intoxicated, arrest rates higher than Wisconsin average

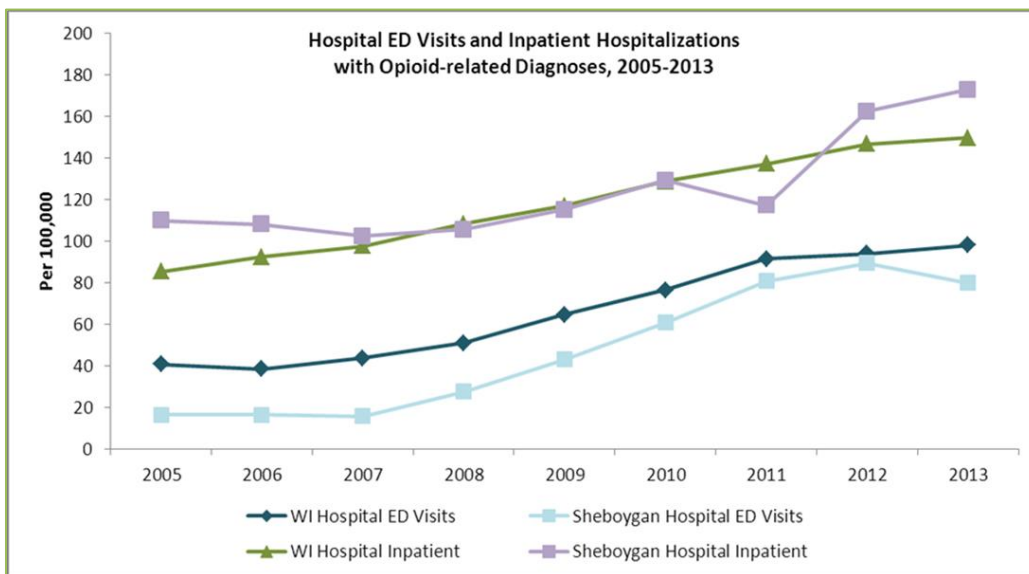
From 2007 to 2011, there has been an increase in the number of drug related hospitalizations

28% of Sheboygan County residents are excessive drinkers

Why is substance abuse a priority for HSC2020?

Historically, Wisconsin has had a difficult time countering the alcohol culture and has been accepting of many of these negative outcomes caused by excessive alcohol use. Alcohol abuse causes many issues that communities need to address, like traffic accidents and fatalities, drug and alcohol hospitalizations, disorderly conduct and domestic disturbances. It is important to recognize that alcohol and other drugs have large scale impact on our communities.

Opioids in Sheboygan County have also become a higher priority issue with the number of hospitalization continuing to increase (See below). The number of crime cases involving heroin have also significantly increased in the last few years, going from 7 cases in 2012 to 56 cases in 2014.



What are our goals for Mental Health and Substance Abuse?

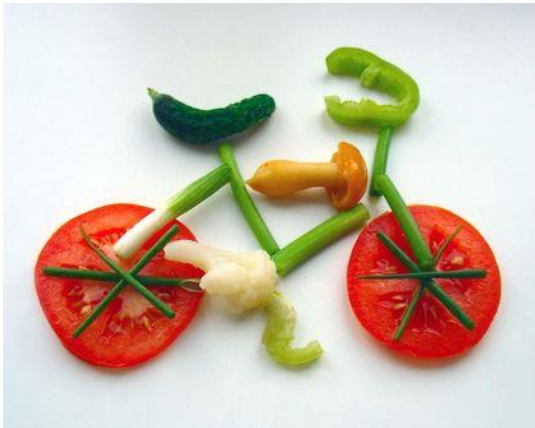
1. Initiate community adoption of an evidence based approach that will increase prevention, early intervention, and access to treatment for possible mental health disorders and/or substance abuse by supporting the implementation of the SBIRT (Screening, Brief Intervention, & Referral to Treatment) model in at least 4 organizations by 2017.
2. Reduce the use and abuse of heroin in Sheboygan County by December 31, 2017. Success will be demonstrated by (1) a decrease in the incidence of heroin and other opioid abuse related arrests, (2) emergency department visits related to heroin use and other opioid abuse and (3) overdoses from heroin and other opioids leading to death.
3. Reduce the stigma of mental illness and substance abuse in Sheboygan County.

How will we measure our progress toward our goals?

- Fewer Poor Mental Health Days reported in 2017
- Increase in # of health care workers (and others) who report using SBIRT in their work
- Community members who self-report increase in screenings and intervention for self or child
- Increase in # of resources supporting heroin/opioid detox, treatment and recovery
- Increase in number of education sessions and those reporting knowledge gained regarding heroin/opioid abuse prevention and treatment resources
- Decrease # of heroin and other opioid arrests, emergency room visits and overdose deaths
- Increased participation in Mental Health and Recovery Months activities
- Improved access to services reported



Health Priority: Activity and Nutrition



Physical Activity and Nutrition

What is Physical Activity and Nutrition?

Physical activity is any activity that enhances or maintains physical fitness and overall health. Nutrition focuses on consumption of foods that support physical, emotional and social well-being for all people.

Why is Physical Activity and Nutrition a priority of HSC2020?

Nutrition and physical activity are important to the health across the lifespan. A healthy diet and regular exercise reduces the risks for several chronic health conditions like, heart disease, high blood pressure, Type 2 diabetes and high cholesterol, stroke, osteoporosis and can help alleviate symptoms of depression. At the same time, poor nutrition and lack of physical activity can lead to obesity, putting people at risk for these chronic conditions.

What are our goals for Physical Activity and Nutrition?

1. To achieve Sheboygan Well County Designation from the Wellness Council of America (WELCOA) by December 31st 2020. Well County designation requires a minimum of 20 organizations that collectively employ at least 20% of the community's workforce, to achieve Well Workplace status.
2. Youth will be empowered with skills and habits that support an ongoing, active lifestyle by participating in physical activity program(s) that result in an increase of youth who report being physical activity for 60 minutes 5 days each week.
3. Increase percentage of Sheboygan County adults who consume at least 2 servings of fruits a day on average to 62% and those who consume at least 3 servings of vegetables a day on average to 28% by 2018.

DID YOU KNOW?

Only 59% of people report consuming 2 or more servings of fruit per day.

Only 24% of people report consuming at least 3 servings of vegetables a day.

67% of Sheboygan County residents are overweight.

One of four school aged children in Sheboygan County qualifies for free or reduced rate hot lunch.

83% of employers list lack of time as a top three barrier to having a wellness program.

How will we measure our progress towards our goals?

- Tracking progress towards having a minimum of 20 organizations that collectively employ at least 20% of the community's workforce for Sheboygan Well County
- Outreach to local employers
- HSC2020 Website views, data tracking
- Outcome of participants
- Utilization/participation/attendance in the program
- Pre/Post surveys: Asking if they are new to physical activity program /history of
 - Survey responses (every 2-3 years) if former participants are maintaining a healthy life style
 - Minutes of physical activity/week (recommendation 60 minutes by day)
 - Consumption of fruits and vegetables
- Youth Behavioral Risk Survey
- Community Health Needs Assessment
 - Retention of youth throughout the program
 - Retention of youth from year to year
- Number of adults consuming at least 2 servings of fruit a day and at least 3 servings of vegetables a day.



APPENDIX A:

Community Health Improvement Plan Partners

| | |
|--|--|
| Aurora Health Care | Sheboygan Area School District |
| Aurora Sheboygan Memorial Medical Center | Sheboygan County Administrator |
| Boys and Girls Club | Sheboygan County Health and Human Services: |
| Comfort Keepers | Aging and Disability Resource Center |
| Community Members | Child Support |
| Family Resource Center of Sheboygan County | Community Programs |
| Hospital Sisters Health System/St. Nicholas Hospital | Economic Support |
| Lakeland College | Public Health |
| Lakeshore CAP | Social Services |
| Lakeshore Community Health Center | Sheboygan County Health and Human Services Committee |
| Lakeshore Technical College | Sheboygan County Planning & Conservation |
| Lutheran Social Services | Sheboygan County Sheriff |
| Manitou Girl Scouts | Sheboygan Falls School District |
| Mayor - City of Sheboygan | Sheboygan Fire Department |
| Mental Health America | Sheboygan Housing Authority |
| Northeast Wisconsin Area Health Education Center | Sheboygan Leadership Academy |
| Partners for Community Development | Sheboygan Police Department |
| Plymouth School District | Wisconsin Division of Public Health |
| Prevea | Sunny Ridge |
| Random Lake School District | United Way |
| Rehabilitation Center of Sheboygan | UW-Extension |
| Salvation Army | UW-Green Bay |
| Sargento Foods | UW-Sheboygan |
| | Wisconsin Primary Health Care Association |

YMCA

APPENDIX B:

Healthiest Wisconsin 2020: Ideas for Effective Action

You don't have to wait a decade or even join an organization to begin implementing some Healthiest Wisconsin 2020 objectives. Following are a few examples of action steps available to individuals and communities directly from Healthiest Wisconsin 2020's State Health Plan. Consider how your work could connect with the work of others in your community, particularly in relationship to the five recurring themes of:

- Improved and connected health service systems.
- Youth and families prepared to protect their health and the health of their community.
- Environments that foster health and social networks.
- Capability to evaluate the effectiveness and health impact of policies and programs.
- Resources for governmental public health infrastructure.

Alcohol and other drug use

Individual:

- Support businesses that do not promote reckless or excessive alcohol use.
- Encourage people to seek early treatment if alcohol or drug use is affecting their lives or loved ones.

Communities:

- Reduce high concentrations of alcohol-serving businesses.
- Support early intervention and treatment for alcohol and drug problems in clinics, social services, correctional settings and schools.

Statewide:

- Implement measures that make alcohol less accessible and affordable for youth.
- Support increased availability of culturally appropriate alcohol and drug-abuse intervention and treatment services in underserved populations.

Tobacco use and exposure

Individuals:

- Help yourself or friends quit today: 800-QUIT-NOW (800-784-8669).

Communities:

- Enforce smoke-free laws and prohibitions on selling tobacco products to minors.

Statewide:

- Support a comprehensive, evidence-based tobacco control program.
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

Mental health

Individuals:

- Learn the warning signs of depression and seek help if they persist. [http://
http://www.dbsalliance.org/site/PageServer?pagename=education_signs_symptoms](http://http://www.dbsalliance.org/site/PageServer?pagename=education_signs_symptoms)

Communities:

- Support programs that treat mental illness while also addressing risk factors for chronic physical disease.

Statewide:

- Work to achieve health insurance parity for mental health diagnosis and treatment.

Physical activity

Individuals:

- Adults should aim for at least 30 minutes of moderate exercise at least five days a week. Even climbing stairs, mowing the lawn and walking for errands helps.
- Children need an hour of physical activity daily. Turn off the television and get them moving.

Communities:

- Establish safe routes to walk to school and places to play outdoors.
- Encourage workplace fitness programs.
- Support mixed-use neighborhood design with public transit that encourages walking or bicycling for errands and work.

Statewide:

- Support policies enabling increased physical education at schools.

Adequate, appropriate, and safe food and nutrition

Individuals:

- Ask for healthy choices (unsweetened beverages, fruits and vegetables, whole grains) where you shop, study, work and live.
- Ask your health provider to measure your Body Mass Index (BMI) using your height and weight, and discuss whether it is healthy. Do the same thing for those you care for.

Communities:

- Promote healthy food choices in school and work environments.
- Support programs that make healthy foods more accessible and affordable, like the Women, Infants and Children Nutrition Program (WIC) and farmers markets.
- Implement policies that promote breastfeeding at hospitals, clinics, child care and work.

Statewide:

- Advance policies that make breastfeeding and nutritious, non-sweetened foods the simplest and preferred choices for children.

APPENDIX C:

HEALTHY SHEBOYGAN COUNTY 2020 MENTAL HEALTH SUBSTANCE ABUSE COMMITTEE 2015-2017 ACTION PLAN

Goal Statement #1: Initiate community adoption of an evidence based approach leading to broad-based community systems change to increase prevention, early intervention, and access to treatment for possible mental health disorders and/or substance abuse issues by supporting the implementation of the SBIRT (Screening, Brief Intervention, & Referral to Treatment) model in at least 4 organizations by 2017.

Objective #1: By December 2015 a survey designed to identify and engage community stakeholders willing to consider implementation of SBIRT at their organization will be conducted. (Focus Areas: Education/Prevention, Access to Service, Coordination to care, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|--------------------------------|--|---------------------------------------|---|----------------|
| Committee members will learn about successful SBIRT implementation models taking place at local, state, and national communities and organizations through research and outreach. | September- November 2015 | Committee members to connect with resources | Kristin, Libby, Kate, Mary, Sue, Jean | Models will be identified that could provide input/lessons learned to assist in the development of local implementation plans | |
| Develop/implement a community survey designed to identify organizations currently using SBIRT as well as those willing to consider implementation of SBIRT at their facility | December 2015 | Small Workgroup willing to develop assessment strategy, identify key stakeholders and conduct community survey | Kristin, Libby | Agencies interested in currently using or pursuing SBIRT use will be identified. | |
| Compile survey findings and share with committee members. | December 2015 | Small Workgroup | Kristin, Libby | Information will be gathered and shared with committee members for review and consideration | |

Objective #2: By June, 2016, a plan will be developed to identify next steps leading to the successful implementation of SBIRT at interested organizations. (Focus Areas: Education/Prevention, Access to Service, Coordination to care, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|------------------|--|----------------|--|----------------|
| Conduct assessment of those stakeholder's interested in implementing SBIRT to identify areas where coordination of training/resources may be useful | March/April 2016 | Common assessment tool, identified committee members to conduct assessment | Kristin, Libby | Common training and resource needs will be identified. | |
| Develop the strategies/actions to address the identified needs | June, 2016 | Assessment data will determine needed resources | Kristin, Libby | Plan is established and shared with Leadership Council | |

Objective #3: By December 2017 strategies to implement SBIRT will be applied and a system to evaluate community SBIRT findings will be established. (Focus Areas: Education/Prevention, Access to Service, Coordination to care, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-----------|-------------------------------------|----------------|---|----------------|
| Will partner with engaged stakeholders to identify and/or provide resources and support for training, continuing education and sustainability of SBIRT at their site(s). | Ongoing | TBD | Kristin, Libby | 4 organizations to implement SBIRT within their facility. | |
| Establish a data collection and continuous quality improvement process associated with community SBIRT | Ongoing | Data collection standards, QA tools | Kristin, Libby | Demonstration of community engagement/SBIRT use | |

Goal Statement #2: Reduce the use and abuse of heroin in Sheboygan County by December 31, 2017. Success will be demonstrated by a decrease in (1) the incidence of heroin and other opioid related arrests, (2) emergency department visits related to heroin use and other opioid abuse and (3) overdoses from heroin and other opioids leading to death.

This work plan was designed based on the Five Pillars approach to reducing heroin abuse as endorsed in “Wisconsin’s Heroin Epidemic: Strategies and solutions” published by State of Wisconsin State Council on Alcohol and Other Drug Abuse on July 2014.

Objective 1: Prevention Pillar- Increase community awareness and substance abuse prevention messaging in order to reduce substance abuse and the stigma of SUDs [substance use disorders]. (Focus Areas Education/Prevention, Health Literacy, Access to Service, Coordination of Care)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-----------|--|--|---|--|
| <p>Educational Outreach</p> <ul style="list-style-type: none"> • <i>WI DOJ Awareness Campaign</i> – statewide launch Sept 17, 2015 • <i>Town hall meetings</i> – open to the public, facilitated forums to hear from concerns and issues from the community. • <i>Public Presentations</i> – team of presenters who visit various community organizations, churches, clubs, etc. to educate on heroin related issues. • <i>Educational events</i> – seminars & workshops for professionals and others in the field on certain topics related to heroin. Examples may include topics such as: <ul style="list-style-type: none"> ▪ Education on over-prescription by doctors and using the PMDP database (healthcare) ▪ How Drug use on effects adolescent brain development (schools) | Ongoing | <p>WI Department of Justice (DOJ) awareness campaign materials and outreach plan</p> <p>Meeting/presentation locations</p> <p>Marketing materials</p> <p>Speakers</p> <p>Power point or presentation materials</p> <p>Resource materials</p> | <p>Co-Chairs and Committee Members</p> <p>Recovery Coaches Network</p> | <p>6 Town Hall Meetings 30 Public Presentations 10 Educational Events</p> <p>15-50 average # of persons at each event</p> <p>Widespread distribution of DOJ Marketing materials to increase community awareness</p> <p>24 newspaper stories 24-40 website stories</p> | <p>By the end of 2016 = 3 Town Hall meetings 10 Public Presentations 3 Educational Events</p> <p>By end of 2017= 3 Town Hall meetings 10 Public Presentations 3 Educational Events</p> |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|--|---|---|--|--|
| Mental Health/ATODA Resource Fair | Yearly | Materials to hand out at booth: 100 brochures 100 take-aways Volunteers to work the booth. | Co-Chairs and committee members | # number of materials given away # of people attending the fair | Event Date |
| National Recovery Month – September Combine efforts with National theme each year | Planning to begin in April through evaluation in October; every year | National Recovery Month awareness material Speakers for community events Writers for newspapers stories and website stories | 1907 Club Board of Directors and Members Members of Stigma Reduction Committee | One large community event 8 smaller community events 8 newspaper stories 16 website stories Distribution of National Recovery Month awareness material = <ul style="list-style-type: none"> • Posters • Brochures • Take-aways | Complete planning, implementation and evaluation by October 31, 2016 for 2016 Recovery Month. Complete planning, implementation and evaluation by October 31, 2017 for 2017 Recovery Month. |

Objective 2: Harm Reduction Pillar- Increase and expand fatal opioid overdose prevention training and work on reducing stigma associated with needle exchange programs and reduce access to medication to prevent overdose. (Focus Areas: Education/Prevention, Access to Care)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|--|--|--|---|--|
| Support Use of Narcan trainings/awareness/education | August 2015 begin trainings [first one hosted on August 31, 2015] | ARCW trainer Training location | Kelly Kemps Cindy Maertz Recovery Coach Network | 4 trainings (2 per year) with 25 people at each training = 100 community members | Dec 31, 2017 |
| Maintain Medication Take-Back Program * Take-Back Medication Days (2 per year) * Five permanent boxes in Police Stations | Ongoing maintenance of permanent drug boxes at police stations Take-Back Days in spring & fall of each year. Federal Take-Back Day on September 26, 2015. State DOJ Take-Back Day on October 17, 2015 | New or bigger permanent boxes if needed and bags for boxes. 3 locations for Take Back Day. At least 3 persons at each location - 1 has to be law enforcement. Marketing & publicity for Days. Boxes from the state/WI DOJ for proper disposal. 2 law enforcement officers to transport material to furnace. | Todd Kronberg (Plymouth Police Department) Mary Adele Revoy Mary Paluchniak (St. Nick's) Captain James Vesser (Sheboygan Police Department) | 5 permanent boxes open for public use. Pounds in each box are tallied and kept for data collection purposes 2 Take-Back Days per year. Minimum of 3 locations on each Day. 300 persons total participating in each Day. ≥ 300 pounds of materials collected in total from all 3 sites. Yearly report showing total amounts and costs. | Data collection from permanent boxes on a quarterly basis. Two Take-Back days per year. |

Objective 3: Treatment Pillar- Raise treatment of addiction to the same standard as treatment for other chronic diseases (work on stigma reduction for accessing services). (Focus Areas: Assess to Service, Coordination/Continuity of care, Education/Prevention)

| Activity | Timeframe | Resources Required | Lead | Anticipated products or results | Date Completed |
|---|---|---|--|--|----------------|
| Increase capacity of detox beds by contracting with hospitals in nearby counties | Jan 2016 identify possible partners and begin contract negotiation | Funding source | Community partners & DHHS | Establish contracts with 2 hospitals in nearby counties when in-county facility is at capacity | Dec 31, 2016 |
| Create a 2 bed Community Based Residential Program for Opioid Detoxification at DHHS property on Pennsylvania Ave | RFP was released Summer 2015 by DHHS- deadline was 8/7/15 | Funding source | DHHS Vendor to provide CNA, on call nurse for supervision | Established 2 bed Community Based Residential Program for Opioid Detoxification at DHHS property on Pennsylvania Ave | Dec 31, 2017 |
| Increase the quality of treatment by offering Evidence Based trainings to county agencies & providers | Identify 2 Evidence Based trainings to bring to the community and set up trainings Learn from Empathos' training model RE: "CAMS Managing Suicide risk Collaboratively" | Funding source Subject Matter Experts to facilitate training | Community partners & DHHS | Hold 2 Evidence Based trainings for area providers | Dec 31, 2017 |
| Provide training on AODA to ABODE staff due to recent transition of the facility to include AODA and Dual diagnosed residents | Nov 2016 Begin trainings to be held monthly until training complete | DHHS clinical staff | DHHS | DHHS staff to train current ABODE staff and establish training protocol for ABODE new hires | Dec 31, 2016 |

Community Health Improvement Plan

| | | | | | |
|---|--|--|---------------------------|---|---------------------|
| <p>Explore possibility of creating a peer run sober living facility</p> | <p>Oct 2015 begin research on model house & best practices- have presentations to community stakeholders</p> <p>Establish community partners to run the house, funding source, location, and model</p> | <p>Subject matter experts to present models/ best practices</p> <p>Community partners to spear head the project</p> <p>Funding Source & location</p> | <p>Community partners</p> | <p>Decide if a viable plan to establish a sober living facility is possible and if so, create this plan</p> | <p>Dec 31, 2017</p> |
|---|--|--|---------------------------|---|---------------------|

Objective 4: Workplace Pillar- Work with in collaboration with HSC 2020 Well County Committee to incorporate employer substance prevention education opportunities and establishment of workplace drug policy in alignment WELCOA [Well County Designation from the Wellness Council of America]. (Focus Area Spread/Integrate Well County Initiatives)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|---|--|---|---|---------------------|
| <p>Support SCAN's Well County Initiative when it comes to working with employers and EAP staff regarding their drug testing policies and recovery support services.</p> <p>www.wellnesscouncilwi.org</p> <p>Seven Benchmarks:</p> <ol style="list-style-type: none"> 1) Capturing CEO support 2) Creating cohesive wellness teams 3) Collecting data to drive health efforts 4) Carefully crafting an operating plan 5) Choosing appropriate interventions | <p>Refer to SCAN's timeframe and application deadlines.</p> | <p>Information on WELCOA</p> <p>Information on the Well-County program</p> <p>Names of companies participating in program & copies of their current drug testing policies.</p> <p>Information on the</p> | <p>Mary Adele Revoy Ellen Wells DPH staff member</p> <p>Members of local WELCOA group</p> | <p>20 companies will have improved their drug testing policies – 10 by the end of 2016</p> <p>10 companies will increase or begin offering recovery support services – 5 by the end of 2016</p> | <p>Dec 31, 2017</p> |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-----------|---|------|---------------------------------|----------------|
| 6) Creating a supportive environment 7) Carefully evaluating outcomes | | Companies' EAP programs. Best practices on drug policies, recovery support services, and staff training. | | | |

Goal Statement #3: Reduce the stigma of mental illness and substance abuse in Sheboygan County.

Objective #1: Provide education and resources to increase community awareness of mental illness and substance abuse disorders. (Focus Areas: Education/Prevention, Health Literacy, Access to Services, Spread/Integrate Well County Initiatives)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|---|--|-----------|--|--|
| Organize and hold a Mental Health & Alcohol, Other Drug Abuse Resource Fair to improve awareness of programs and resources in Sheboygan County. | Completed Fair 4.29.15 2016 Target Date(s): Thursday May 5th or Thursday April 28th | Volunteers Vendors Space Funding/Sponsorship for: advertising, marketing, food, water, door prizes, materials needed day of \$3865 raised in 2015 | Kate Baer | Increase awareness of resources, support positive attitude & behavior changes towards mental illness/addiction, treatment & recovery | 4/29/2015 Completed inaugural MH & AODA Resource Fair |
| Support the "There is Hope" walk for suicide | Saturday | Volunteers | MHA | Measure benefit of event | |

Community Health Improvement Plan

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|--------------------------------------|--------------------|-----------------------------|---|----------------|
| awareness and prevention. | September 19th, 2015 (8am - 12:30pm) | Marketing Support | | to participants in addition to adding a stigma-related question in 2015 for baseline. | |
| Write Press Articles for the HSC2020 column of the Sheboygan Press that focus on the reduction of stigma. | ONGOING | Volunteer Authors | Libby Holte (Public Health) | 6 printed articles in The Sheboygan Press | |

Objective #2: Provide continued support for existing initiatives in our community that are working to create a culture that reduces stigma of mental illness and substance abuse disorders. (Focus Areas: Education/Prevention, Health Literacy, Access to Services)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|------------------------|---|-------------------------|---------------------------------|----------------|
| Support MHA explore with W.I.S.E. and other successful anti-stigma initiatives in other communities and pick target population and project to develop and implement in Sheboygan County. | On-going | Trained Open Honest, & Proud Trainers, WISE Consultation | MHA/Kate Baer | TBD | |
| Support activities, outreach, and marketing for National Mental Health Month in May. | May 2016 May 2017 | Volunteers Marketing Support | MHA | Increase # of Screens in May | |
| Support activities, outreach, and marketing for National Recovery Month in September. | Sept 2016 Sept 2017 | Volunteers Marketing Support | TBD/Heroin Subcommittee | | |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-----------|--|-----------|---------------------------------|----------------|
| Connect with SCAN Committee to support Well County Initiative and assure accurate information on mental health, illness, addiction, and trauma are being shared with employees in non-stigmatizing ways. | On-going | MHSA Committee Members to Volunteer/Present possibly based on requests | Kate Baer | TBD | |

Objective #3: Create and determine if a question or questions can be added to the Community Health Assessment process related to stigma around mental illness and/or addiction to develop a baseline for future assessments and impact. (Strategic Planning/Evaluation)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|------------------------|--------------------|--|---|----------------|
| Review other CHA's that may have stigma-related question and determine if appropriate to add to the CHA or not after consulting with partners. | Finalized for next CHA | ThinkTank | Full Committee & CHA Organization Partners | Baseline created for moving forward in stigma reduction | |

HEALTHY SHEBOYGAN COUNTY 2020 SCAN COMMITTEE 2015-2017 DRAFT ACTION PLAN

Goal Statement #1: To achieve Sheboygan Well County Designation from the Wellness Council of America (WELCOA) by December 31, 2020. Well County designation requires a minimum of 20 organizations that collectively employ at least 20% of the community's workforce, to achieve Well Workplace status.

Objective # 1: Well county initiative implementation plan is developed by 11-1-15.
(Focus Area: Spread/Integrate Well County Initiatives)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|----------------|--|---|---------------------------------|----------------|
| Identify staff/volunteer needs through 2020. | By July, 2015. | Committed Sheboygan Well County resource person and Wellness Council of Wisconsin representative. Time to transcribe the pre-application paperwork for the November submission to the Wellness Council of WI. | Sheboygan Well County sub-committee Wellness Council of WI | | |
| Identify a number of desired committee members, responsibilities (recruitment, marketing, mentoring, training, well workplace submission support, etc.) and terms of commitment | By July, 2015 | Staff time, key partners, previous examples, WELCOA support. | Sheboygan Well County sub-committee | | |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|--------------|--|--------------|---------------------------------|----------------|
| Educate sub-committee members regarding all aspects of becoming a Well Workplace. | By June 2015 | WELCOA Standards/ Benchmarks, Staff meeting time | Kelly Boeldt | | |

Objective # 2: Submit Sheboygan Well County for consideration by November 1st, 2015.
 (Focus Area: Spread/Integrate Well County Initiatives)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|-------------------------------------|--|-------------------------------------|---------------------------------|----------------|
| Obtain 10 signed commitment letters and checklists. | By October 1 st , 2015. | Personal contacts, communication to employers, dissemination of templates. | Sheboygan Well county sub-committee | | |
| Complete the written application. | By October 15 th , 2015. | Sample template from Well City Fond du Lac, staff time. | | | |

Objective # 3: "Share the Vision; 20/20 in 2020" The Sheboygan Well County Committee will have a minimum of 20 companies and 20% of the employer population in Sheboygan County committed to achieving Well Workplace Status by July 1st, 2017.
 (Focus Area: Spread/Integrate Well County Initiatives)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|---------------------------------------|--|--|---|----------------|
| Create and send a letter targeting individual companies to participate in the SWC initiatives | 3-12-15 | | Sheboygan Well County Sub-committee | | |
| Utilize HSC2020 website to share resources, progress and updates. | May 2015- July 1 st , 2017 | Staff time, updated materials, website administrator | Libby Holte and Sheboygan Well County Sub-committee | | |
| Identify Business & Community Contacts | By July 1 st , 2017 | Sheboygan County Chamber, updated email distribution lists | Sheboygan Well County Sub-Committee, Leadership Council, Community Partners. | 1-Aurora (Kevin will verify number of employees in Sheb. County & CEO letter committing to SWC) 2-Prevea (CEO Letter in-hand) 3-Verbal Commitment Sheboygan YMCA 4-Verbal Commitment SASD 5-Verbal Commitment Kohler Co | |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|---|--------------------|---|---|--|
| | | | | 6-Verbal Commitment Masters Gallery Foods 7-Verbal Commitment Sartori 8-Verbal Commitment Sargento Foods 9-Verbal Commitment Bemis Mfg. Companies Approached -Wigwam Mills -Vollrath | |
| Introduce the vision <ul style="list-style-type: none"> • Sheboygan Press Article • Healthy Sheboygan 2020 Committee Page includes initiative • Sheboygan Chamber First Friday Forum Presentation • Sheboygan County Activity & Nutrition Coalition (SCAN) 3rd Annual -Worksite Wellness Event in • Create a Viral CEO Challenge | 1-15-15 1-15-15 2-6-15 4-30-15 6-9-15 (Possible) | | Sheboygan Well County Sub- committee | 75 attendees 60-70 attendees expected; # of commitments? | 1-14-15 12-30-14 2-6-15 4-30-15 |

Community Health Improvement Plan

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|----------------------|---|-------------------------------------|---------------------------------|----------------|
| Actively Engage Contacts in Group & Individual Meeting Settings <ul style="list-style-type: none"> • Collaborate with Sheboygan Chamber and Sheboygan Area – Society for Human Resource Mangers (SHRM) • Host Wellness Round Table for Well County | Starting May 2015 | Chamber round table, facilitator, staff time | Sheboygan Well County Sub-committee | | |
| Seek out grants and/or sponsorship donations | Continuous | *\$495 for WELCOA annual membership fee grant | Sheboygan Well County Sub-committee | | |

Objective 4: "Implement the Vision" Well Workplace applications representing a minimum of 22 employers and 25% of the Sheboygan County Workforce are submitted to WELCOA between 7-31-16 and 7-31-19 and approved by (12-31-20).

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-------------------|--|-------------------------------------|---------------------------------|----------------|
| Provide support and resources for interested companies. | Continuous | WELCOA, Wellness Council of Wisconsin, Sheboygan Well County Sub Committee, Sheboygan County Chamber | Sheboygan Well County Sub Committee | | |
| Provide Training Opportunities & Resources for local businesses. | May 2015-May 2020 | WELCOA, Wellness Council of Wisconsin, Sheboygan Well County Sub Committee Sheboygan County Chamber | Sheboygan Well County Sub Committee | | |
| Track timeline and participant recruitment | Continuous | WELCOA, Wellness Council of Wisconsin, Sheboygan Well County Sub Committee, Sheboygan County Chamber | Sheboygan Well County Sub Committee | | |

Goal Statement #2: Youth will be empowered with skills and habits that support an ongoing, active lifestyle by participating in physical activity program(s) that result in an increase of youth who report being physical activity for 60 minutes 5 days each week.

Objective # 1: Select evidence based physical activity program(s) in existence that can be implemented in Sheboygan County by July 15th, 2015. (Focus Areas: Education/Prevention, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|-------------|--|------------------------------------|---------------------------------|----------------|
| Identify subcommittee members to assist in the planning and implementation of a program. | Spring 2015 | Staff time | SCAN Kevin, Youth PA Sub Committee | | |
| Explore evidence based physical activity programs. | Spring 2015 | Staff time | Kevin, Youth PA Sub Committee | | |
| Prioritize which program should be implemented in Sheboygan County | Spring 2015 | Staff time | Youth PA Sub Committee | | |
| Identify the target population and geographic areas (city/rural) to pilot physical activity and nutrition programs. | Spring 2015 | Staff time, Partnership Support | Youth PA Sub Committee | | |
| Identify partners to participate in the program (schools, community based organizations. | Spring 2015 | Staff time, Partnership Support | Youth PA Sub Committee | | |
| Identify sponsors/donors to support/donate incentives (eg. t-shirts, shoes) (Kohls?) | Spring 2015 | Staff time, funding, partnership resources | Youth PA Sub Committee | | |
| Develop learning material/ curricula to be shared during programs. | Spring 2015 | Staff time, partnership resources | Youth PA Sub Committee | | |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|-------------|--------------------|------------------------|---------------------------------|----------------|
| Identify and document barriers throughout the program and develop strategies to overcome them | Spring 2015 | Staff time | Youth PA Sub Committee | | |

Objective # 2: Promote and begin implementation of a selected physical activity pilot program by July 15th, 2015. (Focus Areas: Education/Prevention, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|--------------------------|--|---|---------------------------------|----------------|
| Explore what legal liabilities may be associated with physical activity programs, ie. waivers. | By July 15 th | Partnering organizations, staff time | Youth PA Sub Committee | | |
| Establish a baseline of physical activity behaviors of pilot program participants through use of a pre-program survey | Prior to program start | Development of survey, supplies, participant involvement | Youth PA Sub Committee | | |
| Develop and deploy marketing plan | By June 2015 | Partnering organizations, supplies, staff time | HSC2020 Website, Youth PA Sub Committee | | |
| Identify resources to needed to implement the program | By June 2015 | Staff, partnering organizations | Youth PA Sub Committee | | |

Objective # 3: Support youth in planning for their future and maintaining healthy lifestyles by developing and sustaining physical activity programs (Focus Area: Education/Prevention, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|------------|--|------------------------|---------------------------------|----------------|
| Retain youth as they “age out” of the program by engaging them as program mentors. | Continuous | Staff time, partnership support, maintain communication/participant information | Youth PA Sub Committee | | |
| Identify adult mentors/role models available to support youth in health decision making | Continuous | Staff time, partnerships, educational information, office supplies, communication outlet, social media | Youth PA Sub Committee | | |
| Work with partnering agencies to develop consistent messaging about physical activity and nutrition <ul style="list-style-type: none"> • Big Brothers and Big Sisters to message • Camp YKODA • School Districts (do schools track BMI?) | Continuous | Staff time, partnership support, facilities, funding | Youth PA Sub Committee | | |
| Work with kids within the juvenile justice system (social workers; yoga; self-care; relaxation) | Continuous | Partners, legal clearance, facilities, outreach, security | Youth PA Sub Committee | | |

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---------------------------------------|------------|--|------------------------|---------------------------------|----------------|
| Build on evaluation of pilot programs | Continuous | Past evaluations, staff time, participant feedback, partnership feedback | Youth PA Sub Committee | | |
| Expand partnerships in the community | Continuous | Communication, Social Media, staff time, marketing plan | Youth PA Sub Committee | | |

Goal Statement #3: Increase percentage of Sheboygan County adults who consume at least 2 servings of fruits a day on average to 62% and those who consume at least 3 servings of vegetables a day on average to 28% by 2018.

Objective #1: Provide information, tools and expertise to help Sheboygan County residents understand the dietary guidelines related to fruit and vegetable intake. (Focus Areas: Education/Prevention, Health Literacy)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-------------------|--|-----------------------|---------------------------------|----------------|
| Write a series of press articles related to dietary guidelines for fruits and vegetables for the HSC2020 Sheboygan Press Column. | Quarterly/Ongoing | Volunteers Updated references and resources | Jean P SCAN Coalition | 4 press articles each year | Quarterly |
| Utilize coalition member's organization's social media as a venue to provide educational messages related to fruit and vegetable intake. | Ongoing | Coalition partners | Libby SCAN Coalition | | |

Community Health Improvement Plan

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|---|-----------|--------------------|-----------------------------|---------------------------------|----------------|
| Explore opportunities for additional community outreach initiatives/strategies. | Ongoing | Coalition partners | Jean P SCAN Coalition | | |

Objective #2: Collaborate with initiatives in our community that are working to provide opportunities and resources that promote healthy food choices within diverse populations. (Focus Areas: Education/Prevention, Health Literacy, Access to Service)

| Activity | Timeframe | Resources Required | Lead | Anticipated Products or Results | Date Completed |
|--|-----------|--|-----------------------------|--|----------------|
| Support the development, implementation and marketing of cooking classes focused on the preparation of healthy meals (possibilities might include: Nourish, MOW's, Community Health Center, WIC/UW extension). | 2015-2017 | Community Communication/interaction to support and promote efforts. Funding. | Ryan SCAN Coalition | | |
| Increase utilization of the WIC Farmers Market Nutrition Program. | 2015-2017 | WIC Staff Buy-In and education | Jean P WIC Program | Improved redemption rate of WIC FM Mkt vouchers from current 62% to \geq 70% | |
| Explore the implementation of the <i>Double Your Bucks</i> program for Farmers Markets. | 2015-2017 | Community Support and funding. Input from Green Bay (currently involved with this program). | Mary P SCAN Coalition | | |
| Explore the coordination of community partnerships with local area school districts. | 2015-2017 | Collaboration with community partners. | Stacey SCAN Coalition | | |