



Richland County

COMMUNITY HEALTH IMPROVEMENT PLAN 2016-21



Public Health
Prevent. Promote. Protect.



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Message to Richland County

I am pleased to present the 2016-21 Richland County *Community Health Improvement Plan*. The plan is a combined effort by the Public Health Unit of Richland County Health and Human Services and our many community partners. Special thanks to the individuals on the Health Assessment and Wellness Coalition (HAWC), Richland FIT Coalition, the Richland County Children and Family Advocacy Council (RCCFAC), Richland County Health and Human Services Clinical Services Unit, and SWCAP's Behavioral Health Partnership Program for their contributions throughout the process.

The plan is intended to be a **call to action** and guide for all county stakeholders to take a leadership role in advancing community health. Each one of us may consider the amount of influence we have when it comes to everyday "health-impacting" choices. What will what we do as an individual, organization or business to strengthen community health? How are we helping our friends, co-workers, and neighbors gain easier access so that the right choice is obvious?

Simultaneously, I would also like us all to consider how we can be equally reaching the entire population of Richland County, especially those who are disadvantaged. This plan was written with considerations of health disparities in mind. Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." We need to be intentional in our efforts to remove the barriers and obstacles which get in the way of the best health opportunities for all.

The *Community Health Improvement Plan* includes goals, measurable objectives and action steps for the three priority areas identified by the results of the 2016 Community Health Needs Assessment completed by the HAWC's. They are:

- Overweight/Obesity prevention,
- Substance Abuse prevention and treatment
- Mental Health treatment

Thank you for the many ways you positively influence your friends, co-workers, and family every day. We look forward to working with you on implementing the plan.

Healthiest regards,

Rosetta Kohout, Richland County Health Officer

Richland County Health and Human Services

Acknowledgements

The following county health improvement plan was developed from data gathered by the HAWCs who worked together to complete the 2016 County Health Needs Assessment. The plan will benefit citizens, local organizations and policymakers within Richland County. Together, we aim to promote health, well-being, and self-sufficiency for all people of Richland County.

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Mission Statement

The mission of Richland County Public Health is to promote health and improve the quality of life of Richland County residents through the provision of a variety of public health programs based on primary prevention, early intervention, and health promotion.

Framework for Community Health Improvement

Richland County's Community Health Improvement Plan was written utilizing the Socio-Ecological Model approach to solving community health issues. According to this model, health is determined by the interactions between five levels of influence: individual, interpersonal, organizational, community, and public policy. This approach says that making changes at larger scale systems 'upstream' of an individual will impact the most amount of people and be more likely to be sustained. Behavioral changes are made possible by implementing environmental changes that will affect the individual. *Changes occurring at the organizational, community and public policy levels will have the broadest implications and provide the greatest opportunity for influencing health.*

Individual: An individual's knowledge, attitudes and beliefs that can alter every-day behavior.

Interpersonal: The relationships an individual has, including friends, family or other social groups which may influence health-related behavior.

Organizational: Schools, workplaces, and organizations that an individual identifies with. Organizations influence environments and policies that support individual healthy behaviors.

Community: Local ordinances, social norms and community organization can change environments and policies to promote healthy behaviors. Community members working with Organizations can make healthy choices easier in the community.

Public Policy: State and Federal legislation, media campaigns and local policies help to sustain societal changes that include healthy environments for current and future generations.

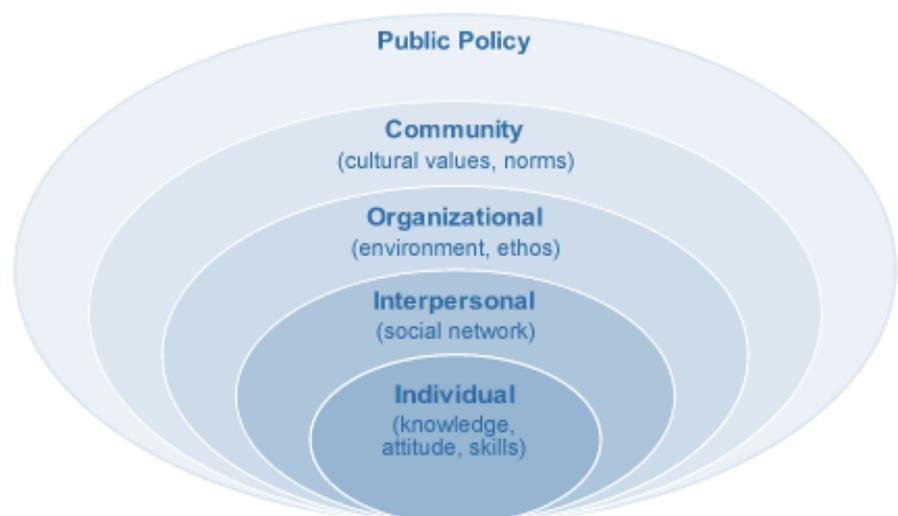


Fig 1. Socio-Ecological Model. McLeroy et al., 1988

Richland County's Community Health Improvement Plan also utilizes the Health Impact Pyramid approach. It remains clear that an individual's health is impacted by many different components: socioeconomic factors, context that determines default decisions, long-term protective interventions, clinical interventions, and education. By implementing change at multiple levels, an individual's health can be better impacted, and more of the community can be affected.

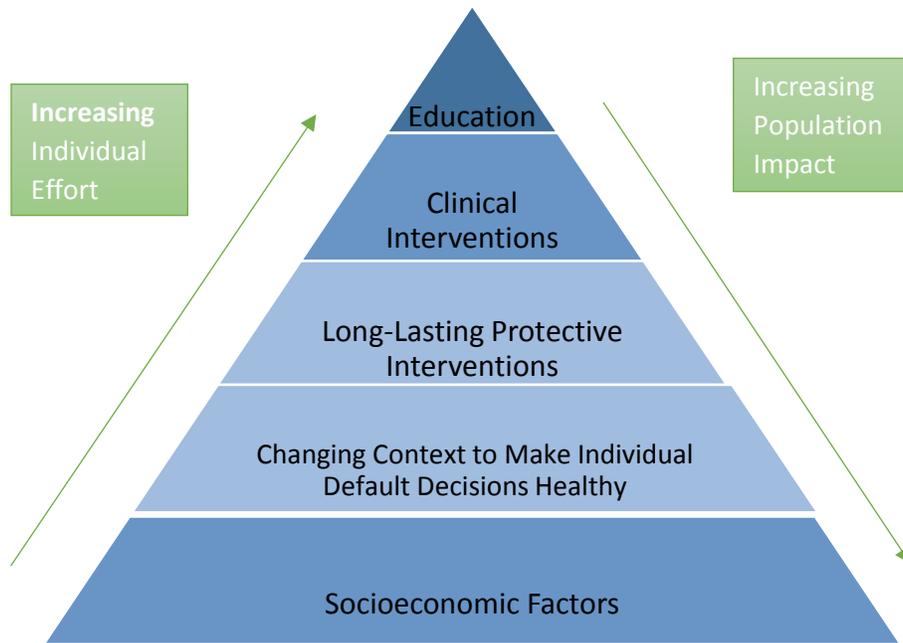


Fig 2. Health Impact Pyramid. Frieden, 2010

The Process of Community Change



The Strategic Prevention Framework process was used during the development of this plan. Steps in the process include the collection and analysis of data, prioritization of issues, identification of resources to address priorities, development of goals and strategies, implementation of strategies and evaluation of outcomes.

Seven Strategies for Community Change

There is strong a consensus in the field of Public Health that it takes a comprehensive response to become a healthier community. This plan is based upon the common sense theory that communities are more successful in achieving community-level change when the strategies are part of a comprehensive plan. There is no one silver bullet or single strategy to prevent overweight/obesity, substance abuse or mental health issues. It will take many strategies implemented together to change specific behaviors. Policy changes are the most cost effective and sustainable strategy to influence behavior changes. However, community readiness and education should precede the work on policies.

Below is a description of CADCA’s seven strategies used by coalitions to create changes in the identified local conditions which influence behavior in communities.

INDIVIDUAL ENVIRONMENTAL

Provide Information	Presentations/workshops/town hall meetings or PSAs/brochures/billboards/web-based communications
Enhancing Skills	Workshops, seminars designed to increase skills: training, technical assistance, distance learning, strategic planning retreats, curricula development
Providing Support	Creating opportunities to support people to participate(alternative activities, mentoring, referrals, support groups/clubs
Enhancing Access/Reducing Barriers	Improving systems and processes to increase the ease, ability, and opportunity to utilize systems and services (assuring healthcare, childcare, transportation, housing, justice, education safety, special needs, cultural and language sensitivity)
Changing Consequences	Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior – increasing public recognition for desired behavior, individual/business rewards, taxes, citations, fines, revocations
Physical Design	Changing the physical design or structure of the environment to reduce risk or enhance protection (signage, lighting, outlet density, landscapes)
Modifying/Changing Policies	Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (workplace initiative, law enforcement procedures and practices, public policy actions, systems change within government, communities, and organizations)

Determining Health Priorities

Health Priorities in Richland County were first defined by a quantitative Community Health Needs Assessment (CHNA) completed in 2016. The HAWCs (Health Assessment and Wellness Coalition) in our community were instrumental in the development of the survey instrument, survey distribution, data entry and data analysis. A one-page survey with Spanish translation was implemented to assess the community's greatest health needs. To be statistically representative of the county's population, 2000 surveys were mailed to random county residents' homes with a goal to receive at least 400 completed surveys. The Richland Hospital received 294 surveys by the deadline, giving a confidence level of 95% with a margin of error of 5.65%. However, 63% of initial respondents identified themselves as over the age of 62, leaving the younger demographic underrepresented. This was corrected for by weighing the results based on the percentage of each age bracket in the county. Using the CHNA, Overweight/ Obesity Prevention, Substance Abuse Prevention & Treatment, and Mental Health Treatment were identified among the current top health needs in Richland County.

Following the CHNA, qualitative data was collected by focus groups. HAWCs composed a list of stakeholders to invite, with broad coverage of community, business and health leaders from the county. While all demographics were covered, special care was taken to include representatives from underrepresented groups in the CHNA, including youth and Hispanic residents. Stakeholders were invited to attend one location where multiple focus groups could be conducted at once. Each group consisted of approximately 10 stakeholders, a HAWC member who acted as facilitator, and a note-taker. HAWC facilitators received proper training and used a standard script to lead all focus groups. Together, the various focus groups discussed the health needs identified by the CHNA and identified the local conditions (but why here?) lending an explanation to aid in the selection of strategies and next steps.

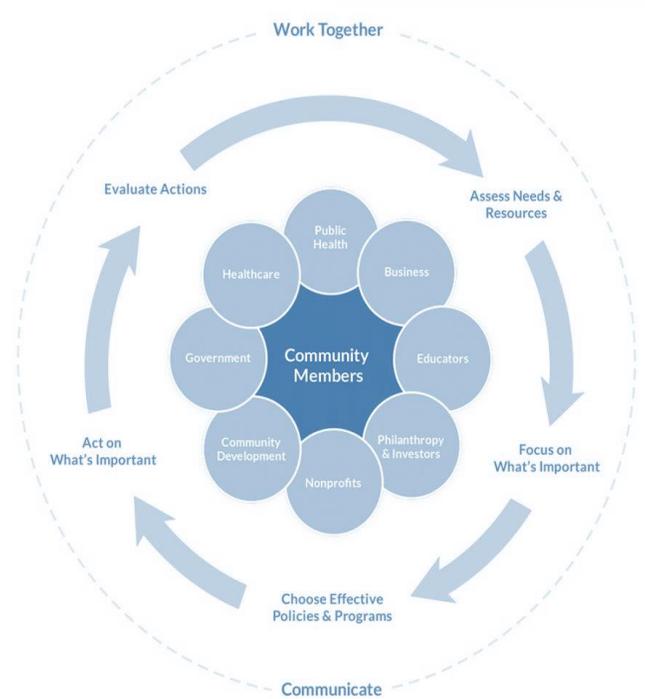


Fig 3. Community Change Process. University of Wisconsin Population Health Institute, 2012

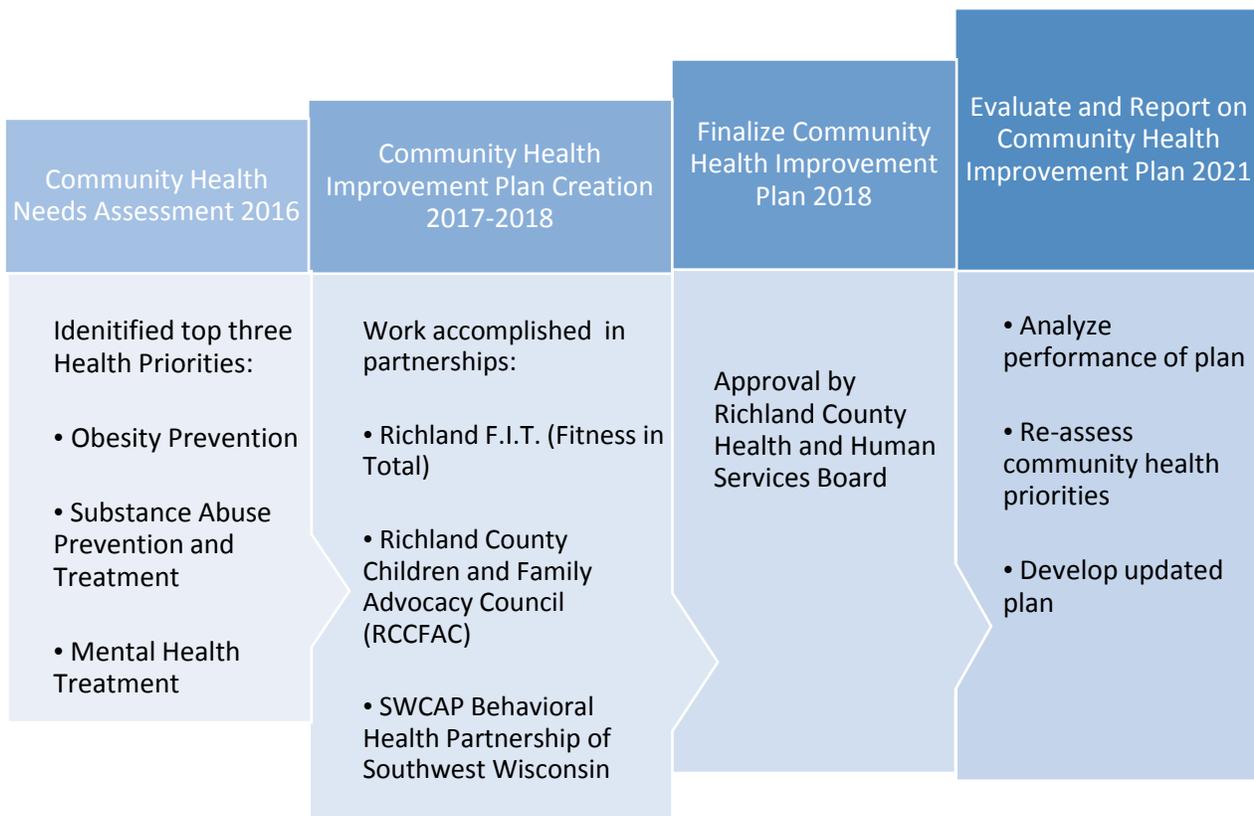
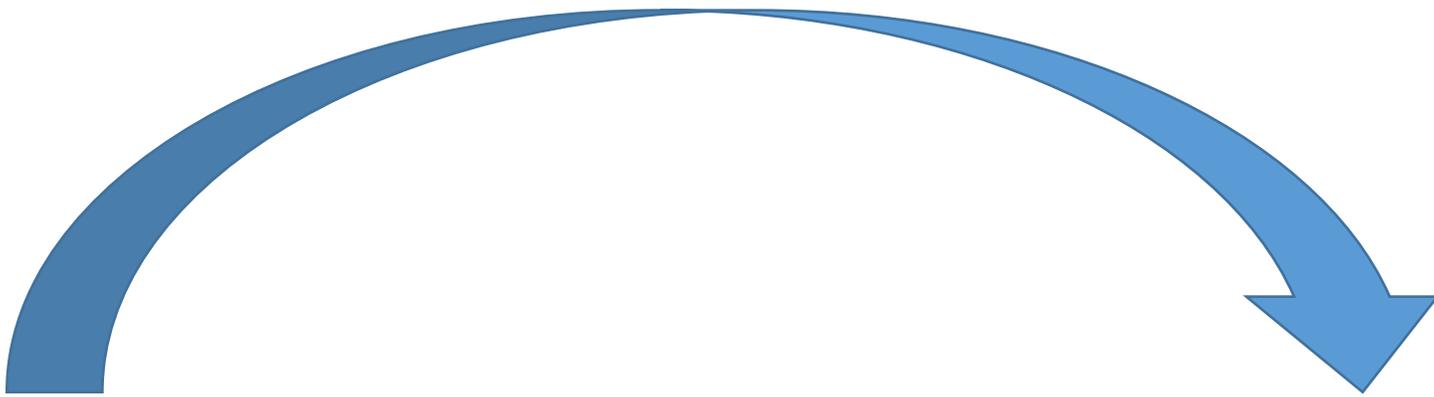


Fig 4. Process of Determining Health Priorities

Richland County Strengths and Assets

During a community led asset mapping meeting in October of 2017, Richland County residents identified key resources that have and will contribute to improving community health initiatives.

INDIVIDUALS

Larry Engel	Sharon Schmitz	Pedro Gomez
Jay Mueller	Mike Breininger	Ronaldo & Claudia Merlos
Sheila Troxel	Dwayne Fisher	Robin Cosgrove
Chuck Miller	Victim witness coordinator	Andrea Fields
Jose & Jenny Marroquin	Dawn Kiefer	Marty Clearfield
Paul Corcoran	Mick Cosgrove	Dale Bender
Janis Peterson	Henk Newenhouse	Spanish interpreters
Ron Fruit	Andy Wright	

INFORMAL NETWORKS

Southwest Partners	Rotary, Lions, KC's, Kiwanis (Service/ Fraternal)	Gap Fit-n-Fun
Multi-Cultural Center	Youth Rec Sports Leagues	Richland FIT
Richland County Children and Family Advocacy Council	Richland Parks Summer program	Family Fun Nights
Community Players	Youth groups	PATT, PTSA
Youth and Family Recreation Center, Family Crossroads	St. Vincents	Salvation Army
	Crimestoppers	Freedom from Smoking classes
	Drug Take-Back Day	G.R.A.C.E

INSTITUTIONAL ORGANIZATIONS

Richland Hospital	Community Village (Nursing homes)	RC Health and Human Services
Our House, Harvest Guest Home, Pine Valley	Paquette Center	Richland Medical Center
	Youth and Family Initiative	

Schmitt Woodland, Pine Valley (Assisted Living)	County and City governments	Senior Life Solutions
Agrace Hospice and Palliative Care	Hillsboro, Richland, Ithaca, Riverdale, Kickapoo, Weston (Schools)	Harmony House
Physicians willing to use MAT for addiction treatment	Fire Dept and EMTs	Passages- domestic violence agency
Thrifty White, Family Prescription, Walmart (Pharmacies)	Great Rivers 211	Churches
Law Enforcement	Trempealeau Inst. Mental Disease	Richland County Ministerial Association
Veteran's Services	Lutheran Social Services	SWCAP
State Mental Health Institute- Winnebago and Mendota	Tellurian	Ada James
Ricky Bishop- Independent Living Resource	Journey Mental Health	Symons
Joshua's House	Rogers Memorial Hospital	Home Health United Grief Counseling
Parole and Probation Officers	Child Protection Services	SW Tech
Senior Center	Free Clinic	UW-Richland
ARCW, Lifepoint	Commission on Aging	Recidivism, WRCO, Nova Video
Kinship	VARC, ADRC, Richland Center Taxi (Transportation Services)	UW-Extension
United Givers	Sobriety Court	
	Pharmacy Needle Exchange	Small Business Center- private counselors

Health Priority 1: Overweight/ Obesity Prevention



Vision statement: "Richland FIT is a group of community partners committed to improving health where it starts-- where we work, live, and play!"

Community partnerships for overweight/obesity prevention: In 2012, the Richland FIT (Fitness in Total) Coalition was developed through a four-year grant awarded by the University of Wisconsin Partnership Program. The coalition responded to an identified need to address the rate of childhood and adult obesity in the county. Together with partners from a variety of community sectors, a strategic action plan was developed along with vision and mission statements. The coalition is focused on four goal areas: to improve eating habits, to increase physical activity, to increase a holistic concept of health and to strengthen the capacity of the coalition. Richland County Public Health continued until March of 2017 to provide coordination services for the Richland FIT coalition.

During the project, a number of specific strategies were completed including the Mill Pond Community Garden, Food for Life cooking classes taught by Richland Medical Center physicians, Point of Purchase (restaurants, convenience stores, and food stand) project aimed at sellers, Farm to School (school based education and outreach) and the Farmers' Market (Food Share benefits eligible for purchase) were implemented. Each strategy is currently being sustained at varying levels through partnerships in the county in order to continue creating a measureable impact on the rate of overweight/obesity in the county.

As part of a sustainability plan, Richland FIT volunteers completed the Healthy WI Leadership Institute's Community Teams Program in June of 2017. Following the HWLI, Richland FIT was accepted into the three-year C.O.A.C.H. team program and will continue to focus sustainability of strategies, policy, system and environmental changes in the county. Richland County Public Health will participate as an equal partner with other key stakeholders in the process to address the rate of obesity in the county.

What can be done to prevent overweight/obesity?

Short-term	Who can lead this?	Medium-term	Long-term
More healthy foods and fewer unhealthy foods available at work, child care, school, food stand fundraisers, senior nutrition program, restaurants, grocery stores and in the community	Schools, UW Richland, G.R.A.C.E. workplaces, daycare providers, civic organizations, HHS	People have healthier eating habits throughout their lifespan	Fewer people are overweight and obese throughout the lifespan
Child care/preschools, worksites, and health care providers provide support to help mothers continue to breastfeed	Schools, UW Richland, workplaces, childcare providers	Mothers breastfeed for a longer duration	Fewer people are overweight and obese throughout the lifespan
More physical activity opportunities available at work, child care, school and in the community	Schools, Parks Department, Community Organizations, workplaces	People are more physically active throughout their lifespan	Fewer people are overweight and obese throughout the lifespan
Health care providers will screen, counsel, and refer people with high body mass index (BMI)	Clinic, Hospital, School Nurses	People with overweight and obesity are provided with opportunities to better manage their weight	Fewer people are overweight and obese throughout the lifespan
Cities make infrastructure changes to increase walkability and bike ability in the community	SW Partners, Bike the Pine, Friends of the Pine, Parks Department	Residents engage in active transportation methods throughout their lifespan	Fewer people are overweight and obese throughout the lifespan



Goal 1: Improve the eating habits of all residents in Richland County.

Readiness strategies: Policy implementation and sustaining what has been started takes time. The community must understand the need for the change and come to a shared understanding of their role in creating a healthier county.

Strategy 1: Providing Information	<p>Provide information to county restaurants on the results of the Healthy Kids menu assessments (Medical College of WI grant).</p> <p>Provide sample policies, environmental assessments, and technical support to school districts, childcare centers, workplaces and civic organizations for strengthening wellness policies.</p>
Strategy 2: Enhancing Skills	<p>FIT Steering Committee and members participate from 2018 to 2021 on the Healthy Wisconsin Leadership Institute COACH team program to support leadership development.</p>
Strategy 3: Providing Support	<p>In partnership with another organization, implement an annual harvest and gleaning dinner/ event in the community.</p> <p>Work with the Richland County Breastfeeding Task Force to advocate for county work places to adopt policies to support Mothers who are breastfeeding.</p>
Strategy 4: Enhancing Access/ Reducing Barriers	<p>Provide reasonable examples of healthy choices/options for sale at concession stands, food stands, and food school fundraisers.</p> <p>Work towards Point of Purchase goals by working with two new local restaurants per year to add healthy options to the kids menu and healthy options to their overall menu.</p> <p>Work towards Point of Purchase goals by working with concession stands to add healthier options to their overall menu.</p>
Strategy 5: Changing Consequences & Public Recognition	<p>Publically recognize all organizations, individuals, childcare centers, and workplaces in the county who make changes to wellness policies.</p> <p>Publically recognize organizations and businesses who offer healthy choices/options where food is sold at concessions stands, restaurants, C-stores and grocery stores.</p>
Strategy 6: Physical Design	<p>Conduct nutrition assessments of non-traditional food retailers, analyze and follow up with potential changes.</p>
Strategy 7: Modify Policies	<p>Begin the process of policy change with school districts, childcare centers, workplaces and civic organizations in order to strengthen wellness policies. (to include language about local procurement of food and access to non-nutritive food in local schools, G.R.A.C.E. to adopt a policy about access to healthy choices in 100% of locations where fundraisers are held-possible phased in approach).</p>

OBJECTIVE ONE	Data source
By December 2021, increase the percentage of PRESCHOOL children who are at a healthy weight from 28% to 32%.	Wisconsin WIC BMI Summary report
STRATEGIES <i>(Focus: those serving low-income and racially/ethnically diverse populations)</i>	
Child care/preschool programs will implement policy, systems, and/or environmental changes to INCREASE ACCESS TO HEALTHY FOODS.	Child care providers and preschool programs
Child care/preschool programs will implement policy, systems, and/or environmental changes to DECREASE ACCESS TO UNHEALTHY FOODS.	
Child care/preschool programs and worksites will implement policy, systems, and/or environmental changes to SUPPORT BREASTFEEDING MOTHERS.	
Child care/preschool programs implement policy, systems, and/or environmental changes to INCREASE ACCESS TO PHYSICAL ACTIVITY.	
Health care providers will screen, counsel and refer children with a HIGH BMI. <i>(Focus: those that serve a high proportion of patients who are uninsured or on Medical Assistance; racially/ethnically diverse patients; or infants/pregnant women)</i>	

Outcome measures
#meetings with healthcare providers, child-care programs
#information provided to childcare providers and worksites
#policy changes at childcare settings and worksites
#screenings, counseling sessions and referrals of high risk preschoolers

OBJECTIVES TWO, THREE and FOUR	Data source
By December 2021, the number of MIDDLE SCHOOL YOUTH who reported that they ate 1 or more vegetable(s) per day for seven days will increase from 41.9% to 46.9%.	Youth Risk Behavioral Survey
By December 2021, the number of HIGH SCHOOL YOUTH who reported that they ate 1 or more vegetable(s) per day for seven days will increase from 33.7% to 38.7%.	
By December 2021, reduce the percent of CHILDREN AND ADOLESCENTS who are obese to (2% from baseline).	TBD
STRATEGIES	
School districts will promote the importance of eating vegetables in school curriculum and food service programs. School districts will implement policy, systems, and/or environmental changes to INCREASE ACCESS and availability of fruits and vegetables a.	School District Wellness Policy
School districts will implement policy, systems, and/or environmental changes to DECREASE ACCESS to foods high in sodium, saturated fat, and/or added sugar.	School District Wellness Policy

School districts will implement policy, systems, and/or environmental changes to DECREASE ACCESS to unhealthy foods in before and after school fundraisers.	School District Wellness Policy
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Outcome measures
#meetings with school district representatives
#policy changes to school lunch menus
#system changes regarding nutrition educational material to students
#information provided to school districts
#policy changes with regard to before and after school food fundraisers and food stands

OBJECTIVE FIVE	Data source
By December 2021, the number of adult county residents who report a BMI of 30 (overweight/obese) will decrease from 31% to 26%. (Focus: low-income, food insecure families)	County Health Rankings
STRATEGIES	
Worksites will implement policy, systems, and/or environmental changes to INCREASE ACCESS TO HEALTHY FOODS AND DECREASE ACCESS TO UNHEALTHY FOODS in vending machines, catering, and on-site food services.	Workplace surveys
Work with SWCAP food disparities coalition to INCREASE ACCESS TO HEALTHY FOODS and decrease access to unhealthy foods.	SWCAP
Maintain a connection with Richland Area Farmers’ Market to ensure the CONTINUATION OF EBT/SNAP/WIC. BENEFITS can be used at the market.	RAFAM
Local healthcare providers will direct community benefit programs to promote events where HEALTHY EATING, PHYSICAL ACTIVITY AND MENTAL WELLBEING IS ENCOURAGED.	Healthcare Institutions
G.R.A.C.E will DIRECT PREVENTION FUNDING toward programs to support healthy eating, physical activity and chronic disease prevention.	G.R.A.C.E. Board of Directors
Work with partners to increase ACCESS TO AND PROMOTE EVIDENCE-BASED PREVENTION SERVICES , such as nutrition education and Diabetes Prevention Program, Cancer Clear and Simple (UW Carbone Cancer Center)	The Richland Hospital

Outcome measures
#meetings with local employers to present data and health consequences
#meetings with health disparities coalition
#meetings with local healthcare providers
#G.R.A.C.E implements cancer prevention policy for local food stand fundraisers
#information provided to county residents through evidence based programming. DEET and Cancer Clear and Simple.
#employers with a well workplace designation (development of measure in progress)
#data on use of EBT/SNAP/WIC at farmers market ensuring use

Goal 2: Increase physical activity of all residents in Richland County.

Readiness strategies to pave the way for change:

Strategy 1: Providing Information	Through social media, parent newsletters, the newspaper/newsletters, and radio promote the importance of physical activity and health benefits.
Strategy 2: Enhancing Skills	Encourage participation in monthly calls and webinars offered by healthTIDE's WACA organization.
Strategy 3: Providing Support	Maintain a partnership with SW Partners work on increasing access to outdoor activities such as Bike the Pine and Safe Routes to school. Work in collaboration with the Symons Recreational Complex to support the annual Ugly Sweater Fun Walk/Run held in December.
Strategy 4: Enhancing Access/ Reducing Barriers	Support the work of the Community Prosperity Alliance to advocate for an additional grocery store in Richland County.
Strategy 5: Changing Consequences & Public Recognition	Using social media and other media outlets publicly recognize organizations, workplaces and individuals who encourage/influence others to stay physically active.
Strategy 6: Physical Design	Work to support work with elected officials to complete the Safe Routes to School project.
Strategy 7: Modify Policies	Encourage adoption of organizational and workplace policy around physical activity.

OBJECTIVE ONE	Data source
By December 2021, the number of YOUTH who reported that they participated in 60 minutes of exercise per day for 5-7 days a week will increase from 57.9% to 62.9%.	YRBS
STRATEGIES	
School Districts will implement policy, systems, and/or environmental changes to INCREASE OPPORTUNITIES FOR PHYSICAL ACTIVITY.	School District Wellness Policy
The county and cities will develop plans and systems and secure funding to improve walkability or bike ability in the community to INCREASE ACTIVE TRANSPORTATION.	SW Partners

Outcome measures
#policies to support the increase of physical activity throughout the school day
#meetings with school district representatives
#grants secured to improve walkability or bike ability in the county. Safe Routes to School
#strategies implemented by community agencies

OBJECTIVE TWO	Data source
By December 2021, the number of adult county residents who report Physical inactivity will decrease from 19% to 14%. (Focus: among low-income residents and residents age 60 years or older)	County Health Rankings
STRATEGIES	
Worksites will implement policy, systems, and/or environmental changes to INCREASE OPPORTUNITIES FOR PHYSICAL ACTIVITY.	Worksites
The county and cities will develop plans and systems and secure funding to improve walkability or bike ability in the community to INCREASE ACTIVE TRANSPORTATION.	Parks Department Tracking (TBD)

Outcome measures
#policies to support the increase of physical activity throughout the school day
#meetings with school district representatives
#grants secured to improve walkability or bike ability in the county. Safe Routes to School
#participants in ADRC stepping on or Tai Chi program

Goal 3: Promote a holistic concept of fitness in total.

See Health Priority number three-Mental Health Treatment for goals, objectives and strategies to improve mental wellbeing and increase an understanding of holistic health.

Goal 4: Enhance the strength of the Richland F.I.T. coalition.

Readiness strategies to pave the way for change:

Strategy 1: Providing Information	Information will be provided to or presented to stakeholder organizations such as; G.R.A.C.E, SW Partners, and Elected Officials describing the role of Richland FIT coalition as an organization inspiring/influencing community change.
Strategy 2: Enhancing Skills	FIT Steering Committee members including a RCHHS Public Health representative will participate in the Healthy WI Leadership Institute’s C.O.A.C.H Team program.
Strategy 3: Providing Support	By December 2021, be an active partner on the county-wide HAWCs to address the health needs of Richland county residents in a comprehensive approach.
Strategy 4: Enhancing	Ways to reduce/eliminate barriers to involvement on the coalition will be sought (language, childcare, transportation, etc...)

Access/ Reducing Barriers	
Strategy 5: Changing Consequences & Public Recognition	Using social media and other media outlets, Richland FIT will recognize organizations, individuals and groups who promote the 4 goals areas of the coalition.
Strategy 7: Modify Policies	Steering Committee members will sign Memorandum of Understanding documents outlining their roles and responsibilities in the effort to influence change policies Community agencies will increase offering of evidence-based prevention strategies

OBJECTIVE ONE	Data source
By September 30, 2021 increase internal capacity of the Richland FIT coalition by decreasing gaps in coalition infrastructure by 10%.	Coalition Survey
STRATEGIES	
Organize focus groups and 1:1 conversations in rural townships & unreached areas to collect stories of individuals most impacted by obesity/overweight.	
Collect and analyze data from 1:1 conversations to gain a clearer understanding of who is most affected.	
Conduct an environmental scan to better understand the community norms around priority areas.	
Provide monthly updates to all county media outlets and utilize sector connections on progress of community engagement efforts.	
Engage with health equity experts to develop a greater understanding of local gender, poverty and ESL issues and provide training.	
Identify underrepresented groups with a plan to recruit and have ways to reduce barriers for involvement (childcare, transportation or other).	

Outcome measures
#participants at meetings, especially underrepresented populations
#surveys distributed to coalition members
#environmental scans and dissemination of results
#presentations provided to raise awareness in the county
#MOU signed by Steering Committee and FIT coalition members indicating commitment

More on what can be done to prevent overweight/obesity

State, Tribal, Local, and Territorial Governments



- Ensure foods served in government facilities meet nutrition standards of the Dietary Guidelines for Americans.
- Strengthen licensing standards for early learning centers to include nutrition requirements for food served.
- Work with hospitals, early learning centers, health care providers and community organizations to implement breastfeeding policies.
- Ensure laboratories, businesses, health care, and community partners are prepared to respond to foodborne disease.
- Use incentives to attract grocery stores and farmers markets and use disincentives to discourage availability of unhealthy foods.

Businesses and Employers



- Increase the availability of healthy food through policies and programs.
- Adopt lactation policies that provide space and break time for breastfeeding employees and offer lactation management services and support.
- Provide nutrition information to customers, make healthy options and appropriate portion sizes, and limit marketing of unhealthy food to children.
- Reduce sodium, saturated fats, and added sugar and eliminate trans fats from products.
- Implement proper handling, preparation and storage practices.

Health Care Systems, Insurers, and Clinicians



- Use maternity care practices that empower new mothers to breastfeed.
- Screen for obesity by measuring body mass index and deliver care according to clinical practice guidelines for obesity.
- Assess dietary patterns, provide nutrition education and counseling, and refer people to community resources.

Learning Centers, Schools, Colleges, and Universities



- Implement and enforce policies to increase healthy foods in a la carte lines, school stores, and vending machines.
- Update cafeteria equipment to support healthier foods.
- Eliminate high-calorie, low-nutrition drinks from vending machines, cafeterias and school stores and provide greater access to water.
- Implement policies limiting marketing of unhealthy foods.
- Provide nutrition education.

Community, Non-Profit, and Faith-based Organizations



- Lead city, county and regional food policy councils to assess local community needs and expand programs that bring healthy foods like locally grown fruits and vegetables, to schools, businesses and communities.
- Implement culturally and linguistically correct social support for breastfeeding, such as marketing campaigns and support programs.

Individuals and Families



- Eat less by avoiding oversized portions, make half of the plate fruits and vegetables, make half of grains whole grain, switch to fat-free or low-fat milk, choose foods with less sodium, and drink water instead of sugary drinks.
- Balance intake and expenditure of calories to manage body weight.
- Breastfeed babies for the first 6 months after birth when able.
- Prevent foodborne illness by following safety practices- clean hands and surfaces, don't cross-contaminate, cook properly and chill.

Fig 5. Obesity/ Overweight Prevention and Treatment Strategies. National Prevention Council, 2011

Health Priority 2: Substance Abuse Prevention & Treatment

Since 2016, Richland County Public Health staff has worked in partnerships to mobilize county residents to address substance abuse. Five Town Hall meetings were organized in 2017 to present information and gain feedback from concerned county residents. During the initial meeting, county residents were asked to prioritize “What is the substance most misused in Richland County? How should we prioritize our work? (meth use, heroin use, misuse of Rx drugs, adult binge drinking and underage drinking). The large majority of residents were concerned with the rate of overdoses and deaths due to opiates and heroin use. Subsequent meetings were organized around the five pillars (law enforcement, prevention, treatment, workplace and harm reduction) approach to examine state recommendations, asset mapping (strengths) and coalition building for prevention.

Asset and resource mapping helped to build a shared vision for this health priority and a larger coalition to address the rate of substance abuse for all ages. Community partners worked to submit an application for SAMHSA’s Drug-Free Community ten-year support program.. During this process, 12 county sectors signed involvement agreements to work in addressing the rate of underage drinking and the misuse of Rx drugs.

The following represents excerpts from the Drug Free Communities grant narrative and the One-Year Action Plan.

History of prevention partnerships: The Richland County Children and Family Advocacy Council (RCCFAC), was formed in 2006 as a way to integrate two organizations working for several years to address the problems of substance abuse and child abuse/neglect in the county. During the next decade, there was a focus on organizing alternative activities and providing information to youth through educational programs. These included a New Year’s Eve roller skating party, an anti-drug coloring contest in the schools and the Counter Act program for county 5th graders. While these activities were well intentioned, substance abuse prevention rates were not being tracked, there is no way to know if the activities reduced the rate of youth substance abuse. However, there was a long held belief that the activities were making a difference in the county and that they should be continued. Table 1.

Table 1.

Timeline of RCCFAC and Major Activities

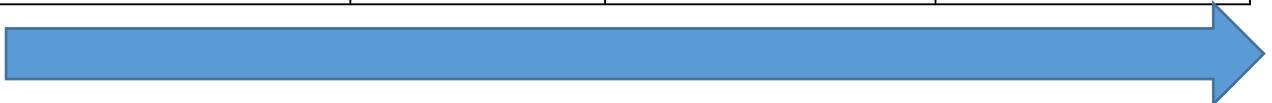
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	Substance free events												
Child Abuse Coalition <i>merger</i>	RCCFAC										Community Assessment		
Substance Abuse Coalition	RCCFAC										Parents Who Host Sticker Shock Develop 5 Pillars Town Hall Meetings		

Mission Statement: “Engaging our communities in efforts to reduce child abuse and youth substance use. We will do this through education, raising awareness and by strengthening policies in order to create and maintain a safe and healthy environment for youth and families.” **Organizational structure:** The RCCFAC currently operates with a **President, Vice President, Secretary, Treasurer and FIVE Pillar Leaders (Harm Reduction, Treatment, Enforcement, Prevention and Business)**. Additionally, there are lead people responsible for carrying out the existing activities of the RCCFAC. The **President** works to develop the meeting agendas with the Board of Directors, facilitates the monthly meetings and

represents the organization in the county. The **Vice President** acts on behalf of the President in their absence. The **Treasurer** creates a monthly report, manages check disbursement and deposits. The **Secretary** takes the meeting minutes, sends out the meeting announcements and maintains the membership list. During 2017, following the 2016 Community Health Needs Assessment identifying substance abuse prevention as a top need, the Five Pillar groups were formed and leaders were selected to represent areas of focus.

What can be done to reduce substance abuse?

Short-term	Who can do this?	Medium-term	Long-term
Biannual alcohol age compliance checks at licensed liquor establishments. Bartenders and employees are trained as servers and sellers using evidence based programs	Local or state law enforcement together with undercover minors	Locations where alcohol is sold is no longer an access point for underage youth	The rate of underage drinking is decreased. Fewer people develop lifelong addictions
Community events adopt the 20 best practices for safety at community events. (Ex: servers don't sell to overly intoxicated patrons, wrist bands used, design of alcohol sales area is restricted, prices are strategically set for alcohol)	Event organizers volunteers both supported by community organizations and elected officials	Fewer law enforcement problems (costs to taxpayer) at community events resulting from alcohol consumption, county residents understand the purpose of changes.	The rate of underage drinking is decreased. Fewer people develop lifelong addictions, fewer accidents and incidents related to alcohol consumption
Strengthen alcohol and drug policies	School districts, workplaces civic organizations	Youth understand the consequences of alcohol and drug use,	The rate of underage drinking is decreased. Fewer people develop lifelong addictions
Alcohol free celebrations, events, parties and other opportunities are offered	Parents, civic organizations, schools, other adults, churches	Community understands the health consequences associated with underage alcohol use	The rate of underage drinking is decreased. Fewer people develop lifelong addictions
Alcohol advertising is limited or restricted in the county	Businesses, civic organizations who host fundraisers	Community is more engaged in the process of prevention	The rate of underage drinking is decreased. Fewer people develop lifelong addictions



Goal 1: Increase Community Collaboration

Readiness strategies to pave the way for change:

Strategy 1: Providing Information	Conduct Capacity Checklist. Share results & create plan to address gaps in infrastructure. Conduct a follow up Capacity Checklist.
Strategy 2: Enhancing Skills	Send RCCFAC members to AWY regional meetings, or statewide prevention conferences. Bring in AWY consultants to do sessions. Conduct 1:1 conversations with each member, sector representatives to assess members' interest, training needs and potential contributions. Create an orientation checklist and training packet for RCCFAC members. Develop job descriptions to strengthen leadership. Organize a youth prevention team with representation from both county school districts and provide training.
Strategy 3: Modify Policies	Assess and update RCCFAC roles and responsibilities organizational structure and bylaws aligning with 12 month action plan, and adopt policies for members.
Strategy 4: Changing Consequences and Public Recognition	Create a web based system (website, blog, Mail Chimp) for communicating progress and recognizing members.
Strategy 5: Providing Support	Establish an epidemiological workgroup (Epi Workgroup) to oversee evaluation of 12 month Action Plan.

OBJECTIVE ONE	Data source
By September 30, 2021 increase internal capacity of the RCCFAC by decreasing gaps in coalition infrastructure by 10%.	Capacity Checklist

Outcome measures
#organizational structure or lead person that can be identified
#partnerships in the work of prevention
#partners regularly involved in planning and implementing prevention services
#level of cultural competence skills among members
#members who can describe purpose/mission of collaboration
#members who use data for planning and decision making
#grants pursued and acquired

Strategy 1: Providing Information	<p>Organize focus groups and 1:1 conversations in rural townships & unreached areas to collect stories of individuals most impacted by substance abuse. Collect and analyze data from 1:1 conversations to gain a clearer understanding of who is most affected.</p> <p>Conduct an environmental scan to better understand the community norms around priority areas (social hosting and prescribing practices).</p> <p>Provide monthly updates to all county media outlets and utilize sector connections on progress of community engagement efforts.</p>
Strategy 2: Enhancing Skills	Engage with health equity experts to develop a greater understanding of local gender, poverty and ESL issues and provide training to RCCFAC.
Strategy 3: Enhancing Access & Reducing Barriers	Identify underrepresented groups with a plan to recruit and have ways to reduce barriers for involvement (childcare, transportation or other).

OBJECTIVE TWO	Data source
By September 29, 2021 countywide engagement will increase from one to at least two members from each of the 12 sectors and one person from an underrepresented (Hispanic or African American) population.	RCCFAC membership list

Outcome measures
#one on one conversations
#members participating

Goal 2: Reduce Youth Substance Abuse

Underage alcohol use: readiness strategies to pave the way for change in **SOCIAL ACCESS**.

Strategy 1: Providing Information	<p>Conduct youth-led presentations to civic organizations, township elected officials, parent/ teacher organizations, 4-H clubs, school clubs, at Counter Act parent night and other community gatherings to educate the community on Wisconsin’s new state wide Social Host Law.</p> <p>Publish information in the newspaper, on the radio and school district newsletters regarding WI Social Host Law and results of 2017 YRBS.</p>
Strategy 2: Enhancing Skills	<p>Conduct a Town Hall meeting focused on providing tips for parents on how to talk to kids about alcohol and keep youth alcohol free at social events.</p> <p>Send youth prevention team leaders to the Annual Youth Summit near Milwaukee for prevention skills training specifically to implement the Sticker Shock campaign.</p>

	Widely share SAMHSA video on locking up refrigerators which store beer with civic organizations and parent groups.
Strategy 3: Providing Support Enhancing Protective Factors/ Reducing Risk	Raise funds to purchase and provide law enforcement with a breathalyzer for use at events held on school properties. Send Law Enforcement to Alcohol Policy Seminar to learn about new state Social Host Law.
Strategy 4: Enhancing Access/ Reducing Barriers	Provide refrigerator locks for parents throughout the county in order to better monitor alcohol supply.
Strategy 5: Changing Consequences & Public Recognition	Recognize parents who sign a pledge stating they will not provide alcohol to youth. Law enforcement increases patrols on grad/ prom events to respond to underage drinking parties and complaints.
Strategy 6: Physical Design	Implement the “Parents Who Host Lose The Most” campaign to include yards signs widely visible throughout the county (dosage) on private property, banners on school properties, car window clings, billboards, radio PSAs, newspaper ads and information in the school newsletters. Implement the Sticker Shock campaign at county convenience stores.
Strategy 7: Modify Policies	Law Enforcement signs a MOU agreeing to have extra patrols grad/prom weekends to respond to underage drinking parties and complaints. Work with local Law Enforcement and elected officials to ensure that the new state Social Host Ordinance is being enforced. Event organizers adopt county ordinance for the sales and service of alcohol at community events on public property.

OBJECTIVES ONE and TWO	Data source
By September 30, 2021 reduce the percentage of YOUTH who report getting alcohol from social sources from 19% to 14%.	YRBS
By September 30, 2021 the number of HIGH SCHOOL YOUTH who reported drinking alcohol prior to the age of 13 will decrease from 28.6% to 23.6%.	

Outcome measures
#school code violations
#law enforcement underage drinking citations
#fridge locks distributed
#information and/or ads provided via social media, newspaper and radio outlets

#town hall meetings or community education events held
#yard signs and banners posted PWHLTM campaign
#safe prom pledges signed
#sticker shock posters posted at retailers
#breathalyzers purchased for county/city law enforcement
#MOUs signed by law enforcement to increase enforcement during Prom and grad parties

UNDERAGE ALCOHOL USE: readiness strategies to pave the way for change to **RETAIL ACCESS.**

Strategy 1: Providing Information	Provide education to licensed liquor establishments in the county regarding the legal consequences of selling alcohol to youth (ie Dram Shop laws). Web-based communication to parents on youth alcohol trends.
Strategy 2: Enhancing Skills	Provide retailer education on how to check IDs. Obtain a scholarship from the AWY to send local Law Enforcement to learn about alcohol age compliance checks as a best practice.
Strategy 3: Providing Support	Provide signage to licensed liquor establishments warning customers under 21 that they will not be served. Partner with local Law Enforcement to provide Responsible Beverage Server Training to all county licensed establishments.
Strategy 4: Enhancing Access/ Reducing Barriers	Work with retailers, event organizers to ensure all employees and volunteers are checking IDs.
Strategy 5: Changing Consequences & Public Recognition	Recognize publically those businesses that are compliant with the law. Recognize events and establishments who implement ID policy.
Strategy 6: Physical Design	Provide "We ID" signs to local retailers.
Strategy 7: Modify Policies	Routine Compliance checks are established. Countywide policy mandating checking IDs if under 40.

OBJECTIVE THREE

Data source

By September 30, 2021 increase countywide alcohol age compliance checks from 0 to a minimum of 1.	LE data
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Outcome measures
#retailers contacted via letter or 1:1 conversations
#law enforcement trained
#level of local law enforcement engagement in strategy
#youth trained as undercover buyers
#media messages disseminated to support retail access strategy
#event servers and sellers trained
#surveys of retailers distributed
#We ID signs distributed
#policies implemented mandating ID checking for buyers under 40
#law enforcement who attend Alcohol Policy seminar

TOBACCO USE: readiness strategies to pave the way for change to limit access and availability of tobacco products and increase access to treatment.

Strategy 1: Providing Information	<p>Reach out to tobacco retailers at least four times per year on proper identification checking and state statutes pertaining to tobacco sales.</p> <p>Meet with behavioral health providers on the benefits of integrating nicotine replacement therapy into their treatment practices.</p> <p>Meet with property managers and residents about the benefits of smoke-free housing to increase engagement.</p>
Strategy 2: Enhancing Skills	<p>Train stakeholders and professionals working in the behavioral health setting on how to integrate nicotine replacement therapy into their services through an onsite staff training or free online 6 credit CEU course.</p>
Strategy 3: Providing Support	<p>Provide free retailer education through witobaccocheck.org and in-person, onsite options.</p> <p>Conduct meetings with school leaders to update comprehensive tobacco/nicotine-free policies, provide model language, and help with signage.</p>
Strategy 4: Enhancing Access/ Reducing Barriers	<p>Increase QuitLine outreach through community events and public housing resident meetings.</p> <p>Target First Breath outreach to pregnant women and their families through all family-focused Richland County Health Department services and community events.</p>
Strategy 5: Changing Consequences & Public Recognition	<p>Conduct Youth Tobacco compliance checks each year to ensure retailers are complying with Wisconsin Statutes for tobacco sales.</p> <p>Publicly acknowledge and thank retailers who keep youth safe by reusing sales to incentivize and promote responsible sales practices.</p>

Strategy 6: Physical Design	A multi-unit housing complex will change and publicize their tobacco policy.
Strategy 7: Modify Policies	<p>Conduct policy assessment for all Richland County school districts.</p> <p>At least one Richland County tobacco/nicotine-free policy to comprehensively protect youth.</p> <p>At least one Richland County multi-unit housing complex will implement a new smoke-free housing policy.</p>

OBJECTIVE FOUR	Data source
By December 2021, the number of county adults who report smoking tobacco products will decrease from 16% to 14%.	County Health Rankings

OBJECTIVES FIVE, SIX and SEVEN	Data source
By December 2021, the number of HIGH SCHOOL YOUTH who reported cigarette use will decrease from 9.4% to 7%.	YRBS
By December 2021, the number of HIGH SCHOOL YOUTH who reported smokeless tobacco use will decrease from 7.3% to 5%.	
By December 2021, the number of HIGH SCHOOL YOUTH who reported E-cigarette use will decrease from 10.1% to 8%.	

Outcome measures
#retailers and healthcare providers contacted
#presentations conducted to youth, parents, housing managers and residents
#training sessions provided to stakeholders and professionals
#Quitline and First Breath programs conducted
#retailers who attend training sessions
#youth based tobacco use prevention started and policies implemented by youth
#tobacco compliance checks conducted
#retailers recognized for refusing youth tobacco sales
#school policy on youth tobacco use strengthened
#new smoke free housing policies implemented

MARIJUANA USE: readiness strategies to pave the way for change:

Strategy 1: Providing Information	<p>Provide education and information to county residents regarding the health consequences of youth marijuana use. Intentionally focus education effort to address the change in rate from 9th (10%) to 10th (20.6%)</p> <p>Present current youth marijuana rates in appropriate manner to County residents.</p> <p>Conduct a community forum or/and town hall meeting and couple with increased enforcement, will result in a lower rate of use/misuse of marijuana.</p>
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<p>Strategy 2: Enhancing Skills</p>	<p>Implement the evidence based Strengthening Families Program which can help families in conflict or those that present certain risk factors for adolescent drug use—such as parental support for drugs—to achieve certain reductions in risky, multi-use behavior.</p> <p>Implement a “comprehensive” long-term, school-based marijuana prevention program (including social refusal skills). All Stars or/and Life Skills.</p> <p>Implement a school-based intervention program, such as Keepin’ It R.E.A.L., which can be effective in the promotion of antidrug norms and the acquisition of effective decision-making skills and communication skills. The program is “from youth for youth” and teaches participants resistance strategies that are important among peers.</p> <p>Organize a youth prevention team of leaders to provide peer to peer strategies. (leadership development).</p>
<p>Strategy 3: Providing Support</p>	<p>Promote activities and services of schools, churches, parent organizations and other agencies that provide safe alternative activities, education, treatment or enforcement.</p>
<p>Strategy 4: Enhancing Access/ Reducing Barriers</p>	<p>Implement a county wide youth curfew to reduce youth crime and drug use.</p> <p>Implement Drug Free Zones around school buildings to represent a space where children can play without encountering drug users and dealers. (within a thousand feet of a school, and the integrity of the zone can be reinforced by laws that impose severe penalties for drug use or sale within such zones). Drug-free school zones are most effective when the school, parents, police, and local citizens work together and use publicity to promote the project.</p>
<p>Strategy 5: Changing Consequences & Public Recognition</p>	<p>Recognize youth who pledge to stay substance free.</p>
<p>Strategy 6: Physical Design</p>	<p>Work with Crime-stoppers to implement anonymous texting tip line to report youth Marijuana use.</p>
<p>Strategy 7: Modify Policies</p>	<p>Assess school policies monitoring and enforcing marijuana use at school.</p> <p>Implement school policy requiring minimum of 2 canine (Rambo) drug checks per year.</p>

<p>OBJECTIVE EIGHT and NINE</p>	<p>Data source</p>
<p>By December 30, 2021 the number of county HIGH SCHOOL YOUTH who reported ever using Marijuana will decrease from 21.3% to 16.3%.</p>	<p>YRBS</p>
<p>By December 30, 2021 the number of county HIGH SCHOOL YOUTH who reported using Marijuana before age 13 will decrease from 3.1% to 2%.</p>	

<p>Outcome measures</p>
<p>#information and education provided to on dangers of youth marijuana use</p>

#presentations conducted regarding data and health consequences
#youth involved in preventing youth marijuana use
#promotion of substance free activities for youth
#tip line developed with Crime Stoppers
#policies regarding drug dog visits (2 per year)
#recognition provided to youth who stay substance free

NON-RX DRUG USE: readiness strategies to pave the way for change:

<p>Strategy 1: Providing Information</p>	<p>Conduct Red Ribbon Week Proclamations from county Townships, cities (Richland Center, Ithaca, and Cazenovia).</p> <p>Conduct a comprehensive media campaign “Dose of Reality” to educate county residents of the dangers of misusing prescription drugs.</p> <p>Set up a countywide viewing of “Straight Forward” video.</p> <p>Provide staffed informational tables at multiple community events (school orientation, sporting events, and county fair).</p> <p>Offer presentations to local senior centers, retirement homes and other interest groups.</p> <p>Place articles and op-ed in newspapers, church bulletins, and on website on Drug Take Back Day and lock box locations.</p>
<p>Strategy 2: Enhancing Skills</p>	<p>Meet with local providers to share data and learn current prescribing practices.</p> <p>Healthcare providers champion will offer lunch & learn to prescribers at local healthcare organization to educate on best practices and current drug trends in the community.</p>
<p>Strategy 3: Providing Support</p>	<p>Send coalition members to Annual Prevention Training on prescription best practice.</p> <p>Conduct countywide Naloxone training for county residents, law enforcement, EMTs, healthcare providers.</p>
<p>Strategy 4: Enhance Access/ Reduce Barriers</p>	<p>Conduct Drug Take Back Day events in rural townships and remote areas of the county.</p> <p>Translate drug box information and maps into Spanish.</p>
<p>Strategy 5: Change Consequences & Public Recognitions</p>	<p>Work with local school district to modify school policy to change consequences for students caught with medications.</p> <p>Host recognition event to honor parents, youth, and schools participating in RCCFAC prevention activities.</p>
<p>Strategy 6: Physical Design</p>	<p>Secure lock boxes on school field trips.</p>

	Conduct Rx Drug Lock Box distribution at pharmacies, hotels, clinics, senior centers (meal sites), realtors, vets, chiropractors, and dentists.
Strategy 7: Modify/ Change Policy	Work with local school district to improve and update school policy related to students and Rx medications. Local healthcare organization formally adopts state recommended protocol for responsible prescribing practices and discarding unused medications.

OBJECTIVE TEN	Data source
By September 30, 2021 reduce hospital and ER visits for ages 12-20 due to prescription drug abuse from 24 to 20.	WISH Opioid Data Module

Outcome measures
#participants at Naloxone training events
#lock boxes distributed
#pounds of medications collected at Take Back Days
#participants at community education events
#Dose of Reality campaign materials distributed
#healthcare providers trained on prescribing practices

METHAMPHETAMINE USE: readiness strategies to pave the way for change:

Strategy 1: Providing Information	<p>Conduct focus groups, one-on-one interviews, and key informant interviews to understand the local conditions relative to Meth use in the county.</p> <p>Increase training and education countywide regarding the signs of Meth use and addiction.</p> <p>Disseminate WI DHS Fast Facts on Methamphetamine countywide.</p> <p>Work with the recovery community to disseminate personal stories regarding effects of use.</p>
Strategy 2: Enhancing Skills	<p>Working with retailers to increase awareness of ingredient purchases related to Meth production.</p> <p>Provide training to coalition members for recognizing the signs of Meth use.</p>
Strategy 3: Providing Support	<p>Increase access to peer support groups. (NA, faith based and NAMI Chapter)</p> <p>Working with PD to create policy requiring education on recognizing Meth signs and neutralizing Meth threats.</p> <p>Recognize businesses that are supportive of individuals in recovery by providing incentives.</p> <p>Advocate for resources in rural areas (Sober living).</p>

Strategy 4: Enhancing Access/ Reducing Barriers	Maintain a Drug Endangered Children program or committee. Expand the number of safe and sober living options. Increase access to recovery coaches to provide services in the community.
Strategy 5: Changing Consequences & Public Recognition	Help share stories of Meth use to gain acceptance of recovery within the public and reduce stigma. Expand best-practice diversion and rehabilitation programs to incorporate family interventions. Increase Treatment Alternatives and Diversion (TAC) grant funding to provide support to develop and maintain diversion programs.
Strategy 6: Physical Design	Establish and maintain medication disposal sites. Provide and maintain a needle collection exchange program.
Strategy 7: Modify Policies	Create or update drug free workplace policies. Support and promote the importance of policies related o pseudoephedrine sales to decrease illegal possession.

OBJECTIVE ELEVEN	Data source
By December 30, 2021 reduce the rate of adult Methamphetamine use in Richland County from “meth is a growing problem” to “meth is less of a problem”.	County Sheriff and Richland Center Police Chief (Key informant interview with rural law enforcement)

Outcome measures
#information provided to county residents meth use education
#interviews and focus groups conducted
#peer support groups in county
#retailers implemented policies related to pseudoephedrine sales
#needle exchange programs

OBJECTIVE TWELVE	Data source
By December 30, 2021 the number of county high school youth who report using Methamphetamine will decrease from 1.2% to 0%.	YRBS

Outcome measures
#DITEP sessions offered in the county for school officials and drug use recognition
#education sessions provided to county residents
#access to treatment and support for youth who want to recover

More on what can be done to prevent tobacco abuse

State, Tribal, Local, and Territorial Governments



- Implement comprehensive tobacco prevention and control programs, including tobacco free policies and paid media advertising.
- Work with the FDA to enforce the Tobacco Control Act.
- Implement policies and programs to reduce youth access to tobacco.
- Balance ceremonial use of tobacco with protection of people from secondhand smoke.

Businesses and Employers



- Provide employees and dependents with access to free or reduced cessation support and encourage utilization.
- Provide evidence-based incentives to increase tobacco cessation.
- Comply with sale, distribution, advertising and promotion restricts of tobacco.
- Make work sites tobacco free.
- Provide smoke free commercial or residential property.

Health Care Systems, Insurers, and Clinicians



- Implement evidence-based recommendations for tobacco use and provide health effects information.
- Implement provider reminder systems for tobacco use treatment.
- Reduce or eliminate patient out-of-pocket costs for cessation therapy.

Learning Centers, Schools, Colleges, and Universities



- Promote tobacco free environments.
- Restrict the marketing and promotion of tobacco products to youth.

Community, Non-Profit, and Faith-Based Organizations



- Work with local policymakers to implement tobacco prevention and control programs.
- Implement effective media campaigns, including raising awareness of tobacco cessation resources.

Individuals and Families



- Quit using tobacco and ask their health care provider or call 1-800-QUIT-NOW for cessation support.
- Teach children about the health risks of tobacco.
- Make homes smoke free to protect themselves and family members from secondhand smoke.
- Refrain from supplying underage youth with tobacco.

Fig 6. Tobacco Abuse and Treatment Strategies. National Prevention Council, 2011

More on what can be done to prevent drug & alcohol abuse

State, Tribal, Local, and Territorial Governments



- Maintain and enforce the age 21 minimum legal drinking age, limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in vehicles of people convicted of alcohol impaired driving.
- Create or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including those allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis, and other infections associated with drug use.

Businesses and Employers



- Implement policies for the provision of SBIRT or offer alcohol and substance abuse counseling through employee assistance programs.
- Include substance use disorder benefits in health coverage and encourage employees to use services.
- Implement training programs for owners, managers and staff to increase knowledge and skills related to responsible beverage service.

Health Care Systems, Insurers, and Clinicians



- Identify and screen patients for excessive drinking using SBIRT, use provider reminders for SBIRT, and evaluate the effectiveness of alternatives for providing SBIRT like the phone or internet.
- Identify, track and prevent inappropriate prescribing of drugs and integrate monitoring into electronic health record systems.
- Implement evidence-based guidelines for prescribing opioids in emergency departments and restrict long-acting opioids for acute pain.
- Train providers on safe opioid prescribing and institute accountability to ensure compliance.

Learning Centers, Schools, Colleges, and Universities



- Adopt policies and programs to decrease alcohol and drug use on campuses.
- Create programs for reducing drug abuse and excessive alcohol like student assistance or support groups.

Community, Non-Profit, and Faith-Based Organizations



- Support and enforce alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse, including prescription misuse, and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness related to proper storage and disposal of prescription medications.

Individuals and Families



- Avoid binge drinking, use of illicit drugs or the misuse of prescription medications and seek help from clinicians for substance abuse disorders.
- Safely store and dispose of prescription medications and do not share them with others.
- Avoid driving if drinking alcohol or after taking any drug that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure they cannot access alcohol in the home.

Fig 7. Drug and Alcohol Abuse and Treatment Strategies. National Prevention Council, 2011

Health Priority 3: Mental Health Treatment

Clinical Services, a unit of Richland County Health and Human Services together with the new initiative, SWCAP's Behavioral Health Partnership Program will work together to improve behavioral health in our county.

What can be done to improve mental health?

Short-term	Who can do this?	Medium-term	Long-term
Partners in Richland County holds a mental health summit	Community partners	Community partners, including school-linked partners, refer youth to the appropriate community resources	Fewer suicide attempts in youth
Stigma associated with mental illnesses is reduced through public awareness	NAMI Chapter, SWCAP, HHS	People who have mental health concerns seek treatment and adhere to treatment	Adults with mental illness experience a reduction in symptomatic days
Primary care providers and schools screen and/or treat people for mental illnesses	Healthcare providers, school nurses, guidance counselors	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
People understand how to navigate the mental health system and what to expect	SWCAP, Healthcare providers, HHS	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
Mental health services are available that meet the needs of the community	The Richland Hospital-Senior Life Solutions, school districts, SWCAP, HHS	More people who have mental illnesses access resources and get needed treatment	Fewer youth and adults delay getting needed mental health care
Providers, faith communities, and community agencies are trained in youth mental health first aid	Healthcare providers, school nurses, guidance counselors, SWCAP	Community members recognize mental illnesses and are able to assist youth in getting professional help	Communities have the capacity to promote and protect mental health



Goal: Maintain partnerships to increase access to mental health treatment.

Readiness strategies paving the way for change:

Strategy 1: Providing Information	Support for Mental Health First Aid training, WISE Wisconsin, stigma reduction and mental health awareness efforts and outreach. Targeted strategies to support healthcare settings, law enforcement and employers to change their environments with regard to stigma and acceptability. Provide information to county residents regarding the evidence based recovery programs and a future sober living/housing facility
Strategy 2: Enhancing Skills	Provide training to recovery coalition members
Strategy 3: Providing Support	Support efforts to organize a NAMI Chapter, Narcotics Anonymous and Smart Recovery
Strategy 4: Enhancing Access/ Reducing Barriers	Conduct asset/strengths mapping activities and compile results made available to county residents. Direct county residents to online resource guide/tool.
Strategy 5: Changing Consequences & Public Recognition	Provide opportunities for people in recovery to share their stories, specifically regarding their first drug of initiation.
Strategy 6: Physical Design	Support for establishing a sober housing opportunity in the county.
Strategy 7: Modify Policies	Establish a data sharing policy among agency partners.

OBJECTIVE ONE	Data source
By December 2021, the number of adult county residents who reported poor mental health days will decrease from 3.6 to 2.6. (Focus: among low-income residents and residents age 60 years or older)	County Health Rankings
STRATEGIES	
The county and cities will develop plans and systems and secure funding to increasing the availability for county residents in need to receive mental health treatment services.	
Community agencies will increase offering of evidence-based prevention strategies to improve mental well being.	
Partner with SWCAP Behavioral Health Partnership to facilitate recovery services in the county.	

Outcome measures
#classes or sessions offered to support mental health awareness
#individual website hits
#presentations to advocate for mental health treatment services or Recovery Pathways offered in the county

OBJECTIVE TWO, THREE and FOUR	Data source
<p>By December 30, 2021 to increase acceptance countywide of Mental Health struggles and reduce stigma.</p> <p>By December 30, 2021 to increase availability of mental health services through primary healthcare providers, peer support and network development.</p> <p>By December 30, 2021, reduce wait list for mental health and substance abuse treatment by 10%.</p>	SWCAP data
STRATEGIES	
Create a communications plan to increase community engagement around mental health treatment services and aimed at reducing stigma.	
Conduct listening sessions in underserved areas of the county.	
OBJECTIVES FIVE, SIX, SEVEN and EIGHT	Data source
<p>By December 2021, the number of MIDDLE SCHOOL YOUTH who reported ability to resist peer pressure will increase from 83.1% to 88.1%.</p> <p>By December 2021, the number of MIDDLE SCHOOL YOUTH who reported sad and hopeless feelings will decrease from 28.1% to 23.1%.</p> <p>By December 2021, the number of HIGH SCHOOL YOUTH who reported ability to resist peer pressure will increase from 76.3% to 81.3%.</p> <p>By December 2021, the number of HIGH SCHOOL YOUTH who reported sad and hopeless feelings will decrease from 26.9% to 21.9%.</p>	YRBS
STRATEGIES	
Promote existing youth programs and activities	
Engage Ministerial Association and Civic Organizations in process of addressing youth data.	
Provide training to law enforcement in evidence based youth suicide prevention. (de-escalation techniques).	
#Increase participation in DHS crisis stabilization programs.	

Outcome measures
#presentations, information or education sessions provided to reduce stigma
#information and/or education to inform county residents of recovery

More on what can be done to improve mental health prevention

State, Tribal, Local, and Territorial Governments



- Enhance data collection to better identify and address emotional and mental health needs.
- Make safe shared spaces like parks and community centers to foster healthy relationships and positive mental health.
- Ensure groups of people in need are identified and referred to mental health services.
- Pilot and evaluate models of integrated mental and physical health in primary care.

Businesses and Employers



- Implement organizational changes to reduce employee stress and provide accommodations like flexible work hours, assistive technology and adapted work stations.
- Include mental health services as a benefit on health plans and encourage it to be used.
- Provide education, outreach and training to address mental health parity in health insurance coverage and group health plans.

Health Care Systems, Insurers, and Clinicians



- Educate parents on normal child development and conduct early childhood interventions to enhance well-being.
- Screen for mental health needs among children and adults and refer people to treatment as needed.
- Develop integrated care programs to address mental health and other needs within primary care.
- Improve communication and data sharing (with patient consent) with social services networks.

Learning Centers, Schools, Colleges, and Universities



- Implement programs and policies to prevent abuse, bullying, violence and social exclusion and build social connectedness.
- Implement programs to identify risks and early indicators of mental problems among youth and ensure they are referred to services.
- Ensure students have access to comprehensive health services including counseling and mental health.

Community, Non-Profit, and Faith-Based Organizations



- Provide space and activities that encourage social participation and inclusion, including elderly and disabled people.
- Support child and youth development programs and promote inclusion of youth.
- Train key community members to identify the signs of depression and suicide and refer people to resources.
- Increase access to mental health services and enhance linkages between mental health, substance abuse, disability and other social services.

Individuals and Families



- Build strong, positive relationships with family and friends.
- Become involved in the community.
- Encourage children and adolescents to participate in extracurricular activities.
- Make children feel comfortable talking about problems like bullying and seek assistance as needed.

Fig 8. Mental Health Prevention and Treatment Strategies. National Prevention Council, 2011

Commonly Used Abbreviations

AWY	Alliance for Wisconsin Youth
CHNA	Community Health Needs Assessment
CHR	County Health Rankings
DEC	Drug Endangered Children
DHS	Department of Health Services
DPI	Department of Public Instruction
EMT	Emergency Medical Technician
ER	Emergency Room
ESL	English as a Second Language
FDA	Food and Drug Administration
FIT	Fitness in Total
GRACE	Greater Richland Area Cancer Elimination
HAWC	Health Assessment and Wellness Coalition
HIV	Human Immunodeficiency Virus
MOU	Memorandum of Understanding
PSA	Public Service Announcement
RCCFAC	Richland County Children and Family Advocacy Council
RCHHS	Richland County Health and Human Services
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SWCAP	Southwestern Wisconsin Community Action Program
US	United States
UW	University of Wisconsin Affiliate
WI	Wisconsin
WISH	Wisconsin Interactive Statistics on Health

YRBS Youth Risk Behavior Survey

Citations

Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *American journal of public health, 100*(4), 590-595.

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health education quarterly, 15*(4), 351-377.

National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Applying the Strategic Prevention Framework (SPF)*. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>.

University of Wisconsin- Madison School of Public Health. *Wisconsin Health Atlas 2018*. <https://www.wihealthatlas.org/obesity/findings>.

University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2013*. <http://www.countyhealthrankings.org>.