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#### **CHIP** Timeline As RCPH works through the short and mid-term goals, we are committed to maintaining focus on our longest term, most complex community issues highlighted on the next page as our "Summit Goals". Short-term, awareness based goals build the Summit Goal foundation for RCPH to improve accessibility through mid-term goals. Both the short-term, awareness goals and mid-term, accessibility goals 2027 and beyond Systems/policy will ultimately feed into the summit goals focused level change on availability. Mid-term Goal 2025-2026 Multidisciplinary teams taking a comprehensive approach to a **Availability** complex issue Short-term Goal 2023-2024 Action oriented, time bound work groups finding a Accessibility focused solution **Baseline** 2022 Community Health **Awareness** Assessment Data

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## Mission

Public Health Prevent. Promote. Protect.

# Vision

A trusted health leader and relevant force in the community.

# Values





### Innovation

Striving to find new ways to address current and future public health needs.



### Leadership

Inspiring change to create health communities.



### Advocacy

Creating awareness and support to improve public health outcomes.



### Balance

Meeting diverse needs with strategic and ethical approaches.



### Collaboration

Fostering trust and reciprocal relationships to efficiently address public health needs.



### Dedication

Advancing health and wellness through relentless commitment.

## **Purpose and Process**

To develop the CHIP, Racine County Public Health Division convened community partners to prioritize health issues, define barriers to availability, accessibility and awareness, develop goals and objectives, develop shared strategies for implementation, and articulate indicators by which to measure progress. This latest CHIP includes both existing and new health priorities and will be used to help guide the agency in addressing health conditions that impact the community.

Every CHIP is an opportunity to create a novel way to manage an ongoing public health issue.

## **CHIP Partners**

Aurora Healthcare NAMI Racine County Burlington Area School District Focus on Community Board of Health Clean Slate Salud First UW Extension Higher Expectations Racine County Human Services United Way Southshore Fire Dept. Beleaf Survivors Racine County Sherriff Racine County Workforce Solutions RAMAC Children's Hospital Healthcare Network Johnson Foundation at Wingspread Village of Caledonia



## **CHIP Themes**

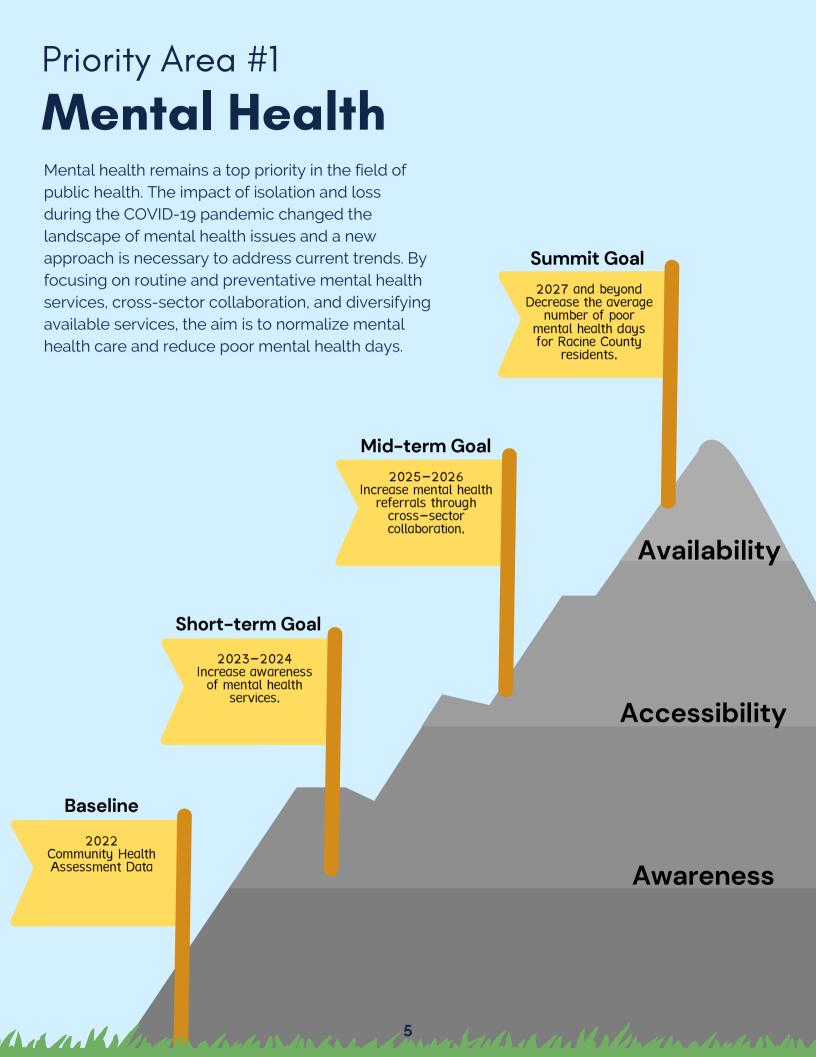
Topics that will cross all CHIP Priority Areas:

- trusted messengers
- meet people where they are
- health equity
- resource awareness
- transportation/access
- identifying resource deserts
- literacy (reading, health and financial)
- data gathering and management.

Each priority area directly correlates with the priority areas found in the Wisconsin State Health Improvement Plan (SHIP).



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## Priority Area #1 Mental Health

Shortterm

# Increase awareness of mental health services.

- Objective 1: Promote visibility of existing mental health resources to reduce stigma.
- Objective 2: Promote preventative mental health care vs crisis mental health care.
- Objective 3: Increase engagement in youth specific mental health resources both in and outside of school.

Midterm

# Increase mental health referrals through cross-sector collaboration.

- Objective 1: Increase county workforce to support resident advocacy and navigation.
- Objective 2: Improve organizational awareness of available services and reduce silo of information.

Summit

Decrease the average number of poor mental health days for Racine County residents.

- Objective 1: Increase the number of mental health providers.
- Objective 2: Gather information and research regarding mental health community paramedicine.
- Objective 3: Increase number of youth specific providers and services.

## Priority Area #1 Mental Health

#### **Mental Health Barriers**

Availability: Lack of providers for adults and children Accessibility: Navigating support and transportation Awareness: Normalizing support and prevention vs crisis

### Indicators

- Multimedia campaign analytics
- Youth mental health: anxiety, self-harm, hopelessness, suicidal ideation, suicide plan
- Suicide attempts/deaths rates
- Poor mental health
- Crisis line utilization rates
- Local crisis team response rates
- Resources referenced on 211
- Referrals to mental health providers/resources

### Data Sources

- Wisconsin DPI
- YRBS Survey Results
- High School County Reports
- CDC
- Hospital Discharge Records
- Vital Records
- NVDRS
- 211 inventory of local resources and data reports

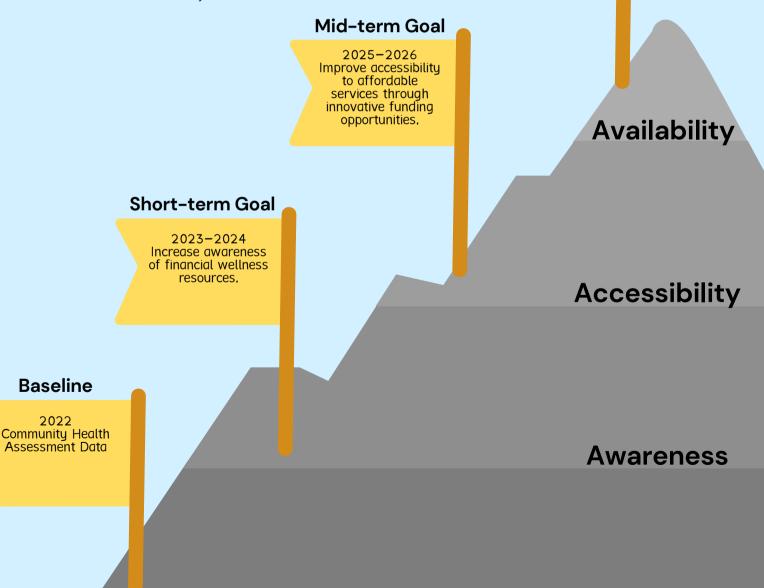


# Socioeconomic/Poverty

Socioeconomic factors directly lead to poor health outcomes over a lifetime. Before an individual can focus on health improvement, they must ensure basic needs are being met. Limited income and increased cost of living restricts an individual's ability to avoid risks and adopt healthy behaviors. Low income neighborhoods face increased rates of crime, food/resource deserts, unstable housing, limited education opportunities, among other barriers. Through our goals in financial wellness, affordable services, and housing options we aim to improve overall health by reducing the financial burden on Racine County households.

Summit Goal

2027 and beyond Decrease percentage of households that spend 50% or more of their household income on housing.



## Priority Area #2 Socioeconomic/Poverty

Shortterm

# Increase awareness of financial wellness resources.

- Objective 1: Increase awareness about services available to ALICE households.
- Objective 2: Promote financial education and empowerment resources.

Midterm

## Improve accessibility to affordable services through innovative funding opportunities.

- Objective 1: Improve affordability of quality childcare services.
- Objective 2: Invest time and resources in current programs to increase their capacity.
- Objective 3: Improve service navigation and visibility of resources.

Summit

## Decrease percentage of households that spend 50% or more of their household income on housing.

- Objective 1: Increase affordable housing options.
- Objective 2: Increase opportunities for homeownership vs renting.
- Objective 3: Increase shelter availability.

## Priority Area #2 Socioeconomic/Poverty

#### Socioeconomic/Poverty Barriers

Availability: Lack of affordable, safe and stable housing, financial education Accessibility: Childcare availability and affordability, resource deserts Awareness: Normalizing support and prevention vs crisis

### Indicators

- Multimedia campaign analytics
- 211/family resource guide utilization
- Childcare subsidy program enrollment
- Child care expenses
- 75th percentile child care price
- Snap participation rates
- Unbanked households

### Data Sources

- FDIC survey
- Prosperity Now (FDICsurvey)
- US Census American Community Survey
- Wisconsin Department of Children and Families Market Rate Survey
- County Health Rankings Childcare Cost Burden
- 211 inventory of local resources and data reports

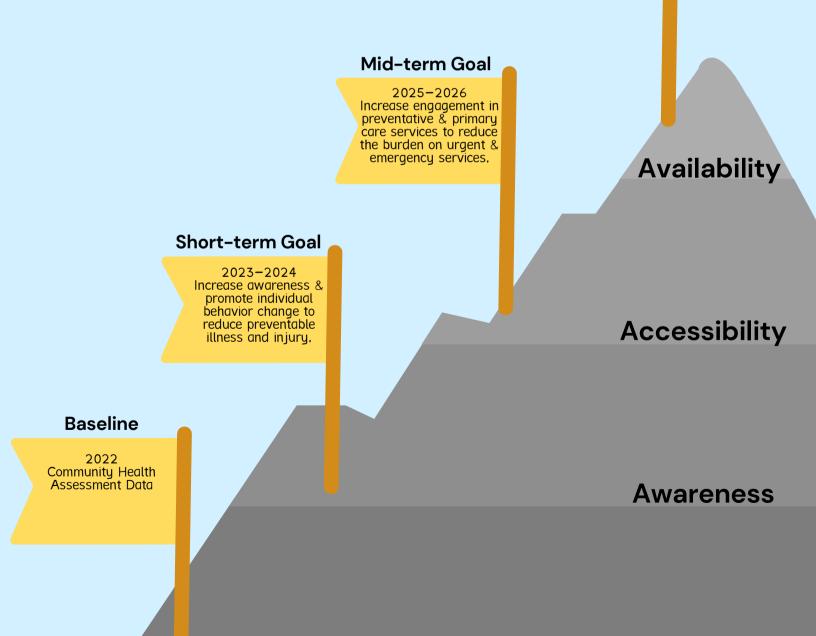


# **Preventable Illness/Injury**

There is an abundant need to focus on preventable illness and injury, including tobacco use, sexually transmitted infections, teen pregnancy, and falls. Wisconsin's death rate due to falls is 105 per 100,000, the second highest in the nation. Across the lifespan, injuries due to falls are almost always preventable. The goal is to reduce the frequency and severity of falls, through awareness campaigns for affected individuals and supporting agencies.

#### Summit Goal

2027 and beyond Reduce rate of hospitalizations due to preventable illness and injury.



## Priority Area #3 Preventable Illness/Injury

Shortterm Increase awareness and promote individual behavior change to reduce preventable illness and injury.

- Objective 1: Increase awareness of falls risk and prevention to affected people and their support system.
- Objective 2: Implement youth health campaigns on current topics: vaping, teen pregnancy, sexually transmitted infections, etc.
- Objective 3: Focus messaging on risk reduction.

Midterm Increase engagement in preventative and primary care services to reduce the burden on urgent/emergency services.

- Objective 1: Promote use of primary care vs urgent/emergency services.
- Objective 2: Increase referrals to existing services such as ADRC.

Summit

# Reduce rate of hospitalizations due to preventable illness and injury.

- Objective 1: Increase options for in home services.
- Objective 2: Increase prevention based programming.

## Priority Area #3 Preventable Illness/Injury

#### Preventable Illness and Injury Barriers

Availability: Lack of providers for adults and children Accessibility: Navigating support and transportation Awareness: Normalizing support and prevention vs crisis

### Indicators

- Multimedia campaign analytics
- Falls data
  - Metrics for repeat fallers (reduction in repeats, amount of time between falls and death)
  - ADRC or new falls program participation
- Primary care, urgent care, emergency department utilization rates

### Data Sources

- County Health Rankings
- WISH
- Local agency reporting
- WARDS
- 211 inventory of local resources and data reports



# Summit Goals



## Mental Health

# Decrease the average number of poor mental health days for Racine County residents.

Objective 1: Increase the number of mental health providers. Objective 2: Gather information and research regarding mental health community paramedicine. Objective 3: Increase number of youth specific providers and services.

## Socioeconomic/Poverty

Decrease percentage of households that spend 50% or more of their household income on housing.

Objective 1: Increase affordable housing options. Objective 2: Increase opportunities for homeownership vs renting. Objective 3: Increase shelter availability.

## **Preventable Illness/Injury**

Reduce rate of hospitalizations due to preventable illness and injury.

Objective 1: Increase options for in home services. Objective 2: Increase prevention based programming.