Healthiest Greenfield Coalition

WELCOME!

Meeting #2
March 15, 2016
WELCOME!

We envision people living and working in a healthy community where all individuals have an opportunity to reach their highest level of wellness. We also envision collaboration with community partners to address local concerns and develop strategies to improve the health and safety of the community.
OBJECTIVES FOR TODAY

- Network with partners.
- Re-Group as the Healthiest Greenfield Coalition.
- Provide brief introductions.
- Review results from additional data collection methods.
- Refresh on community health data.
- Conduct activity to focus on health priority areas.
- Conclude with description of next steps.
HGC PURPOSE

Evaluate and contribute to the Greenfield Community Health Assessment

Serve as community champions and engage the community for change

Spearhead the Greenfield Community Health Improvement Plan
INTRODUCTIONS

- Name
- Affiliation
- Fill in the blank:

The City of Greenfield is __________________________.
ADDITIONAL DATA REVIEW

• Requested data from Kick-Off Meeting
• Coalition Feedback Survey Results
• Community Health Online Survey Results
• Local Public Health System Assessment Results
• Forces of Change Assessment Results
KICK-OFF MEETING DATA GAPS
ALZHEIMER’S DISEASE & OTHER DEMENTIAS

National Perspective

It’s the only cause of death in the top 10 in America that CANNOT BE PREVENTED, CURED OR SLOWED.

Almost two thirds of Americans with Alzheimer’s disease are women.

1 in 3 seniors dies with Alzheimer’s or another dementia.

Alzheimer’s disease is the 6th leading cause of death in the United States.

Only 45% of people with Alzheimer’s disease or their caregivers report being told of their diagnosis.

More than 90% of people with the four most common types of cancer have been told of their diagnosis.

By 2050, these costs could rise as high as $1.1 trillion.

In 2015, Alzheimer’s and other dementias will cost the nation $226 billion.
ALZHEIMER’S DISEASE & OTHER DEMENTIAS
Wisconsin Perspective

Number of people aged 65 and older with Alzheimer’s by age:

<table>
<thead>
<tr>
<th>Year</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>14,000</td>
<td>43,000</td>
<td>48,000</td>
<td>110,000</td>
</tr>
<tr>
<td>2020</td>
<td>17,000</td>
<td>48,000</td>
<td>50,000</td>
<td>120,000</td>
</tr>
<tr>
<td>2025</td>
<td>20,000</td>
<td>60,000</td>
<td>54,000</td>
<td>130,000</td>
</tr>
</tbody>
</table>

Percentage change from 2015:

- 9.1%
- 18.2%

Percentage of seniors with Alzheimer’s disease:
12%

Number of deaths from Alzheimer’s disease in 2012:
1,671
- 6th leading cause of death in Wisconsin
CAREGIVERS

Alzheimer’s and Dementia Caregivers: Wisconsin

<table>
<thead>
<tr>
<th>Year</th>
<th># of Caregivers</th>
<th>Total Hours of Unpaid Care</th>
<th>Total Value of Unpaid Care</th>
<th>Higher Health Costs of Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>189,000</td>
<td>215,000,000</td>
<td>$2,656,000,000</td>
<td>$120,000,000</td>
</tr>
<tr>
<td>2013</td>
<td>190,000</td>
<td>217,000,000</td>
<td>$2,698,000,000</td>
<td>$122,000,000</td>
</tr>
<tr>
<td>2014</td>
<td>191,000</td>
<td>218,000,000</td>
<td>$2,650,000,000</td>
<td>$127,000,000</td>
</tr>
</tbody>
</table>
Race of Greenfield WIC Participants, December 2015

- Caucasian: 74
- African-American: 12
- American Indian: 5.8
- Asian: 7
- Multiple Race: 1.2

- 27% - Hispanic
- 2.7% - English as second language
- 78% - Medical Assistance
- 52% - Food Share recipient
- 55% - Income at 100% of poverty or less
UNEMPLOYMENT RATES, 2012-PRESENT

National, Wisconsin, Milwaukee County & City

Year-End Unemployment Rates

- U.S.
- WI
- MKE Co
- MKE City
DIVERSITY

Languages Spoken in Schools: Greenfield, 2014-15

Language Spoken in the Home
Greenfield School District, 2014-15

Language Spoken in the Home
Whitnall School District, 2014-15
## MORTALITY DATA: WISCONSIN

<table>
<thead>
<tr>
<th>Leading Causes of Death by Age</th>
<th>Infants under 1</th>
<th>1 to 4</th>
<th>5 to 14</th>
<th>15 to 24</th>
<th>25 to 34</th>
<th>35 to 44</th>
<th>45 to 54</th>
<th>55 to 64</th>
<th>65 and older</th>
<th>All ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Short Gestation/ Low birth weight (92)</td>
<td>Unintentional Injuries (9)</td>
<td>Unintentional Injuries (23)</td>
<td>Unintentional Injuries (209)</td>
<td>Unintentional Injuries (301)</td>
<td>Unintentional Injuries (256)</td>
<td>Malignant Neoplasms (767)</td>
<td>Malignant Neoplasms (2,001)</td>
<td>Heart Disease (9,215)</td>
<td>Malignant Neoplasms (11,278)</td>
</tr>
<tr>
<td>2nd</td>
<td>Congenital Malformations (87)</td>
<td>Malignant Neoplasms (7)</td>
<td>Malignant Neoplasms (12)</td>
<td>Suicide (116)</td>
<td>Suicide (111)</td>
<td>Malignant Neoplasms (165)</td>
<td>Heart Disease (491)</td>
<td>Heart Disease (1,161)</td>
<td>Malignant Neoplasms (8,166)</td>
<td>Heart Disease (11,066)</td>
</tr>
<tr>
<td>3rd</td>
<td>Unintentional Injuries (23)</td>
<td>Pneumonia/ Influenza (7)</td>
<td>Suicide (10)</td>
<td>Homicide (47)</td>
<td>Malignant Neoplasms (51)</td>
<td>Heart Disease (143)</td>
<td>Unintentional Injuries (317)</td>
<td>Unintentional Injuries (346)</td>
<td>Chronic Lower Respiratory (2,390)</td>
<td>Unintentional Injuries (2,891)</td>
</tr>
<tr>
<td>5th</td>
<td>Placenta/ Cord/ Membrane (17)</td>
<td>Congenital (*)</td>
<td>Homicide (*)</td>
<td>Heart Disease (14)</td>
<td>Heart Disease (36)</td>
<td>Chronic Liver Disease (43)</td>
<td>Suicide (159)</td>
<td>Chronic Liver Disease (262)</td>
<td>Alzheimer’s (1,857)</td>
<td>Stroke (2,468)</td>
</tr>
<tr>
<td>6th</td>
<td>Maternal Pregnancy Complication (14)</td>
<td>Septicemia (*)</td>
<td>Heart Disease (*)</td>
<td>Congenital (6)</td>
<td>Chronic Liver Disease (11)</td>
<td>Diabetes (37)</td>
<td>Stroke (95)</td>
<td>Diabetes (197)</td>
<td>Unintentional Injuries (1,407)</td>
<td>Alzheimer’s (1,864)</td>
</tr>
<tr>
<td>7th</td>
<td>Neonatal Hemorrhage (10)</td>
<td>In Situ Neoplasm (*)</td>
<td>Congenital (*)</td>
<td>Chronic Lower Respiratory (5)</td>
<td>Stroke (10)</td>
<td>Stroke (23)</td>
<td>Diabetes (81)</td>
<td>Stroke (165)</td>
<td>Diabetes (1,009)</td>
<td>Diabetes (1,331)</td>
</tr>
<tr>
<td>8th</td>
<td>Respiratory Distress (*)</td>
<td>Heart Disease (*)</td>
<td>Cerebro-Vascular (*)</td>
<td>HIV (*)</td>
<td>In Situ Neoplasm (9)</td>
<td>Pneumonia/ Influenza (20)</td>
<td>Chronic Lower Respiratory (64)</td>
<td>Suicide (120)</td>
<td>Nephritis (864)</td>
<td>Pneumonia/ Influenza (981)</td>
</tr>
<tr>
<td>9th</td>
<td>Bacterial Sepsis (*)</td>
<td>Pneumonitis/ Asp. (*)</td>
<td>Septicemia (*)</td>
<td>Pneumonia/ Influenza (*)</td>
<td>Chronic Lower Respiratory (7)</td>
<td>Homicide (16)</td>
<td>Pneumonia/ Influenza (43)</td>
<td>Septicemia (67)</td>
<td>Pneumonia/ Influenza (834)</td>
<td>Nephritis (964)</td>
</tr>
<tr>
<td>10th</td>
<td>Necrotizing Enterocolitis (*)</td>
<td>--</td>
<td>Diabetes (*)</td>
<td>Pregnancy Related (*)</td>
<td>Septicemia (6)</td>
<td>HIV (10)</td>
<td>Nephritis (22)</td>
<td>Pneumonia/ Influenza (66)</td>
<td>Parkinson’s (600)</td>
<td>Suicide (755)</td>
</tr>
</tbody>
</table>
PHYSICAL ACTIVITY
Strategies to Create Places for Physical Activity

- Joint use agreements
- Open gym time
- Community fitness programs
- Community gardens
- Active recess
- Activity programs for older adults

- Green space and parks
- Mixed-use development
- Streetscape design (i.e., sidewalks)
- Safe Routes to Schools
- Bike and pedestrian master plans
- Comprehensive land use
ADDITIONAL DATA SOURCES
COALITION FEEDBACK SURVEY

STRENGTHS
- Proactive
- Community that cares; image and pride
- Farmers Market
- Park & Rec Programs
- Affordability of housing
- New developments
- Parks and playgrounds
- Clean community
- Good people

WEAKNESSES
- Informing community of health results, initiatives, educational opportunities, interventions, etc.
- Aging population
- Drug abuse
- Sexually transmitted diseases
- Mental health issues
- Lack of (access to) sidewalks, parks, trails
- Population that is stressed, overworked, disconnected from community
- Cohesive partnerships
- Youth substance abuse
- Healthy lifestyle behaviors
- Overweight population
- Resistance to change
COMMUNITY HEALTH SURVEY VIA SURVEYMONKEY

**STRENGTHS**
- Parks system
- Safe place
- Citizens; community spirit
- Farmers Market
- Police Department; public sector employees
- Desirable place to live

**WEAKNESSES**
- Educating mass group
- Limited health services & info
- Age
- Not enough safe areas to bike/walk
- Expressway and air quality
- Many rental properties
- Assistance for elderly
- Limited mental health & drug treatment services
- Heroin
- Alcohol
- Youth nutrition
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

• Conducting the Local Public Health System Assessment, answers the following questions:
  • What are the activities, competencies, and capacities of the local public health system?
  • How are the 10 Essential Public Health Services being provided to the community?
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

WHO IS THE LOCAL PUBLIC HEALTH SYSTEM?
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Summary of Average ES Performance Score

<table>
<thead>
<tr>
<th>ES Description</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Overall Score</td>
<td>68.3</td>
</tr>
<tr>
<td>ES 1: Monitor Health Status</td>
<td>73.6</td>
</tr>
<tr>
<td>ES 2: Diagnose and Investigate</td>
<td>94.4</td>
</tr>
<tr>
<td>ES 3: Educate/Empower</td>
<td>69.4</td>
</tr>
<tr>
<td>ES 4: Mobilize Partnerships</td>
<td>50.0</td>
</tr>
<tr>
<td>ES 5: Develop Policies/Plans</td>
<td>79.2</td>
</tr>
<tr>
<td>ES 6: Enforce Laws</td>
<td>100.0</td>
</tr>
<tr>
<td>ES 7: Link to Health Services</td>
<td>78.1</td>
</tr>
<tr>
<td>ES 8: Assure Workforce</td>
<td>60.0</td>
</tr>
<tr>
<td>ES 9: Evaluate Services</td>
<td>38.8</td>
</tr>
<tr>
<td>ES 10: Research/Innovations</td>
<td>39.6</td>
</tr>
</tbody>
</table>
FORCES OF CHANGE ASSESSMENT

- Forces are a broad all-encompassing category that includes trends, events and factors.
  - **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
  - **Factors are discrete elements**, such as a community’s large ethnic population, an urban setting, or a jurisdiction’s proximity to a major waterway.
  - **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.
FORCES OF CHANGE ASSESSMENT

What has occurred recently that may affect our local public health system or community?

• Beekeeping Ordinance
• The Farmers Market
• Mount Carmel closing
  • Significant in relation to long-term care in Wisconsin
  • Removes long-term care capacity from the community
• Care delivery has shifted
• Mental health changes/needs in Milwaukee county
  • Really only providing emergency care...
• Nicotine delivery change
  • Electronic smoking devices
FORCES OF CHANGE ASSESSMENT

What may occur or has occurred that may pose a barrier to achieving the shared vision?

• Budgets
• Lack of sidewalks
• Nationally, the economy is somewhat stagnant
  • Not losing people, not gaining people
  • People without insurance
  • Lack of money for prevention
FORCES OF CHANGE ASSESSMENT

What may occur in the future?

- New communicable diseases
- Addiction in general
  - (Heroin, etc.)
- Budgets will probably remain tight
- Pressures will continue to be leaner, faster, together
- Consolidation of health care delivery
  - Big boys are getting bigger
- Political year
  - New people at all levels
- New overall development in Greenfield
  - More traffic congestion
  - More traffic accidents?
- Increase in urbanicity
  - Urban agriculture, more interest in growing food, nutrition topics
WE HAVE SOME DATA. NOW WHAT?
## VERIFYING SELECTIONS: CRITERIA

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>Rate on a scale of 1-5, 5 being the highest rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIZE OF PROBLEM</td>
<td>URGENCY</td>
</tr>
</tbody>
</table>

### PEARL TEST: Yes or No? Yes=1, No=0

<table>
<thead>
<tr>
<th>Propriety:</th>
<th>Is an intervention suitable? Is it feasible to impact in 5 years? Will it duplicate efforts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economics:</td>
<td>Does it make economic sense to address this problem?</td>
</tr>
<tr>
<td>Acceptability:</td>
<td>Will this community accept an emphasis on his problem and will they accept the proposed interventions to follow?</td>
</tr>
<tr>
<td>Resources:</td>
<td>Are funding and other resources available or potentially available?</td>
</tr>
<tr>
<td>Legality:</td>
<td>Are there laws to allow intervention to be implemented? If not, is it worthwhile to expend the time, energy, resources, etc.?</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**
Equality doesn’t mean Equity
IDENTIFYING STRATEGIC ISSUES

ACTIVITY: 1-2-4-ALL
NEXT STEPS

Solidify strategic issues

• Score issues using criteria; contact Lisa if interested in joining scoring committee

Next Meeting: Tuesday, May 3 @ 6:30 PM

• Formulate strategies

Draft of Community Health Assessment document to be expected mid-May for review.

• Distribute via e-mail
• Host listening session for feedback

Summer & Fall 2016

• Meet 1-2 times over summer
• Write the Community Health Improvement Plan (CHIP)
• Work groups – divide and conquer
THANK YOU!

Did you sign in?

- It’s important you sign in and confirm your email address is on our distribution list.

Upcoming meeting:

- Tuesday, May 3 at 6:30pm

For questions or more information, please contact:
Lisa Boettcher, Public Health Specialist, MPH
lisab@greenfieldwi.us or 414.329.5262
“in a time when she believed nothing would grow again she planted some seeds and gave them room to grow and as they began to flourish she felt a kernel of hope begin to grow inside her”