WASHINGTON OZAUKEE
PUBLIC HEALTH DEPARTMENT

Community Health Improvement Plan
2026-2028

Community Health Assessment

The Community Health Improvement Plan or CHIP is an assessment of health and a plan for improvement in a three to five-year time frame. Wisconsin Statue 251.05 details that health departments must regularly collect and analyze health data and involve the public in determining and developing a community health improvement plan that details actions to improve health. Although the Washington Ozaukee Public Health Department is responsible for organizing and coordinating the CHIP, resulting actions and health improvement plans are designed and implemented in partnership with community organizations and stakeholders through community coalition work.

This plan serves as a long-term roadmap to collaborate and coordinate with key community partners to address identified health priorities and target resources in a systematic way to improve community health. This planning is critical to building and strengthening partnerships with organizations for collective impact.

County Demographic Profiles

Ozaukee County Profile[1]

Ozaukee County is 233.0 square miles with a total population of 91,503 people (2020). The community is 89.9% white, and the average age is 44 years old. Of all the residents, 52.4% hold a bachelor's degree or higher, and the average household income is around $96,961. The poverty rate is 4.5%, which is significantly lower than the state of Wisconsin, and only 2.5% of residents in the county are without health care coverage. The average family size is 3.01 people, and the top workforce industries are education, healthcare, and manufacturing.

Washington County Profile[2]

Washington County is 430.6.0 square miles with a total population of 136,761 people (2020). The community is 91.7% white, and the average age is 44 years old. Of all the

residents, 35.9% hold a bachelor's degree or higher, and the average household income is around $93,287. The poverty rate is 6.1%, which is significantly lower than the state of Wisconsin, and only 1.7% of residents in the county are without health care coverage. The average family size is 2.94 people, and the top workforce industries are education, healthcare, and manufacturing.

Methodology

Secondary data were gathered from a variety of sources (e.g. County Health Rankings & Roadmaps, U.S. Census Bureau) for more than 30 different health indicators. Five years of data were documented for each indicator as available at the state and county levels allowing for the identification of increasing, stable or decreasing health trends. This analysis allowed for the identification of areas for improvement or worsening health trends and highlighted any disparities present in both Washington and Ozaukee Counties. To validate that the data were relevant and accurate to the community's reported health status, data from the 2022 Community Health Needs Assessment (CHNA) were cross-referenced during the analysis.

Once key data points were identified, they were categorized into three main groups: "Demographics and Social Determinants of Health," "Risk Behaviors," and "Health Outcomes." Data visualizations such as charts, graphics, and other visual aids were created to communicate the information in an understandable and accessible format for the public: poster displays, booklets, flyers and other materials utilized for the execution of community listening sessions where residents and other stakeholders reviewed and discussed the findings. Seven survey questions were developed to collect demographics and to identify what health topics the public found most important based on the data presented (APPENDIX A). Survey design included optional responses and allowed participants to select multiple health topics. Survey questions and secondary data visualizations were also translated to Spanish.

Outreach

Promotion of the survey began late April 2025 with flyers, emails, social media and posting on washozwi.gov. The survey was open for response from April 21st – June 30th, 2025.

Health Department staff met with Aging and Disability Resource Centers (ADRC) in both counties to provide accessible survey formats. Surveys were distributed at area meal sites. Targeting families, youth and the aging population occurred in partnership with the YMCA, Moraine Park Technical College, UW Extension, Germantown Community Library, Harford Public Library, Slinger Community Library, West Bend Community Memorial Library,

Cedarburg Public Library, Oscar Grady Public Library, W.J. Niederkorn Library, and Frank L. Weyenberg Library.

Community Health Assessment (CHA)

After viewing secondary indicators profiled for (CHA) as described above, a total of 232 surveys were received in paper format or by electronic submission

from individuals who live or work in the following counties (Figure 1). Females and individuals aged 65+ were strongly represented (Figure 2).

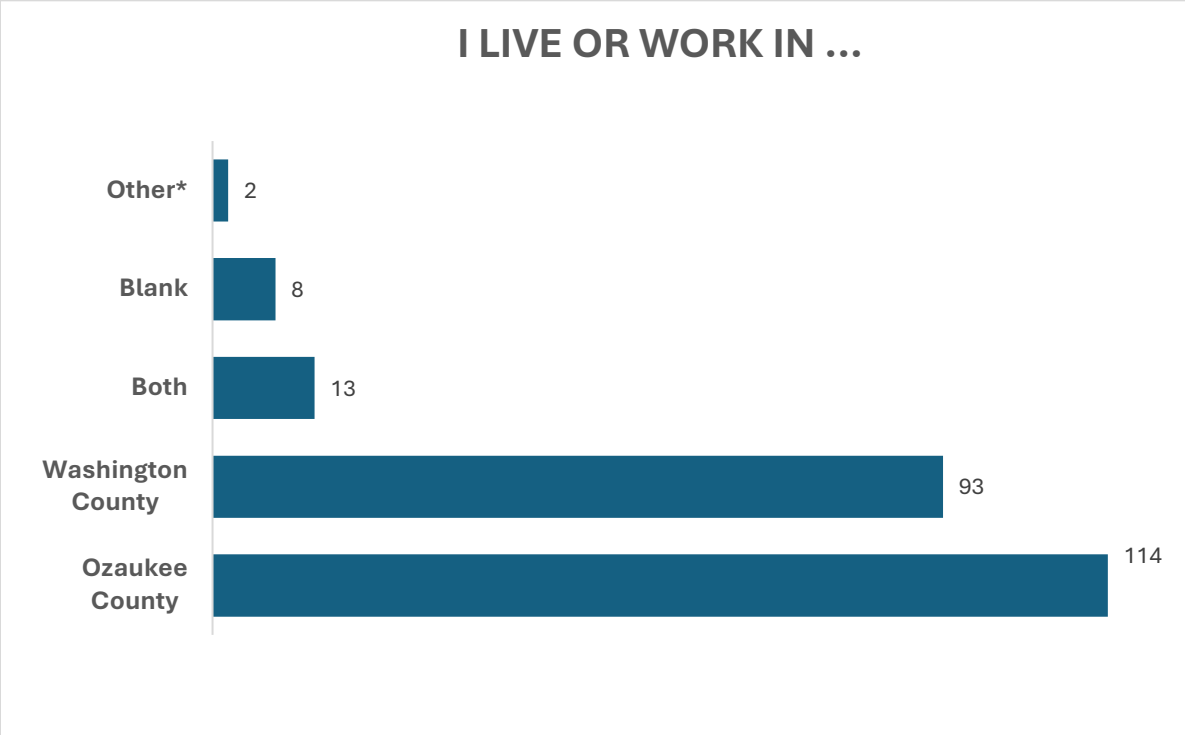


Figure 1: Where respondents live and work

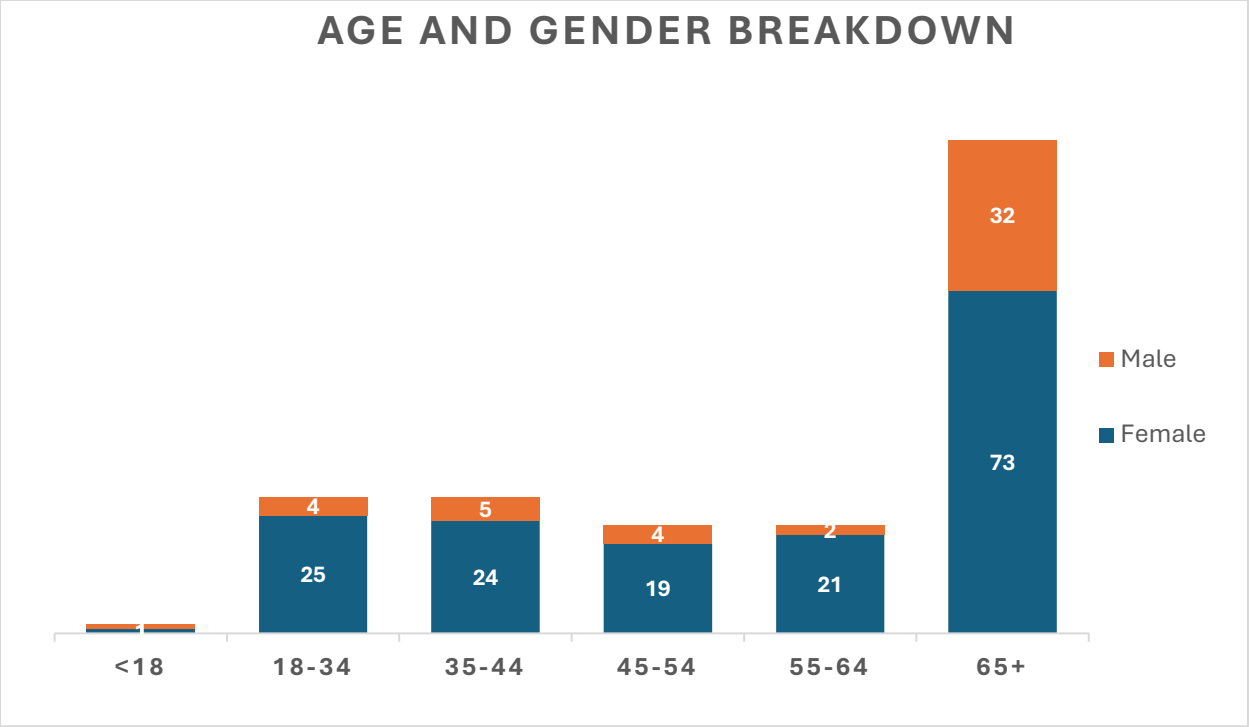


Figure 2: Age and gender breakdown of respondents

A key word qualitative analysis was completed for response to the question, "What did you find most surprising?" resulting in 150 captured sentiments. Sentiments were further grouped by health topic for analysis, resulting in the following percentages of response categories.

Percent	Topic
23%	Cancer Rates
17%	Infant Mortality Rate
11%	Affordable Childcare & Housing
9%	Falls & Other Unintentional Injuries
7%	Opioid- Related Fatality Rates
33%	Other: STI rates, heart disease, lack of leisure.

Notable quotes include, *"[Over time], the rates for women increase (opioid fatality rates), but decrease for men", "high elderly population is correlated with higher fall counts, and "the sharp rise in housing and every day need costs are staggering"*. Dementia statistics were identified by respondents as missing from this data and should be explored in future CHA work. Responses to, "What health topics need improvement in the community? (select top 3)" resulted in the identification of **mental health, nutrition, physical activity, and obesity and substance use** as top health topics needing improvement in the community (Figure 3).

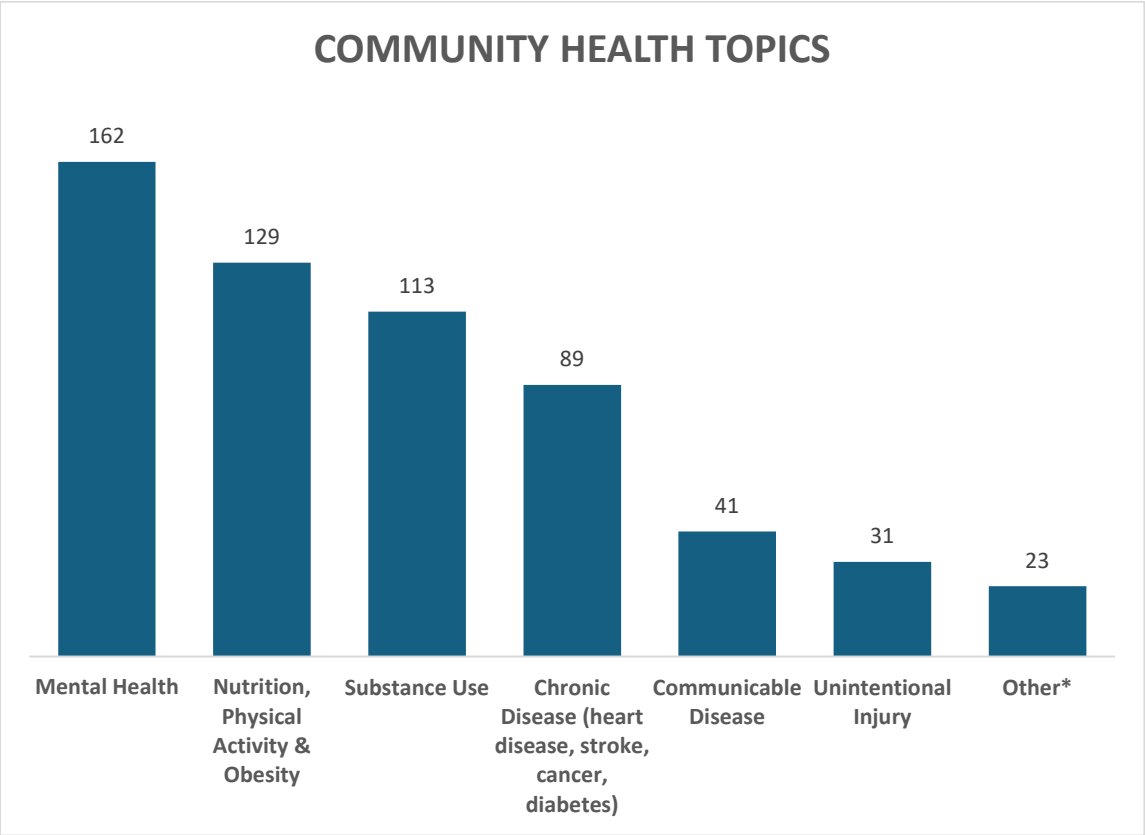


Figure 3: Top Community Health Needs

Community Listening Sessions

Three community listening sessions were held on July 29th, 31st, and August 4th, 2025. A fourth session was cancelled due to expected low attendance and participants were rescheduled to an alternate date. Sessions were scheduled for two hours in length with an evening session in Ozaukee County and an afternoon session offered in both Washington County and Ozaukee County. A total of 48 participants attended sessions and reported hearing about the sessions from staff, email, coalitions, social media, and work. Participants represented at listening sessions include non-profits, hospitals, residents, law enforcement, universities, and county service partners.

Attendees at each session were broken into small groups and asked 14 questions. Questions were categorized into the following areas: identification of community health priorities, exploring barriers, discussing interventions and solutions, action and engagement. The following analysis details the categorization of responses from thematic analysis[4] and key word assessment from each of the discussion questions.

Group discussions were taped and transcribed, and facilitators took notes. Facilitated discussion with 14 questions resulted in (646) sentiments shared. Transcribed notes were combined with facilitator notes and broken into statements for review, grouping, and analysis.

(1) **"When thinking about health in our community, what's the first thing that comes to mind?"** 40 total sentiments were captured across small group discussion with mental health (15) access to care (13), and substance use (5) being top categories referenced along with a series of one-off responses (7).

    Access to care was mentioned by participants as a barrier in a variety of areas: education, mental health, services for individuals that are non-English speaking including availability of interpreters, medication, healthcare, increased wait times, and modes of communication when engaging in care: "*A phone call for the younger generation is a barrier.*" Mental health and substance use were referenced frequently with one participant linking misrepresentation as a factor in access to care: "*There is a misrepresentation of what mental health/substance misuse looks like. Representations that further stigmatize, leading to people not accessing care*." One-off sentiments indicate that community members think health in our community encompasses physical and mental health and that they have a shared understanding of these topics.

(2) **"What are the biggest strengths of our community regarding health and wellbeing?"** 37 total sentiments were captured with resources (e.g. parks, green space, public and private non-profits, hospitals) as the top strength mentioned (17), followed by community collaboration and quality people (13), safety (3), and one-off responses (4).

    Participants named key non-profit partners, schools, and hospitals as areas of strength but noted there is still work to do. "*Surprisingly, area schools are very open to mental health services. However, there remains barriers to providing them in schools*." "*We are small enough and open enough as a community to identify issues and help each other. ONC (Ozaukee Nonprofit Center) is a big hub for that & hospitals are engaged*."

    One-off sentiments referenced most of our populations as well-off with low uninsurance rates across both counties but point to underlying problems in our communities such as substance abuse and poverty. "*Even though this is an affluent community, that can be a blessing and a curse with a common perception being we don't have that problem here*."

(3) **"Where do you get most of your health-related information?"**46 total sentiments were captured with the following sources referenced from most to least frequent: physicians (10), news reports (7), social media (7), hospital websites (6), government agencies (6), coworkers (5), and published academic papers (5).

Participants shared the following: *"I lose trust in quality of social media, but I know I can trust my doctors and providers." "So much distrust with the Centers for Disease Control & the National Institutes of Health lots of upheaval. Head of programs not based on facts. If it does not fit, make it fit." "As a therapist, my clients are getting information from social media."*

(4) **"What health issues do you see or experience most often in our community?"** 79 sentiments were shared: mental health, isolation and loneliness (26), affordable food, housing, and medical care (9), access to dental care (9), chronic disease (9), health education (6), substance abuse (5), and one-off responses (15).

This question elicited a variety of responses across different health topics. For mental health, the following sentiments discussed the intersection of technology and mental health: [There is a] "*struggle to differentiate mental health disorders vs. environmental impact of increasing technology reliance*." [I] *"would love to see the public health department launch a program regarding screen time and impact on children into adulthood and the link to depression, brain development and impacting the overall structure of the brain. Educating parents on appropriate use of screens, how to remove the screen, processing disorders regarding overuse of screens/video games."* One-off sentiments pointed to a self- perceived belief that people are unable to receive the help they need in the community. Political vitriol and red tape continue to hamper community organizing.

(5) **"What issues do you think have the greatest effect on the quality of life in our county?"** 56 total sentiments were shared in small group discussion with lack of affordable housing topping discussion (12) followed by increased cost of food and living (8), substance use and stigma (8), lack of transportation (6), health education (5), chronic disease (4), and one-off responses (13).

Sentiments shared show the connections between social and environmental conditions and health: *"Number one reason human services sees people is because of a mental health crisis due to housing issues."* Cost of living and access to services were also themes associated with participant responses. One-off

sentiments reflect a concern for social media dependency and exposure to incorrect information about health on social media platforms.

(6) "Who are the specific groups in our county that are most affected by poor health? Why?" 38 sentiments were shared with individuals below poverty line or who are low income receiving the most mentions (9), elderly (8), youth (5), uninsured (4), Latino communities (4) and one-off responses (8).

"People with low SES have trouble taking off of work for fear that that might lose their job." "Healthy meals are hard to afford so they get high sugar, processed foods. They [youth] *are hungry in the summer because they aren't getting school meals."* One-off sentiments include: people with active addiction, those who identify as LGBTQ, individuals who are new to the community, formerly incarcerated individuals needing housing, and individuals that are disabled.

(7) "Are there services or resources that are missing or hard to access?" 47 sentiments were analyzed from group discussions with reliable and affordable transportation (12) topping the list, followed by mental health providers and treatment centers (8), substance use treatment centers and harm reduction (8), community navigators (5), primary care providers (3), and one-off statements (11).

Comments about community navigation illustrate the value in understanding where to go for services and how navigation can benefit specific populations, potentially averting "crisis": [A] *Community Navigator is very needed, especially with elderly population. Froedtert used to fund community health workers but eliminated those positions." "Getting into nursing home is so difficult because of the expense and the confusion. Educational programs could help to prepare individuals and their families. Further issues lead to crisis if not addressed properly." "Private sector has a huge no show rate because they are scheduling them out so far due to wait times, however people are calling when they have a crisis and then weeks later when their appointment comes, they no show."* One-off statements point to a wide variety of different resources that could be developed further, such as affordable day care, dentists that take Medicaid, ability to take paid time off from work, services for individuals who are deaf or hard of hearing, and existence of 3rd spaces (community gathering locations that are not associated with home or work).

(8) "What health topics do you think need to be talked about more? Why?" 61 sentiments were shared, including mental health (20), health education (10), empathy, compassion, and embracing diversity (8), substance use (4), nutrition (4), infectious diseases (3) chronic conditions (2), and uncategorized statements (10).

Health education was referenced as a cross-cutting topic: "*Massive education system issues about what mental treatment is and what it is not, should be taught from kindergarten and on." "Safe sex- gets washed away." We are avoiding tricky topics*." [There is a need to] "*bridge the gap to getting to the schools/youth to teach prevention and help parents educate their kids."*

(9) "Have you seen any successful health programs in other places that could work here?" 31 sentiments captured with increased interagency partnerships (8), social interventions (8), mental health referral system (4), public health clinics (3), education and outreach (3), and uncategorized statements shared (5).

For this question, themes point to the importance of shared interventions and programming with interagency partnerships driving success when addressing key populations or health issues. One-off statements mention meals on wheels, in-home unintentional fall education and prevention, medical transportation services, and more generalized community engagement such as listening sessions.

(10) "What role should schools, local orgs, or faith communities play in improving health outcomes?" 39 statements shared, school based public health education (11), engage community members (11), promote healthy nutrition and activities (6), increase coalition involvement (5) and statements that were not categorized (6).

Discussion for this question highlights the importance that schools, local organizations, and faith communities play in improving health. The following quote highlights behavioral, mental health and general wellbeing: *"These crucial groups can identify members of the community who would benefit from health services (schoolteachers spend a great deal of time with children and may notice behavior that a parent may not, someone noticing an elderly neighbor not attending church could raise concern)."* Schools can help paint the picture of youth health in our community by *"participating in the Youth Risk Behavior Survey."*

(11) "What small change would make the biggest impact on health in our community?" 28 statements captured with increase education and awareness (12), increase collaboration and program follow though (6), increase public transportation (3), increase providers (2), and one-off sentiments (5).

Investment in primary prevention by increasing education and awareness was specifically mentioned for youth: *"Youth public health education* [is needed] *at schools to get ahead [of] how to troubleshoot issues later in life. Schools need to be at the table to implement this but it's hard to get in the door." "There should be more education on social emotional learning"* and *"reality vs perception or stigma*."

(12) "What resources (money, people, spaces, tools) do we have that we could use better?" 30 statement shared with the main theme related to interagency partnerships (10), public and non-profit buildings (8), resource lists (5), community champions (3), and one-off statements (4)**.**

Partnership was again referenced by participants with mention to community organizations as a resource that we can build up and use more impactfully to assist the community with addressing health priorities. *"Washington County has agencies and non-profits that care about the community; however, they may feel like they are not supported"*. "[*We can place more*] *trust in people in their field*."

(13) "How can local leaders, including you, help move these priorities forward?" 40 statements with shared information and education (11), being present at community events (8) engaging in committees with organizations (8), advocate for increased resource allocation (5), and uncategorized one-off statements (8).

The importance of sharing information to address priorities was the overarching theme in response to this question with an emphasis on how [We need to] *"be present at public events, go into other spaces. We need face to face not just social media where we are fighting an algorithm for awareness."* [We need to] *help the general public* [create agency] *and help them understand what they can do to help* [their situation] *because this is all overwhelming*."

(14) "Five years from now, what do you hope to see in our community?" 74 statements shared for increased resource access and support systems (24), increased community resiliency and inclusion (17), lower cost of living and improve the social determinants of health (12), transportation improvements (6), and uncategorized statements (15).

Increased access and integration of system supports was the theme in response to this question. *"Navigation of mental health & substance use issues for those who don't have family willing and able to help them through after they are no longer in crisis or the middle of an issue that involves law enforcement, so they don't repeat or get worse. Integration between non-profits for shared intake forms to decrease amount of barriers for people to get the help they need (this work has started with the partnership between Community Navigator at United Way and 211)."*

One-off sentiments point to a variety of different topics: less dependency on phones and social media, integrating health education in schools for both parents and youth audiences, a need to reduce suicide and overdoses, and address general mental health issues.

At the end of a listening session, participants were asked to consider if they had $100 to spend, how they would allocate it across a list of health priorities. Dollars could be split and allocated to any health issues of an attendee's choosing or the entire $100 could be allocated to one health issue.

Mental health received the largest dollar allocation from those completing the activity, at $987. Those allocating the "Other" category identified community education, hygiene, insurance enrollment, provider shortage, awareness of services, housing, 3rd spaces, policy review, and healthcare.

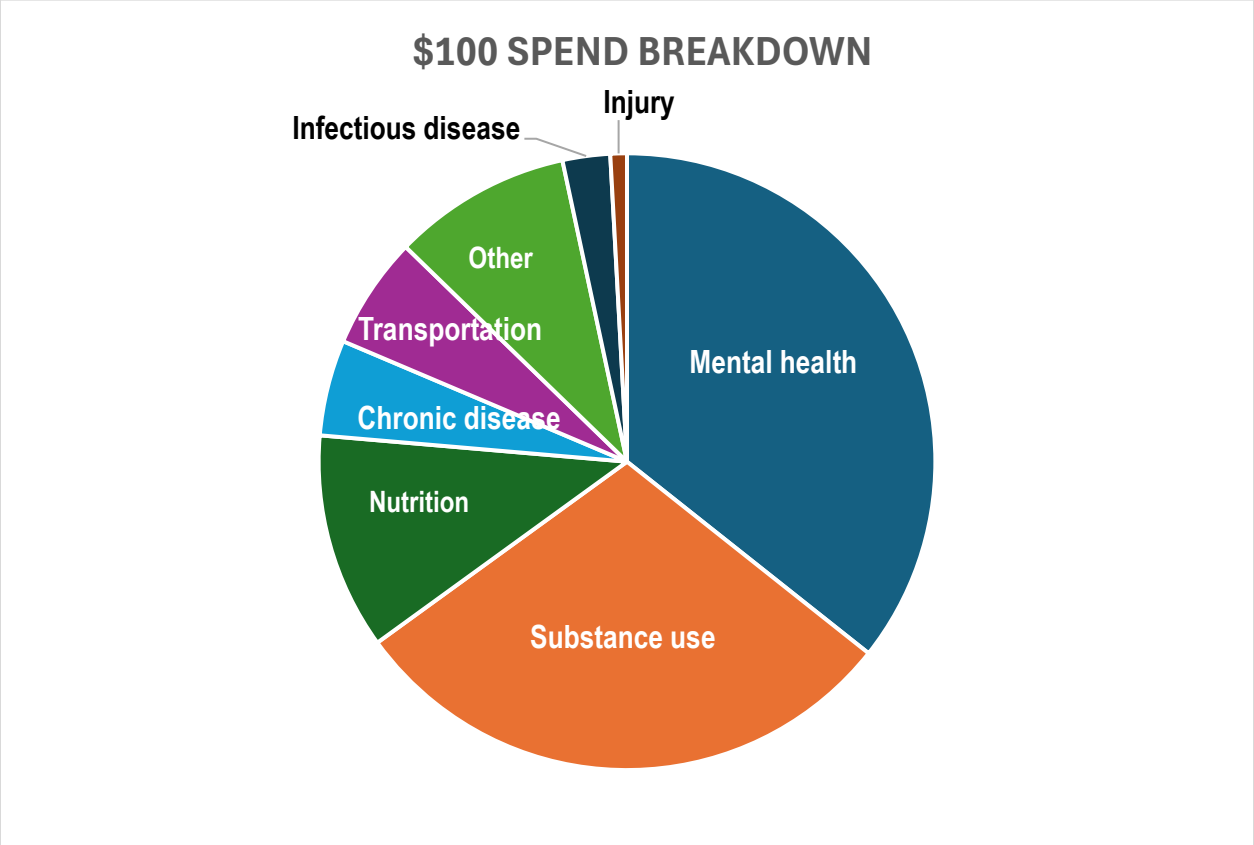


Figure 4: $100 Spend Breakdown

Discussion

CHA and listening session data support the selection of mental health, substance use, nutrition, physical activity and obesity, as key community health issues. It is recognized that social determinants of health including education, income, and access to resources impact health disparity in our communities. The recognition of the relationship between health disparity and social determinants of health will help community partners design and develop programming for populations of interest, individuals who are low income, youth, and older adults.

Feedback suggests that the definition of mental health is broad and moves beyond diagnoses to include mental wellbeing, connectedness, and behavioral health. Education and awareness were referenced repeatedly in listening session feedback as an area for improvement and will require a multi-faceted approach to improving health, including developing audience-specific messaging, using a tailored mode of communication, and having an engaged coalition agree to what defines success for these efforts.

Strong community partners and a desire for interagency collaboration are recognized as vital to the improvement of health and are key to sharing and pooling resources, maximizing both impact and reach. Organizations should make efforts to align data collection and data sharing when relevant. Community navigation was referenced as an important service model and should be further supported, designed, and developed to maximize client reported outcomes that improve health and well-being.

Areas of focus identified in this plan align with Wisconsin State Health Improvement Priorities: mental and emotional health and well-being, social connectedness and belonging, systemic safety (e.g. substance use and harm reduction offered as part of a continuum of care), and the development of social and community conditions to support health (e.g. tailored interventions for populations).

Wisconsin State Health Improvement Plan Framework

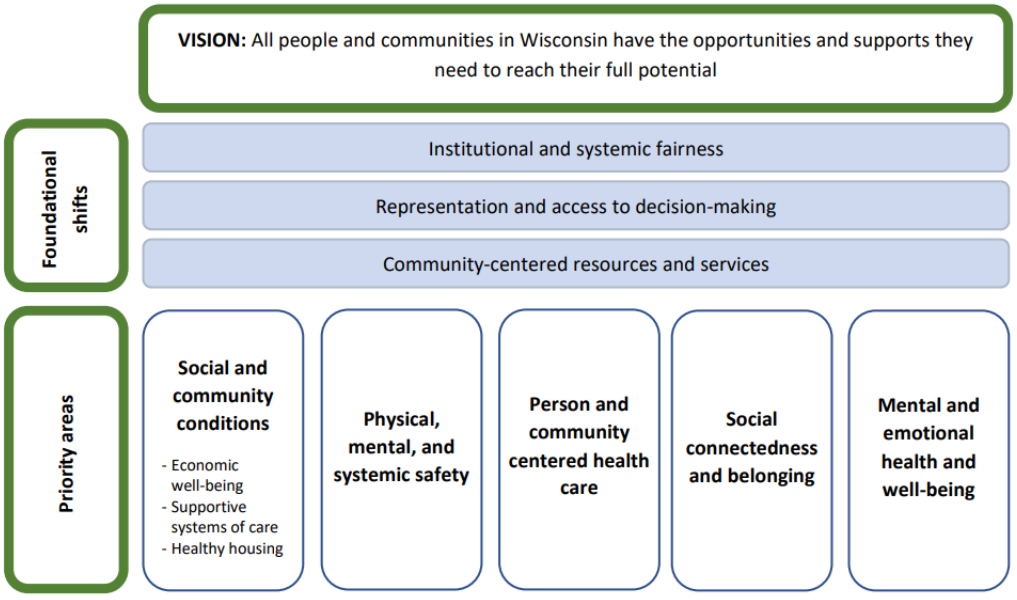


Figure 5: Wisconsin State Health Improvement Plan Framework 2023-2027

Next Steps

The Health Department will convene a steering committee to develop and provide input into the 2026-2028 coalition structure, membership, meeting design and deliverables.

Coalition members will review data collected from the CHA and community listening sessions, review data collected on identified health priorities, fill in gaps, and complete a series of activities focused on assessing the drivers of health in the community for various populations. Coalition members will assist with the design of events and programming focused on improving health based on feasibility and impact, considering low or no-cost options and overlap with current programming and identified priorities. Having coalition members identify objectives serves the following purposes: generating community buy-in, shared ownership of stated objectives, and shared use of financial resources. Reflections and lessons learned during this process were collected for future planning cycles (APPENDIX B).

References

[1]*Ozaukee County, Wisconsin—Census Bureau Profile*. (n.d.). Retrieved January 7, 2025, from https://data.census.gov/profile/Ozaukee_County,_Wisconsin?g=050XX00US55089#employment

[2]*Washington County, Wisconsin—Census Bureau Profile*. (n.d.). Retrieved January 8, 2025, from https://data.census.gov/profile/Washington_County,_Wisconsin?g=050XX00US55131

Secondary Data Sources

[3]Community Needs Assessment. (n.d.). *SparkMap*. Retrieved November 13, 2024, from https://sparkmap.org/report/

- Housing costs (*Demographics & Social Determinants of Health*); STI - Gonorrhea incidence (*Health Risk Behaviors*); and Mortality - Coronary heart disease (*Health Outcomes*).
- By County: Washington and Ozaukee
- Years 2018 – 2022.

County Health Rankings & Roadmaps. (n.d.). Retrieved November 13, 2024, from https://www.countyhealthrankings.org/health-data/wisconsin/

- Access to exercise (*Demographics & Social Determinants of Health*); Alcohol impaired driving deaths (*Health Risk Behaviors*); Childcare cost burden (*Demographics & Social Determinants of Health*); Mental health providers to patient ratio (*Health Outcomes*).
- By County: Washington and Ozaukee
- Childcare cost burden, 2022 – 2023.

Dose of Reality: Opioid Deaths by County Dashboard | Wisconsin Department of Health Services. (2019, November 5). https://www.dhs.wisconsin.gov/opioids/deaths-county.htm

- *Health Risk Behaviors*
- All opioid deaths and deaths by sex.
- By County: Washington and Ozaukee

S0101: Age and Sex—Census Bureau Table. (n.d.). Retrieved November 13, 2024, from https://data.census.gov/table/ACSST1Y2023.S0101?g=050XX00US55131

- *Demographics & Social Determinants of Health*
- Washington County
- Year 2023.

S0101: Age and Sex—Census Bureau Table. (n.d.). Retrieved November 13, 2024, from https://data.census.gov/table/ACSST1Y2023.S0101?g=050XX00US55089

- *Demographics & Social Determinants of Health*
- Ozaukee County
- Year 2023.

Table of Washington Ozaukee Cancer Indicators. (n.d.). Metopio. Retrieved November 13, 2024, from https://metop.io/insights/metop.io/insights/1r2cvndi

- Invasive breast and prostate cancer (*Health Outcomes*).

U.S. Census Bureau QuickFacts: Ozaukee County, Wisconsin; Washington County, Wisconsin. (n.d.-a). Retrieved November 13, 2024, from https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,washingtoncountywisconsin/PST045223

- *Demographics & Social Determinants of Health*
- Median income for Ozaukee County.

U.S. Census Bureau QuickFacts: Washington County, Wisconsin. (n.d.-b). Retrieved November 13, 2024, from https://www.census.gov/quickfacts/fact/table/washingtoncountywisconsin/PST045223

- *Demographics & Social Determinants of Health*
- Median income for Washington County.

VisionLink. (n.d.). *211 Wisconsin*. Retrieved November 13, 2024, from https://211wisconsin.communityos.org/login

- *Demographics & Social Determinants of Health*
- Data populated by Washington and Ozaukee County and top 5 services.
- January – December 2023.

Wisconsin | UnitedForALICE. (n.d.). Retrieved November 13, 2024, from https://unitedforalice.org/county-reports/wisconsin

- *Demographics & Social Determinants of Health*
- Point-in-time data for Ozaukee and Washington County. Total population multiplied by the percent of ALICE households.
- Year 2022.

Wisconsin Electronic Disease Surveillance System. (2018). *Number of Cases Chlamydia* [STI Report State Age Grouping].

- *Health Risk Behaviors*

Wisconsin Electronic Disease Surveillance System. (2024). *Number and Percent of Reportable Illness.* [BOH Report].

- *Health Risk Behaviors*

Wisconsin REALTORS® Association: Wisconsin Housing Statistics. (n.d.). Retrieved November 13, 2024, from http://www.wra.org/housingstatistics/

- *Demographics & Social Determinants of Health*
- Southeast Region, Washington and Ozaukee County, Median Price Year-to-Date.

WISH Query: Infant Mortality Module | Wisconsin Department of Health Services. (2014, October 9). https://www.dhs.wisconsin.gov/wish/infant-mortality/form.htm

- *Health Outcomes*
- Infant mortality rate (<365 days), by region, and all causes.

WISH Query: Injury-Related Hospitalizations (2016+) | Wisconsin Department of Health Services. (2018, September 25). https://www.dhs.wisconsin.gov/wish/injury-hosp/query.htm

- *Health Outcomes*
- "Non-fatal only" number of hospitalizations for injuries. Data extrapolated as all age groups by year.
- "Other injuries" category: suffocation, firearms, drowning, assault, self-harm injuries, traumatic brain injury, and unintentional fire injury.

WISH: Violent Death Module | Wisconsin Department of Health Services. (2014, October 9). https://www.dhs.wisconsin.gov/wish/violent-death/index.htm

- *Health Outcomes*
- The decedents county of injury, not their residence.

[4]Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

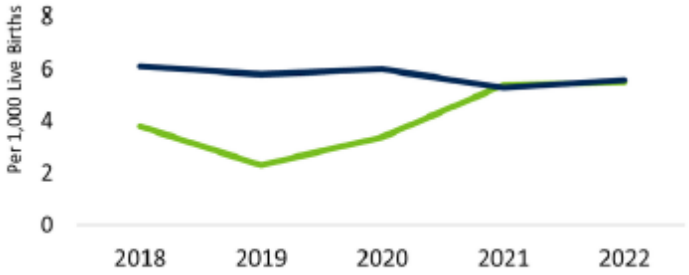
Appendix A

Secondary Data & Survey by County

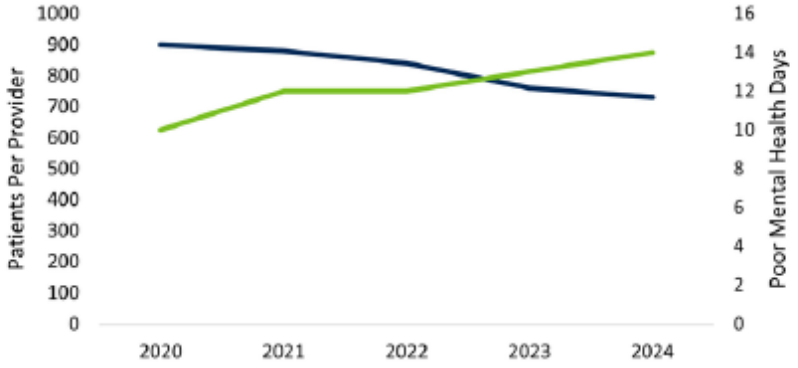
Washington County

Health Outcomes

In 2021 and 2022, **Wisconsin** and **Washington County** infant mortality rates were similar



Patients per provider are decreasing while **reported poor mental health days** are increasing

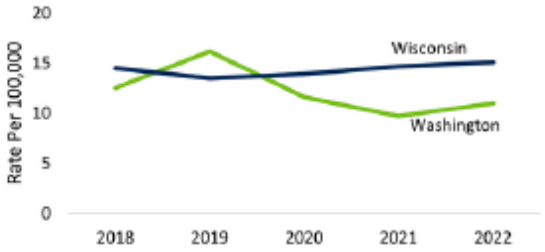


Injury-Related Hospitalizations (2019 - 2023)

Unintentional Fall	2,162
Other	472
Poisoning	396
Motor Vehicle Accident	282

Men are more likely to die of heart disease compared to **women** (2019-2023)

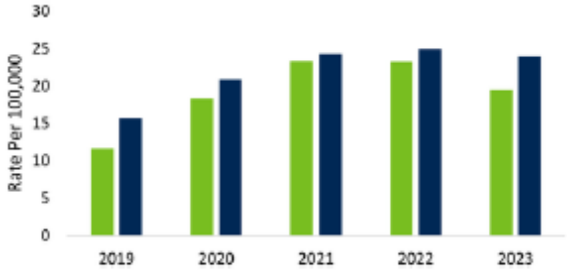
Violent death rates are decreasing in Washington County



Invasive breast and prostate cancer diagnosis rates are higher in Washington County than Wisconsin (2017 - 2021)

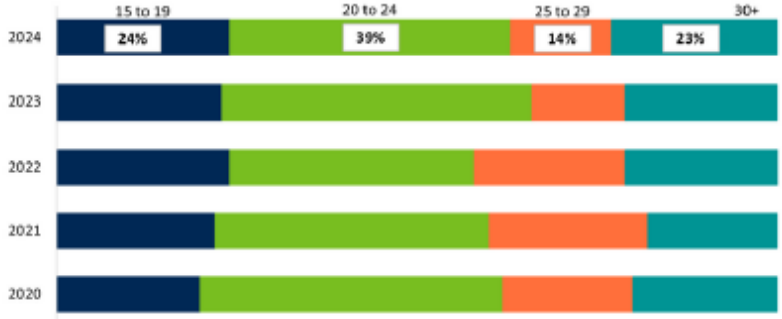
Health Risk Behaviors

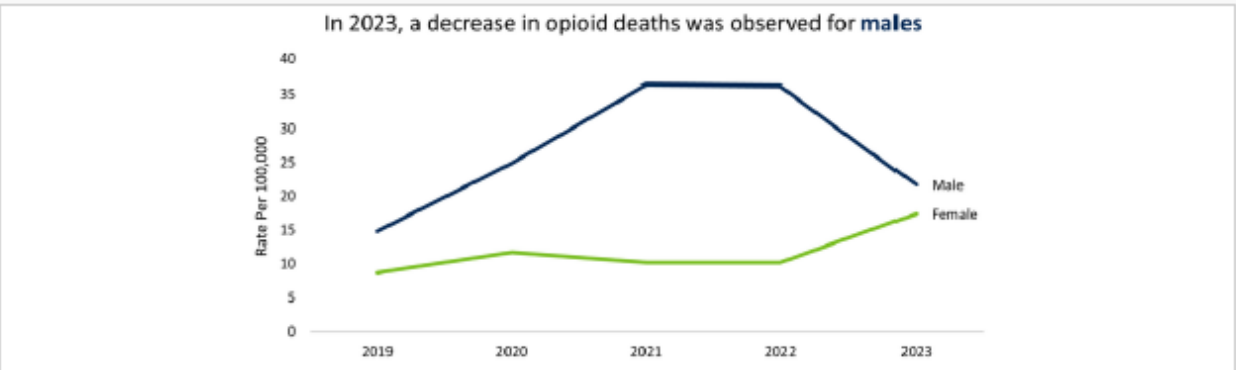
Opioid deaths are increasing in Washington County and Wisconsin

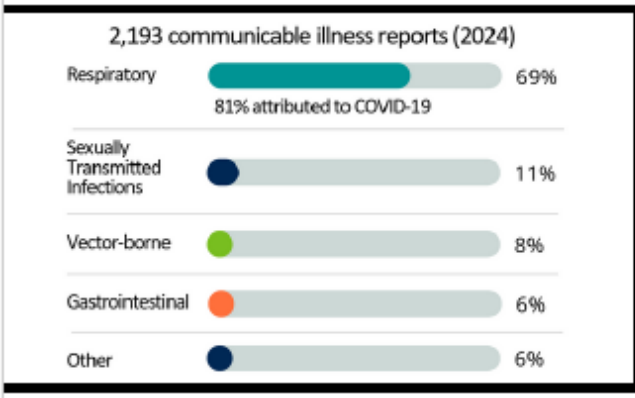


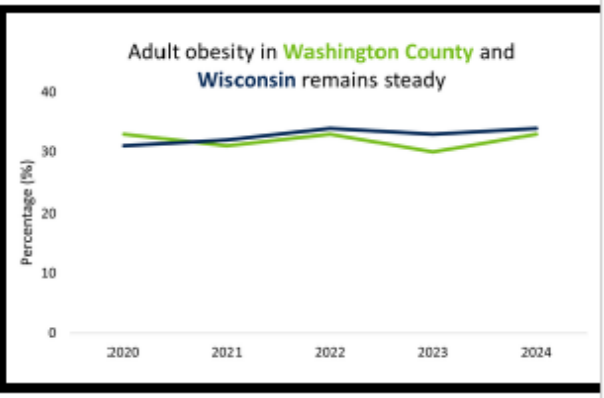
18% of adults reported no leisure-time physical activity (2024)

Chlamydia is highest for individuals aged 20 to 24

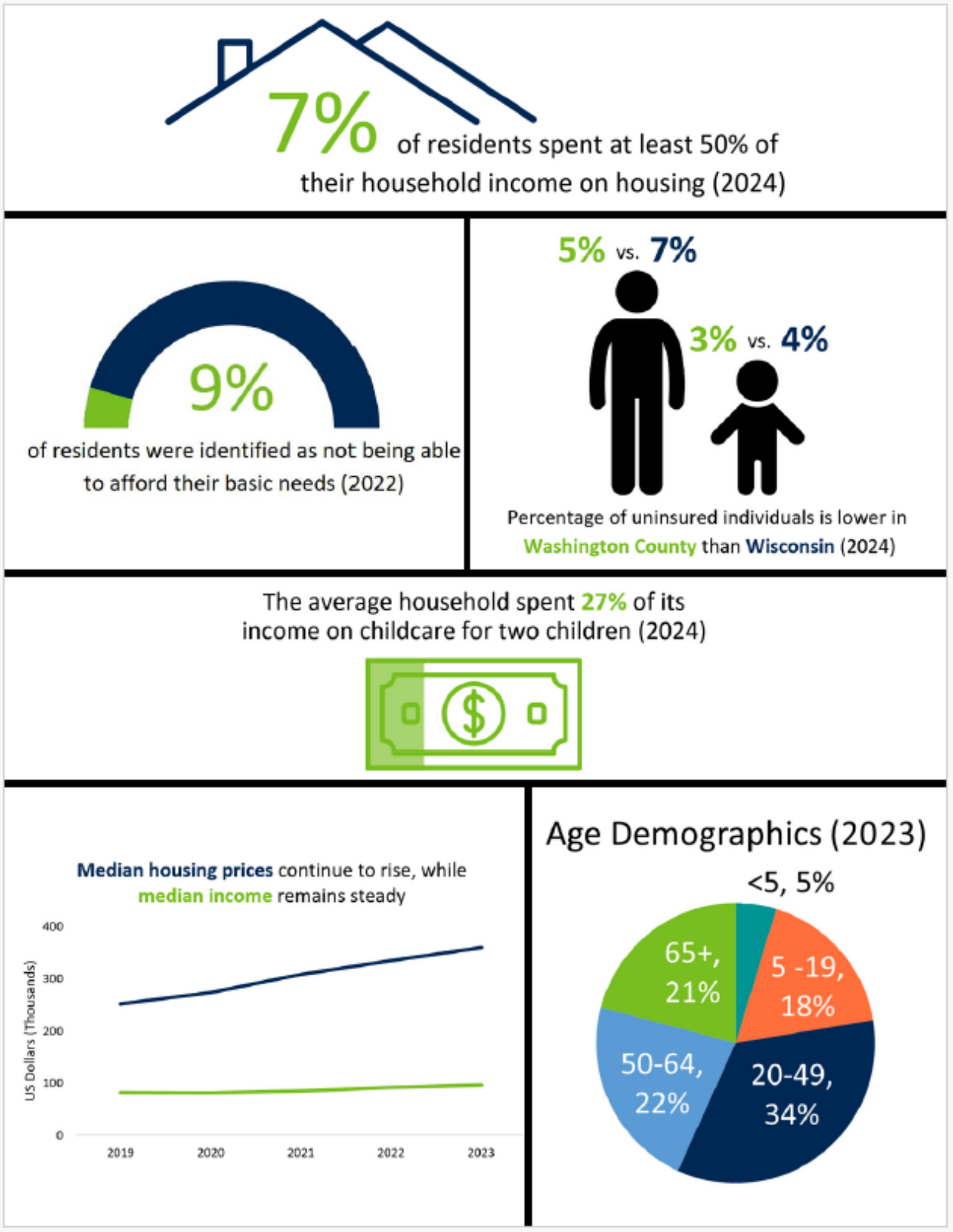








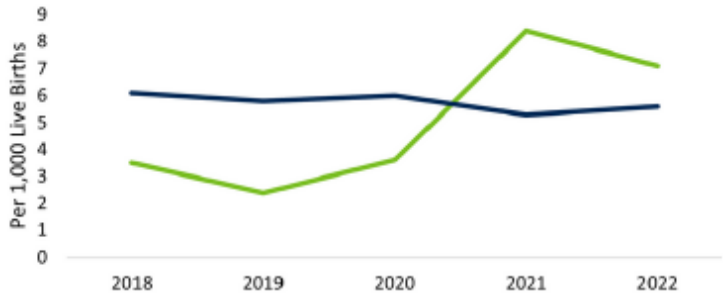
Demographics and Social Determinants of Health


7% of residents spent at least 50% of their household income on housing (2024)
9%
of residents were identified as not being able to afford their basic needs (2022)
5% vs. 7%
3% vs. 4%
Percentage of uninsured individuals is lower in Washington County than Wisconsin (2024)
The average household spent 27% of its income on childcare for two children (2024)
Median housing prices continue to rise, while median income remains steady
US Dollars (Thousands)
400
300
200
100
0
2019
2020
2021
2022
2023
Age Demographics (2023)
<5, 5%
5 -19, 18%
20-49, 34%
50-64, 22%
65+, 21%

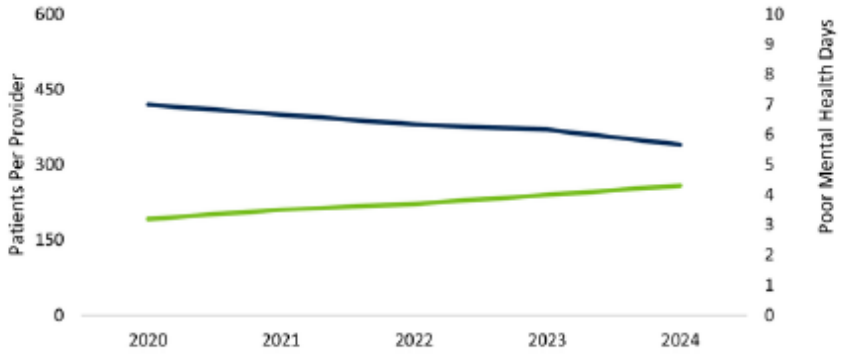
Ozaukee County

Health Outcomes

Wisconsin infant mortality rate is decreasing while **Ozaukee County** is increasing



Patients per provider are decreasing while **reported poor mental health days** are increasing

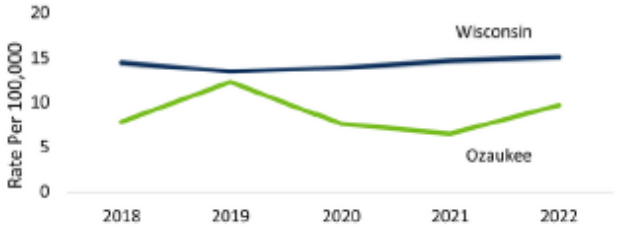


Injury-Related Hospitalizations
(2019 - 2023)

Unintentional Fall	1,464
Other	299
Poisoning	207
Motor Vehicle Accident	119

Men are more likely to die of heart disease compared to **women** (2019-2023)

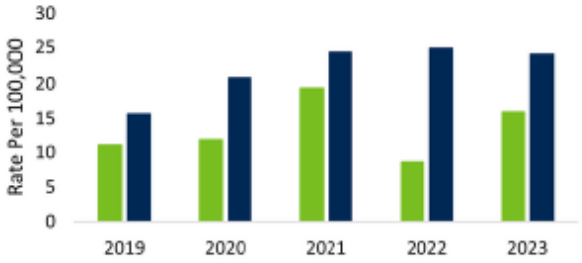
Violent death rates vary in Ozaukee County



Invasive breast and prostate cancer diagnosis rates are higher in Ozaukee County than Wisconsin (2017-2021)

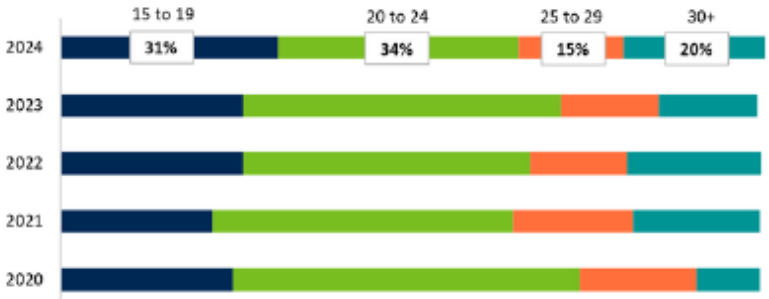
Health Risk Behaviors

Opioid deaths are increasing in Ozaukee County and Wisconsin

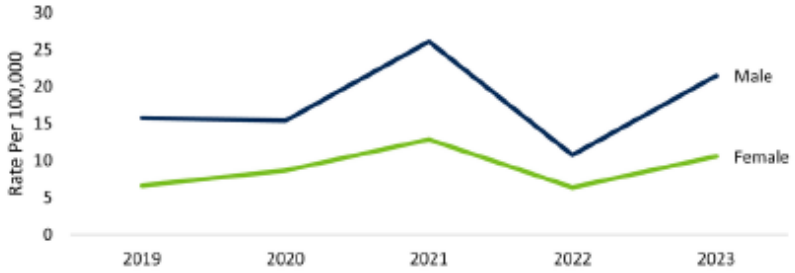


15% of adults reported no leisure-time physical activity (2024)

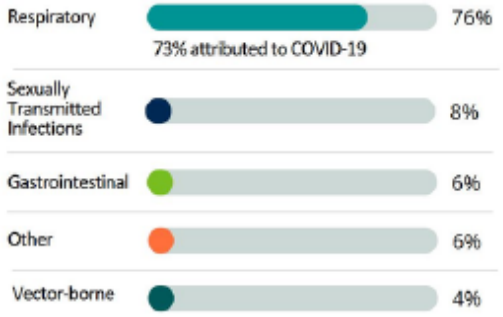
Chlamydia is highest for individuals aged 20 to 24



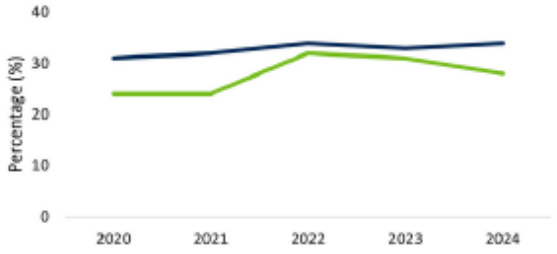
In 2021 and 2023, a large increase in **male** opioid deaths was observed



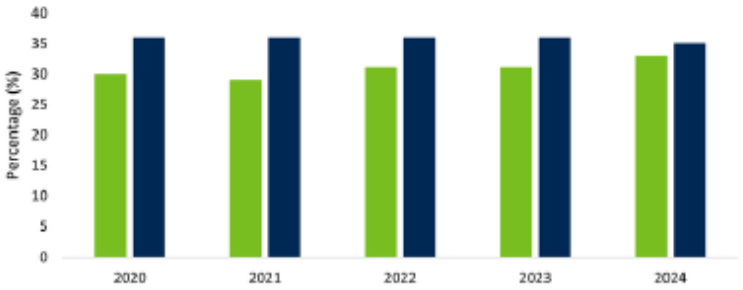
1,560 communicable illness reports (2024)



Adult obesity in **Ozaukee County** is slightly lower compared to **Wisconsin**

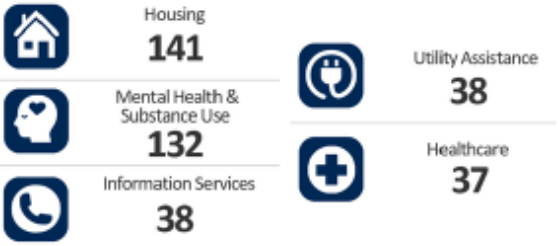


Alcohol impaired driving deaths in both **Ozaukee County** and **Wisconsin** have remained consistent



Demographics and Social Determinants of Health

Top 5 Requested Services, 211 (2024)



10% of residents spent at least 50% of their household income on housing (2024)

of residents were identified as not being able to afford their basic needs (2022)

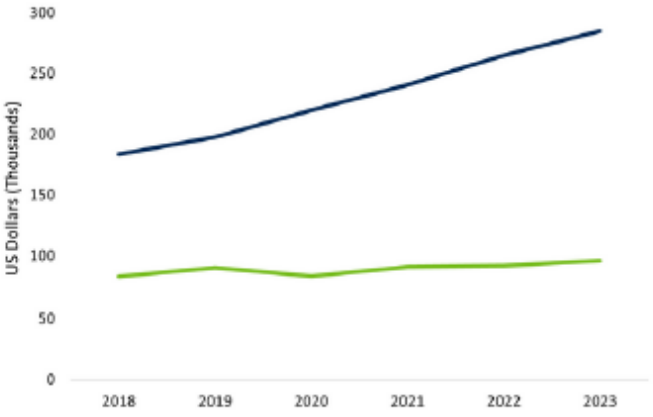
4% vs. 7%

3% vs. 4%

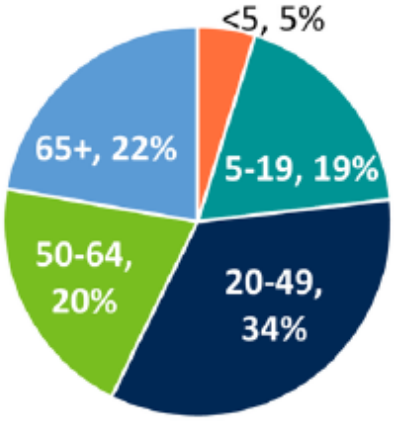
Percentage of uninsured individuals is lower in **Ozaukee County** than **Wisconsin** (2024)

The average household spent 32% of its income on childcare for two children (2024)

Median house prices continue to rise while **median income** remains steady



Age Demographics (2023)



Community Health Improvement Plan Survey

Review the most recent data for the county that you live or work in and fill out the survey.

What did you find most surprising?

What health concern is missing from this data?

What health topics need improvement in the community? (select top 3)

☐Chronic Disease (heart disease, stroke, cancer, diabetes)
☐Communicable Disease
☐Mental Health
☐Nutrition, Physical Activity & Obesity
☐Substance Use
☐Unintentional Injury
☐Other*, Please specify:

What else would you like to share with us?

What is your age?

☐Under 18
☐18-34
☐35-44
☐45-54
☐55-64
☐65+

What is your gender?

☐Male
☐Female
☐Prefer not to answer

I live or work in:

☐Ozaukee County
☐Washington County
☐Both
☐Other* Please specify:

I live or work in the following municipality (town/village/city):

Thank you for helping us identify health issues in the community!

Appendix B

Lessons Learned

Lessons Learned

CHIP was historically proctored by public health every five years. This year, the process coincided with the Community Health Needs Assessment (CHNA), a process that involves public health but is led by area hospital systems. A concern for survey fatigue and pooling of resources was brought forward for discussion. In the future, the CHIP will be proctored every 3 years and build on the CHNA. For the CHNA, paid social media advertising demonstrated success: a technique that boosted community response numbers and was not utilized for the CHA. Social media advertising should continue to be used for future community health assessments.

Development of materials for the CHIP was cumbersome. Moving forward, the public health strategy team will continuously update a series of health indicators and trends to assist with secondary data. When breaking out age groups, strategists will consider how other data sources categorize information.

As a multi-county health department, data collection requires organization and labeling for efficient dissemination materials. Materials should be clearly labeled, maximizing response time from the public. Personal outreach compared to established community groups netted a larger engagement response for the CHA (e.g. podcast, established library groups) vs. tabling events and static community displays. It would be helpful to discern how feedback was captured in the future (e.g. self-submission, paper entry, interview etc.). Transcription of small group discussion was impacted by audio quality. Collection and transcription processes could be improved in future cycles by booking individual rooms for breakout sessions. Listening session questions should be reformatted, reflecting an iterative process: example, ask 14 questions- first seven questions help identify health issues and service gaps, next seven questions ask detailed questions about the identified issues.