

2022-2024

COMMUNITY HEALTH IMPROVEMENT PLAN



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Thank you to the many partners, community members, and staff for your dedication and support during the development of the La Crosse County Community Health Improvement Plan (CHIP).

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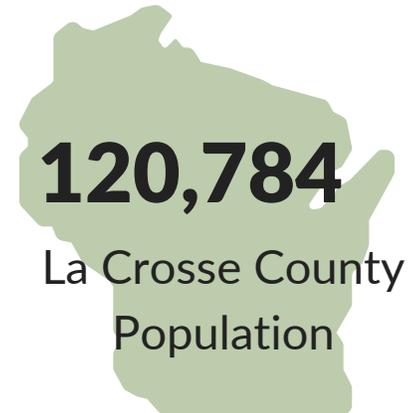
LA CROSSE COUNTY
 Health Department
 Nationally Accredited

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LA CROSSE COUNTY COMMUNITY PROFILE

La Crosse County is located in the Driftless Region of Wisconsin which boasts of beautiful bluffs, deep coulees, and three rivers—Mississippi, Black, and La Crosse—that meet near the downtown area of the City of La Crosse. La Crosse County is home to over 120,000 community members that live in the southwest area of Wisconsin.¹ The majority of jobs in the area are education and health services. The local economy is also supported through trade, transportation, utilities, government, and manufacturing.² La Crosse County is made up of 18 different city, village, and town governments.



The La Crosse County Health Department respectfully acknowledges that La Crosse County resides on the ancestral territories of the Ho-Chunk Nation.



La Crosse County Health Department (LCHD) is comprised of 5 sections: Administration, Family Health, Environmental Health & Lab, Chronic Disease & Injury Prevention, and Access to Care & Communicable Disease. The LCHD collaborates with many local institutions, including several health care, post-secondary education, local public and private schools, and business sector partners.

Race or Ethnicity

- 0.5% American Indian or Alaska Native
- 4.7% Asian
- 1.6% Black or African American
- 2.1% Hispanic or Latino
- 1.9% Two or More Races
- 89.5% White, non-Hispanic

*All racial and ethnic categories are self-identified.

\$57,882

Median Household
Income



11.8%

People Living in
Poverty

COMMUNITY PARTICIPATION

At the beginning of 2022, the La Crosse County Health Department invited community members and partner organizations to join the Community Health Improvement Plan (CHIP) Steering Committee. To seek community input, a Community Conversation event was hosted for any community member to attend and learn more about the Community Health Assessment and Improvement Plan. The Community Health Assessment (CHA) report was reviewed along with the three health priority areas that are the focus of the 2022-2024 CHIP. During the event, residents were asked to discuss the root cause for each health priority area based on their own lived experience or knowledge. All interested community members were invited to participate in the entire CHIP process.

Over 150 partner organizations and community members were invited to participate in the CHIP launch event. This event sought to include health agencies, community organizations, and members of underserved groups that experience health inequities. Overall, there were around 35 organizations and community members that joined the CHIP Steering Committee. A full list of committee members is included on page 2.

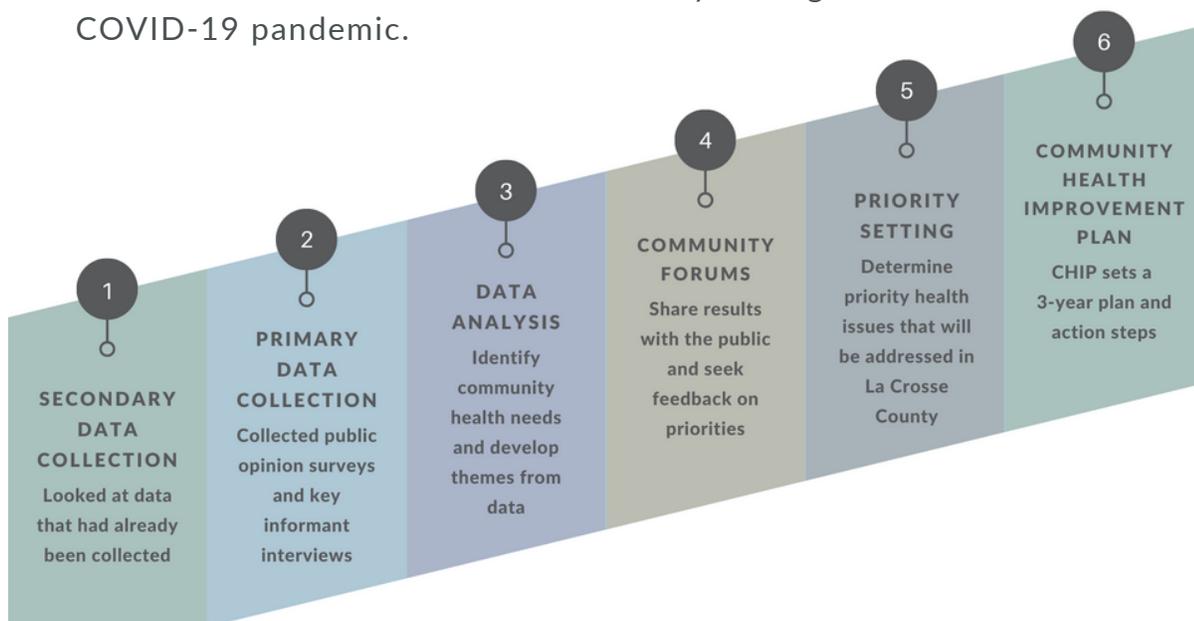
CHIP Steering Committee members were included at all stages of the CHIP process and will continue to be engaged during implementation of the plan.



STRATEGIC PLANNING PROCESS

The Community Health Assessment and Improvement Plan utilized a community-driven strategic planning process called MAPP (Mobilizing for Action through Planning and Partnerships).³ This planning model was developed by the National Association of County and City Health Officials (NACCHO) as a way to encourage communities to apply strategic thinking when prioritizing public health issues. The CHA process worked through steps 1-5 as seen in the image below.

The MAPP planning process was adapted to work within a shortened timeframe and with flexibility throughout the COVID-19 pandemic.



*Please note: LCHD has shifted to a 3-year vs. a 5-year CHIP plan during this planning process.

The final step in the planning process is solely focused on finding strategies to address the health priority areas identified in the CHA and summarized on the following pages:

- Behavioral Health (mental health and substance use)
- Healthy Environment for Safe Housing, Food, and Physical Activity
- Access to Care

HEALTH PRIORITY AREA: BEHAVIORAL HEALTH

WHAT ARE THE CHALLENGES?

The average number of mentally unhealthy days reported in the past 30 days for La Crosse County residents is trending up and continuing to climb over the last 6 years.

In La Crosse County, youth of color, LGBT+ youth, and youth living in low-income families are more likely to experience mental health challenges, such as anxiety, depression, and self-harm behaviors.

3.3

2016

4.3

VS.

2022

of mentally unhealthy days in the last 30 days⁴



U.S. Wisconsin La Crosse County

*All rates are per 100,000

La Crosse County has a higher suicide death rate than Wisconsin and the U.S. overall.⁴

Tobacco, alcohol, and drug use are a large concern for La Crosse County residents.

26% of adults in La Crosse County **drink excessively** through binge drinking or heavy drinking⁵



28% of cancer deaths are **connected to tobacco use**⁶



64.9 per 100,000 ER visits for **opioid overdose**⁷



HEALTH PRIORITY AREA: HEALTHY ENVIRONMENT

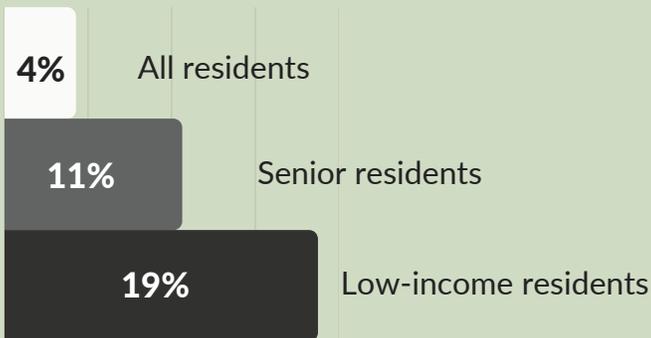
WHAT ARE THE CHALLENGES?

La Crosse County residents experience severe housing cost burdens. "When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain."⁴ The constant strain on finances, due to housing, can lead to food insecurity and other hardships that can last for years.



12% of La Crosse County residents are impacted by severe housing cost burden.⁴

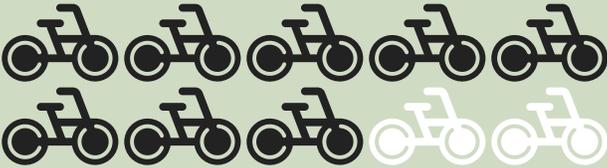
Residents with Low Access to Healthy Foods



Some La Crosse County residents have low access to healthy foods. Low-income and senior residents are more likely to have less access to healthy foods.⁸

Almost one-quarter of La Crosse County residents report low or no physical activity.

Connectivity of accessible pedestrian and bicycle routes can increase physical activity and improve access from where people live to food, jobs, healthcare, and other resources.



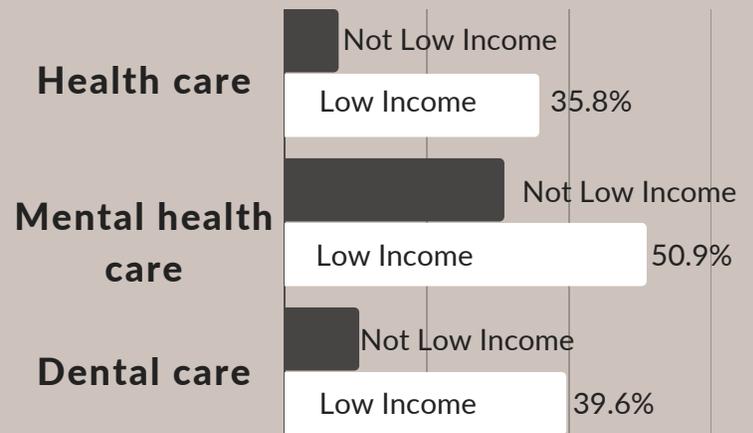
22% of La Crosse County adults (18+) report no leisure time physical activity.⁴

HEALTH PRIORITY AREA: ACCESS TO CARE

WHAT ARE THE CHALLENGES?

La Crosse County residents with low-income report less access to general health, mental health, and dental health care services.⁹

Residents that report poor access to care



La Crosse County residents voiced access to care issues linked to cost, a lack of representation in the healthcare service agencies, and timeliness of services.⁹

34%

of residents report **COST** for dental care as a barrier for seeking care

Low-income residents report **COST** as a barrier **MORE** than most residents

64%

Mental health, treatment for substance use, and dental health services have a treatment gap in La Crosse County.¹⁰

Treatment Gaps



5 of every 10 adults living with a mental illness are not accessing services



3 of every 10 youth living with a mental illness are not accessing services



7 of every 10 adults with substance use disorders are unable to access treatment services

CHIP PROCESS

STAGE 1: ROOT CAUSE ANALYSIS

The root cause analysis was conducted at the beginning of March 2022 with all CHIP Steering Committee members. During the meeting, Steering Committee members discussed each health priority area and the root causes that drive the health issue. To facilitate the discussion, the group was presented with a problem statement and then asked to answer the question “Why?”

The responses from this question were analyzed and sorted into themes. These themes were presented to the group followed by the question “Why here in La Crosse County?” This process allowed the group to identify root causes that underlie the overall health priority areas.

HOW DOES THIS WORK?

The Problem Statement:

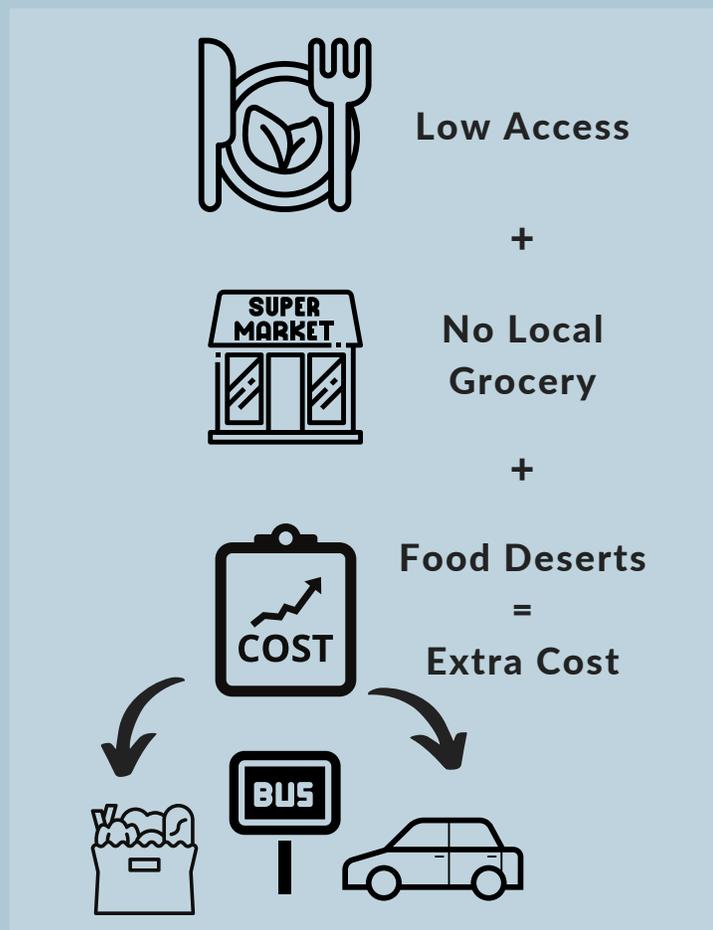
La Crosse County residents have low access to healthy foods.

Why?

Some neighborhoods do not have local grocery stores. Convenience stores and gas stations are located in these neighborhoods. Convenience stores carry less healthy foods.

Why here?

La Crosse County has 2 food deserts— areas that lack access to foods within 1-mile of a neighborhood. Cost of transportation (time and \$) and cost of healthy foods in convenience stores are barriers for those living in a food desert.



THEMES FROM THE ROOT CAUSE ANALYSIS

What are the underlying conditions that link to each health priority?

Behavioral Health

- ACES and Trauma are a main driver of mental health and substance use issues
- Community culture creates the social norms linked to substance use and mental health
- Access to care and system navigation are an ongoing barrier for behavioral health
- Social conditions impact overall behavioral health and current health needs

Healthy Environment

- Cost of healthy food, physical activity, and rent/mortgages are barriers
- Availability of resources is lacking for culturally appropriate foods and affordable/quality homes
- Lack of access to healthy foods that continues to create food insecurity issues
- Lack of connectivity and built infrastructure that supports active transportation and physical activity
- Discrimination, systemic barriers, and other challenges make accessing rental properties and owning a home harder to do
- Social norms that promote drinking and substance use competes with health and wellness
- Safety concerns exist that decreases physical activity in the built environment

Access to Care

- Availability of care services (time of day, lack of providers that serve Medicaid/Medicare clients)
- Cost of services
- Institutions and structures are difficult to navigate, understand, and lack connection to other systems
- Lack of representation for underserved peoples within care systems
- Care services do not match the cultural needs of marginalized populations
- Stigma around seeking mental health and substance use support services
- Transportation limitations create a barrier for underserved peoples
- Historical trauma and lack of trust create access issues

STAGE 2: VISION AND GOAL DEVELOPMENT

Using the themes found during the Root Cause Analysis, the CHIP Steering Committee came together in three work group meetings to discuss the three strategic issues related to each health priority area. During the April work group meetings, Steering Committee members provided input on the strategic issues and walked through a brainstorming session using the following questions:

1. What has been done in the past to address the issue? What current work is focused on the issue, if any?
2. What resources are currently available to address the issue, if any?
3. Who in the community would support work on this issue? What is their level of support?
4. What potential barriers are there to addressing this issue? Consider barriers in the following categories: Community, Policy/Legal, Technical, Financial, Other ³

This brainstorming session provided a list of gaps and barriers that exist in La Crosse County. With the Steering Committee's input, three specific gaps were established for each health priority area to address in the CHIP. The strategic issues and gaps are found on the following pages:

BEHAVIORAL HEALTH

STRATEGIC ISSUES

- Build understanding and skill development for addressing acute and chronic mental health and substance use needs.
- Work toward a cultural shift in substance use prevention and harm-reduction.
- Strengthen positive childhood experiences to build community resilience.

GAPS THAT NEED TO BE ADDRESSED:

- Early Intervention/Prevention Strategies related to Birth-3, youth, and adults that will impact positive childhood experiences
- Build up treatment interventions for substance use and mental health needs
- Change culture/norms to provide a supportive community and sustain positive health changes

HEALTHY ENVIRONMENT

STRATEGIC ISSUES

- Advocate for safe and supportive housing that is accessible to all.
- Increase access and availability for culturally appropriate, cost-effective, and quality foods.
- Encourage active lifestyles for all individuals, regardless of ability.



GAPS THAT NEED TO BE ADDRESSED:

- Collaborative advocacy for housing (ie. Renter's associations, policy changes, etc.)
- Access to year-round healthy, affordable, and culturally-appropriate foods for all neighborhoods
- Connectivity between the built environment and modes of transportation



ACCESS TO CARE

STRATEGIC ISSUES

- Improve availability of health resources.
- Build trust and cultural safety for underserved peoples.
- Assist community with resource and system navigation.



GAPS THAT NEED TO BE ADDRESSED:

- Build relationships and support representation for underserved peoples to achieve quality care
- Improve health literacy and system navigation
- Provide care to underserved people where they live, learn, work, and play

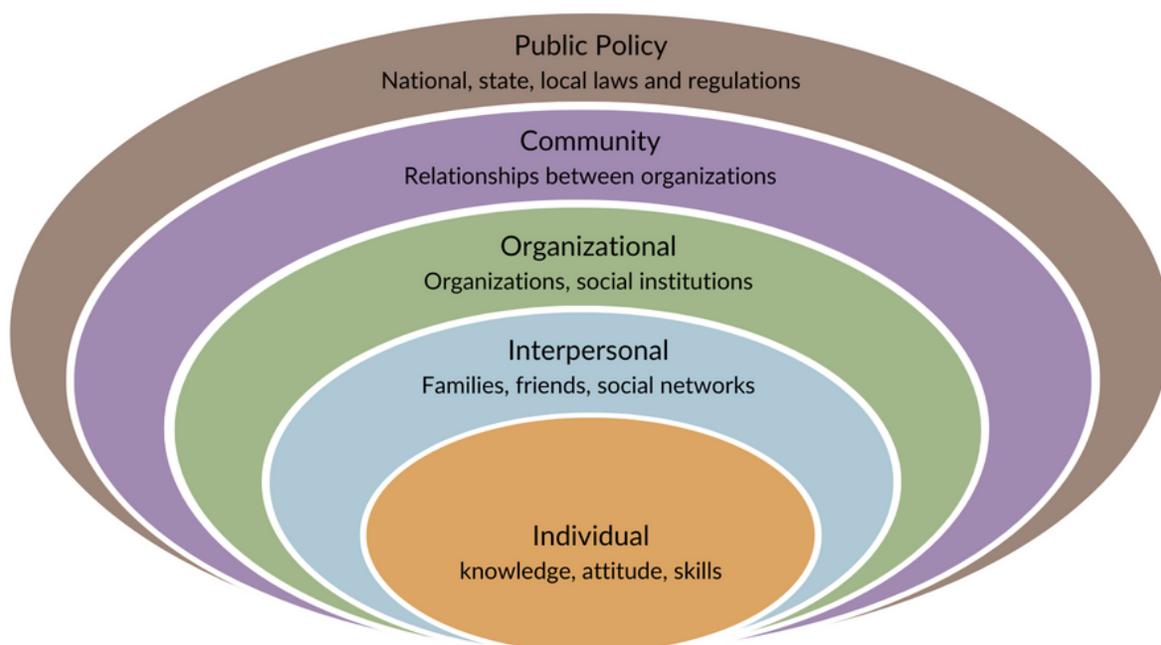


STAGE 3: STRATEGY DEVELOPMENT

The last step of the CHIP process was to determine actionable strategies that could address the gaps in each health priority. The Steering Committee discussed strategies, programs, and policy and systems changes that are evidence-based approaches. All strategies were talked through to understand potential benefits as well as local support for each idea.

The Social-Ecological Model (see image below) was used to encourage focus across all levels of community impact. Some strategies impact the community at the individual level and can improve knowledge, attitudes, and skills. The outermost circle of the model has the most potential for community-wide impact. A change at the policy, environmental, or systems level can impact an entire community or organization through changes that make healthy choices easier to make.

SOCIAL-ECOLOGICAL MODEL



ALIGNMENT

All strategies were compiled and reviewed by the CHIP team and La Crosse County Health Department leadership using the PEARL test. This review used a set of questions to assist with prioritization of strategies and alignment with public health practice.

PEARL Test

- Propriety: Is the strategy consistent with the essential services and public health principles?
- Economics: Is the strategy financially feasible? Does it make economic sense to apply this strategy?
- Acceptability: Will the stakeholders and the community accept the strategy?
- Resources: Is funding likely to be available to apply this strategy? Are organizations able to offer personnel, time, and expertise or space needed to implement this strategy?
- Legality: Do current laws allow the strategy to be implemented?³



COLLECTIVE OWNERSHIP

THREE HEALTH PRIORITY AREAS

The work from the CHIP Steering Committee led to a list of finalized strategies and the development of a logic model to implement for the next 3 years (2022-2024). Each health priority area has a plan that outlines the overall vision, alignment to state and federal plans, and short- and long-term outcomes tied to a list of possible strategies to implement. Evaluation metrics are listed as potential data points for tracking progress.

HEALTH EQUITY LENS

Health equity is a fundamental aspect of public health work. It is the goal and responsibility of the La Crosse County Health Department to foster an environment where health equity is the focal lens for the work that will be done in each health priority area. More importantly, this work will strive for collaborative solutions that are found with community members. Community-driven solutions will focus on areas of greatest need to enhance health equity for all and take into account the cultural and societal needs for those that are most impacted in each health priority area.



BEHAVIORAL HEALTH

Strategies Related to: Mental Health,
Substance Use, and Suicide

HEALTHY WISCONSIN ALIGNMENT ¹¹

Alcohol Objectives:

- Reduce underage drinking
- Reduce heavy and binge drinking among adults aged 18 and older

Opioid Objectives:

- Prevent initiation of opioid misuse
- Reduce death and harm due to non-medical and illicit opioid use
- Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and underserved populations.

Suicide Objectives:

- Prevent suicide.
- Reduce suicide attempts.
- Increase and enhance protective factors.

Tobacco Objectives:

- Reduce adult smoking rate
- Reduce use of other tobacco products by adults
- Reduce use of other tobacco products by youth

*Objectives from Wisconsin State Health Improvement Plan 2019 Annual Report

HEALTHY PEOPLE 2030 ALIGNMENT ¹²

Mental Health

- Increase the proportion of people with substance use and mental health disorders who get treatment for both. (MHMD-07)

Drug and Alcohol Use

- Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month. (SU-10)
- Reduce the proportion of adolescents who drank alcohol in the past month (SU-04)
- Reduce the proportion of adolescents who used drugs in the past month (SU-05)
- Reduce drug overdose deaths (SU-03)

Tobacco Use

- Reduce current tobacco use in adults and adolescents. (TU-01 and TU-04)
- Reduce current e-cigarette use in adolescents. (TU-05)
- Increase the number of states, territories, and DC that raise the minimum age for tobacco sales to 21 years. (TU-23)

Behavioral Health

Vision: Build a community that prioritizes protective factors for positive childhood experiences and resilient communities.

Inputs

<ul style="list-style-type: none"> Coalition members and Team Lead Community partners Residents 	<ul style="list-style-type: none"> LCHD Staff Time for research Grant Funding
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Activities

Quality childcare options
Group-based parenting programs
Opioid harm-reduction strategies
Mental health stigma to address inequities
Tobacco, alcohol, and marijuana culture change and social norms strategies

Outputs (short-term)

Determine effective childcare model
Educate parents and develop parenting skills
<ul style="list-style-type: none"> Distribute and educate about Narcan Provide medicated assisted treatment Provide fentanyl test strips Collect used needles
Develop relationships with underserved groups
<ul style="list-style-type: none"> Develop social norms campaign Advocate for T21 and smoke-free policies Research substance use outlet density issues

Outcomes (mid- & long-term)

<ul style="list-style-type: none"> Reduced underage drinking and alcohol purchases Increased knowledge of mental health 	<ul style="list-style-type: none"> Reduced excessive drinking Reduced suicide and isolation Reduced tobacco use (adults and youth) Improved social emotional skills 	<ul style="list-style-type: none"> Improved family functioning & parenting Improved mental health Reduced overdose deaths
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Evaluation Metrics

<ul style="list-style-type: none"> Baseline: # of children on waiting list for daycare # of parents receiving parent education program % of kids with social emotional skills entering school # that receive Medicated-Assisted Treatment # of fentanyl test strips distributed # of needles collected 	<ul style="list-style-type: none"> # of mentally unhealthy days % of individuals that access mental health services # of underage alcohol, tobacco, and vape purchases % of adults that binge drink # of suicides
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HEALTHY ENVIRONMENT

Strategies Related to: Safe Housing, Food, and
Physical Activity

HEALTHY WISCONSIN ALIGNMENT ¹¹

Environmental and Occupational Health

Objective 2: By 2020*, increase the percentage of homes with healthy, safe environments in all communities.

Adequate, Appropriate, and Safe Food and Nutrition

Objective 2: By 2020*, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.

Physical Activity

Objective 1: By 2020*, increase physical activity for all through changes in facilities, community design, and policies.

HEALTHY PEOPLE 2030 ALIGNMENT

Housing and Homes

- Reduce the proportion of families that spend more than 30 percent of income on housing. (DOH-04)

Nutrition and Healthy Eating

- Reduce household food insecurity and hunger. (NWS-01)
- Eliminate very low food security in children. (NWS-02)

Physical Activity

- Reduce the proportion of adults who do no physical activity in their free time. (PA-01)
- Increase the proportion of adults and adolescents who walk or bike to get places. (PA-10 and PA-11)
- Increase the proportion of older adults with physical or cognitive health problems who get physical activity. (OA-01)

*Wisconsin's State Health Improvement Plan is currently in development. Healthiest Wisconsin 2020 was used for comparison. The new plan will be reviewed for continued alignment as it becomes available.

Healthy Environment

Vision: Collaborate for solutions that build healthier and more accessible neighborhoods where people are connected to what they need where they live

Inputs

- Coalition members and Team Lead
- Community partners
- Residents
- LCHD Staff
- Time for research
- Advocates
- Grant Funding

Activities

- Rental property inspection advocacy
- Food insecurity strategies
- Safe Routes to School (SRTS) and Walking School Bus (WSB)
- Complete Streets

Outputs (short-term)

- Establish need for inspection program
- Educate local legislators
- Collaborate with local partners and residents from areas with a food desert
- Identify resources for year-round healthy food
- Schools coordinate WSB's
- Schools implement 6 E's of SRTS program
- Educate youth about pedestrian and bicycle safety
- Municipalities adopt Complete Streets policy
- New and existing construction will incorporate bike/ped accommodations

Outcomes (mid- & long-term)

- Municipalities adopt Complete Streets policy
- New and existing construction will incorporate bike/ped accommodations
- Increased mental health and social connectedness
- Increased healthy foods in food deserts
- Increased food security
- Increased quality and safety of homes and rental properties

Evaluation Metrics

- Baseline: # of rental inspections (2021-present)
- # of policies changed
- # of legislators receiving education
- # of residents and local partners involved in collaboration
- % of low-income and seniors with access to healthy foods
- # of youth using active transportation to and from school
- # of bike/pedestrian injuries
- % of adults being physically active during leisure time
- # of municipalities using Complete Streets policy

ACCESS TO CARE

Strategies Related to: Representation, Cost,
and Timeliness

HEALTHY WISCONSIN ALIGNMENT ¹¹

Access to High-Quality Health Services

Objective 1: By 2020*, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable.

Oral Health

Objective 1: By 2020*, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health.

HEALTHY PEOPLE 2030 ALIGNMENT

Health Care Access and Quality

- Increase the number of community organizations that provide prevention services. (ECBP-D07)
- Reduce the proportion of people who can't get medical care when they need it. (AHS-04)
- Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. (AHS-R01)
- Reduce the proportion of people who can't get the dental care they need when they need it. (AHS-05)
- Increase the proportion of low-income youth who have a preventive dental visit. (OH-09)

*Wisconsin's State Health Improvement Plan is currently in development. Healthiest Wisconsin 2020 was used for comparison. The new plan will be reviewed for continued alignment as it becomes available.

Access to Care

Vision: Grow a system of care that represents and supports underserved peoples to get the right care at the right time.

Inputs

- Coalition members and Team Lead
- LCHD Staff
- Community partners
- DEI consultant
- Residents
- Time for material development and revision

Activities

Culturally adapted health services and relationship building

Health literacy interventions

Social service integration

Outputs (short-term)

- Collaborate with DEI consultant
- Review internal policies/procedures
- Assess work environment
- Develop relationships with underserved populations
- Build power with community
- Engage with community stakeholders

- Review materials: online, print, & forms
- Educate staff and community

- Provide services in community settings
- Outreach to underserved populations

Outcomes (mid- & long-term)

- Improved access to social services
- Improved health outcomes
- Improved health-related knowledge
- Increased access to care
- Increased healthy behaviors
- Improved mental health
- Improved client-staff communication and client satisfaction

Evaluation Metrics

- # of policies revised
- Baseline: Community Engagement survey results
- # of materials available in a language other than English
- # of documents revised
- # of businesses that adapt policies/work environment
- # of staff competent in health literacy
- # of relationships developed
- # of businesses that complete trainings
- # of services provided in the community

ACTION PLANS

The CHIP Health Priority work groups will use the logic models present in this plan to craft actionable steps during the implementation phase. As the teams begin the next phase of this process, the logic models will be a guiding post that links program activities with big picture outcomes and data that will assess progress.

To move forward with clear purpose, all CHIP Health Priority work groups will develop a yearly Action Plan. The CHIP teams will use the Action Plan template developed for the *Wisconsin Guidebook on Improving the Health of Local Communities* (template available at [WALHDAB's website](#)).¹³ Evaluation metrics will be determined along with action plan development. Action plans will be reviewed throughout the year to ensure alignment with the CHIP. An annual report will be provided to track progress, discuss challenges, and identify areas for improvement.



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