



**Shawano-Menominee
Healthy Communities**

**2020-
2024**

COMMUNITY HEALTH IMPROVEMENT PLAN



Table of Contents

Letter from the Health Officer	2
Acknowledgements.....	3
Shawano-Menominee Healthy Communities Steering Committee.....	3
CHIP Action Team Members	3
Executive Summary.....	2
Community Health Improvement Planning Process.....	2
Shawano-Menominee Healthy Communities Vision and Values.....	3
3 Health Improvement Priorities	3
Timeline of Events.....	4
Phase 1:	4
Phase 5:	4
Phase 6:	4
Phase 4:	4
Phase 3:	4
Phase 2:	4
2019 Community Health Survey Summary	5
Assets and Resources.....	5
Health Priority Areas.....	6
Health Equity Lens	6
Access and Availability Analyses	6
Priority Area: Mental Health.....	6
Access and Availability Analysis	8
Priority Area: Alcohol and Other Drugs	9
Access and Availability Analysis	10
Priority Area: Chronic Disease (Nutrition and Access to Healthy Foods lens).....	11
Access and Availability Analysis	12
Tracking, Evaluation and Revision Process	13
References	14
Appendix A: CHIP Action Plan	15
Appendix B: Future Project Considerations.....	32
Appendix C: Annual Plan Review	33

Letter from the Health Officer

Dear Community Member,

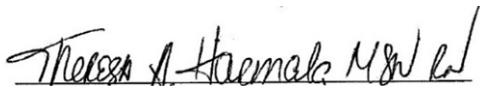
Every 3-5 years, health departments are required to complete a Community Health Assessment (CHA) for the community in which they serve. The Shawano-Menominee Counties Health Department (SMCHD) chooses to complete the CHA every 5 years. This is an intentional strategy to allow the time it takes to create a solid Community Health Improvement Plan (CHIP), build partnerships, and establish sustainable efforts toward the goal to reduce the identified areas of frailties or “health priorities”. This schedule also, allows the time for measurable data to be evaluated for the next CHA.

To provide better accountability and participation of the community, a steering committee of community members is created to help guide the assessment and improvement plan processes. A variety of disciplines are asked to serve on the steering committee which provides a wide representation of community participants. In January of 2019, the SMCHD presented health data of Wisconsin and Shawano-Menominee Counties Health Profiles to the community. This data included what is identified as “Social Determinants of Health”. This includes factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. After all of the data was presented and discussions ensued, three health priorities were identified. These being Mental Health, Alcohol and Other Drugs, and Chronic Disease with a Nutritional Lens.

Action Teams were formed to create the CHIP. In order to be all inclusive, the CHIP activities must consider all geographical areas within the Shawano-Menominee Counties as well as multiple vulnerable populations throughout our communities. It is vital to the SMCHD that we mobilize community partnerships and coalitions that will facilitate the CHIP goals being accomplished, promote community resilience, and advance the improvement of our public’s health. It is only with our partner’s collaborative efforts that we can align and coordinate the public health systems toward health promotion, disease prevention, and provide an inclusive environment across the Shawano-Menominee Counties jurisdiction.

On behalf of the Shawano-Menominee Counties Health Department, we hope this plan provides accurate, relevant, and easy to understand information for the Community Health Improvement Plan.

Best Regards,



Theresa A. Haemak M&W

Acknowledgements

Shawano-Menominee Healthy Communities Steering Committee

The Shawano-Menominee Healthy Communities (SMHC) Steering Committee's role is to provide oversight and guidance to the Community Health Improvement Planning Process (CHIPP), as well as to represent the community in the assessment and planning phases. The SMHC Steering Committee members were strategically selected to represent the diverse community groups, populations, and sectors within Shawano and Menominee Counties. The success of the Shawano-Menominee Healthy Communities' CHIPP effort is due in large part to the strategic input provided by the Steering Committee. We are so honored and grateful to all the individuals and organizations that have and continue to dedicate time and energy to this important initiative.

Members of the Steering Committee are listed here (there have been some transitions indicated below):

Christopher Culotta, WI DHS Division of Public Health
Dawn Dopersalski, UW-Extension Menominee Nation & Co.
Deb Lidbury, Shawano Co. Brd. of Health & Veteran Services (2019 – 2020)
Faye Dodge, Menominee Tribal Clinic
George Lenzner, Shawano County Sheriff Department
Jane Lehman, HSHS Prevea
Janet Kazmierczak, WI DHS Division of Public Health
Jeff Stumbras, HSHS Prevea
Jennifer Frost, Shawano County Human Services
Jodi Pankow, Shawano County Human Services
Judy Heubel, Stockbridge-Munsee Health & Wellness
Kim Wolfmeyer, ADRC Wolf River Region
Kimberly Buettner, Bellin Health

Lori Schuettpelz, UW-Extension Shawano & Menominee
Megan Suehring, UW-Extension Shawano County
Nicholas Benzinger, Shawano County Veterans Services (2019 – July 2022)
Paula Morgen, ThedaCare
Paula Manley, HSHS Prevea (2019 – 2020)
Peggy Garefino, SAM 25 Homeless Shelter (2019 – 2020)
Nicole McNeel, Menominee County Human Services (2019 – June 2022)
Rhonda Strebel, Rural Health Initiative
Tara Draeger, Aspirus Health
Ty Raddant, Shawano County Sheriff Department
Vaughn Bowles, Menominee Tribal Clinic
Vicki Dantoin, SMCHD (2019 – 2020)

Support Staff for Steering Committee:

Theresa Harmala, Health Officer/Director, Shawano-Menominee Counties Health Department, CHIPP Advisor
Katie Lemke, Office Specialist, Shawano-Menominee Counties Health Department, CHIPP Technical Support
Nick Mau, Assistant Health Officer, Shawano-Menominee Counties Health Department, CHIPP Coordinator & Facilitator

CHIP Action Team Members

Mental Health Action Team

Jeanette Berkovitz, Community Representative
Eva Colson, Bellin Health – Behavioral Health Counselor
Faye Dodge, Menominee Tribal Clinic – Community Health Nursing Director
Jennifer Frost, Shawano County Human Services – Behavioral Health Division Manager
Jenna Hesse, Shawano County Human Services
Vince Long, ThedaCare Shawano – AOD Counselor
Cora Heindel, Shawano School District – High School Social Worker
Liza Margelofsky, Bellin Health Fitness – Membership and Marketing Team Facilitator
Ronelle McKernan, Ho-Chunk Nation Department of Health – Public Health Nurs
Natalie Minshell, Bowler School District - Social Worker
Michelle Morgan Herb, ThedaCare – Behavioral Health Collaborative Care Manager
Nancy Schultz, United Way Shawano – Director
***Megan Suehring**, UW Extension Shawano – Positive Youth Development Educator

Tori Wanless, Tigerton School District – K-12 Social Worker
Jean Weston, Shawano-Menominee Counties HD – Public Health Nurse
Samantha Williams, Shawano County Sheriff Department – Correctional Officer
Dani Zurakowski, Olga Brenner Elementary School – Health Counselor

Alcohol and Other Drugs (AOD) Action Team

Jennifer Alf, ThedaCare Shawano – HRSA Rural Health Network Development Grant Project Director
Becky Edgren, Shawano County Human Services – Drug Court Coordinator
Jennifer Frost, Shawano County Human Services – Behavioral Health Division Manager
Cora Heindel, Shawano School District – High School Social Worker
Diane Hietpas, Menominee Tribal Clinic – MAT Program Coordinator
Jane Lehman, HSHS Prevea - HRSA Grant Coordinator (N.E.W Hope Coalition)
Vince Long, ThedaCare Shawano – AOD Counselor
Chris Madle, Shawano County Sheriff Department - Lieutenant
Ronelle McKernan, Ho-Chunk Nation Department of Health – Public Health Nurse
Nicole McNeel, Menominee County Human Services – Forensic Nurse
Heather Pagel, ThedaCare – HRSA Rural Health Network Development Grant
***Jodi Pankow**, Shawano County Human Services – Prevention Outreach Coordinator
Nancy Schultz, United Way Shawano – Director
Tyler Thornborrow, Shawano Police Department – School Resource Officer

Chronic Disease (with Food Access & Nutrition Lens)

Gary Besaw, Menominee Indian Tribe of Wisconsin – Agriculture and Food Systems Director
Kimberly Buettner, Bellin Health - Shawano County Ambassador for Health & Wellness
***Dawn Doperalski**, UW Extension – Menominee County/Nation
Carey Grieves, ThedaCare Shawano - Health Coach & Diabetes Prevention Program Coordinator
Erika Kowalkowski, Menominee Indian Tribe of Wisconsin – Dept. of Aging & Long-Term Care Director
Chelsey LaTender, UW Extension for Shawano & Menominee County/Nation – FoodWise Educator
Ronelle McKernan, Ho-Chunk Nation Department of Health – Public Health Nurse
Tyler Rich, Bellin Health - RN & Diabetic Educator
Heidi Russell, Shawano County Dept. of Aging
Lori Schuettpeitz, UW Extension for Shawano & Menominee County/Nation – FoodWise Coordinator
Amanda VanderHeiden, Shawano County WIC – Nutrition Educator

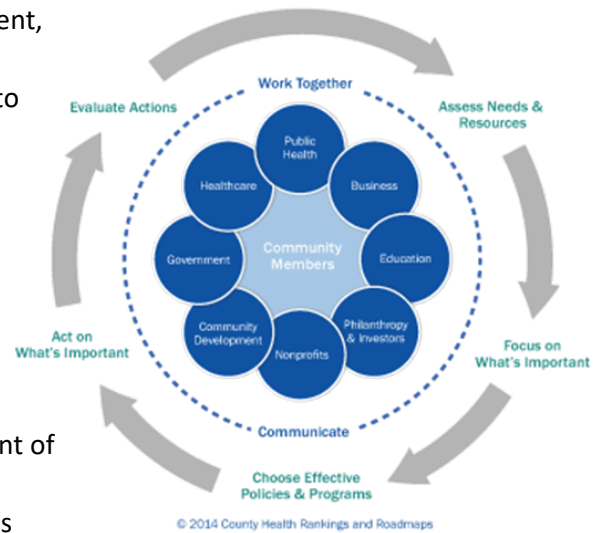
*** = Action Team Facilitator**

Executive Summary

There are many factors that influence... A community health improvement plan (CHIP) is a long-term, strategic plan to address public health issues highlighted in a community health assessment (CHA). While Wisconsin State Statutes require local health departments to assess community health needs and develop improvement plans, this process is truly community-driven. An effective community health improvement process adopts the following principles:

- Multisector collaborations that support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation
- Proactive, broad, and diverse community engagement to improve results
- A definition of community that encompasses both a significant enough area to allow for population-wide interventions and measurable results, and includes a targeted focus to address disparities among subpopulations
- Maximum transparency to improve community engagement and accountability
- Use of evidence-based interventions and encouragement of innovative practices with thorough evaluation
- Evaluation to inform a continuous improvement process
- Use of the highest quality data pooled from, and shared among, diverse public and private sources

(CDC, 2018 <https://www.cdc.gov/publichealthgateway/cha/plan.html>)



Community Health Improvement Planning Process

A collaborative health improvement planning process is an opportunity for the community to determine which strategies can best leverage assets and address health needs. Health departments and their partners can consider a range of policy, systems, and environmental changes aimed at creating conditions in which all residents have the opportunity to be healthy (Public Health Accreditation Board (PHAB), 2022).

In April 2019, Shawano-Menominee Counties Health Department (SMCHD) and several community partners (the Steering Committee) convened to assess the community's health status, identify strengths and gaps, and completed the CHA in January 2020. The Steering Committee, formed Shawano-Menominee Healthy Communities (SMHC) to develop a unified mission and vision for the community health improvement process. SMCH utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process as a roadmap to optimize community engagement and partnerships throughout these efforts. The 2020 CHA included the four MAPP assessments of community themes and strengths, community health status, forces of change, and local public health system assessment. Then in January 2020, SMCH and more than 27 community agencies and partners used the CHA to help inform and identify key health priority issues to address with strategic efforts. After a brief hiatus due to the COVID-19 pandemic, Action Teams were convened to develop action plans and evaluation measures related to the three health priorities selected in 2020.

This report represents the culmination of the Community Health Improvement Plan (CHIP) and process that took place from April 2019 through January 2020 and ultimately the work of the Action Teams through 2022 (due to the delay caused by the COVID-19 pandemic). This CHIP highlights a three-year plan to address the priority health areas and was developed through community collaborations. Although the CHIP efforts and facilitation are led by the SMCHD, this plan is truly owned and driven by the community.

Shawano-Menominee Healthy Communities Vision and Values

A Vision for an Engaged, Equitable, and Healthy Community

Shawano-Menominee Healthy Communities (SMHC) envisions a community where the health of all people is valued and supported through the engagement of individuals, families, and organizations with a commitment to eliminate disparities. A community supported by a strong local public health system promotes an environment of holistic well-being with a trauma sensitive approach.

Values

Support: A community where friends, families, agencies, and groups support all residents to live safe, happy, and healthy lives.

Access:

- A community where all residents have access to quality and affordable services that support physical, mental, spiritual, and emotional well-being.
- A community where all residents have easy access to healthy food and healthy environments that support daily living.

Engaged Community: A hard-working community where members are involved in decision making and community outcomes.

Respect: An honest and caring community environment where understanding and respect of cultural differences enhances the community and each resident has the opportunity to be included and live their life to the fullest with fair opportunity for all.

3 Health Improvement Priorities

At the Community Health Assessment Meeting in January 2020, community attendees reviewed data collected through the four MAPP assessments, which consisted of the 12 health profiles consistent with Health Wisconsin 2020([source](#)) and results of the 2019 SMHC Community Health Survey. After data was presented, attendees were asked to rank the 12 health profiles by importance to the Shawano and Menominee Counties community.

While all of the health profiles are important to the community's well-being, it is imperative to select the few key issues with urgent needs and are reflective of the community's concerns. As a result, Mental Health and Alcohol and Other Drugs were

voted as the top 2 priority health improvement areas. While Chronic Disease was voted third, Safe, Adequate and Appropriate Food and Nutrition was a close fourth and it was decided to combine these categories.



Timeline of Events

Phase 1: Organize for Success & Partnership Development

The **Shawano-Menominee Healthy Communities (SMHC)** Steering Committee was formed to guide the entire CHA & CHIP process. The SMHC Steering Committee is made up of a diverse group of community leaders including Tribal partners, health care, non-profits, law enforcement, and human services among others.



May 2019

Phase 2: Visioning

The SMHC Steering Committee developed a **Vision** and **Values** to provide a unified direction for the CHA & CHIP. A shared community vision provides an overarching goal for the community—a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.



June 2019

Phase 3: Collecting and Analyzing Data

Four assessments were conducted:

- Community survey to 500+ residents and some focus groups
- Local public health system assessment
- Community Health Status Assessment data collection
- Forces of Change: what is occurring that affects community health?



June – Nov 2019

Phase 4: Identify Strategic Issues

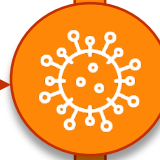
On January 20th, 2020, over 60 community members reviewed assessment data and voted to identify the most important issues facing both counties. Participants identified **Mental Health, Alcohol and Other Drugs, and Chronic Disease** as key health priorities through 2024.



January 2020

COVID-19 Pandemic

Due to the unforeseen circumstances of the COVID-19 pandemic, the Shawano-Menominee Counties Health Department had to put the CHIP work on hold.



Mar 2020 – July 2021

Phase 5: Formulate Goals and Strategies

The SMHC Steering Committee resumed and put together 3 Actions Teams to develop goals and strategies to address the key health priorities selected in 2020. The result of these strategic plans will be the **2024 Community Health Improvement Plan (CHIP)**.



Aug 2021 – June 2022

Phase 6: Taking and Sustaining Action

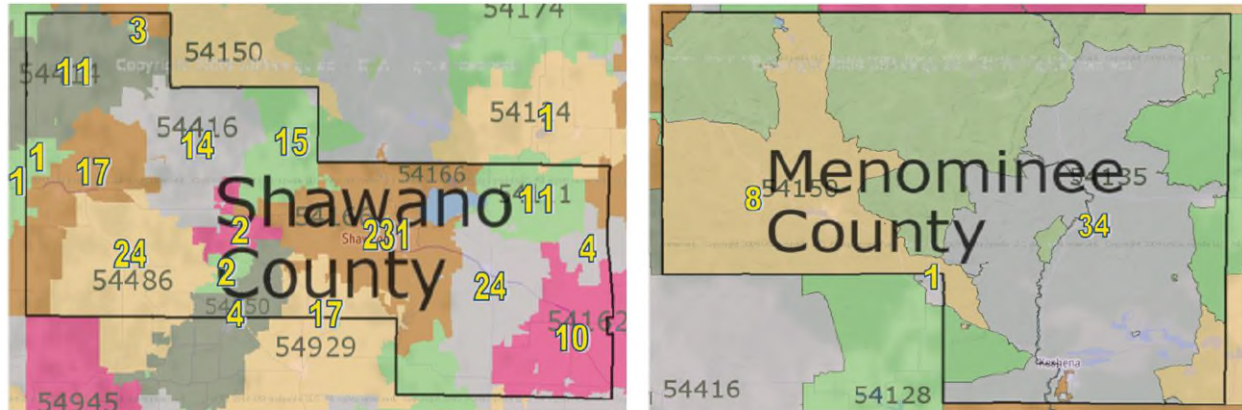
During this phase, the strategies identified in Phase 5 will be implemented, progress will be continually monitored, and processes be evaluated in order to achieve successful health outcomes.



July 2022 – Dec 2024

2019 Community Health Survey Summary

In the summer of 2019, the Shawano-Menominee Healthy Communities team conducted a Community Health Survey that was distributed throughout Shawano and Menominee Counties. There were a total of 471 residents who completed the survey. The images below show the number of surveys completed in each zip code.



According to the survey respondents, the three most **important factors for a healthy community** are:



According to the survey respondents, the three most important **health problems** in this community are:



Assets and Resources

In addition to identifying health issues as part of the Community Health Assessment, it is also imperative to understand the available assets and resources in Shawano and Menominee Counties that may be

used to leverage to improve health outcomes. In 2019 The SMHC Steering Committee conducted 20 Key Informant Interviews to gather feedback on important resources and assets in our community. Additionally, the SMHC Steering Committee held several meetings throughout 2019 to add to the assets and resources list established from the feedback in the Key Informant Interviews.

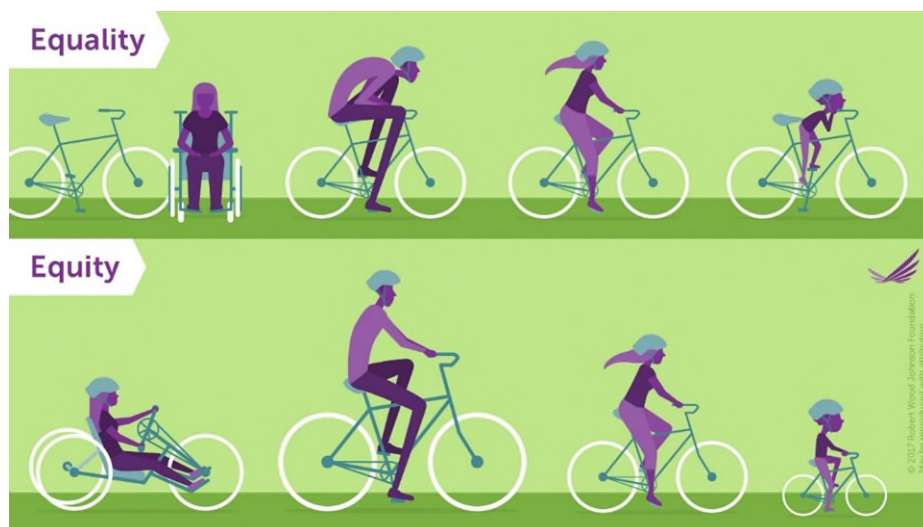
Health Priority Areas

Health Equity Lens

Health equity is a critical focus and is reflected in the vision and values of the SMHC Community Health Improvement Process. Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances,” (CDC, 2022). Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment (CDC, 2022). These inequalities are often systemic, avoidable, unfair and unjust.

It is important to address factors that contribute to specific populations’ higher health risks and poorer health outcomes, or health inequities. Policy change, collaborations, and other strategies that address social change, social customs, services, health communications, level of community resilience and the community environment can make an impact on health inequities (Public Health Accreditation Board (PHAB),

2022). In order to assure health equity remains at the center throughout community health improvement process, the SMHC prioritized the engagement of community members, especially vulnerable and underserved populations such as Native American Tribal members, rural community members, elders, and Spanish-speaking residents. Whether it was representation of some of these groups on the Steering Committee or peer-led Spanish-speaking focus groups to identify community health needs, we feel confident that underserved community members have been intentionally included in the decision-making process throughout this process of plan development.



Access and Availability Analyses

A common theme among the action plans to address the three health priorities is the focus on *access*. Whether it is how individuals can access transportation or how the community can increase the number of available providers, the Action Teams have developed plans to reduce this barrier that is particularly challenging in our rural communities.

Priority Area: Mental Health

Mental health is defined as the state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO 1)

Additionally, mental health can be influenced by physical health, life experiences, and feelings of social support and belonging. It is estimated around 20% of all adults experience a mental illness in any given year (NAMI 3). Locally, deaths by suicide have doubled compared to 10 years ago, now averaging over 10 deaths in 2020 and 2021 (WI DHS, 2021).

While mental health impacts all communities, rural areas face greater access challenges including a lack of providers and transportation. Additionally, rural populations often experience greater social isolation which was likely made worse during the COVID-19 pandemic.

By continuing to reduce stigma related to mental health treatment and increasing access to mental health services, we can foster a community of resiliency and emotion well-being.



#1

Nearly 500 residents felt that Mental Health was the **#1 health problem** in both counties.

SMHC Community Health Survey, 2019



20%

of Medicare beneficiaries have **depression** in Shawano & Menominee Counties.

Center for Medicare and Medicaid Services, 2021



Provider access

570 Shawano County residents for every 1 mental health provider.

- **330:1** in **Menominee County**

- 440:1 in Wisconsin

County Health Rankings, 2021



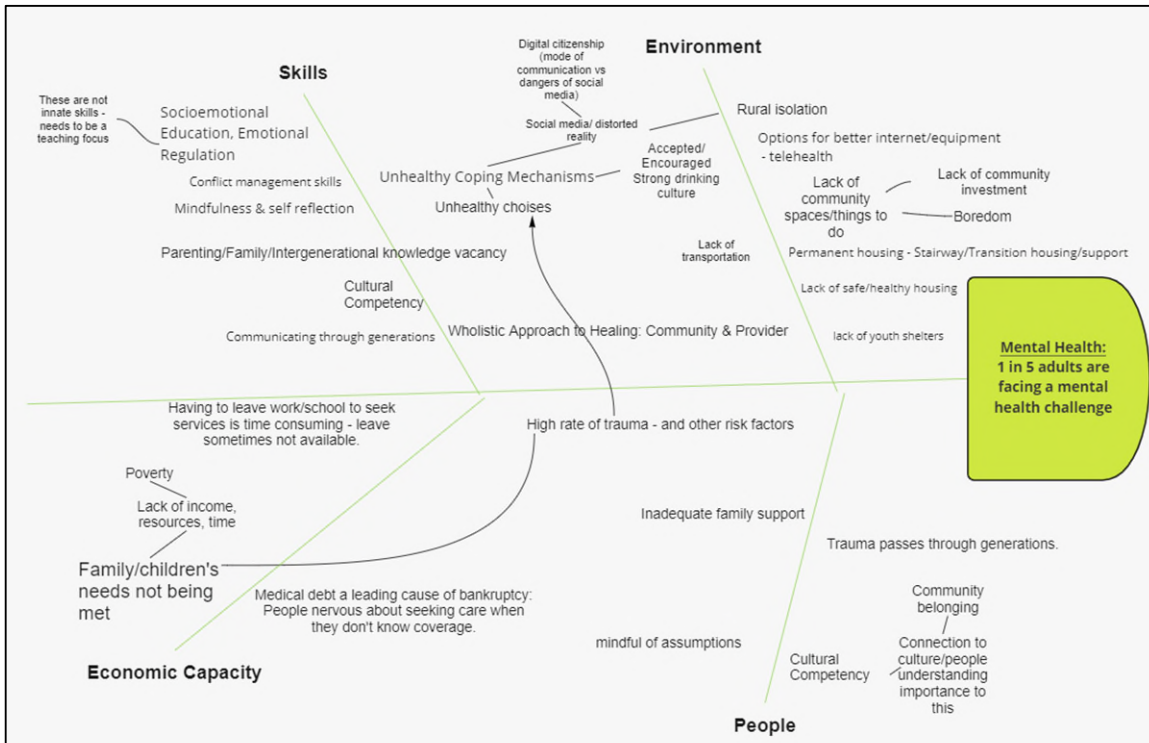
Suicides

have nearly **DOUBLED** in the past 2 years compared to 10 years ago in both counties combined.

Wisconsin Department of Health Services, 2021

Access and Availability Analysis

The following images highlight the Mental Health Action Team's access and availability analysis through the fish bone (root cause analysis) and resources and gaps discussions. This analysis was used to identify strategic objectives and the available community assets that can be leveraged to improve these issues.



Mental Health Action Team Fishbone (Root Cause Analysis) Exercise, 2021.

Available Resources:

- Maehnowesekiyah Wellness Center
- Menominee Tribal Clinic Zero Suicide Coalition
- Reaching Out About Suicide and Depression (ROADS)
- Trauma Sensitive Communities Coalition
- Lakeland Center
- Community Support Program
- Lutheran Counseling and Family Services
- School District Counseling Services

Gaps:

- Mental Health Provider Shortage Area in Shawano and Menominee Counties
- Lack of residential treatment services in Shawano County
- Sober living housing

- Mental Health First Training (Shawano & Menominee)
- QPR (Shawano & Menominee)
- COMET (Changing Our Mental Emotional Trajectory)
- Shawano School District- Community Family outreach, education, trauma training,
 - Shawano HS - Sources of Strength (ThedaCare supports this)
- Tigerton SD - Sources of Strength (just starting)
- Recovery Housing Initiative (Shawano & Menominee)
- Hope Community Church Peer Support Group
 - For people with mental illness and family
- Stockbridge-Munsee Health and Wellness Center
 - CST Wrap around program for youth
- NEWCAP Inc.
- Shawano County Dept of Human Services - outpatient clinic services
 - Behavior disorder; Substance use disorder
 - 24/7 Crisis line
- Broken communication chain regarding available resources
 - Resource hub
- National Alliance on Mental Illness (NAMI) local chapter
- Lack of economic/funding resources to acquire basic needs (housing, food, etc.)
- Lack of accessible transportation or lack of community awareness
 - Bus stops - physical locations
- Lack of youth shelters
- No safe "cool down"/ immediate safe temporary housing for youth who feel unsafe at home (**Youth Stabilization** program)
- Governing body/infrastructure that "buys into" mental health supports
 - American Relief Act funding
- Political sway/collective action

The Mental Health Action Team identified a plethora of mental health prevention and awareness training in both counties. In order to reduce social stigma of mental illness in our community, the Action Team plans to coordinate all of the educational/awareness curricula and measure change in knowledge

and perception through universal evaluation. Key access issues identified by the Action Team included the lack of mental health providers and limited broadband access to utilize telehealth services. The Mental Health Action Plan goals and objectives (see Appendix A) set out to address these key issues.

Priority Area: Alcohol and Other Drugs

Shawano and Menominee Counties, like the rest of Wisconsin, are experiencing a surge in drug misuse, including opioids, stimulants, and other harmful substances.

Substance abuse, or drug misuse, refers to the use of things like alcohol, medication, tobacco, and illicit drugs in an unhealthy use. Individuals with substance abuse often use these substances to produce a pleasure response, self-medicate, and/or to cope with life circumstances. Addiction, on the other hand, is considered at the “severe end of the substance abuse spectrum and is characterized by the inability to control the impulse to use drugs even when there are negative consequences.”³

Drug abuse and misuse places a significant burden on the individual, families, and community of Shawano and Menominee Counties. Law enforcement and first responders have seen a drastic increase in drug cases, overdose responses, and the need for life-saving Narcan administration over the past decade. Additionally, opioid hospitalizations, whether from prescription pain killers, heroin, or fentanyl, have also been increasing in recent years for both counties.

In order to address this epidemic and to save lives, our communities need to support individuals suffering from addiction and substance misuse. This includes the development of recovery housing, increasing access

Opioid hospitalizations
From 2013-2017, increased:
- x 1.5 in Shawano County
- x 3.5 in Menominee County
WI Department of Health Services - WISH Query, 2019

3x Narcan administered
Shawano EMS administered 3x more Narcan in 2021 than in 2020.
Shawano County Sheriff Report, 2022

Drug overdose responses
increased 6 times from 2019 to 2021 in Menominee County.
Shawano County Sheriff Report, 2022

Drug cases doubled
over the past 10 years in Shawano County.
Shawano County Sheriff Report, 2022

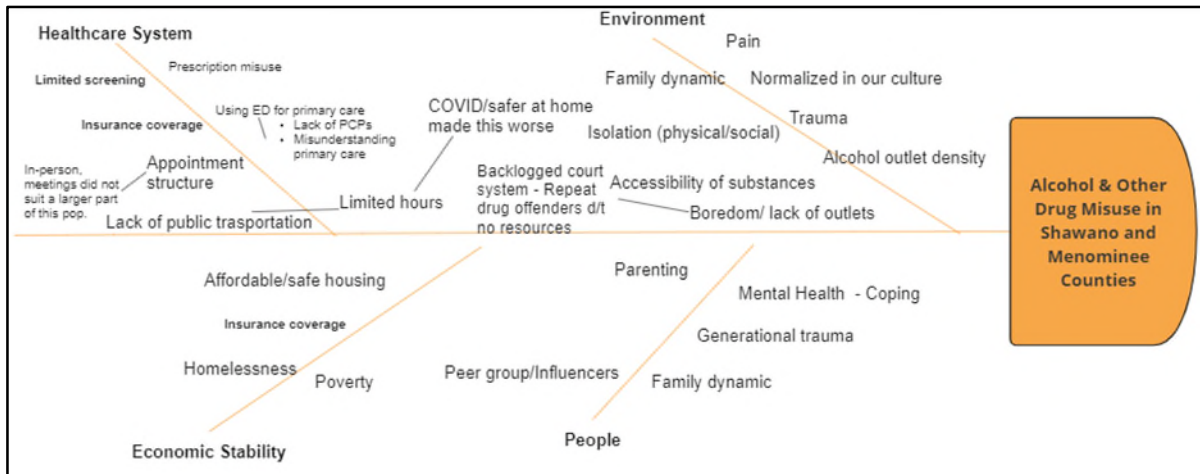
No Recovery Housing
residing in Shawano or Menominee Counties as of 2022.

to substance use disorder (SUD) treatments, increasing community training in overdose reversing medication such as Narcan (Naloxone), and promoting recovery through the county Drug Court program.

Access and Availability Analysis

The following images highlight the AOD Action Team’s access and availability analysis through the fish bone (root cause analysis) and resources and gaps discussions. This analysis was used to identify strategic objectives and the available community assets that can be leveraged to improve these issues.

AOD Action Team Fishbone (Root Cause Analysis) Exercise, 2021



Available Resources:

- Residential (not open since COVID) and outpatient services; DV services
- Need ^ enrollments- greater buy-in from community
- Push to get more Narcan in community - community trainings
- Recovery housing initiative!
- Maehnowesekiyah Wellness Center
- Drug Takeback Programs
- Drug Court in Shawano County
- National Helpline Substance Abuse and Mental Health (SAMHSA)
- Natives Against Heroin (NAH) - Keshena
- Alcohol Anonymous (AA)
- Lutheran Counseling and Family Services
- Thedacare Shawano Medical Center - Outpatient AODA services (mostly individual but room for program expansion)
- ARCW out of Green Bay - Safe Needle Program?
 - Provide Naloxone
- N.E.W Hope Narcan (Nalox Box) project (Shawano County)
 - Provide Narcan trainings
- ThedaCare HRSA Grant - Provide free Naloxone in hospital "medication vending machines" - prescription written for SUD patients when discharged
- Stockbridge-Munsee outpatient services
- S&M MAT services
- Health Department serves high risk populations and ensure access as essential service

Gaps:

- No sober living in Shawano and Menominee Counties
- Lack of residential treatment services in Shawano County
- Mental Health Provider Shortage Area in Shawano and Menominee Counties
- Currently no Drug Court in Menominee County, but working to start it up again
- Challenges in both county services to retain and recruiting clinical staff
- No syringe exchange programs
- People in jail get healthcare taken from them
 - Vivitrol drug rep can help support MAT upon discharge

Through the access and availability analyses, the AOD Action Team found that while there have been recent strides in recovery support, with the development of recovery housing and Shawano County Drug Court programs, there is still significant gaps in harm reduction and substance use disorder (SUD) treatment services. The AOD Action Plan goals and objectives have been developed to address several of these needs, including a Naloxone community dispensing and marketing campaign, promoting medication assistance treatment (MAT) among area providers, among others.

Priority Area: Chronic Disease (Nutrition and Access to Healthy Foods lens)

Chronic diseases are defined as illnesses that are long-lasting, are rarely cured, and often cause disability later in life (DHS Chronic Disease Profile, 2010). Chronic diseases, including heart disease, stroke, cancer, diabetes, asthma arthritis, and mental illness, are some of the most common and costly health issues in the United States; however, these diseases often can be prevented. Chronic diseases may be prevented by engaging in physical activity, healthy nutrition, and quitting or avoiding the use of tobacco and other substances.

Chronic diseases can also be managed to minimize severity, and improve the quality and length of a person's life. Management efforts include routine screening, developing care plans with health providers, and engaging in healthy behaviors as previously mentioned.

While chronic disease may be prevented and managed through healthy behaviors, the environment in which we live may not provide opportunities to eat well and exercise. Similar to many rural communities, large portions of Shawano and Menominee Counties are considered "food deserts" – low-income areas that lack access to healthy, nutritious, and affordable food (U.S. Department of Agriculture, 2019).

Through the support of local food systems and empowering residents to practice healthy behaviors, we can ensure a community that lives well.



Obesity

Adults self-reporting being obese from 2015-2019:

- 33% in Shawano County
- 39% in Menominee County
- 29% in Wisconsin

WI Department of Health Services - WISH Query, 2019



Diabetes prevalence

among adults 20 years and older:

- 11% in Shawano County
- 15% in Menominee County
- 10% in Wisconsin


CDC Diabetes Surveillance System, 2019

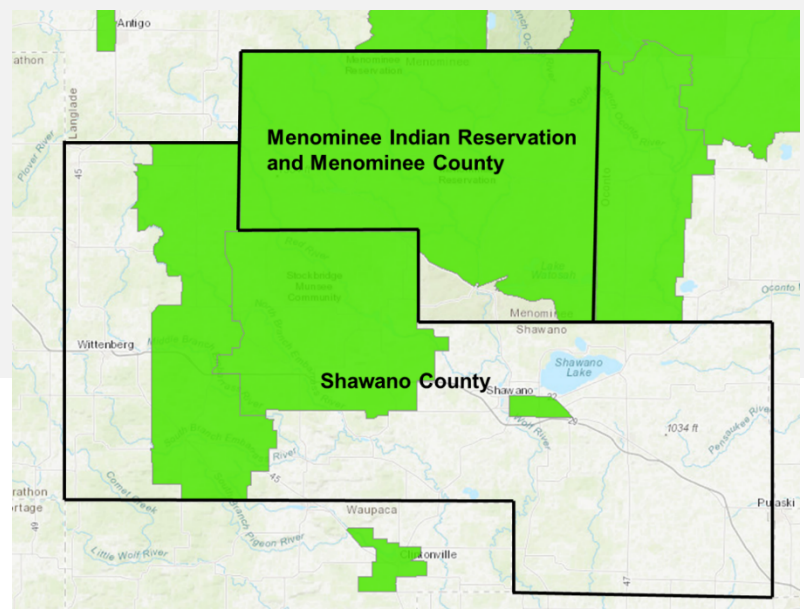


Food desert

Large portions of Shawano and Menominee Counties are considered food deserts.

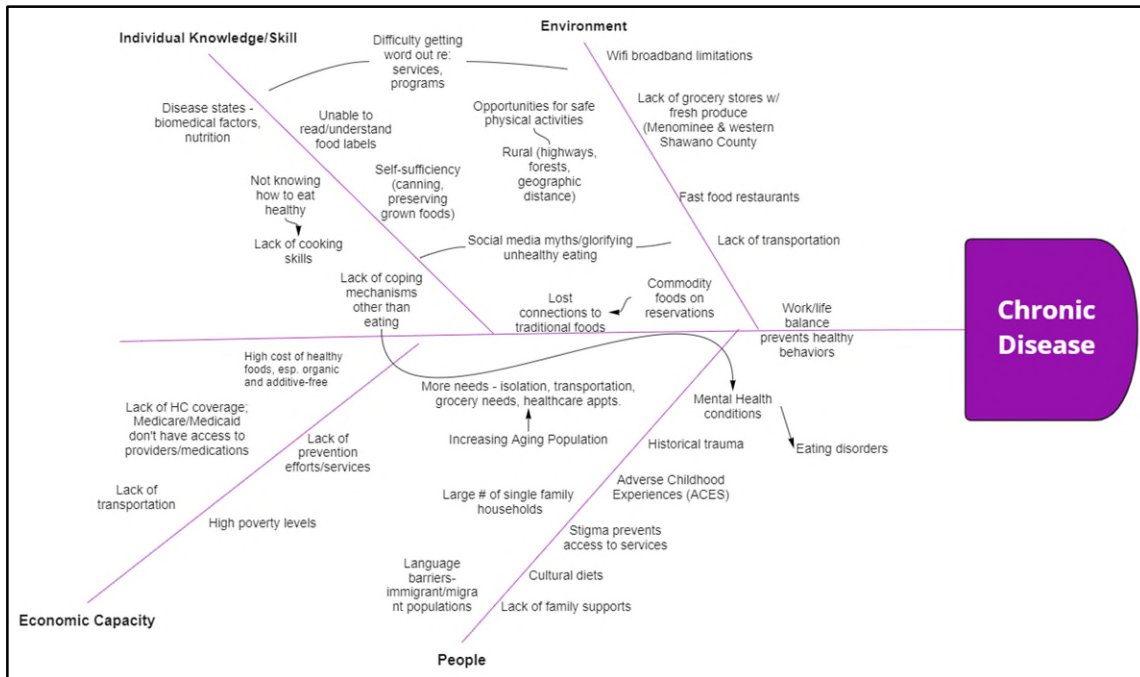
U.S. Department of Agriculture, 2019

 = Food desert areas



Access and Availability Analysis

The following images highlight the Chronic Disease Action Team’s access and availability analysis through the fish bone (root cause analysis) and resources and gaps discussions. This analysis was used to identify strategic objectives and the available community assets that can be leveraged to improve these issues. A key underlying theme the Chronic Disease Action Team identified during their access and availability analysis was the issue of *food access*. Not only are large areas of Shawano and Menominee Counties considered food deserts, but underserved populations such as WIC participants and the elderly, have limited opportunities to redeem food vouchers on local produce outside of the Shawano Farmers’ Market during the growing season.



Chronic Disease Action Team Fishbone (Root Cause Analysis), 2021.

Additionally, due to the barriers that limit individuals from engaging in wellness behaviors in the area, the Action Team developed a goal to connect providers and patients to the community resources that are available. Whether it is diabetes management classes or promoting Fresh Project Mobile Market locations, this action plan hopes to reduce the burden of chronic disease in the community.

Available Resources:

- Menominee Farmers Market
- Shawano Farmers Market
- Seniors Farmers Market Nutrition Program
- Shawano Pathways
- UW Extension Food Wise Program in Shawano and Menominee Counties
- Menominee Wellness Initiative
- Strong Bones Program
- The FRESH Project
- Stockbridge-Munsee Tribal diabetes education
- Stockbridge-Munsee Community Gardens
- Shawano Area Food Pantry and Resource Center (SAFPARC)
- Wittenberg Food Pantry
- Divine Savior Church Food Plan
- Helping Hands Food Pantry – St. Martin of Tours, Cecil
- The Loaves & Fishes Food Pantry – Ascension Lutheran Church, Navarino
- Birnamwood Area Community Cupboard – St. John’s Lutheran Church, Mattoon
- Community Gardens in Shawano and Menominee Counties

Gaps:

- No certified stroke centers in either county
- Large food desert areas with minimal choices for healthy foods
- Menominee Farmers’ Market vendors don’t validate WIC/Elder benefit food vouchers
- Lack of opportunities for physical activity due to rural community (highways, forest, geographic distance to parks/recreation)
- Lack of affordable & accessible community recreation centers

Tracking, Evaluation and Revision Process

The CHIP is a dynamic plan that needs to be closely monitored (tracked), evaluated and revised through a systematic process, and in response to achieved objectives, or changes in community resources, assets, partners, characteristics, or emerging health concerns/priorities. Strategies may need to be added, modified, or even discontinued in a timely fashion, in order for the CHIP to reflect the evolving needs of the community.

Tracking and evaluation of the objectives and strategies will be an ongoing process, with changes developed and implemented in collaboration with the partners and stakeholders involved in the priority area Action Teams. This will occur during the Action Team bi-monthly meetings, and communicated to the Steering Committee. The Steering Committee will continue to meet quarterly to review the progress updates, any changes made in response to tracking and evaluation activities, and to provide guidance as appropriate.

Tracking of CHIP efforts and/or results will be documented on the corresponding priority Action Plans, with progress (or lack of) documented in the “progress notes” section. The progress in CHIP efforts will be communicated with community stakeholders and the public through the SMCHD Annual Report and CHIP annual summary reports to be shared on the SMCHD website and Facebook page.

References

- Public Health Accreditation Board (PHAB). (2022, February). Standards and Measures for Reaccreditation Version 2022.
- Wisconsin State Health Plan*. Wisconsin Department of Health Services. (2022, August 29). Retrieved August 29, 2022, from <https://www.dhs.wisconsin.gov/statehealthplan/index.htm>
- World Health Organization. (2014, August). Mental Health: A State of Well-Being [Fact sheet]. Retrieved from https://www.who.int/features/factfiles/mental_health/en/
- National Alliance on Mental Illness. (n.d.). Mental Health by the Numbers. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>
- Wisconsin: Mental Health Providers*. County Health Rankings & Roadmaps. (2022). Retrieved August 15, 2022, from <https://www.countyhealthrankings.org/app/wisconsin/2022/measure/factors/62/map>
- Chronic conditions*. CMS. (2021, December 1). Retrieved July 13, 2022, from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (2018, July). The Science of Drug Use and Addiction: The Basics. Retrieved from <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics>
- WISH query: Opioid-related hospital encounters*. Wisconsin Department of Health Services. (2021, September 10). Retrieved July 2022, from <https://www.dhs.wisconsin.gov/wish/opioid/hospital-encounters.htm>
- Centers for Disease Control and Prevention. (2019). *United States diabetes surveillance system*. Centers for Disease Control and Prevention. Retrieved July 8, 2022, from <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
- WISH query: Behavioral risk factor survey trend data - state, regions, counties*. Wisconsin Department of Health Services. (2022, March 27). Retrieved July 2022, from <https://www.dhs.wisconsin.gov/wish/brfs/form.htm>
- Food Access Research Atlas*. USDA ERS . (n.d.). Retrieved July 13, 2022, from <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

Appendix A: CHIP Action Plan

PRIORITY AREA: *Mental Health*

GOAL #1:

Increase access to mental health providers and services in Shawano and Menominee Counties.

OBJECTIVE 1.1:

By 2024, create a collaborative network for mental health services in Shawano & Menominee Counties.

BACKGROUND ON STRATEGY – Due to the barriers identified in the CHIP, including transportation, health literacy, and other socioeconomic issues, it is imperative to support our rural community in navigating mental health services in Shawano and Menominee Counties. Prioritizing cultural competency will allow this initiative to better impact disparate and vulnerable populations in our two counties.

Source: Adapting evidence-based practices for under-resourced populations ([Substance Abuse and Mental Health Services Administration – SAMHSA](#))

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Reach out to Stacey Mohr-Johannsen, Associate Director	April 2022	Staff time	Nick Mau & Chris Kuhn	Meet with AT May/June 2022	Connected with Stacey 4/21/22. Working to set up NAMI presentation to Mental Health Action Team
Meet with NAMI Wisconsin contacts (state, other community chapters)	May/June 2022	Staff time	Action Team	Be informed of NAMI structure & what is required	6/10/22 - The MH Action Team Hosted Stacey Mohr-Johannsen for NAMI presentation and Q&A
Reach out to NAMI Manitowoc (920-320-7606 ; namimanty@gmail.com)	April 2022	Staff time	Chris Kuhn	Meet w/ AT May/June 2022	11/22 – Liza invited to attend NAMI mtg in Brown County. Megan to connect with NAMI Northwoods & Tori to connect w with NAMI Fox Valley.
Host a local NAMI Affiliate County to share with our team (see NAMI Manitowoc)	May/June 2022	Staff time	Nick Mau, Chris Kuhn	Be informed of NAMI structure & what is required	
Conduct NAMI Affiliate Self-Assessment to identify need and potential	July 2022	Staff time, Printing, Internet service	Nick Mau, Chris Kuhn, Michelle, Jennifer	Determine fit for NAMI in Shawano-Menominee Counties	9/21/22 – Subcommittee met to start the NAMI Affiliate Self-Assessment 9/26/22- Mental Health Action Team met to review and finalize the Self-Assessment. 9/30 – Self-assessment completed and sent to NAMI. NAMI executives and Board of Directors will review and vote to approve on 10/24 10/24/22- NAMI WI Board of Directors approved Shawano and Menominee Counties starting new NAMI Affiliate! NAMI WI will next be working with NAMI National to get communication started with the name and logo for our Affiliate Site. 10/28/22 – NAMI WI and National working on internal processes – we are on standby for the time being
Identify Steering Committee members to create local NAMI Affiliate			Megan Suehring, Terri Harmala,		1/19/23 – Members met w/ Stacey Mohr to gather more information re: Steering Committee. NAMI Wisconsin acknowledged this process can take time and you want to have the right people in position to succeed. The sub-

			Nancy Schultz, Jen Frost		committee will set future meetings to identify steering committee candidates and next steps. 3/23 – Sub-committee met & identified names of potential steering committee members. Tigerton School social worker and Bellin Health expressed interest in joining steering committee.
Invite key stakeholders to listening session, networking meeting (Health care providers/admin, Tribes, Schools, DHS, Faith based, etc.)	Fall 2022 1 st quarter 2023	Event planning, social media, print flyers, venue		Increased awareness of mental health services/programs in both counties	9/22 -Consider getting a date booked <u>early November</u> /early December at the latest. Wait to hear back from NAMI re: self-assessment 5/22 – Sub-committee has set 6/8/23 date for stakeholder listening session and sent invites to various key stakeholders. Stacey Mohr-Johanssen planning to come and present a “NAMI 101” session to introduce those who are unfamiliar. 6/8/23 – Conducted NAMI Affiliate Stakeholder session. There was a variety of new partners joining the table, including law enforcement, Safe Haven Shelter, idea is to conduct several more meetings to build interest and define which NAMI support groups our local affiliate would want to provide and build from there.

OBJECTIVE 1.2: By 2024, identify current gaps related to telemental health services in Shawano and Menominee Counties.					
BACKGROUND ON STRATEGY - Telemental health services can supplement or provide services to individuals in areas with limited access to mental health care professionals (e.g., rural communities or other Health Professional Shortage Areas (HPSAs)). Source: Telemental health services (<i>What Works for Health - WI</i>) Evidence Base: This strategy is indicated to be effective based on “some evidence” and is likely to decrease disparities according to “What Works for Health.” Policy Change (Y/N): Yes – Our policy recommendation is to revise organizational telehealth policy and procedure to expand mental health service access, especially in the rural areas of Shawano and Menominee County.					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Connect with Peter Tillman to identify broadband gaps in the area; invite to Action Team meeting	April 2022	Time	Nancy Schultz	May/June 2022 and/or provide service coverage map	9/22 – Nancy met w/ Peter Thillman. Peter recommended to connect w/ Cirrinity for broadband coverage discussion.
Connect with Scott Nyman, Cirrinity to invite to Action Team meeting	April 2022	Time	Natalie Minshell	May/June 2022 and/or provide service coverage map	11/22 – United Way and SMCHD met w/ Scott Nyman Cirrinity to discuss coverage map. Cirrinity in talks with County board in Shawano to advocate and seek funding for internet fiber installation around the area to increase coverage for rural communities.
Identify baseline number of providers offering telemental health services and policy parameters	July 2022 4 th quarter 2023	Internet service	Nancy Schultz, Nick Mau	Baseline telehealth service coverage	1/22 – Still waiting for service coverage map. 3/22- with PH emergency ending, they may be supports and alternatives in Med. Assist, Food Share, MCR/MCD in terms of how often seeing patients and the criteria. Now many providers have incorporated TeleHealth in their practice-what does this look like now?

Survey/focus groups to identify barriers to telemental health access - Include insurance coverage, child care, broadband, transportation	1 st Quarter 2024	Printing, advertisement, Time		Barriers to telemental health services identified	1/22 – On hold until we can identify coverage
Assess coverage availability between Shawano & Menominee Counties to identify areas in need/limited coverage - Consider employer insurances, EAPs	Summer 2024				
Develop access points resource guide to provide locations for patients to connect to internet services - Include insurance coverage, etc.	3 rd quarter 2024				

PRIORITY AREA: *Mental Health*

GOAL #2:
Increase awareness of mental health challenges and services available in Shawano and Menominee Counties

OBJECTIVE 2.1:
By 2024, identify and implement a mental health education and resource hub for Shawano and Menominee Counties.

BACKGROUND ON STRATEGY - Due to the barriers identified in the CHIP, including transportation, health literacy, and other socioeconomic issues, it is imperative to support our rural community in navigating mental health services in Shawano and Menominee Counties. Prioritizing cultural competency will allow this initiative to better impact disparate and vulnerable populations in our two counties.

Source: [Health literacy Interventions](#) (What Works for Health Wisconsin)

Evidence Base: “Health literacy interventions that use technology or the internet (i.e., eHealth interventions) can increase knowledge of... mental health conditions such as post-traumatic stress disorder (PTSD),” (What Works for Health Wisconsin, 2019).

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Connect with 211 representatives to identify possibilities within our community	June 2022	Resource guides, contact information	Nancy Schultz	Update community resources on 211	10/22 - Nancy Shawano United Way in conversation with Fox City 211 – agree they feel this is an appropriate partnership – would be a fee to access services, but wouldn’t require hiring of staff
Identify local educational programs and services	July 2022	Time	Megan Suehring		

Collect baseline participation of identified programs	July 2022	Time	Nick Mau & Megan Suehring		
Connect with partnering agencies to provide link to 211 on their websites/signage	Fall 2022				
Once platform is selected, develop promotional campaign to raise community awareness	Winter 2022/2023				

OBJECTIVE 2.2:					
By 2024, survey community trainings for stigma awareness in Shawano and Menominee Counties.					
BACKGROUND ON STRATEGY Stigma surrounding mental health is one factor that contributes to this population’s higher health risks and poorer health outcomes or inequities.					
Source: Mental Illness Stigma, Help Seeking, and Public Health Programs (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698814/)					
Evidence Base: Increasing suggests that significantly greater barriers exist to receipt of mental health care in comparison with physical health care					
Policy Change (Y/N): No					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop stigma-sensitive survey for identified mental health programs *Consider support from NAMI as partnership moves forward - Modify from Mental Health First Aid	1 st quarter 2023	Time, internet services, printing	Nancy Schultz & Megan Suehring, Natalie Minshell, Chris Kuhn	Survey developed	9/26 - Megan has been working with schools and polling for mental health services, programs, learning are being utilized in Shawano & Menominee Schools (to be available approx. Nov 9/26 -Chris – Shawano SD is bringing group of 4 providers to bring in therapy, starting soon (fall semester) 1/23/23 - Nancy and Megan working on Survey, utilizing UW Extension surveys as a guide – hoping to implement survey by end of 1 st quarter-early 2 nd quarter
Distribute surveys to identified mental health programs - Print surveys - Virtual surveys	Through Winter 2022	Printing, travel costs	All Action Team partners	Surveys distributed	
Collect survey responses	1 st quarter 2023			Surveys collected	

Staff support to input written survey responses	1 st quarter 2023			Digitize manual surveys	
Analyze survey responses and develop report	2 nd quarter 2023			Survey response analysis report	
Share survey report with key stakeholders, participating programs	2 nd quarter 2023			Key stakeholders learn trends of stigma awareness	
Create social media and radio campaign sharing key themes and results of survey	May 2023 – Mental Health Awareness Month			Social media campaign	1/23/23 – May is mental health awareness month – looking to have SMHC media campaign to coincide with this observance. Potential to connect community to 211 resources at this time. Plans to work on this end of March

PRIORITY AREA: *Alcohol and Other Drugs*

**GOAL #1:
Reduce the morbidity and mortality due to unhealthy and risky substance use in Shawano and Menominee Counties.**

OBJECTIVE 1.1:
By 2024, increase participation in community education to prevent and reduce unhealthy and risky substance use in Shawano and Menominee Counties by 10%

BACKGROUND ON STRATEGY
Source:
Evidence Base:
Policy Change (Y/N): No

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Collaborate with relevant stakeholders (L.E., Schools, Tribes, Health Care, Parents, Business)	September 2022	Staff time to connect w/ partners	Action Team members	Identify what community education/programs exist	9/22 – Jodi will be reaching out to schools in her role in the early fall semester re: trainings, services, etc.

Develop resource guide to include community education/prevention resources/events (include Roadmap to Recovery from NEW Hope; ROADS guide)	Fall 2022	Time, internet service, Microsoft Office	Jodi Pankow, Nick Mau	Resource guide	
Menominee Addiction Education Forum	April 26, 2022	Time, outreach	MTL, MTC, Maehnowesekiyah Wellness Center	Participant feedback measured	
Tipping the Pain Scale event in Shawano	April 30, 2022	Time, outreach	Jodi Pankow, Becky Edgren	Participant feedback measured	
Drug Take Back events <ul style="list-style-type: none"> Menominee Stockbridge Public Safety Bonduel Police Department 	Last weekends of April & October annually	Flyers, volunteer time, Press release	LE, Menominee Tribal, ThedaCare, Bellin, SMCHD, Stockbridge Munsee	Collect drug weight measured	Weights by year: <ul style="list-style-type: none"> 2018 – 356.05 lbs. 2019 – 358.3 lbs. 2020 – 579.99 lbs. 2021 – 547.36 lbs. 2022 – 561.25 lbs. (October 31, 2022 – 335.8 lbs.) 9/22 – Stockbridge-Munsee and Bonduel are on board again for October 29th; Ho-Chunk is looking to coordinate a drop-site. 10/31 – Ho-Chunk collected 26.9 lbs
Teen Intervene		Time, outreach	Shawano County/ Shawano School District	Participant feedback measured	9/22 – Jodi working with judge to increase referrals from municipal court; referrals have been down. With schools back in session, hoping for increase in referrals. 11/22 – Shawano SD will ramp up curriculum next year
Teen Mental Health First Aid		Time, outreach	UW Extension/ Trainers	Participant feedback measured	
Mental Health First Aid		Time, outreach	UW Extension/Trainers	Participant feedback measured	Nick to check w/ Megan Suehring
Shawano HS/MS Vaping Prevention Course (targeted to students caught vaping – alternative to ticketing)		Time, outreach	Shawano School District	Participant feedback measured	11/22 – Shawano SD has purchased “Too Good for Drugs” program for 2023 – program occurs monthly, consists of healthy decision making and goal setting 1/22 – Schools report they experiencing worse AOD issues based on 2021 YRBS results. Shawano SD working with Drug Court graduates to speak at parent/community events for substance use.

OBJECTIVE 1.2: By 2024, develop community Narcan dispensing and training initiative in Shawano and Menominee Counties.
BACKGROUND ON STRATEGY Source: Targeted Naloxone Distribution - https://www.cdc.gov/drugoverdose/featured-topics/evidence-based-strategies.html Evidence Base: Considered an evidence-based strategy for preventing opioid overdose Policy Change (Y/N): No
ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Meet with N.E.W. Hope Coalition to identify Narcan community box sites	July 2022	Meeting time	Jane Lehman/N.E.W. Hope Coalition	Nalox Box locations identified	<u>Locations to consider:</u> Walmart, gas stations that are open around the clock (Kwik Trip) Marinette County has piloted this program – connect to learn what has worked in their community (see NEW Hope Coalition)
Identify appropriate locations for Fentanyl Test Strips (N.E.W. Hope has ordered these for the region)	July 2022	Time, outreach	Jane Lehman/N.E.W. Hope Coalition	Fentanyl test strips approved and/locations identified	9/22 – Fentanyl test strips and Narcan now available at the Shawano Recovery Center. Narcan and Fentanyl test strips available at Menominee Tribal Clinic 11/22 – Group looking to identify target areas with great rates of drug arrests, Narcan use by first responders. Shawano Ambulance and Sheriffs Office state that it’s a problem everywhere, but recently more issues in western Shawano County. 1/23 - Menominee EMT has experienced barriers getting Narcan box set up in Menominee. Menominee Casino has decided not to set up a Narcan box at this time d/t concerns this will aid drug use
Present “Nalox Box” information to applicable gatekeepers to install in identified community locations	1 st quarter 2023	Time, outreach	Jane Lehman/N.E.W. Hope Coalition	Boxes approved and installed	1/23 – Education for awareness really needed first – connect with Northwoods Recovery to add this as discussion item for February -ThedaCare provides Narcan and Fentanyl Test Strips in pharmacies and instimed machines - primary care clinics – looking for more resources for overdose kits as well 3/23 – Mixed feelings from group re: Narcan availability in the community. There is differing opinions among EMS on mass public availability of Narcan without proper training. 5/23 – based on these continued discussions, the group has decided it is best to hold off on getting the Nalox Box program setup throughout the counties; instead we will focus on community and partner education of Narcan use, evidence of benefits, as well as safety concerns when reviving people who have overdosed. - There is a Naloxbox located at probation office in Shawano. Peter Schmidt, District Representative is passionate about recovery. There is potential to engage with him to impact policy for our community and state. - Kendra met with Christopher from Wisconsin Voices for Recovery – advocate and educate for community Narcan initiatives. Idea is to potentially have someone from this group come to our community and hosts listening session to inform community members and leaders on benefits of Narcan and other harm reduction (provide physician perspective as well). Kendra will reach out and update in July.
Provide community education social media posts re: harm	2 nd quarter 2023	Facebook	Nick Mau	Social media messaging	5/23 – NEW Hope Coalition has a harm reduction and stigma reduction social media campaign. This Action Team could share and utilize these messages to be consistent with the region.

reduction, Narcan, fentanyl test strips <ul style="list-style-type: none"> Connect w/ Shawano Recovery group to partner in social media campaign Consider Shatterproof & CDC campaign materials 					
Identify Narcan trainers and develop a trainer list (who already is trained?) <ul style="list-style-type: none"> Vivent could track how many trainings occurred and # trained 	June 2022 Postponed as of 5/23			Narcan trainers list	5/23- This activity has been put on hold – likely through remainder of this CHIP. Need to raise awareness and have community training & discussions before we can proceed with mass implementation of Nalox Box program.
Recovery Walk event – Narcan table set up for training and education	May 1 st (Annual)		Shawano Area Recovery Housing project	Participation numbers	- 2 nd Annual Recovery Walk scheduled for May 6 th 2023, Leadership Shawano County class working with Shawano Drug Court and Shawano DHS to plan the event
Set up Narcan education trainings for community members	Fall/winter 2022				Postponed as of 5/23
Conduct Narcan trainings	Through 2024				Postponed as of 5/23

OBJECTIVE 1.3: By 2024, increase the number of providers/access points where people can address SUD disorder in Shawano & Menominee Counties.					
BACKGROUND ON STRATEGY					
Source: Medication-assisted treatment access enhancement initiatives (What Works for Health)					
Evidence Base: This strategy is indicated to be effective based on “expert opinion” and is likely to decrease disparities in “What Works for Health.”					
Policy Change (Y/N): No					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Recruit Medication Assisted Treatment (MAT/MOUD) providers serving Shawano & Menominee Counties Shawano County Jail MAT – continue to connect with inmates with SUD	TBD		ThedaCare Rural Health Network Development SUD/BH, N.E.W. Hope Coalition	Increase & expand MAT providers across multiple health systems serving Shawano & Menominee	9/22: Waupaca is running well. Shawano working with providers – don’t have the capacity at this time and working to get buy-in among providers. Dr. Schlies provides MAT in Shawano currently 11/22 – Discussions on initiating 3 days of MAT beginning in the ER and then to be set up w/ MAT provider after 3 days. There could potentially be linkage of patients w/ telehealth MAT provider in Waupaca in the interim. MTC hoping Tribal patients can link w/ the 3-day MAT program @ ThedaCare Shawano. MTC continues to grow MAT program.

					<p>1/23 – ThedaCare reports that providers agree this is the right thing to do but this may not be the right time d/t capacity issues still from COVID recovery in the hospital and clinics. There are new providers coming in 2024; they are often more willing to take on MAT. Looking to strategize using APNPs as resource for MAT</p> <ul style="list-style-type: none"> - Stockbridge Munsee provider is looking to moonlight MAT in the evenings - MTC currently has 5 MAT providers (1 is an NP) – only open to tribal members. 3 with case loads and other 2 as backup. - As of Jan. 1st, 2023, all providers only need 8 hrs of training w/ DEA license to provide MAT – this should reduce barriers for providers to be certified. <p>5/23 – HRSA Rural Health Network/ThedaCare hosted MAT training for approx. 50 area physicians; will hold another in fall 2023.</p>
	TBD		Shawano County Jail/DHS	Inmates increase MAT prior to release	9/22: Jail has a full-time crisis position approved, Kendra who is administering MAT and crisis intervention. However, there is a long waitlist d/t limited crisis staff capacity. Kendra has been referring inmates to treatment. The jail contracting with Wellpath for medical services; they may be contracted for mental health services as well
Menominee Tribal Clinic (MTC) trauma screenings w/ pregnant mothers	TBD		MTC	Increase referrals to behavioral health services/early intervention	<p>1/23 – UW Milwaukee partnership – funding acquired to provide incentives for participation (trauma journals, bath bombs, workbooks,)</p> <ul style="list-style-type: none"> - even if patients aren't accepting referrals (however, very few refusals), Brandon was able to provide materials for them to work on this at home
Recruit Peer Recovery Coaches/Peer Support Specialists	TBD		Menominee DHS, Shawano DHS, MTC, N.E.W. Hope, Unity Recovery Services (GSARI)	Increase Peer Recovery Coaches/Peer Support Specialists	
- Provide resources for training of Peer Support Specialists/Recovery Coaches	TBD		Menominee DHS, Shawano DHS, MTC, N.E.W. Hope, Unity Recovery Services (GSARI)	Host trainings for Specialists & Coaches	<p>9/22: Recovery Coach training will be hosted at the new Recovery Center in Shawano for late October – training is full</p> <ul style="list-style-type: none"> - 20 individuals completed this course (many were from Menominee County) - Peer Support Specialist training upcoming February tbd) <p>11/22 – 2 part-time recovery coaches hired and trained.</p>
Implement ED to Recovery Plus in Shawano hospital and OB unit	TBD		ThedaCare Shawano Medical Center	Increase recovery coaches & referrals to SUD treatment	9/22: With new grant cycle, hoping to expand beyond just patients with opioid addiction to all SUD (alcohol included) for Shawano ED

PRIORITY AREA: *Alcohol and Other Drugs*

GOAL #2:

Foster a community that supports substance use treatment and recovery in Shawano and Menominee Counties.

OBJECTIVE 2.1:

By 2024, establish community recovery housing in Shawano and Menominee Counties.

BACKGROUND ON STRATEGY

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/affording-housing-models-recovery>

Evidence Base: Recovery Housing – participants are found to have decreased rates of substance use and incarceration, and increased rates of employment compared to those returning to their community directly after treatment (2010).

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate community/key leaders about need for recovery housing	3 rd quarter 2022		GSARI	Community support for housing initiative	Ongoing as of Spring 2022
Identify and secure funding/grants	September 2022		GSARI	Funding identified/secured	9/22: Half way to fundraising goal of \$200,000. Continuing to look for investors/grants 1/26/23 – Raised close to \$200,000 to date, looking at housing on this date – looking to purchase a home for women first - Next week several individuals will be presenting to 100 Women to seek funding for housing
Determine what model to use for the program	1 st quarter 2022		GSARI	Model selected	Apricity Model has been selected
Approved Zoning	3 rd quarter 2022		GSARI	Location zoned	Discussions w/ City executives do not believe there will be zoning concerns. More to come
Secure a house or houses for men/women, or one for men and one for women.	3 rd quarter 2022		GSARI	Housing purchased	9/22: Property is contingent on fundraising status. The current housing market presents additional challenges. 2/23: Women’s sober living home purchased through Apricity in Shawano.
Hire program coordinator through Unity & NEW Hope Coalition	2 nd quarter 2022	NEW Hope funding	GSARI & N.E.W Hope Coalition	Coordinator hired	9/22: Coordinator has been hired, looking for housing in Shawano.

Develop Recovery Resource Center (possibly under 1.3)	3 rd quarter 2022	NEW Hope funding	GSARI, Unity, NEW Hope Coalition	Recovery Resource Center established	8/10/22 -Recovery Center location secured at 710 E Green Bay Street, Shawano . Recovery center is under way, working on the facility, stage, coffee bar, training room, common space with TV. 9/22 – Drug Court Recovery Group will be touring other Recovery Centers to learn and gather ideas (1-Oshkosh, 2- Appleton) - Working with Core Treatment Services to coordinate with regional services residential recovery housing, recovery services, etc. - New hope is working with Unity and will be hosting a regional meeting for NE Wisconsin on October 27, with the goal of creating a NE Wisconsin Recovery Continuum. Working to bring residential treatment beds to the area. Working to develop recovery centers, offices, housing in the region. Working as a region vs each county working in silos. 1/26/23 – 2 Recovery Coaches and an additional coach that is helping – receiving referrals (12 individuals receiving peer support through these position)
Apply for 501(c)3	Summer 2024		GSARI	501C3 application submitted	5/23 – GSARI conducts first strategic planning meeting. 6/23 – GSARI renamed Shawano Menominee Resiliency

OBJECTIVE 2.2: By 2024, survey community-based recovery events for stigma reduction in Shawano and Menominee Counties. Measurement: brief survey for events, include QR code					
BACKGROUND ON STRATEGY Stigma surrounding mental health and substance use disorder is one factor that contributes to this population’s higher health risks and poorer health outcomes or inequities. Source: Addiction, 2012 January https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272222/ Evidence Base: “Effective strategies for addressing social stigma include motivational interviewing and communicating positive stories of people with substance use disorders. For changing stigma at a structural level, contact-based training and education programs targeting medical students and professionals (e.g. police, counsellors) are effective” (2012). Policy Change (Y/N): No					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create participant evaluation survey to be used at all events	April 2022	Survey Monkey, print materials	Shawano United Way	Survey created	Nancy Schultz completed survey April 2022
Recovery Walk (annual event)	May 1 st , 2022 May 6 th , 2023		Becky, Drug Court, Leadership Shawano County (LSC)	Attendees	5/22 – 1 st annual recovery walk was a huge success – great turnout despite bad weather 5/23 – 2 nd annual recovery walk

Tipping the Pain Scale (documentary and expert panel)	April 30 th , 2022			Attendees	5/22 -
Menominee Red Ribbon (end of October annually)	October 2022, annual				
Recovery Housing Community Promotion			Shawano Area Recovery Housing		
N.E.W. Hope Coalition – Stigma reduction campaign					
ThedaCare HRSA Grant – Stigma reduction education for providers and MAT					
Crisis Intervention Training (CIT)	August		ThedaCare/Law Enforcement	# officer trained	
Natives Against Heroin			Lorraine Shooter		

PRIORITY AREA: *Chronic Disease w/ Healthy Nutrition & Food Access Focus*

GOAL #1:
Shawano and Menominee Counties will promote an environment that supports a healthy food system.

OBJECTIVE 1.1:
By 2024, develop a healthy branding campaign to encourage healthy food choices aligning with My Plate in at least one grocery store, one food pantry, and one restaurant in each Shawano and Menominee Counties.

BACKGROUND ON STRATEGY
Social customs greatly influence peoples’ health behaviors. By providing information on social customs may influence the health of certain populations can lead to the awareness of adoption of healthier social customs and behaviors.
Source: *Healthy food initiatives in convenience stores and food pantries* www.whatworksforhealth.wisc.edu.
My Plate – <https://www.myplate.gov/eat-healthy/what-is-myplate>. “A healthy eating routine is important at every stage of life and can have positive effects that add up over time.”
Evidence Base: *This strategy is indicated to be effective based on “some evidence” and “likely to decrease disparities in “What Works for Health”*
Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Contact restaurant, grocery store owners/managers to meet with the Action Team	Fall 2022	Staff time	WIC – Hanke’s (Leslie), Charlie’s, Menominee UW-Ex – Save A Lot	Managers agreed to meet w/ Action Team	10/22 Heidi will be contacting all the grocery stores in Shawano County next week (week of 10/3/22) for another project. Dawn or Nick should send her a summary of what we are requesting of them at this time. Dawn will share the same request with Save-a-Lot.
Set date for listening session with Action Team	Fall 2022	Staff time		Meeting date set	1/23 – Activity abandoned as strategy developed
Host listening session with local area restaurants, food pantries	Fall 2022	Meeting location, AV equip., Zoom		Feedback provided to inform our program/curriculum	1/23 – In the interest of time, group has decided to move forward w/ Harvest of the Month. Staff will reach out to community grocery stores for interest in participation. 3/23 – Stores have been contacted and the following have agreed to participate: Charlie’s (Shawano), Save-A-Lot (Keshena), Sentry (Wittenberg), Cedar Creek County Market (Tigerton). Sub-committee to meet next month to identify next steps.
Identify the curriculum(s) programs to be used for educational materials	Fall 2022	Staff time		Curriculum selected	9/22 - Harvest of the Month, Harvest of the Moon - MyPlate - Heidi will reach out to GWAAR dietician rep for other curriculum recommendations 11/22 – Sub-committee met to discuss ideas. Group feels we should be consistent with our SMHC branding and utilize evidence-based curriculum that exists for efficiency. We can use other resources, including All Recipes and My Plate for recipes and nutrition information based on foods that are in alignment with Harvest of the Month. 1/23 – Harvest of the Month/Moon selected as curriculum as it already has messaging/promotional materials created. Also has culturally relevant materials for Menominee Indian Tribe (Harvest of Moon) developed by UW-Extension.
<ul style="list-style-type: none"> Design a “brand” for healthy foods – Utilize SMHC Logo 	Fall 2022	Staff time, design application		Branding/logo created	9/22 - Dawn will set up a meeting via zoom with a sub-committee for some time in October to start work on this. Sub-committee: Dawn, Erika, , Carey, and Chelsey. 11/22 – Sub-committee met to discuss ideas. Group feels we should be consistent with our SMHC branding and utilize evidence-based curriculum that exists for efficiency.
Grocery store recipes/signage <ul style="list-style-type: none"> Gather recipes based on seasonal foods/healthy for diabetic diets Identify & engage grocery stores to adopt programming 	1 st quarter 2023	Staff time, networking		Signage and print material developed	5/23 – Sub-committee met and gave recipe assignments for all 12 months, utilizing the seasonal produce highlighted in Harvest of the Month/Moon program. 6/23 – Sub-committee met to share recipes and voted on 12, 1 per month. Dawn shared that Harvest of the Moon materials have already been developed and purchased via Menominee UW-Extension grant and ready to be implemented at Save-A-Lot in Keshena. Next steps are to develop recipe cards, get final printing quotes, and coordinate funding through our partners who have offered to support.

Provide appropriate signage/materials to participating venues	1 st quarter 2023	Printing costs, staff time		Materials distributed to all sites	6/23 – Dawn received quotes for Harvest of the Month/Moon posters from UW-Extension. Need to develop recipe cards and get these ordered via support from funding partners
Develop social media page and/or website – online listing of participating sites	1 st quarter 2023	Staff time, internet	SMCHD	Social media page developed	5/23 – On hold until we can go live with the program
Look into prior restaurant menu assessment	2023		Carey Grieves		

OBJECTIVE 1.2:

By 2024, increase the number of independent market vendors accepting produce vouchers (WIC and elder tokens) by 10% in Shawano and Menominee Counties.

BACKGROUND ON STRATEGY

Source: [Fruit and vegetable incentive programs](#)

Evidence Base: *Fruit & vegetable incentive programs at farmers’ markets indicated to be effective based on “scientifically supported” and “likely to decrease disparities in “What Works for Health”*

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Meet w/ FRESH Project to identify target markets and participating vendors	May 2022	Staff time	SMCHD	Vendors known	
<ul style="list-style-type: none"> Collect baseline data on voucher usage 	September 2022	Staff time, networking, Excel	SMCHD, Menominee & Shawano Depts of Aging, WIC	Baseline data to set targets	<p><u>Elder Food Voucher Usage</u></p> <ul style="list-style-type: none"> - 2021 Elder food voucher usage = 73% Shawano (went down from 2020 due to an increase the amount of vouchers given to the program) *Need Menominee County data (Krista Warrington – Menominee Dept of Aging) <p><u>Farmer’s Market WIC voucher usage</u></p> <ul style="list-style-type: none"> - 2021 Shawano – 38% redeemed - 2022 Shawano – 39% redeemed *Need Menominee County data <p>2022 Data available after markets done in October</p>
<p>Reach out to farmers & producers to inform on WIC & elder tokens</p> <ul style="list-style-type: none"> Telling a success story from another vendor/farmer who accepts the tokens 	2 nd quarter 2023	Staff time, networking		Growers/producers informed of food vouchers/tokens	<p>9/22 - Coordination in 1st quarter</p> <ul style="list-style-type: none"> - Connect with Dave Mendoza at FRESH Project - Messaging to increase as we get into 2nd quarter, May during start of the growing season <p>5/22 – Will connect w/ FRESH Project as Healthy Branding campaign s implemented</p>

<ul style="list-style-type: none"> Print media (Market Messenger, Menominee Tribal News, Wittenberg Northerner) Social Media Radio (WTCH)					
Develop Social media campaign and QR code for farmers' market vendor program	3 rd quarter 2023	Staff time, internet, computer		Social media campaign developed	

OBJECTIVE 1.3:
By 2024, survey Shawano & Menominee Counties businesses for current nutrition/healthy food promoting policies.

BACKGROUND ON STRATEGY
Source: Worksite obesity prevention interventions, <http://improvingwihealth.org/wwfh/strategy.php?t1=21&t2=12&t3=80&id=281>
Evidence Base: *Worksite based nutrition policy programs indicated to be effective based on “expert opinion” in “What Works for Health”*
Policy Change (Y/N): *Based on the anticipated Workplace Wellness survey results, the Chronic Disease Action Team will make policy recommendations for employers in Shawano and Menominee Counties. The policy recommendation will be designed to alleviate causes of health inequities, such as reducing barriers to health benefits in working class employees.*

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create business healthy food policy survey	August 2022	Staff time, internet, Word	SMCHD, Men. UW-Ex, Gary Besaw	Survey created	9/22 - A sub-committee will be meeting in October to begin to draft a survey to send out to business. Sub-committee: Dawn, Gary, Lori, and Kimberly. Dawn will set up the meeting. Meeting on 10/24 10/22 – Sub-committee met to identify purpose, audience, and scope of survey. We want to survey all area employers if they have any existing workplace wellness policies that enable physical activity and nutrition for employees. 1/23 – SMCHD drafted survey based on feedback from the sub-committee and presented to Action Team. Team provided additional feedback to include EAP program/benefit questions and include the intention to develop a policy recommendation support for businesses. 3/23- Survey finalized, approved by Action Team. Action Team to identify business contacts through chambers, connections. Etc.
Media campaign to inform employers/businesses on survey	3rd quarter 2022	Staff time, email, print materials		Employers aware of survey coming	1/22 – Action Team decided there isn't the capacity to do this and can get the survey out via emails.
Connect with Shawano Country Chamber of	August 2022	Staff time		List of local area employers/contact info	1/22

Commerce/Menominee to gather business base					
Distribute surveys to identified businesses	2 nd quarter 2022	Microsoft Office, printing		Surveys distributed to area employers	6/22 – Survey emailed out. The Action Team looking for a 10% feedback rate to move forward with analysis and policy recommendation.
Develop data report with survey results	3 rd quarter 2023	Staff time, Microsoft Office		Data report	
Conduct session w/ local business leaders to develop Worksite Wellness Plan guide/template	2 nd quarter 2023	Staff time, meeting space, Zoom		Feedback from employers on policies to implement	

PRIORITY AREA: *Chronic Disease w/ Healthy Nutrition & Food Access Focus*

GOAL #2:
Increase wellness education to Shawano and Menominee Counties

OBJECTIVE 2.1:
By 2024, explore the development of a community resource hub for residents and providers.

BACKGROUND ON STRATEGY
Source: [What Works for Health](#)
Evidence Base: *Worksite based nutrition policy programs indicated to be effective based on “expert opinion” in “What Works for Health”*
Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create business healthy food policy survey	August 2022	Staff time, internet, Word	SMCHD, Men. UW-Ex, Gary Besaw	Survey created	
<ul style="list-style-type: none"> Media campaign to inform employers/businesses on survey 	3 rd quarter 2022	Staff time, email, print materials		Employers aware of survey coming	
Connect with Shawano Country Chamber of	August 2022	Staff time		List of local area employers/contact info	

Commerce/Menominee to gather business base					
Distribute surveys to identified businesses	3 rd quarter 2022	Microsoft Office, printing		Surveys distributed to area employers	
Develop data report with survey results	1 st quarter 2023	Staff time, Microsoft Office		Data report	
Conduct session w/ local business leaders to develop Worksite Wellness Plan guide/template	2 nd quarter 2023	Staff time, meeting space, Zoom		Feedback from employers on policies to implement	

Appendix B: Future Project Considerations

