



2016-2021

Be Well

Be Healthy

A Plan for a Healthier Tomorrow

Appleton Community Health Improvement Plan
OCTOBER 2016

Thank You to the Community

Sincere gratitude is extended to those who participated in the 2016-2021 Appleton Community Health Improvement Plan (CHIP). Without the assistance of those who gathered and made data available this would not be possible. Special thanks to the 400 plus families who took time to participate in a phone based health assessment, as well as the more than 100 key leaders who participated in a leadership survey. Also thanks to our partners who served on the Fox Valley Community Health Improvement Coalition (FVCHIC). For a complete listing of participants please review the reports found in Appendices.

Local health departments are required by Wisconsin State Statute 251.05 to regularly and systematically collect, assemble, analyze and make available information on the health of the community. Health departments are also required to complete a Community Health Improvement Plan (CHIP) every 5 years. This data often drives conversations with key policymakers and the general public resulting in new public health policies and procedures for the community.

The Appleton Community Health Improvement Plan aligns with the state of Wisconsin Plan: Healthiest Wisconsin 2020: Everyone Living Better, Longer. The data gathered and reviewed was from a variety of core data sets, two primary local data sources were instrumental in our CHIP. *The Fox Cities Behavioral Risk factor Surveillance System study 2015 report and the 2015 Fox Valley Region Health Needs Assessment*. In addition for our CHIP improvement plan we also participated in the priority setting process for the Local Indicators of Excellence (LIFE) study and benefited from the data found within this regional plan.

*Kurt Eggebrecht
Health Officer*



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Introduction

A community health improvement plan is a locally-based initiative in which committed individuals, local representatives and leaders with knowledge within the community come together to discuss local health priorities and to develop a plan to address these issues to create a healthier, better community. This process includes identifying local factors causing health concerns, recognizing community assets and resources, and mobilizing community resources to improve the health of residents and visitors of our City.

The Mission of the Appleton Health Department is to safeguard the environment, promote public health, and protect consumers by providing high quality services that are responsive to the needs of the community. Our belief is that prevention is the most effective public health strategy.

Community Health Improvement plans have dramatically improved the quality of life and longevity of our residents. In the year 1911, when the Appleton Health department was established, the average life expectancy was about 47, today it is 79. Using data to better understand the root causes of preventable illness and disease helps us make better decisions allowing us as a community to improve the health of the population.

The rise of the evidence-based public/population health policy shows a growing awareness of the potential benefits of making better use of reliable scientific evidence in the policymaking process. The term evidence-based public health has been defined as the process of integrating science-based interventions with community preferences to improve the health of populations. These policy changes however are often initially met with resistance based on community culture and norms. The term evidence-informed public health is gaining more support, acknowledging that factors other than evidence influence policymaking. Population health is affected by policymaking in many areas. Including both government and nongovernment sectors, as well as fields other than health. Street design is but one example as we move to encourage more activity such as walking and biking to reduce the burden of chronic disease that occurs from lack of physical movement. Better integration of evidence into the policy process has the potential not only to improve health and well-being, but also to maximize the return on investment in interventions and policies promoting population health.

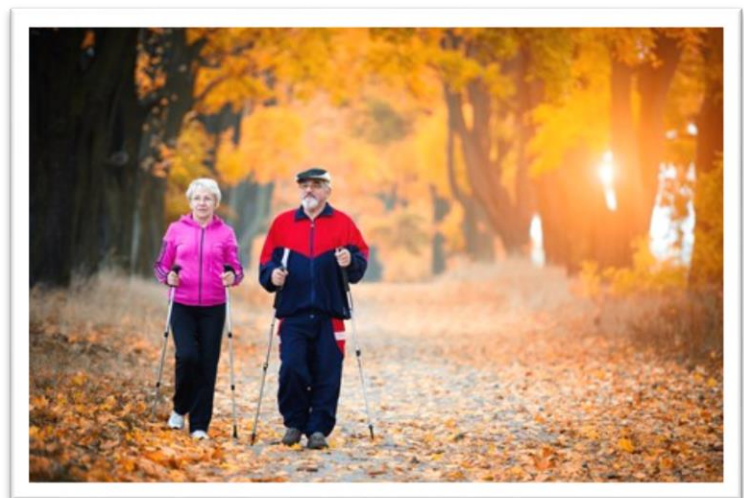
What progress has been made from prior CHIP?

Provisions of the Patient Protection and Affordable Care Act (ACA) sometimes referred to as Obama Care require each non-profit hospital facility in the United States to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet identified community health needs. In conducting the CHNA, non-profit hospitals are required to take into account input from persons who represent the broad interests of the community served, including those with special knowledge of, or expertise in, public health. This alignment in identifying the health needs of the community has led to greater collaboration and use of limited resources within Appleton. This shared vision of improving the health of the community

has brought much needed attention to preventable illness and shared responsibilities for health improvement.

What will you find in this plan?

Since 2001, every 5 years, the Appleton health department has partnered with two local health care systems to assess the health of our community by utilizing the Behavioral Risk Factor Surveillance Survey (BRFSS). In 2015 we expanded this work to a tri-county regional approach which now includes five public health departments and four health care systems. This collaboration has led to the desire to also work together on community health improvement plans and to implement best practice programs on a regional basis. Health has no borders and we recognize that a large population of students and workers reside outside of our community yet are influenced by our collective programs and policies.



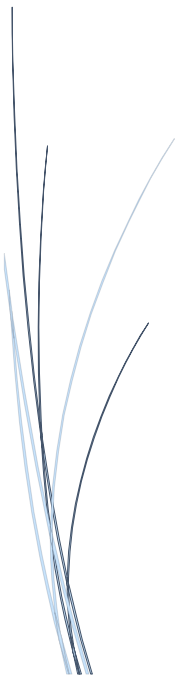
Executive Summary



The following pages will provide detailed information regarding several sources of key data that was reviewed and compared to State and National averages. Both the studies methodology and findings are presented.

Taking into account these findings, along with an eye to the future in terms of changing demographics, environment, and opportunities for meaningful collaboration, the Appleton Health Department has determined that Chronic Disease Prevention and Management will lead to improvement in our communities' health. Chronic diseases such as heart disease, stroke, cancer, diabetes and arthritis are among the most common and costly health problems for Appleton residents.

Chronic Disease Management will encompass adequate, appropriate and safe food and nutrition as well as physical activity. This focus will impact a variety of health conditions and result in a community which achieves and maintains a healthy weight.



Assessment of the Health of the Community

After the selection of core and additional questions of interest contained in the Behavioral Risk Factor Surveillance System Survey we contracted with St. Norbert College Strategic Research Institute (SRI) to gather information on the health practices and health related behavioral risks of residents of the cities of Appleton, Neenah, and Menasha, Wisconsin. A total of 400 telephone interviews were completed between November 11, 2014 and January 9, 2015. Respondents were scientifically selected so that the survey would be representative of all the communities' adult population 18-years-old and older. The sample of random telephone numbers, obtained from Survey Sampling International (SSI), Shelton, Connecticut was selected from both listed and unlisted numbers; cell & landline. Respondents within each household were randomly selected using the Troidahl-Carter household selection technique. Up to eight attempts were made to contact a respondent at each household. The sample also included 25% cell only numbers which were also obtained by random sampling.

With a sample size of 400 we can be 95 percent sure that the sample percentage reported will not vary by more than +/- 5 percent from what would have been obtained by interviewing all persons 18-years-old and older who live within the cities of Appleton, Neenah and Menasha. The margin of error for smaller subgroups will be larger.



The report contains percentages that are rounded up at the .5 level and down for levels below .5, thus leading to some overall percentages not equaling 100%.

Selection of the core BRFSS questionnaire (based on the Center for Disease Control Risk Behavior Survey Instrument), and additional questions, were made by the Fox Valley Community Health Improvement Coalition.

With the gaining popularity of cell phone only usage and identified lower representation of younger age cohorts, respondent data was weighted by age and gender to realign the sample with the 2010 census age distribution. This process allowed for a better and more accurate comparison to state and national results and better represented people of all age and gender groups in the Fox Cities area.

The Behavioral Risk Factor Surveillance System Survey was a community collaborative effort paid for by Affinity Health System, ThedaCare and the Appleton, and Menasha Health Departments.

Results of the Behavioral Risk Factor Surveillance System Survey of the Fox

Cities can be generalized to the overall adult population (persons 18-years-old or older) of Appleton, Neenah and Menasha. In 2010, the U.S. Census Bureau recorded 86,658 adults age 18 or older, an increase from 80,778 persons in the three cities who were 18 or older in 2000. When using percentages from the Fox Cities Behavioral Risk Factor Survey, it is important to keep in mind what each percentage point actually represents in terms of the adult population in the area. One percentage point is approximately equal to at least 867 individuals. For example, 44 percent of survey respondents said they always get the social and emotional support they need, therefore 44 percent of the 2010 adult population represents 38,130 persons.

The 2010 U.S. Census recorded 46,973 households in Appleton, Neenah and Menasha. In some questions asked in the BRFSS, respondents were to report information about their household. Each percentage point for household level data represents at least 470 households.

Selected Summary Findings

1. Overall Health Rating - Over half (56%) of the residents of Appleton, Neenah and Menasha felt their overall health was either very good or excellent. Just under half of respondents (49%) said that there was no time in the past 30 days that their physical health was not good while 60% indicated they had no days of poor mental health. Furthermore, 48% indicated they were not kept from usual activities by poor physical or mental health during the past 30 days.

2. Health Care Access - The majority of respondents have some type of health coverage. However, people are generally seeing doctors less often for annual physicals or checkups. Additionally, up to 7% of respondents indicated they themselves or someone in their household are not taking their medications due to the cost, and 21% are still paying off medical bills over time.

3. Weight/Diet/Exercise - Respondent's BMI (body mass index) was calculated by using weight (rounding up for fractions) and height (in feet and inches) without shoes. According to the CDC categories, 28% were obese, 36% were overweight, and 36% were neither overweight nor obese. Additionally, the majority of respondents said they eat two servings of vegetables per day and one serving of fruit per day. Seventy-three percent (73%) said they participated in physical activities or exercises during the past month; 87% reported they do moderate exercise in a typical week and 49% reported they do vigorous exercise in a typical week.

4. Inadequate Sleep - Twenty-nine percent (29%) of respondents reported sleeping 8 hours or more in a 24-hour period while 7% reported sleeping 5 hours or less within a 24-hour period. The majority (64%) get between 6-7 hours of sleep.

5. Asthma - Seventeen percent (17%) of all respondents said they had ever been told they had asthma. Of those who have ever had it, 81% said they still have it. There has also been a trending increase in asthma since 2000.

6. Depressive Disorder - Twenty-three percent (23%) of respondents reported ever being told they have a depressive disorder. Females, those with lower incomes, or those not in the workforce have the highest prevalence of a depressive disorder.

7. Diabetes - Seven percent (7%) of respondents said a doctor told them they had diabetes. The vast majority, 93%, said they had never been told they had diabetes. As age increases, so does the number of diabetes cases, however as education and income increase, diabetes prevalence decreases.

8. Oral Health - The majority (77%) of respondents had been to a dentist within the past year, a 10% decrease from 2005 levels. Additionally, 9% said they had not visited a dentist in at least 5 years.

9. Tobacco Use - The majority of respondents (59%) had not smoked at least 100 cigarettes in their lifetime. Of those who currently smoke some days or every day, 70% said they had tried to quit for at least one day in the past year. Ninety-eight (98%) percent reported not using chewing tobacco, snuff, or snus (variant of snuff with added sugar) and 95% do not use electronic cigarettes.

10. Alcohol Consumption - Seventy-one percent (71%) of respondents reported drinking at least one drink of any alcoholic beverage at least one day in the past 30 days. Eighteen percent (18%) of respondents reported drinking at least one alcoholic beverage 15 or more days per month in the past 30 days. During the past 30 days when respondents drank, 34% reported having an average of one drink while 14% indicated 5 or more drinks.

11. Immunization - Less than half (43%) of respondents reported having either the flu shot or flu vaccine sprayed in their nose within the past 12 months.

12. Falls - Seventy-three (73%) percent of respondents reported zero falls in the past 12 months while 15% reported one fall, 6% reported two falls, and 8% reported 3 or more falls. Of those who reported having fallen, 66% reported that their fall had not caused an injury.

13. Seatbelt Use - A large percentage (80%) of respondents reported always using their seatbelt while driving or riding in a car.

14. Drinking and Driving - The majority of respondents (95%) reported never driving while perhaps having too much to drink while 3% reported driving one time when they've perhaps had too much to drink.

15. Women's Health Issues - Eighty-seven percent (87%) of women had breast exams and 93% have had a Pap test. Additionally, 90% of women age 40 and over had a mammogram.

16. Colorectal Cancer Screening - A large percentage of respondents (69%) have never used a blood stool home testing kit while more respondents (75%) have had a colonoscopy/sigmoidoscopy.

17. Alcohol Screening & Brief Intervention (ASBI) - A majority (68%) of respondents reported that a health care provider did ask them how much they drink while only 5% reported being advised to reduce or quit drinking at their last routine checkup.

18. Social Context - In the past 12 months, 11% of respondents were always or usually worried about having enough money to pay their rent/mortgage while 9% reported being always or usually worried about having enough money to buy nutritious meals. Over 50% reported never being worried about having enough money or rent/mortgage or for nutritious meals.

19. Hypertension and Cholesterol Awareness - Twenty-five percent (25%) of respondents said they had high blood pressure, while 33% of those who had ever had their cholesterol checked said they had high cholesterol.

20. Emotional Support - Slightly under half of respondents (44%) feel they always receive the social and emotional support they need.

21. Screen Time - The majority of respondents (53%) spend 2-3 hours in front of an electronic screen at home or for leisure per day.

22. Sugar Drinks - The majority of respondents drank soda with sugar over the past 30 days (54%), however concerning sugared fruit drinks, tea, and energy drinks, the majority (65%) never had any.

23. Family Dining - Thirty-one percent (31%) of respondents reported eating a household meal together 7 or more times in the past week while only 3% said they never ate a meal together.



Fox Valley Region Health Needs Assessment/Key Informant Interviews

This Key Informant report presents a summary of public health priorities for the Fox Valley Region: Calumet County, Outagamie County, and Winnebago County, as identified in 2015 by a range of providers, policy-makers, and other local experts and community members (“key informants”). This key informant report was conducted through a partnership called the Fox Valley Community Health Improvement Coalition whose members represent, Affinity Health System; Aurora Health Care; Children’s Hospital of Wisconsin-Fox Valley; ThedaCare; and City Health Departments of Appleton, Menasha, and County Health departments of Calumet, Outagamie, and Winnebago . We contracted with Milwaukee based Center for Urban Population Health to compile the results and prepare a summary report. This Community Health Needs Assessment incorporates input from persons representing the broad interests of the communities served, and from those who possess special knowledge of or expertise in public health.

Key informants in the Fox Valley Region were identified by the nine organizations listed above. Representatives of these organizations invited the informants to participate and then conducted the interviews between August and September 2015. The interviewers used a standard interview script that included the following elements:

Ranking of up to five public health issues, based on the focus areas presented in Wisconsin’s State Health Plan, that are the most important issues for the Region.

For those five public health issues:

- Identify existing strategies to address the issue
- What are the barriers/challenges to addressing the issue?
- What additional strategies are needed to address this issue?
- Identify the key stakeholders in the community that these agencies should partner with to improve community health.

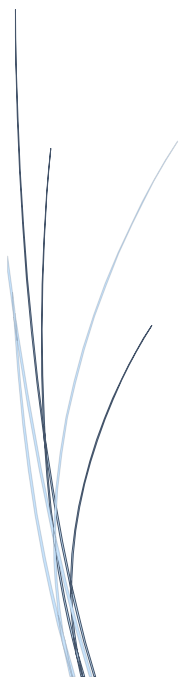
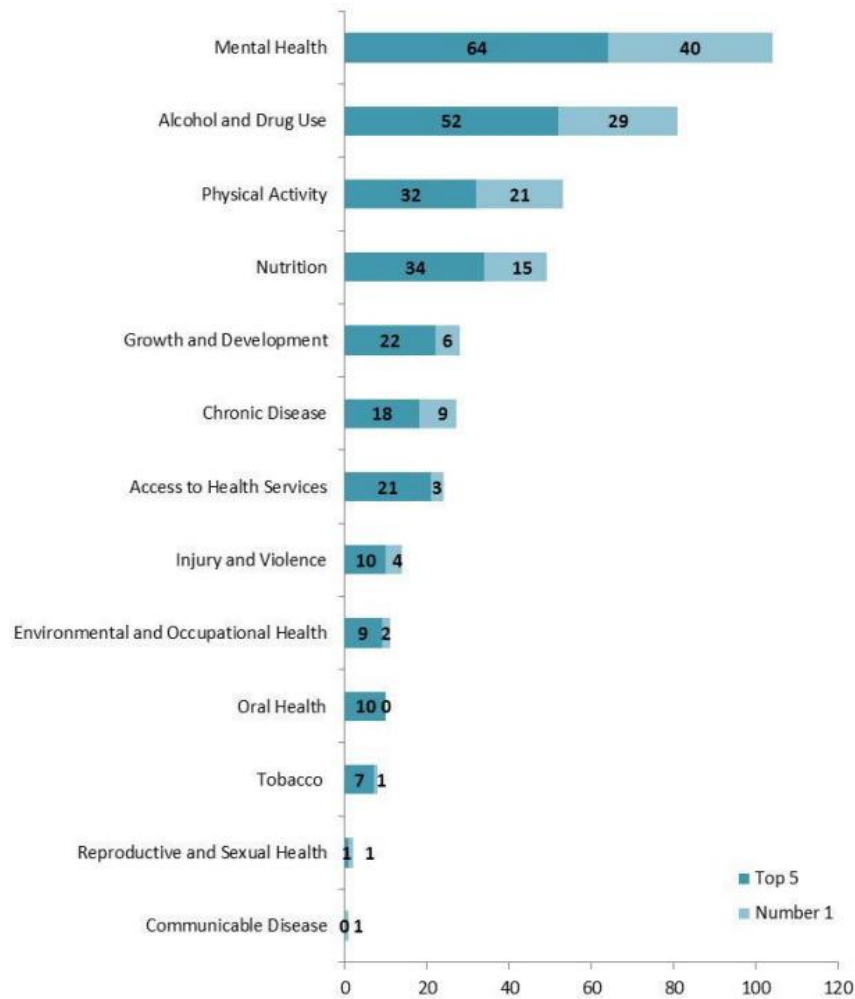
All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting.

SELECTED FINDINGS

The five health issues ranked most consistently as top five health issues for Appleton and the region were:

1. Mental Health
2. Alcohol and Other Drug Use
3. Physical Activity
4. Nutrition
5. Healthy Growth and Development

This method does have limitations. One hundred and thirty-four key informants were interviewed in the Fox Valley Region. The report relies on the opinions and experiences of a limited number of experts identified as having the community’s pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other local health data.



LIFE Study

In the Fox Cities LIFE Study, the Fox Cities area of Northeastern Wisconsin includes the cities, towns, and villages situated along the Fox River, as it flows northward from Lake Winnebago into Green Bay. The Fox Cities communities include the cities of Appleton, Kaukauna, Menasha, and Neenah, the villages of Combined Locks, Fox Crossing, Harrison, Hortonville, Kimberley, Little Chute, and Sherwood, and the towns of Buchanan, Clayton, Freedom, Grand Chute, Greenville and Harrison.

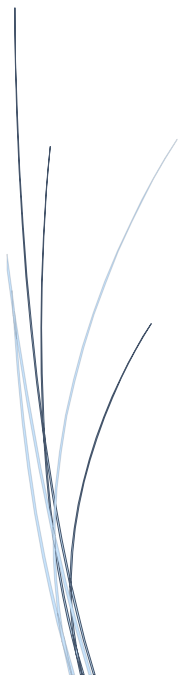
A cross-section of more than 200 members of the Fox Cities' community gathered on June 20 to hear about the results of the Life Study community assessment and to weigh in on setting priorities for community engagement. The day-long event was supported by Thrivent Financial. After reviewing the data associated with 20 themes in the study, event attendees were asked to prioritize them according to the seriousness of the theme and the feasibility that community action can create a positive change.

SELECTED FINDINGS

The four priorities attendees chose for community change are:

- Poverty
- Youth health
- Student performance
- Youth safety

The LIFE study can be found in the Appendix



Appleton Demographic Profile

As of the 2010 U.S. Census, Appleton's population totaled 72,623 people. According to the Wisconsin Department of Administration, the City had an estimated 73,737 residents in 2015. The city's population has steadily increased throughout recent decades and continued growth is projected through 2040. According to the Wisconsin Department of Administration, by 2040, the population is projected to be 80,605 persons, an approximate 9.3 percent increase since 2015.



According to the 2010 U.S. Census, approximately 18.13 percent of Appleton's population consists of K – 12 school aged children (5 to 17). 6.88 percent of the City's population was under the age of 5. Over half (52.78 percent) of the City's 2010 population was within the working age cohort (18 to 54 years old) with approximately 10.88 percent within retirement age (55 to 64 years old). Persons aged 65 years and older comprised 11.33 percent of the population with 3.74 percent 80 years and over. The median age within Appleton in 2010 was 35.3 years old.



The average educational level of Appleton residents surpasses that of the State of Wisconsin. According to the 2010 Census, 91.8 percent of Appleton's population aged 25 years and over graduated high school, compared to the 90.8 percent statewide. In addition, 31.9 percent of Appleton's population 25 and older held a bachelor's degree or higher while only 27.4 percent of Wisconsin's population achieved this level of education.



The concentration of colleges and universities within an hour of Appleton contribute to its positive educational attainment statistics. Fox Valley Technical College, Lawrence University, St. Norbert College, and three University of Wisconsin campuses (Fox Valley, Oshkosh, and Green Bay) provide higher educational opportunities to residents of Appleton and the region.

Appleton has seen tremendous growth in diversity over the past few decades. In the 1980's, 1.75 percent of individuals in the City identified as a race other than white. By the year 2000, that number had grown to 8.7 percent. Representation of minority communities almost doubled between 2000 and 2010, bringing the total to 15 percent. The City projects that this growth trend will bring the total closer to 23 percent minority population by the 2020 Census.

In the 2010 Census, the largest minority population in the City of Appleton was Asian at 5.9 percent, followed by Hispanic/Latino at 5.0 percent. The Hispanic/Latino population currently makes up the largest minority group in Wisconsin. The City of Appleton anticipates a similar trend by the 2020 Census. The 2010 Census indicated that the African American population made up 1.7 percent of the total population in the City of Appleton, and that is also expected to increase.

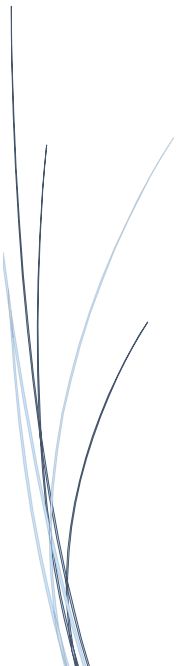
Prioritize the Strategic Issues

Utilizing the data gained from 400 Appleton household interviews, key leadership and the LIFE Study the Appleton health department staff then looked for common themes in determining the top priority for focusing efforts. Each of these reports can be found in the Appendices. These sources were chosen due to their quality methodology including the Appleton, Menasha, Neenah Behavioral Risk Factor Surveillance Survey; Fox Valley Health Needs Assessment/ Key Informant Survey; Appleton based local hospitals community health improvement plans and implementation strategies; Community Health Improvement plans and Implementation Strategies the three county public health departments with which Appleton resides, and the Local indicators of Success (LIFE) study.

A thoughtful review and discussion regarding these data sources, looking for common themes regionally, took place within the Fox Valley Collaborative Health Improvement Coalition. This coalition is comprised of community health experts from Aurora, Children's Hospital, Ministry and ThedaCare healthcare along with Health Officers from Appleton, Menasha and Counties of Calumet, Outagamie and Winnebago.

Results:

- Priority 1: Physical Activity
- Priority 2: Nutrition
- Priority 3: Mental Health
- Priority 4: AODA including Nicotine and other drug misuse



Appleton Community Health Improvement Plan

PRIORITY: Achieve and maintain a healthy weight

GOAL:

Increase percentage of people living at a healthy weight

OBJECTIVE #1:

Establish “Weight of the Fox Valley” Initiative in the Tri-County area

ACTION PLAN

Activity	Target Date	Anticipated Impact
Provide Appleton Health Department leadership participation on both the Weight of the Fox Valley Core and Leadership Teams	Ongoing	Reduced aggregate BMI scores
Support establishment of metrics through hospital data systems	January 2016, Ongoing	Reduced aggregate BMI scores
Engage City of Appleton employees on work teams	Ongoing	Reduced aggregate BMI scores
Provide financial and in-kind support	Since 2014	Reduced aggregate BMI scores

OBJECTIVE #2:

Improved access to healthy foods

ACTION PLAN

Activity	Target Date	Anticipated Impact
Working with ADI support sustainability of local farms markets	Ongoing	More people will purchase and eat healthy foods
Support Weight of the Fox Valley to expand presence at local events where we have an opportunity to educate about healthy foods	Ongoing	More people will make healthier food choices
Support school based health in Appleton area schools such as North, East and West High Schools marketing project	October 2016	Students will have the knowledge and opportunity to promote healthy food choices
Working with Appleton Library to reduce consumption of sugary drinks	August 2016	More choices for healthy alternatives in vending machines to reduces consumption of sugary drinks

OBJECTIVE #3:

Increase participation in exercise and physical activities

ACTION PLAN

Activity	Target Date	Anticipated Impact
Support physical activity/healthy lifestyle classes and support groups throughout city	Ongoing	Reduce weight, blood pressure, cholesterol
Provide leadership and support local events that encourage physical activity i.e. Fox Cities Bike Challenge, Heart Walk	Ongoing	15,000+ individuals engage in physical activity
Partner with other city departments and advocate for environmental improvement that promote physical activity i.e. bike paths, Bike/Ped mobility study	Ongoing	Environmental improvements that make activity easier to achieve
Support Weight of the Fox Valley which works with local school districts to support physical activity efforts (i.e. Safe routes to school, walking school bus, before and after school activity)	Ongoing	Children build additional physical activity into their daily routine
Partner with Parks and Recreation department and explore implementation of primary care physician “activity prescriptions” with Mosaic Health	January 2016	More people will engage in physical activity

OBJECTIVE #4:

Engage City of Appleton employees to help address obesity initiatives

ACTION PLAN

Activity	Target Date	Anticipated Impact
Support Health Smart Team as they provide Health Assessments to all employees and their partners	Annual	Improved health scores
Work with Human Resources to establish Breast Feeding friendly work environment	July 2016	Create breastfeeding friendly environment through policy and environmental change

Appendix

Appleton/Menasha/Neenah Community Needs Assessment – Local and comparisons with State & National

<http://www.appleton.org/home/showdocument?id=4291>

Appleton/Menasha/Neenah Needs Assessment

<http://www.appleton.org/home/showdocument?id=4293>

Fox Valley Key Informant Interviews Summary Report

<http://www.appleton.org/home/showdocument?id=4297>

Fox Valley Community Needs Assessment – Regional

<http://www.appleton.org/home/showdocument?id=4295>

LIFE Study

www.foxcitieslifestudy.org