

CITY OF RACINE HEALTH DEPARTMENT



HEALTHIEST RACINE

COMMUNITY HEALTH IMPROVEMENT PLAN

2013 ~ 2017

RACINE ON THE LAKE

Prepared for the Residents of the City of Racine
and the Villages of Elmwood Park and Wind Point

Executive Summary

Introduction

Since 1993, Wisconsin statute has required that communities throughout the state develop and implement a local Community Health Improvement Plan (CHIP) that concentrates on priority health issues impacting their residents. CHIP involves ongoing Needs Assessment and evaluation through data collection and analysis, the development of public health policies and procedures, implementation of strategic interventions and programs, and the involvement of policy makers, stakeholders, and the community. The Needs Assessment components – the Environmental Assessment, Stakeholder interviews, Focus Groups, and survey – were completed in 2008; previous CHIP's were completed in 1997 and 2003.

Racine's CHIP is organized around the Wisconsin state publication, *Healthiest Wisconsin 2010*, and its 11 health priorities, in addition to infant mortality. It highlights local health concerns, recognizes community assets and resources, identifies health priorities, and mobilizes community resources to improve the health status of area residents.

Racine developed its CHIP for the years 2012-2016 using the framework provided by the National Association of County and City Health Officials guidance, *Mobilizing for Action through Planning and Partnerships*. The steps taken to develop Racine's CHIP consisted of:

- Establishing a Steering Committee;
- Developing a vision;
- Identifying barriers to achieving the vision;
- Conducting needs assessments through a community survey, data collection and analysis related to health status indicators, stakeholder interviews, focus groups and dialogue with key constituencies;
- Assembling subject matter experts to engage in strategic planning; and
- Designing specific strategic plans around local health priorities.

Overview

The Steering Committee developed the vision for the CHIP in response to the following question:

“In the next 5 years, what do you want to see in place as a result of Racine’s Community Health Improvement Plan?”

While data for the health priorities are contained in the CHIP, three health issues were recognized as being paramount to the public's health. The strategic priorities that serve as the focal point of community health improvement efforts are:

- Infant Mortality
- Access to Primary and Preventive Health Services
- High Risk Sexual Behavior

The Steering Committee identified implementation barriers, analyzed the results of the needs assessment, and assembled subject matter experts from the community to develop a strategic plan to address the three health priorities.

Racine Community

The City of Racine 2010 census reports a population of 78,860. The residents of Racine are diverse, with Caucasians making up 62% of the population followed by African Americans at 23% and Hispanics at 21%. There are 30,530 households in Racine, 32% of which have children under the age of 18.

The city has been a major industrial center for much of its history including manufacturing giants such as Case Corporation (manufacturer of agricultural and construction equipment) and S.C. Johnson (cleaning and chemical products). The University of Wisconsin Parkside, Carthage College, and Gateway Technical College are also located in the region.

Health care is primarily provided by two health systems – Wheaton Franciscan Health Care - All Saints (WFHC-AS) and Aurora Health Care (Aurora). The City of Racine Health Department (CoRHD) has been designated as a Level III health department by the State of Wisconsin Department of Health Services and provides comprehensive services to its citizens. CoRHD also provides basic Level 1 services to the Villages of Elmwood Park and Wind Point under a contractual agreement.

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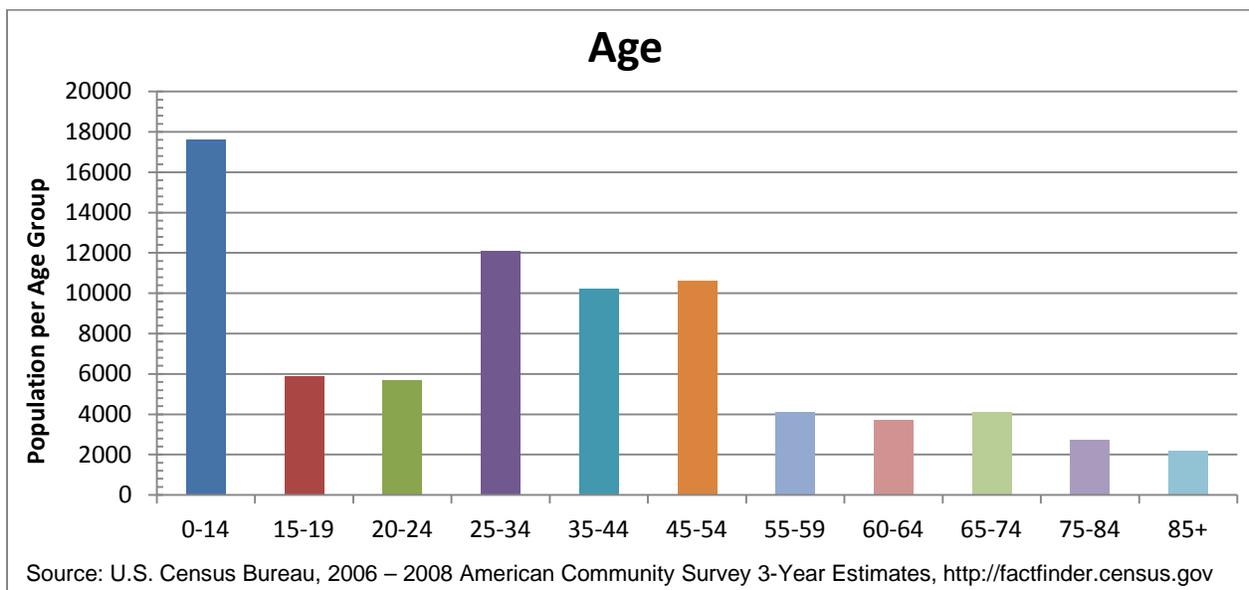
Community Health Status Assessment

Introduction: The following health indicators were prioritized in *Healthiest Wisconsin 2010* and used as a comprehensive description of Racine’s health status. These health indicators reflect major public health concerns, physical, social, and environmental factors, and clarify individual behaviors.

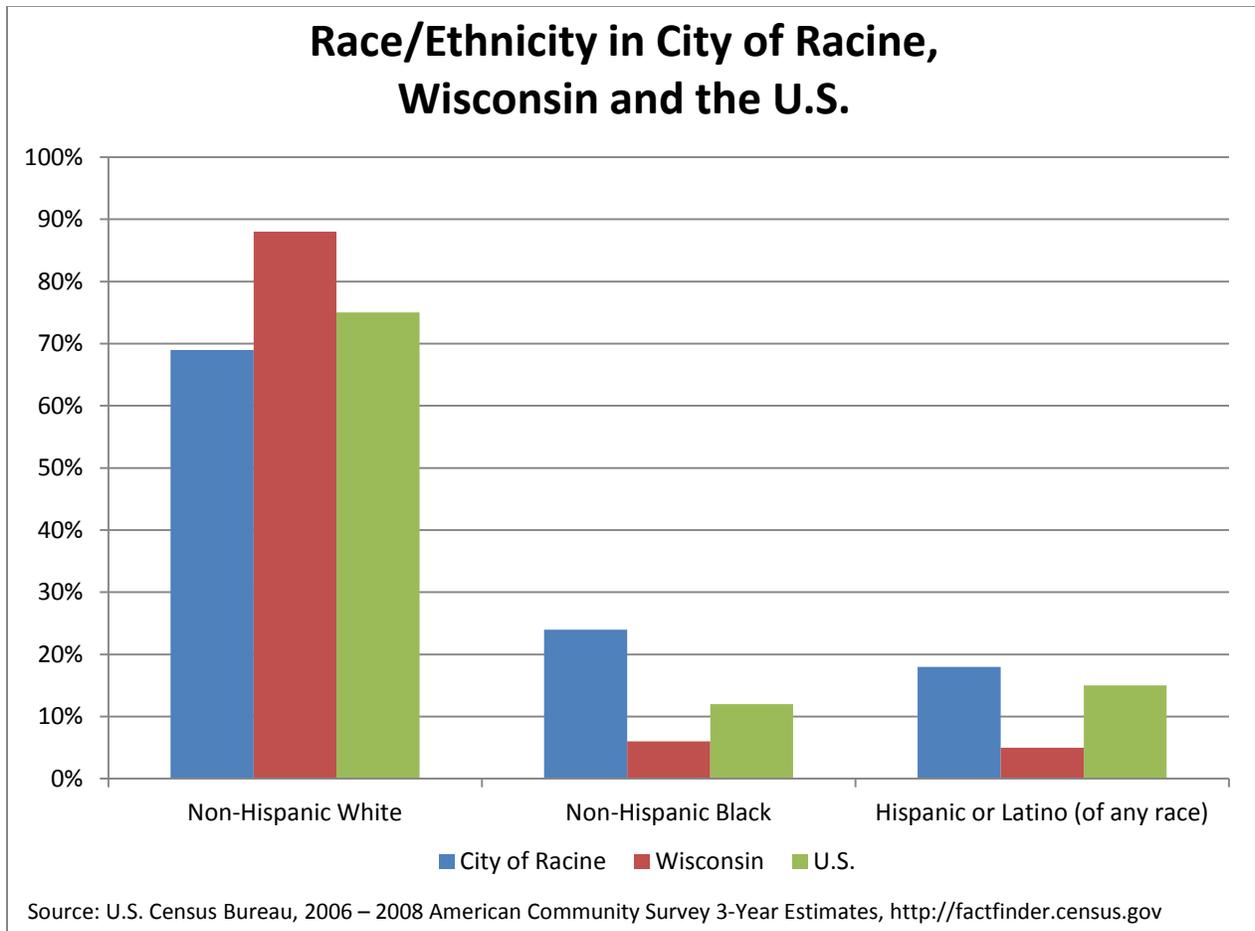
Impact of Race, Ethnicity, Income, and Education: According to *Healthy People 2010*, inequalities in income and education underlie many health disparities in the United States. Income and education are fundamentally related. In general, population groups that suffer the worst health status also are those that have the highest poverty rates and the least education. Disparities in income and education levels are associated with differences in the occurrence of illness and deaths, including heart disease, diabetes, obesity, elevated blood lead levels, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors.

Demographics

With a total population of 78,860, the City of Racine can be described as a racially and ethnically diverse community. Eight percent of the population is under five years of age, 10% of the population is 65 years or over, and 73% of the population is 18 year of age or older.



Compared to the State of Wisconsin and the nation as a whole, Racine has a greater percentage of non-Hispanic African Americans and Hispanics residing in its community. This ethnic diversity has been recognized as an asset and is valued by the community. At the same time, non-Caucasians are more likely to be economically disadvantaged, reside in sub-standard housing, and lack access to primary and preventive health care. Racism was identified as a problem impacting health status by African Americans and Latinos who participated in stakeholder interviews and focus groups.



Social Characteristics: In 2006-2008 there were 30,000 households in the city of Racine with an average household size of 2.5 people. The majority of households (39%) were married-couple families followed by people living alone (33%).

Non-English Speaking Residents: Among people at least five years old living in Racine, 15% spoke a language other than English at home. Of those speaking another language, 39% reported that they did not speak English “very well.”

Education: In 2006-2008, 83% of people 25 years and over had graduated from high school, and 17% of those had a bachelor’s degree or higher. Seventeen percent of the population was reported as being high school drop outs.

Industries: In 2006-2008, the leading industries in the City of Racine were manufacturing (24%) and education, health care and social services (22% each).

Income: In 2006-2008, the median income of Racine households was \$40,976.

Poverty and Participation in Government Programs: In 2006-2008, 15% of Racine residents lived in poverty, with 22% of those being children under the age of 18. Thirteen percent of all families and 29 percent of families with a female head of household had incomes below the poverty level.

Housing: In 2006-2008, Racine had 30,000 occupied housing units with 59 percent being owner occupied and 41 percent renter occupied. Two percent of the households did not have telephone service and 12 percent did not have access to a personal vehicle. Fifty-four percent of renters spent 30 percent or more of their household income on housing.

Top Ten Causes of Death: Cancer is the leading cause of death in Racine County, followed closely by diseases of the heart.

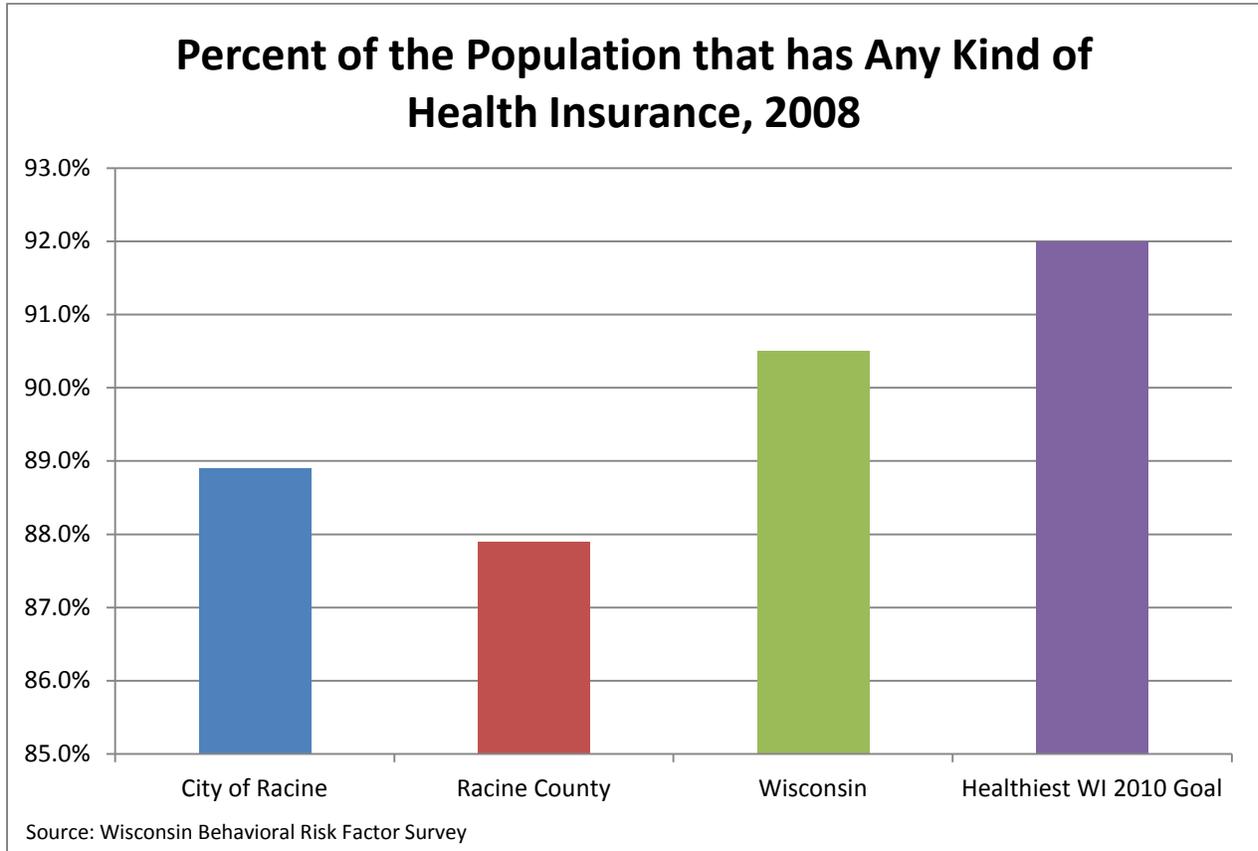
Top Ten Causes of Death, Racine County, 2004 – 2008

1,883	Cancer
1,870	Diseases of the heart
1,138	Other Causes
417	Chronic Lower Respiratory Diseases
393	Accidents (Unintentional Injuries)
377	Cardiovascular Disease
265	Alzheimer’s Disease
226	Diabetes
192	Influenza and Pneumonia
163	Kidney Disease

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Mortality Module, accessed 12/09/09.

Access to Primary and Preventive Health Services

Compared to the State average and *Healthiest Wisconsin 2010* goal, a lower percentage of residents in both the County and City of Racine have health insurance coverage.

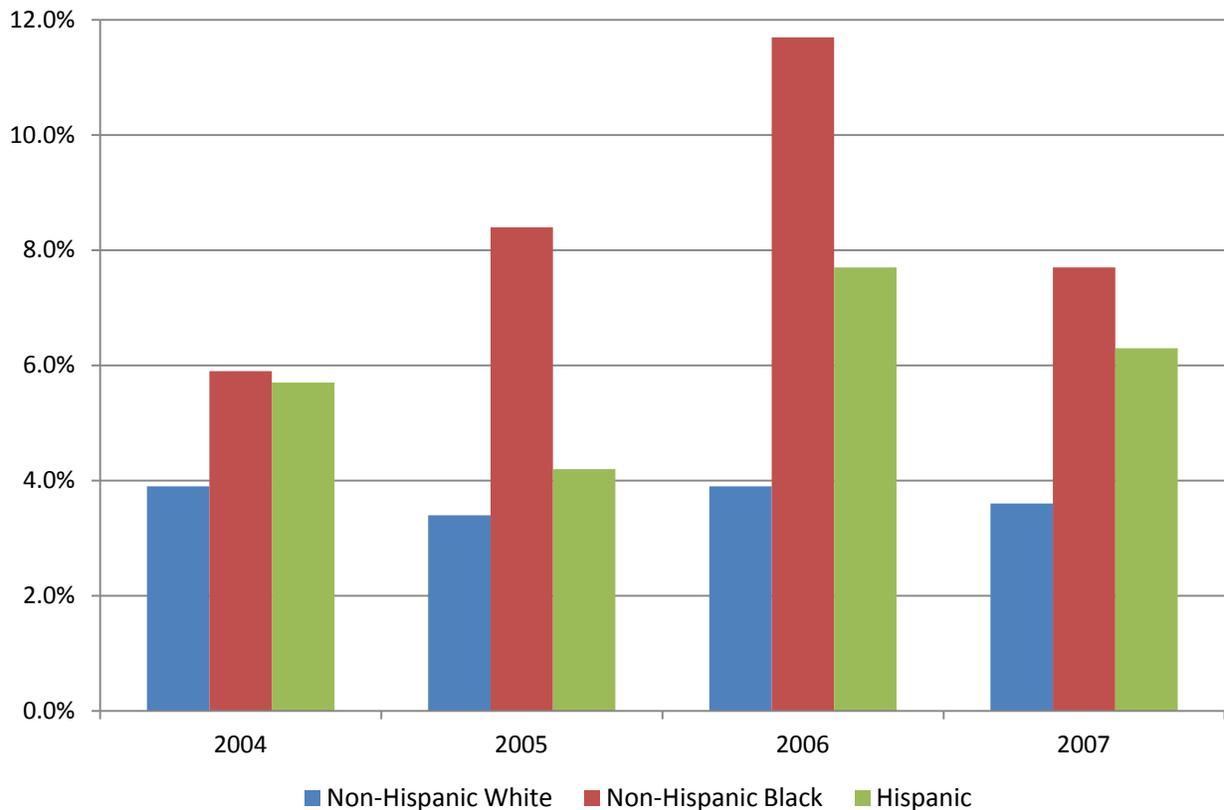


It is important to remember that having health insurance does not necessarily translate into access to health care services, especially dental care, mental health and preventive services.

With or without health insurance, barriers in access to health care were consistently identified throughout the needs assessment. Cost, language, and transportation were cited as specific barriers with the overall economic condition identified as an issue influencing the availability of health insurance. Further barriers to health care include lack of awareness of services, literacy, fear, and lack of trust.

Services for those in need of dental care, mental health, and alcohol and other drug abuse (AODA) services have been identified as deficient in Racine. Access to health care also impacts healthy birth outcomes as evidenced by the data showing that non-Hispanic African Americans and Hispanics are more likely to start prenatal care in the third trimester or receive no prenatal care at all.

Percent of Mothers Starting Prenatal Care in Third Trimester or No Prenatal Care, by Race/Ethnicity, 2004-2007



Source: Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH), <http://dhs.wisconsin.gov/wish/>, Birth Counts Module, accessed 12/03/09.

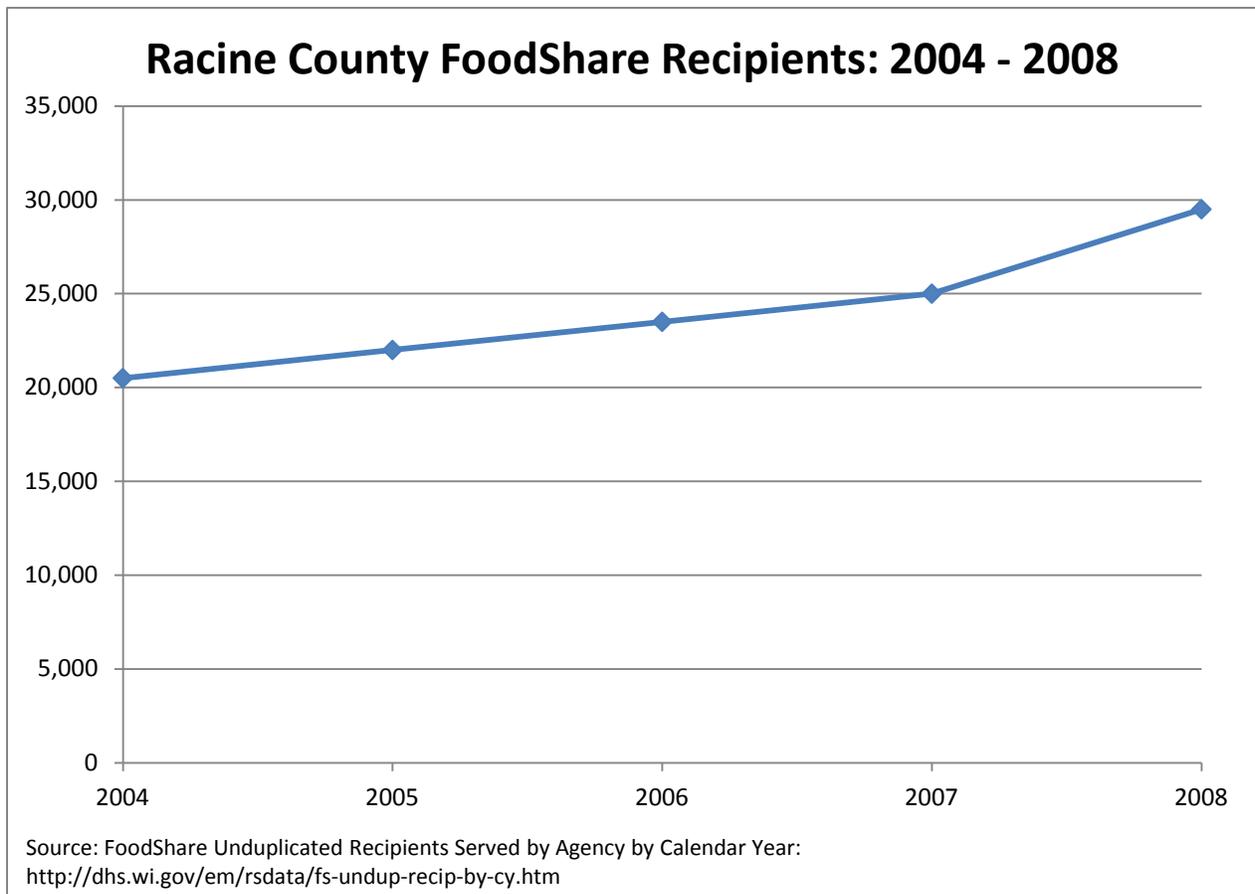
Transportation: The Racine County Public Transit-Human Services Transportation Coordination Plan provides a framework to assist the community to improve transportation services by assessing existing transportation needs and services and developing strategies focused on increasing residents' access to transportation in a cost-effective manner.

Adequate and Appropriate Nutrition

Food security means that people have access at all times to enough food for an active and healthy life. It implies that people have sufficient household resources to ensure their ability to acquire food in socially acceptable ways such as regular marketplace sources, not through severe coping strategies like emergency food sources, scavenging, and stealing.

Food insecurity and hunger have harmful health and behavioral impacts. These are of particular concern for pregnant women, children, elderly persons, and other nutritionally vulnerable groups.

The FoodShare program exists to provide food benefits to those in need. The number of recipients receiving this benefit in Racine has increased in the past five years, consistent with the economic downturn. One issue identified as important to increasing healthy food choices as a part of the CHIP Needs Assessment is the lack of healthy and affordable food options, especially in high risk, economically distressed neighborhoods. Participants reported that “fast food” was more accessible economically and geographically to low income areas.



Alcohol and Other Substance Use

Substance abuse and its related problems are among society's most pervasive health and social concerns. Alcohol use and alcohol-related problems are particularly common among adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan. Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history. Excessive drinking has consequences for virtually every part of the body.

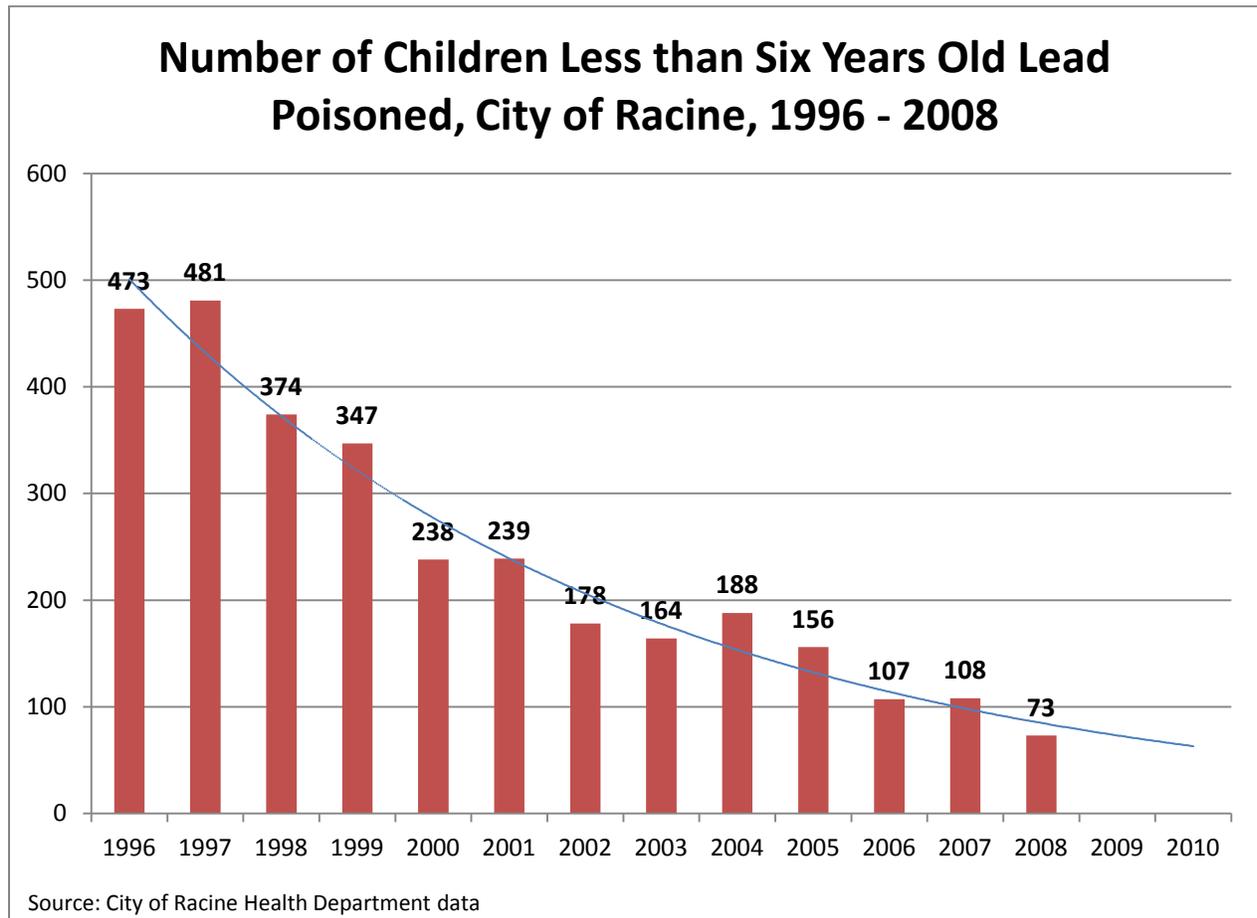
Alcohol and other substance abuse and addiction impacts the entire family system, requires specialized services and often carries a social stigma. Alcohol and drug abuse influences high risk sexual behavior and unintentional injuries, especially motor vehicle accidents. Residents in the city and county of Racine report rates similar to the state of Wisconsin related to heavy alcohol consumption.

Rates of individuals driving under the influence of alcohol and other drugs are similar between the city, county, and the state. However, the rate of consuming five or more alcoholic beverages in the last 30 days is higher in the county of Racine when compared to the city.

Reducing binge drinking and marijuana use among youth, improved screening among health care providers to identify those in need of services, and closing the gap between those who need treatment and those who receive it continue to be important public health priorities.

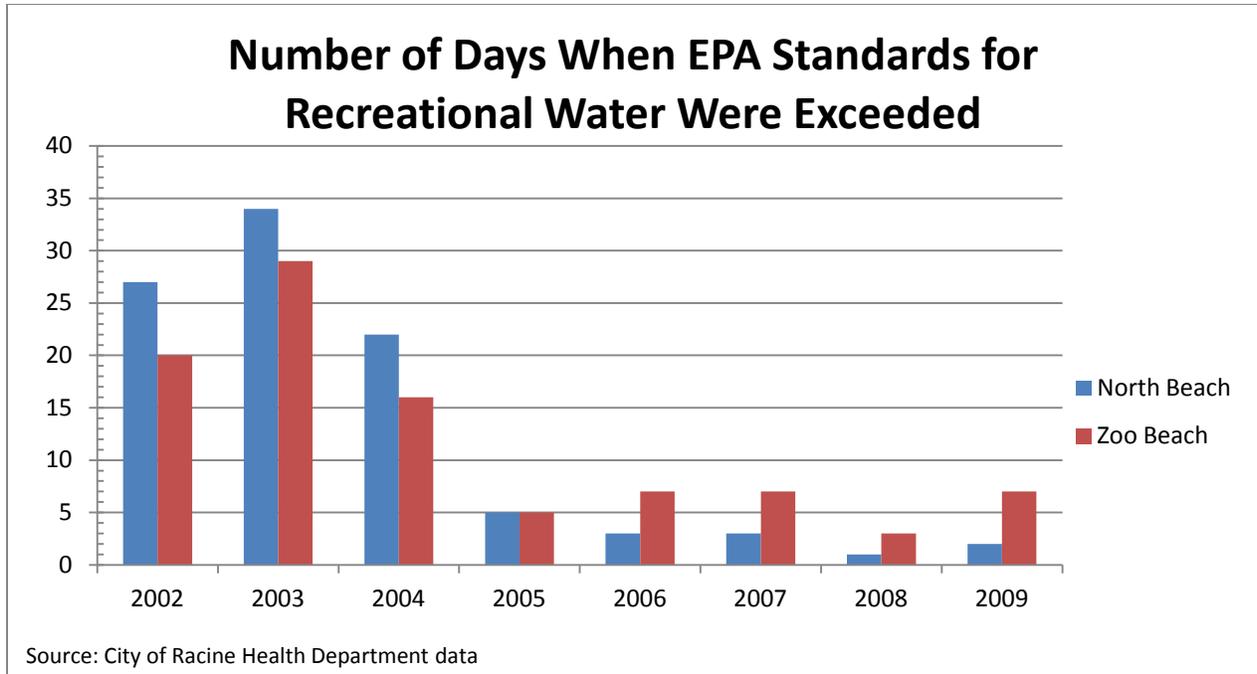
Environmental and Occupational Health Hazards

Environmental health hazards include the safety of food and drinking water, respiratory disease including asthma, and the safety and health of the home environment. The CHIP Needs Assessment consistently identified the success of environmental initiatives in Racine, including the reduction in childhood lead poisoning and improved beach and water quality.



With funding from the U.S. Department of Housing and Urban Development and the State of Wisconsin Department of Health Services, the CoRHD has a strong and experienced childhood lead poisoning prevention program as evidenced by the significant yearly reductions in rates of lead exposure.

Asthma is a leading cause of missed school and work days, and it affects a family's quality of life. The goal of asthma programs is to assure effective medical management that is coordinated with home environmental health programs targeted to the reduction of asthma triggers such as dust mites, rodents, cockroaches and environmental tobacco smoke.



Lake Michigan is an important natural resources for the Racine community. The City has made important strides in water quality, as evidenced by the reduction in the number of days when EPA standards for recreational water were exceeded and beaches closed.

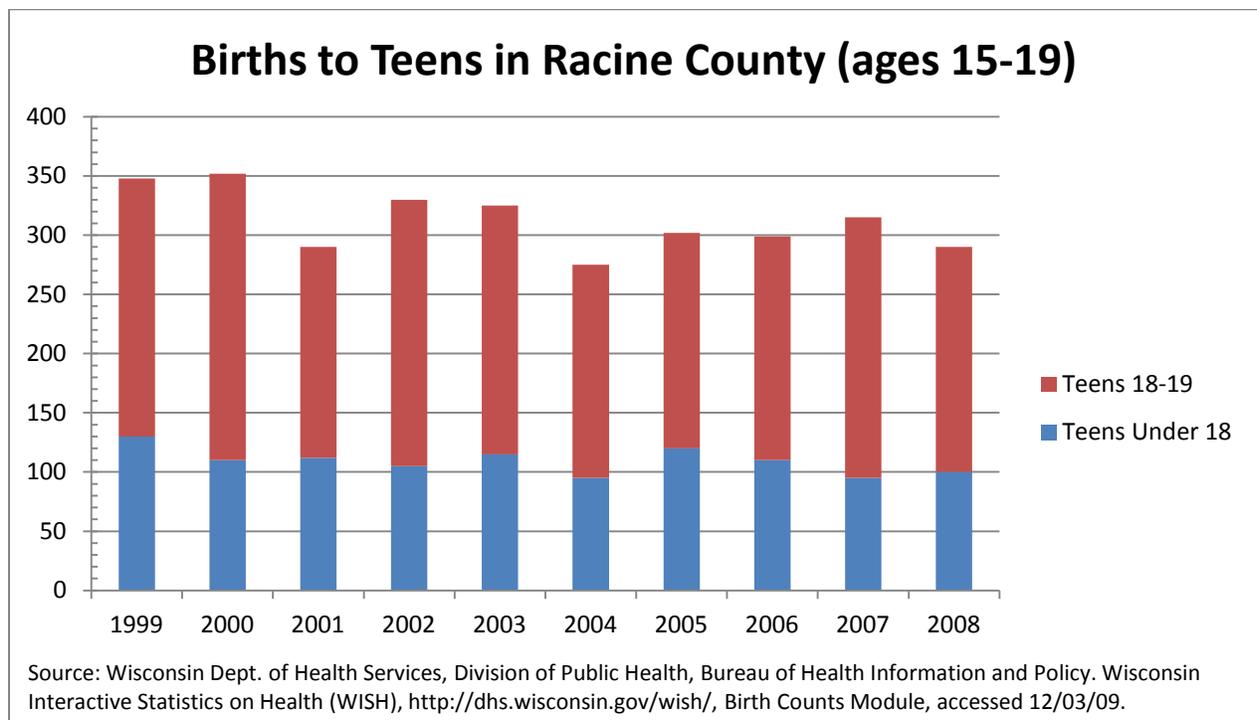
Existing, Emerging, and Re-Emerging Communicable Diseases

Addressing communicable diseases requires a robust surveillance and response system to monitor infectious diseases and detect outbreaks. Central to this issue is assuring that infants, toddlers and school aged children, as well as adults, are fully immunized. Vaccines are among the greatest public health achievements of the 20th century as immunizations prevent disability and death from infectious disease and help to control the spread of infections within a community.

High Risk Sexual Behavior

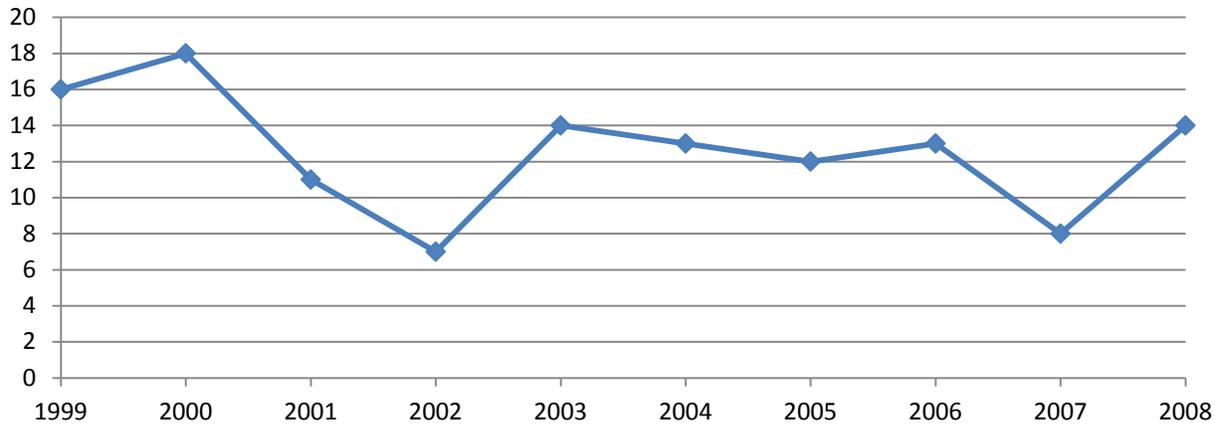
Through high risk sexual behavior, including unprotected sex, individuals are more susceptible to infections and disease that can result in an unintended pregnancy. Promoting responsible sexual behavior throughout the life span includes strengthening community capacity, and increasing access to quality services to prevent sexually transmitted diseases (STDs) including HIV.

For the purpose of the Community Health Improvement Plan, high-risk sexual behavior is defined as the percentage of high school youth engaging in sexual intercourse and the resultant number of unintended pregnancies, as well as the incidence of sexually transmitted diseases.



In Racine County in 2008, there were 290 births to individuals under the age of 20. Of these teen mothers, 186 were Caucasian and 96 were African American. The teen birth rate, the number of live births per 1,000 females aged 15-19 in Racine, was 83.4 compared to the state average of 30.9. The rate in Racine exceeded the City of Milwaukee.

Reported Cases of HIV Infection in Racine County, 1999 - 2008



Source: Wisconsin Division of Public Health, Wisconsin AIDS/HIV Surveillance Summary. HIV/AIDS cases reported 1983 through December 31, 2008: <http://dhs.wisconsin.gov/aids-hiv/Stats/CumEpiProfile2009.pdf>

The rate of HIV infection in Racine since 1999 has varied significantly and experienced an upward trend in 2008.

Infant Mortality

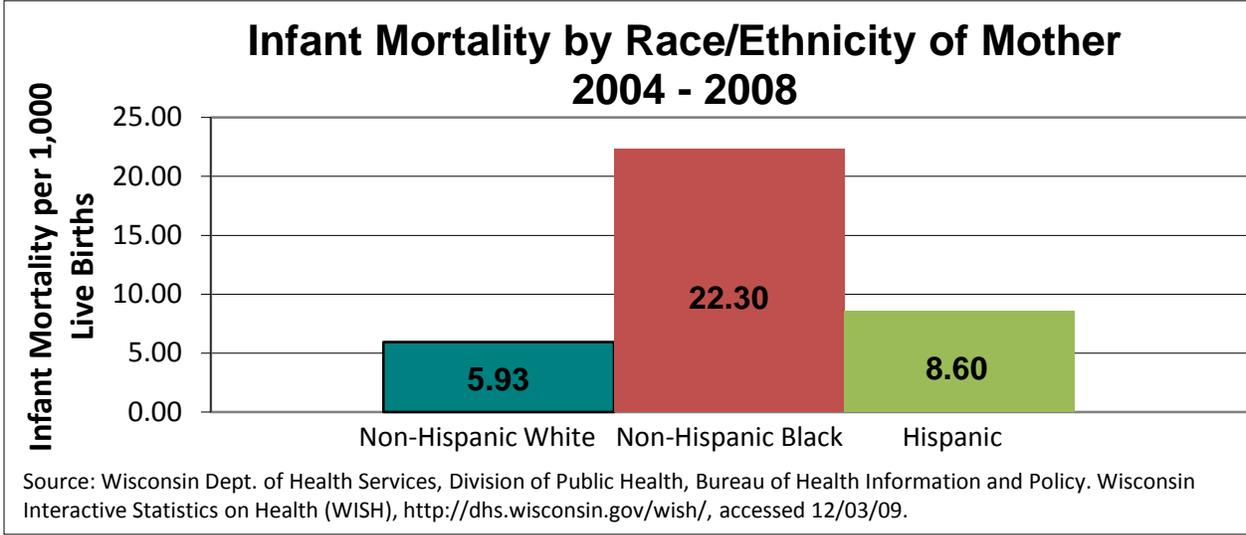
Infant mortality is one of the most sensitive indicators of a community’s overall health. Infant mortality is defined as the death of an infant during its first year of life and is measured by the number of infant deaths per 1,000 live births. The infant mortality rate in the City of Racine has been higher than the rate in the State of Wisconsin and the United States for many years.

Cause of Infant Death: The leading causes of infant death in the City of Racine during 1999-2008 as compared to the State of Wisconsin are shown below.

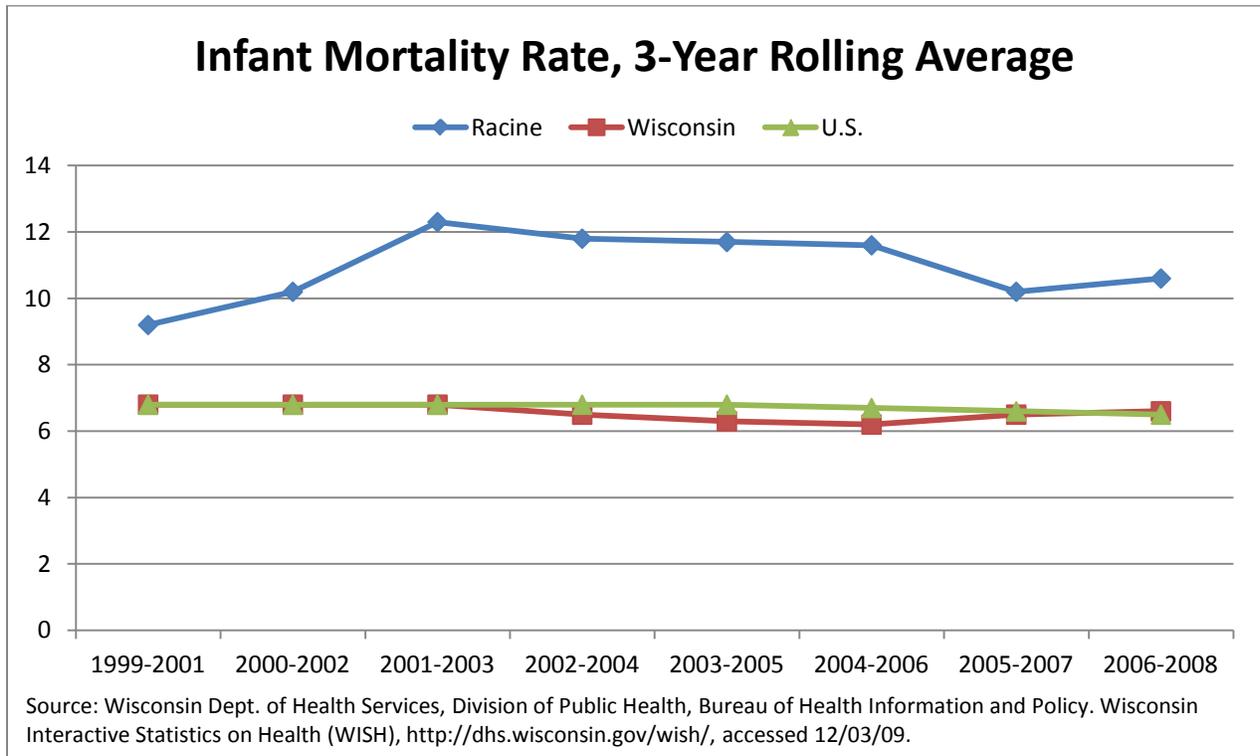
Cause of Death	Racine	WI
Preterm Birth and Low Birth weight	21.0%	19.9%
Sudden Infant Death Syndrome (SIDS)	14.2%	10.6%
Congenital Malformations/Birth Defects	13.6%	20.1%
Maternal Complications of Pregnancy	5.7%	4.7%
Newborn Complications of Placenta/ Cord/ Membranes	4.0%	3.8%
Respiratory Distress of the Newborn	3.4%	3.0%

Source: Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH), <http://dhs.wisconsin.gov/wish/>, accessed 12/03/09.

Infant Death by Race/Ethnicity: Data from the Wisconsin Department of Health Services identifies the infant mortality rate in the United States in 2008 as 6.5 deaths per 1,000 live births. This is compared to Wisconsin’s rate of 7 deaths per 1,000 live births. Most strikingly, the African American infant mortality rate in Racine (2004-2008) was reported as 22.3 deaths per 1,000 live births. That is, an African American infant has a rate of death three times greater than a Caucasian infant does in the first year of life.

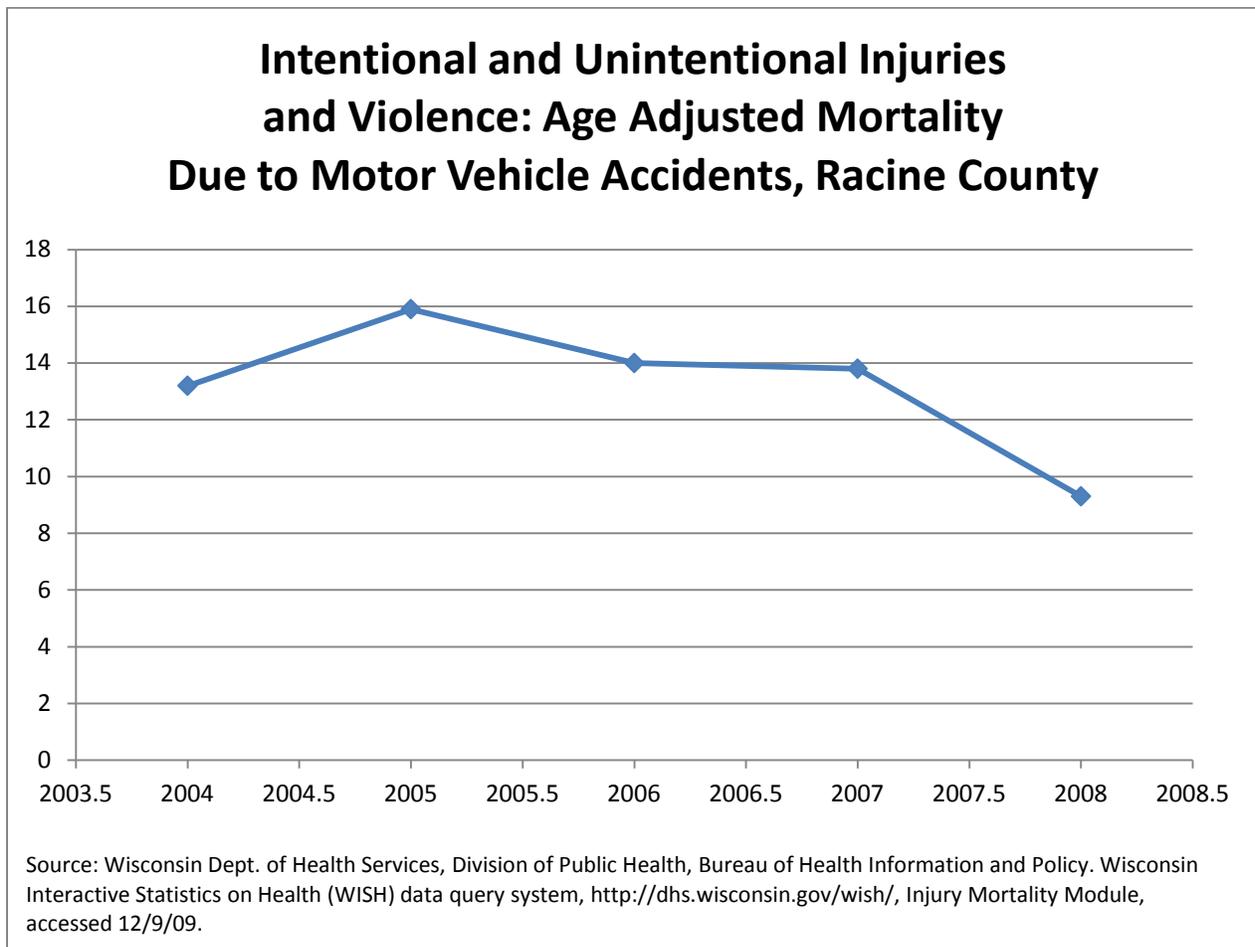


Average number of infant deaths per year: In terms of number of infant deaths since 1999, the graph below identifies Racine's average as higher than the State of Wisconsin and the nation.



Intentional and Unintentional Injuries and Violence

The cost of injury and violence includes direct medical care and rehabilitation, and loss of productivity. The most common causes of injury-related-deaths are falls and motor vehicle crashes. Increased use of safety belts and reductions in impaired driving have proven to be effective measures to reduce death and serious injury of motor vehicle occupants.



Mortality due to motor vehicle accidents in Racine County has declined since 2005.

Intentional and Unintentional Injuries and Violence

Injury Related Deaths in Racine County, Rate per 100,000, 2004 - 2007

Falls	12.91
Suicide	11.37
Poisoning	11.42
Homicide	4.71
Motor Vehicle	12.91

Injury Related Hospitalizations in Racine County, Rate per 100,000, 2004 - 2007

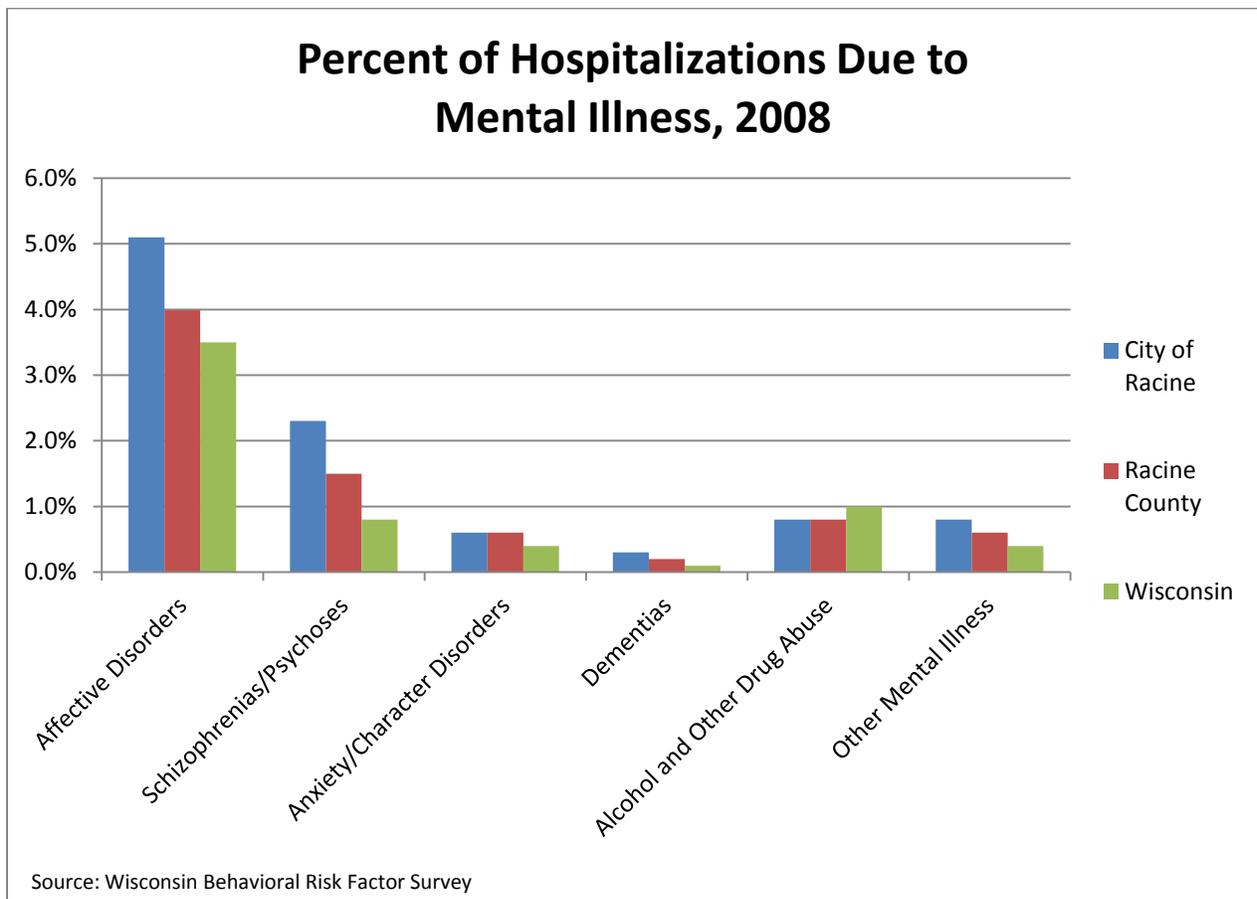
Falls	427.13
Motor Vehicle	82.86
Assault	28.13
Non-traffic	25.82
Poisoning	165.58
Self Inflicted	144.65

Source: Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Injury Mortality and Injury Hospitalization Modules, accessed 12/9/09.

Mental Health and Mental Disorders

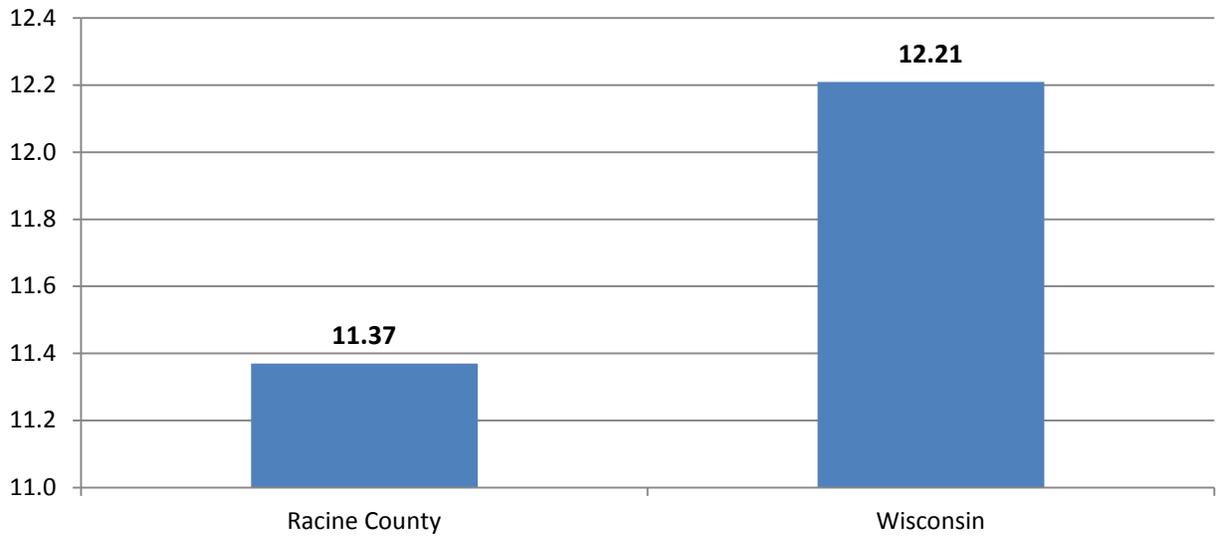
Mental health is a state of effective mental function that results in productive activities, fulfilling relationship and the ability to adapt to change and cope with adversity. Approximately 20 percent of the U.S. population is affected by mental illness each year. Of all mental illnesses, depression is the most common disorder with only 23 percent of adults diagnosed with depression receiving treatment.

Mental health and mental disorders impact individuals, families and the community at large. Central to this health priority is the availability of screening and referral for mental health problems, stigma reduction, cultural competence and access to health care. Adults and older adults have the highest rates of depression. Women who are poor, less educated and unemployed are more likely to experience depression.



The City of Racine reports higher rates of affective disorders, dementia, schizophrenia/psychosis, and other mental illnesses than the county and the state. In terms of anxiety/character disorders, the city has a higher rate than the county.

Suicide Mortality Rate 2004 – 2008 Rates per 100,000 population



Source: Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Mortality Module, accessed 12/9/09.

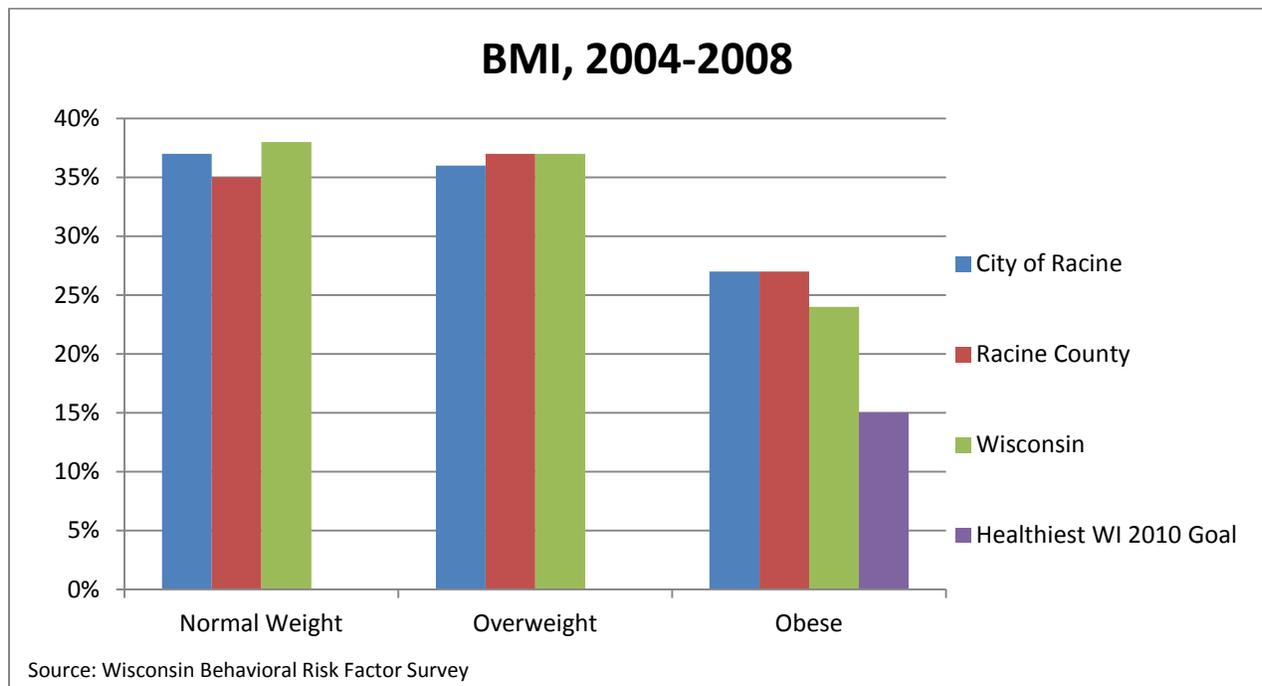
The suicide mortality rate in Racine County is lower than the State of Wisconsin.

Overweight, Obesity, and Lack of Physical Activity

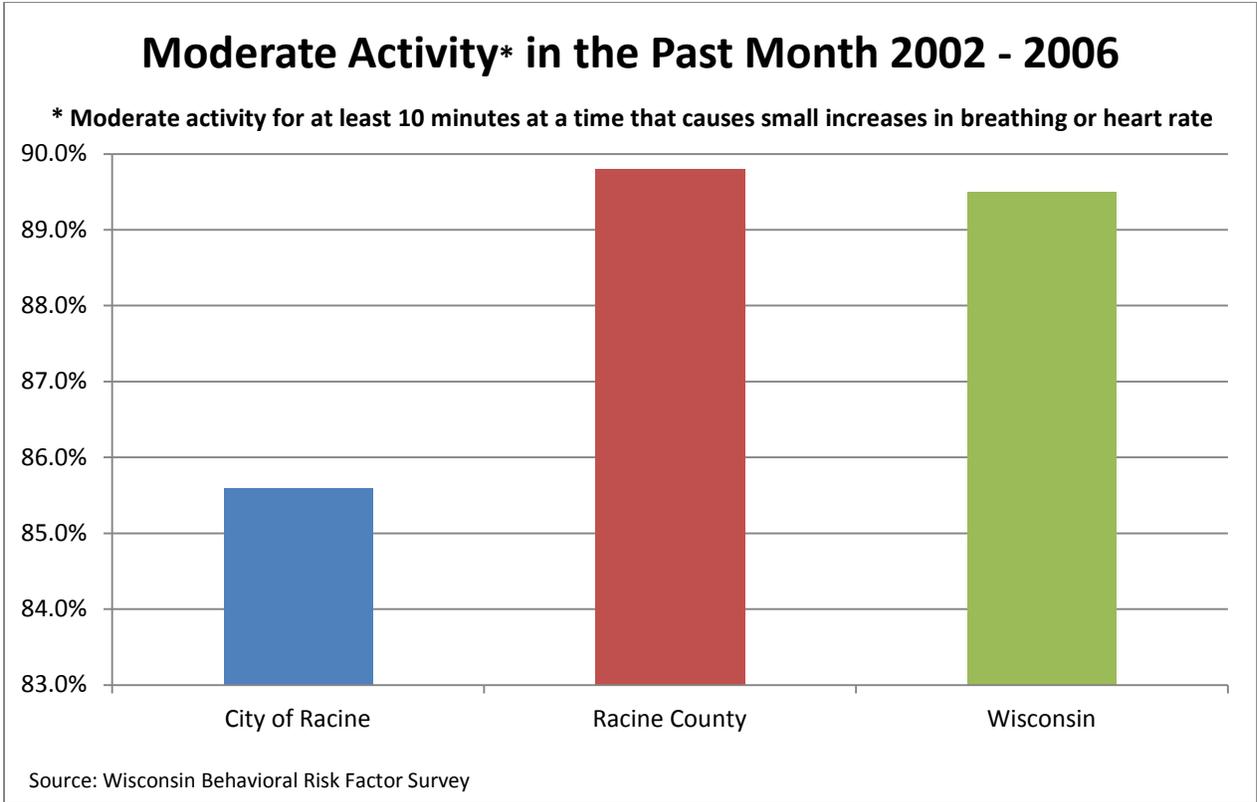
Overweight and obesity are major contributors to many preventable causes of death. The number of overweight children, adolescents and adults has risen over the past forty years and contributes to higher medical costs and loss of productivity. Being overweight and obese substantially increases the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke and arthritis.

More than half of adults in the United States are estimated to be overweight or obese. Adolescents from poor households are more likely to be overweight or obese than their middle- and high-income peers. Obesity is more prevalent among African Americans and Latinos. A healthy diet and physical activity are important for maintaining a healthy weight.

Addressing this health priority includes facilitation of healthy lifestyles, increasing the frequency of physical activities among children, youth and adults, and reducing the percentage of individuals that are overweight and obese.



The city of Racine and Racine County are similar in their percentage of individuals who are normal weight, overweight and obese. Both the city and the county report a higher rate of obese individuals than the State of Wisconsin, but the City reports slightly lower rates of overweight individuals.



Significantly, the percentage of City of Racine residents reporting any moderate physical activity in the past month is less than county and state rates.

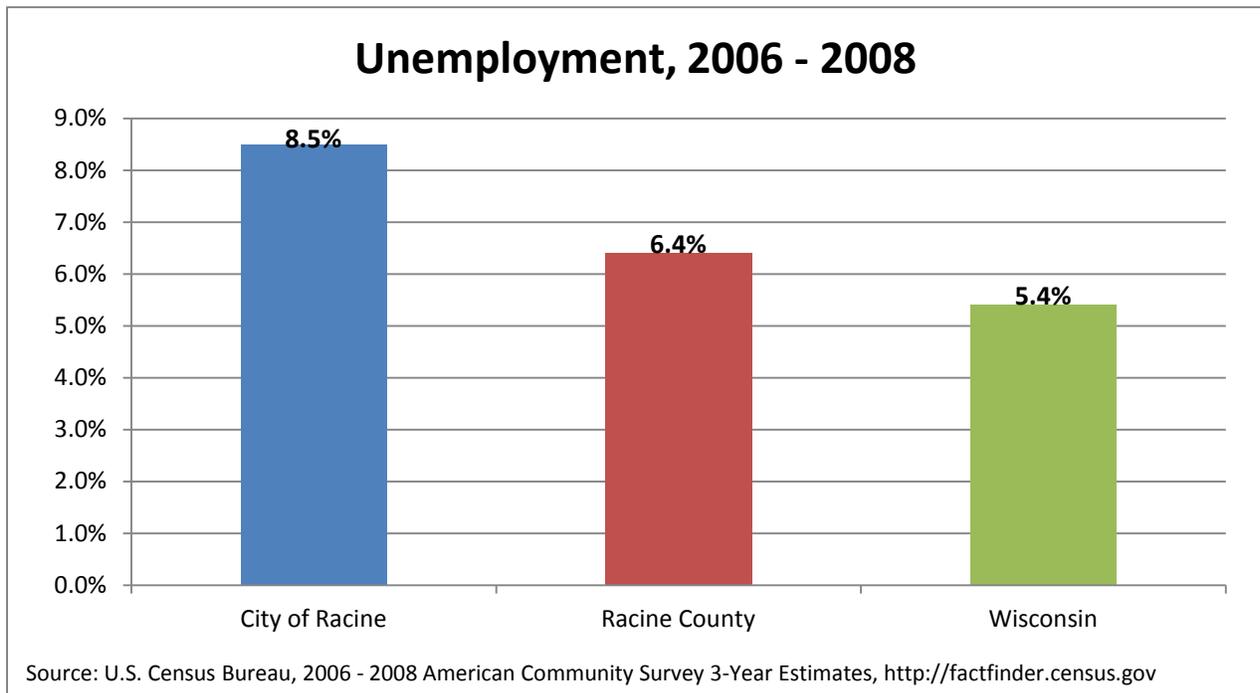
Social and Economic Factors

A person's health status is directly related to their socio-economic status. Individuals and groups that are better off financially usually report better health and access to health services.

Conversely, those with financial hardships report greater rates of illness and premature death.

Social connectedness also influences health and provides protection from life's stressors. People who have a strong social network and are involved in caring relationships have a stronger resistance to disease.

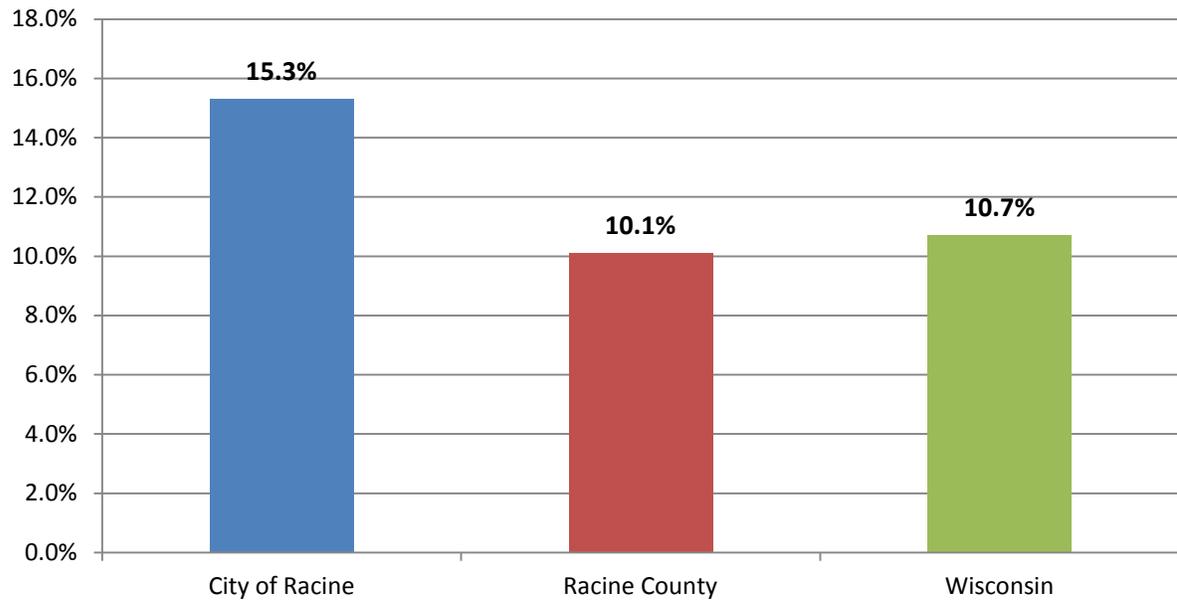
Objectives for social and economic factors that influence health include improving income levels of Racine households, increasing high school graduation rates, decreasing racial disparities, assuring affordable child care, increasing the level of social connectedness of individuals within communities and the cultural competence of health care services.



The unemployment rate in the city of Racine (8.5%) exceeds that of Racine County (6.4%) and the State of Wisconsin (5.4%).

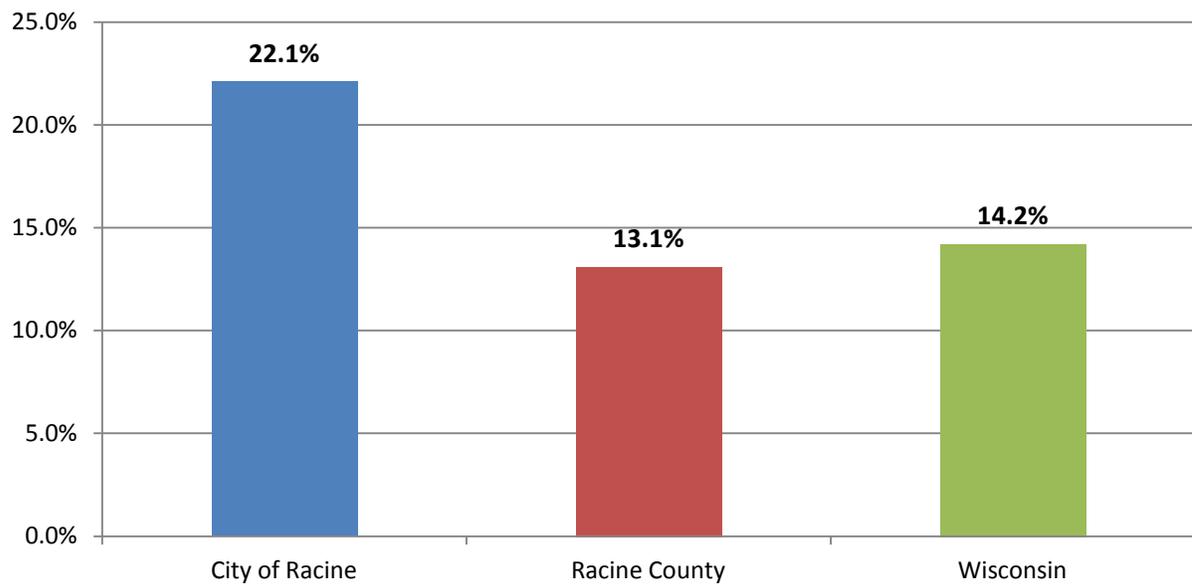
The poverty rate for the total population including children in the City of Racine also exceeds Racine County and State of Wisconsin rates. The 2008 rate of children in poverty for the City of Racine was reported as 22%.

Poverty, 2008



Source: U.S. Census Bureau, 2006 - 2008 American Community Survey 3-Year Estimates, <http://factfinder.census.gov>

Children in Poverty, 2008

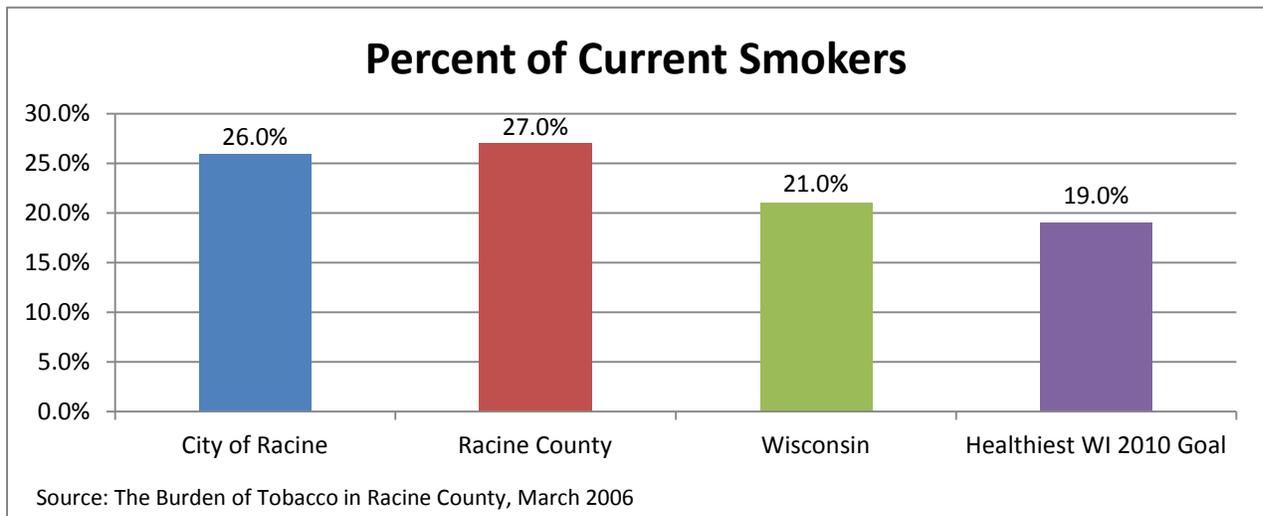


Source: U.S. Census Bureau, 2006 - 2008 American Community Survey 3-Year Estimates, <http://factfinder.census.gov>

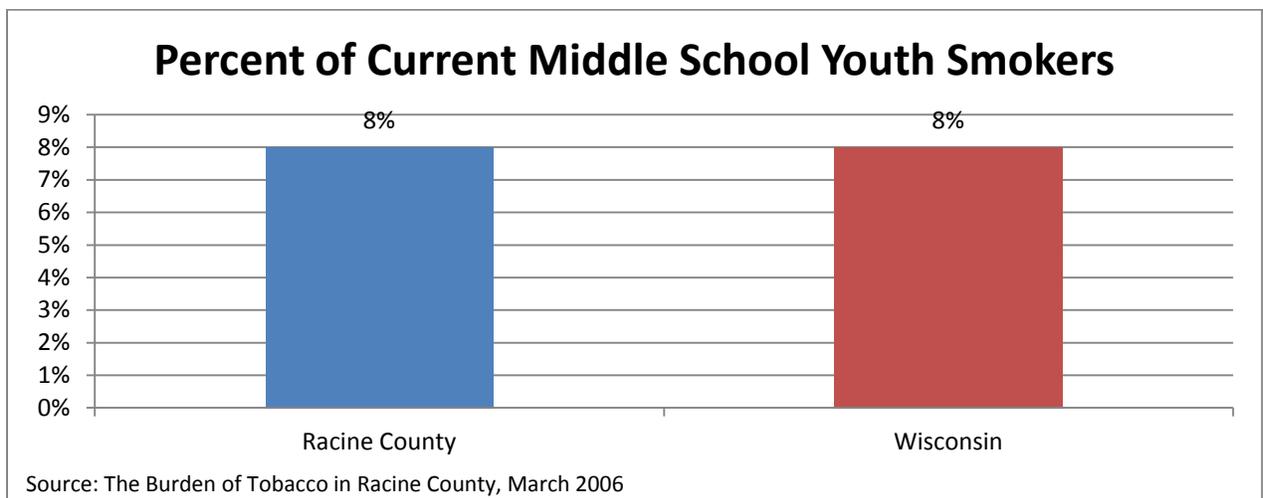
Tobacco Use and Exposure

Tobacco use and exposure reflects social pressures, physical addiction, and the media. There is significant proof documenting the health impact of environmental tobacco smoke to non-smokers. Smoking during pregnancy increases rates of low birth weight babies.

Objectives related to reducing tobacco use and exposure include decreasing the percentage of middle and high school students who use tobacco, increasing the number of adult non-smokers through tobacco cessation, and decreasing exposure to second hand smoke.



The percent of current smokers in the City of Racine, at 26%, is higher than the reported rate of the State of Wisconsin.



The percent of smokers among middle school youth in Racine County reflects State of Wisconsin rates at 8%.

Needs Assessment

The purpose of the Needs Assessment is to identify strategic health priorities and engage the community in the Community Health Improvement Plan (CHIP). The Needs Assessment identifies factors influencing the community, recognizes community assets and gaps, provides context for strategic planning, and identifies strategic issues and activities. Racine's CHIP includes 4 approaches to the needs assessment:

Needs Assessment Components

- ❖ Environmental Assessment Questionnaire
- ❖ Stakeholder Interviews
- ❖ Focus Groups
- ❖ Community Survey

Environmental Assessment

The Environmental Assessment Questionnaire provides insight into the issues facing communities, and identifies forces of change that provide the context in which the public health community operates. The Environmental Assessment was conducted through dialogue with both the personnel of the City of Racine Health Department (CoRHD) and the Steering Committee.

The Environmental Assessment answers these questions:

- ❖ What assets exist that can be used to improve community health?
- ❖ What specific threats or opportunities exist for community health improvement?
- ❖ What is occurring or might occur that affects the health of the Racine community and the local public health system?

Overall Findings

In terms of accomplishments, both the CoRHD and the Steering Committee identified the CoRHD's Healthy Births Healthy Families Program as an important strategy to address infant mortality. Other important accomplishments included decreases in childhood lead poisoning rates, improved beach and water quality, and the move of the sexually transmitted diseases (STD) clinic move back to the CoRHD.

Racine's two major health systems – WFHC-AS and Aurora – along with the Racine Community Health Center and other community agencies were noted as important resources. The response to the H1N1 (swine) flu outbreak and the status of mental health services were identified as both assets and challenges. Importantly, the department's resilience in the face of leadership transitions and experience of CoRHD personnel were identified as important strengths.

Challenges cited included economic conditions and their influence on unemployment rates and lack of health insurance. High infant mortality and STD rates were also identified as challenges despite community efforts to address these problems.

Trends identified as impacting public health included limited and decreasing funding, the need to recognize and utilize emerging communication technologies, and the potential for health care reform.

CoRHD

Twenty eight personnel from the CoRHD completed the Environmental Assessment Questionnaire prior to the group assessment. The group assessment began with a presentation that highlighted Racine's health status as defined by the 11 health priorities of *Healthiest Wisconsin 2010*, along with infant mortality. After the presentation, staff were randomly assigned to one of four discussion groups, asked to share their individual answers, and to identify the top five responses to each of the questions as a group. The results were reviewed and refined through dialogue.

What are some of the recent accomplishments of the City of Racine's Public Health Department?

- STD clinic moved back to CoRHD
- Clean beaches and water quality
- Decreased childhood lead poisoning
- Increased immunization rates
- *Sneeze on your Sleeve* media campaign
- H1N1 preparedness
- Department resilience during leadership transitions

**What are some of the recent challenges
for the City of Racine’s Public Health Department?**

- Poor economy, unemployment, and lack of health insurance
- Reduced CoRHD staff
- Reduced political support
- Lack of community confidence
- High infant mortality rate and health disparities
- High STD rates
- Emerging communicable diseases – especially H1N1
- Transportation challenges
- Language barriers

**What trends or factors are impacting the
City of Racine’s Public Health Department?**

- Decreased public health funding
- Lack of awareness of CoRHD services
- Leadership turnover
- Transient population
- Frail economy resulting in lack of health insurance
- Mental health and alcohol and other drug abuse (AODA) issues
- Lack of safe, affordable housing
- Suboptimal parenting practices and family instability
- Lack of community advocacy for public health

**What benefits and/or advantages provide confidence in
the development of Racine’s Community Health Improvement Plan?**

- Dedicated and experienced CoRHD staff
- New city leadership
- New City of Racine Grant Administrator
- Growing community partnerships
- Strong CoRHD service infrastructure
- Three-county (Kenosha, Racine & Walworth) collaboration
- Past accomplishments

Steering Committee

Steering Committee members were asked to complete the Environmental Assessment questionnaire, and their responses were compiled and shared during their second meeting.

What are some of the recent accomplishments of Racine's health community?

- Infant mortality reduction awareness and efforts
- STD clinic return to CoRHD
- Decreased childhood lead poisoning rates
- Beach and water quality
- Racine Community Health Center
- Successful city leadership transition
- CORE Wellness – city employee wellness program
- Enhanced private sector coordination with WFHC-AS and Aurora

What are some of the recent challenges for Racine's health community?

- Limited public health funding
- H1N1 resource demands
- Teen pregnancy rates
- Infant mortality rates
- Unemployment rates
- Number of un- and under-insured
- Challenged educational system
- Community violence and crime
- Lack of mental health resources

What trends or factors are impacting Racine's health community?

- Perception of poor governmental leadership
- Lack of coordination among community leaders
- Lack of consensus on public health direction
- Issues of educational achievement
- Economic climate
- Health care reform
- Increased use of communication technology

What benefits and/or advantages provide confidence in the development of Racine's Community Health Improvement Plan?

- Experienced and committed CoRHD staff
- New mayoral leadership
- Enhanced health system capacity – e.g. WFHC-AS, Aurora
- Clearly identified health priorities
- Community diversity
- Increased community awareness of health issues
- Community organizations' commitment to collaboration
- Health care reform

Stakeholder Interviews

Stakeholder interviews build awareness of the Community Health Improvement Process (CHIP) and allow the opportunity for input from diverse stakeholders including large and small business owners, elected officials, community representatives, and leaders from the faith-based community. Twelve stakeholder interviews were conducted with 15 individuals.

Stakeholder Interview Questions

- ❖ What are the strengths or assets of the Racine community?
- ❖ What is lacking in the Racine community?
- ❖ What is important to the Racine community?
- ❖ How is “Quality of Life” perceived in Racine?
- ❖ What assets exist in Racine that can be used to improve the community’s health?
- ❖ What do you believe is keeping the Racine community from doing what needs to be done to improve the health and quality of life of its citizens?
- ❖ What trends or forces of change are impacting the health of Racine’s residents?
- ❖ What individual barriers exist for Racine residents to reach their optimal health?
- ❖ What individual strengths or assets exist for Racine individuals to reach their optimal health?
- ❖ What are the most important health issues facing the Racine community?
- ❖ What other thoughts do you have about efforts to improve the health of

Overall Findings

Stakeholders identified the state of the economy, health care reform and the CHIP as important trends. They also identified the need for stronger community partnerships, enhanced community engagement, integration of services, and a more robust educational system as needing improvement.

Additional findings:

Assets:

- Ethnic diversity
- Availability of community services
- Number of healthcare providers

Barriers:

- Racial biases and language barriers
- Need to enhance collaboration among agencies and organizations
- Access to and awareness of services; mental, preventative, and dental health were considered inadequate
- Transportation for accessing health services and community resources

The stakeholders identified the top four health concerns facing the Racine community as infant mortality, teen pregnancy, mental health, and access to health care.

What are the strengths or assets of the Racine community?

- Ethnic diversity
- Community size facilitates getting things done and making a “difference”
- Location between Milwaukee and Chicago
- Number of education institutions
- Revitalized downtown and cultural activities
- Environmental quality – lakefront, parks, bike trails
- Availability of community services
- The people are caring, committed to volunteerism, and engaged
- Neighborhood Watch Groups
- Strong faith community
- Businesses invested in the community
- Open and progressive thinkers

“Racine is a small community of interconnected people and spheres of influence where things get done.”

What is lacking in the Racine community?

- Employment and the availability of qualified workers
- Poverty and social problems
- Strong and effective educational system
- Parental involvement and strong families
- Lack of community collaboration
- Equality - racial biases exist
- Safe and affordable housing
- Language barriers
- Poor air quality
- Lack of mental health resources
- City leadership in transition
- Transportation

“A frank discussion on race issues and a realistic understanding of the how poverty erodes the foundation of the community is long overdue.”

What is important to the Racine community?

- Family supporting jobs
- Family values
- Faith
- Quality education
- Health care access
- Safe neighborhoods
- Community service and volunteerism
- Environment
- Downtown

“Family supporting jobs where children prosper and have hope for the future.”

How is “Quality of Life” perceived in Racine?

- Depends on your economic status
- Racine is underappreciated by its residents

“Your perception of quality of life depends on your health and employment status.”

What assets exist in Racine that can be used to improve the community’s health?

- WFHC-AS & Aurora
- Racine Community Health Center
- Health Care Network
- BadgerCare Plus
- CoRHD
- UW Extension
- Women, Infants and Children (WIC) nutritional program

“Collective efforts and services within the public and private sector exist to improve health every day.”

What do you believe is keeping the Racine community from doing what needs to be done to improve the health and quality of life of its citizens?

- Lack of access to health care
- Language barriers
- Lack of mental health and AODA services
- Lack of preventive care
- Fragmented care and services between city and county
- Lack of community awareness of services
- Lack of collaboration among providers
- Challenged families
- Dental care
- Transportation

“The public health system within the city and the county is fragmented resulting in inefficiency and duplication of services.”

What trends or forces of change are impacting the health of Racine’s residents?

- Economy
- Health care reform
- Smoking ban
- Concentration on infant mortality
- Increase in elderly population
- Family resilience
- Racism

“The lack of jobs is resulting in the disintegration of the family and the community.”

What individual barriers exist for Racine residents to reach their optimal health?

- Lack of health insurance
- Language and cultural barriers
- Priority on prevention
- Transportation
- Education level and literacy
- Fragmented health care delivery system
- Lack of awareness of public services

“For many of Racine residents, daily challenges take precedence over health concerns.”

What individual strengths or assets exist for Racine individuals to reach their optimal health?

- Public services – CoRHD, Health Care Network, Racine Community Health Center
- Faith-based organizations
- WFHC-AS Community Care program
- UW Extension
- WIC
- Natural resources – lake, parks, bike trails
- BadgerCare Plus and SeniorCare

“There is a lot of information available about maintaining health, preventing illness and where to get services.”

What are the most important health issues facing the Racine community?

- Infant mortality
- Teen pregnancy
- Mental health and alcohol and other drug abuse (AODA) issues
- Access and preventive services
- Tobacco use
- Nutrition
- Health disparities
- Chronic diseases – obesity and diabetes
- Environmental health and housing

What other thoughts do you have about efforts to improve the health of Racine residents?

- Strong community partnerships needed
- Collaboration with faith-based organizations
- Need for community engagement/grassroots efforts
- Consolidate the three Racine County Public Health Departments
- Strengthen the educational system
- Identify best practices
- Increase use of media

“We need to find a way for everyone to be a part of the solution.”

Focus Groups

Focus groups are small group discussions used to gain insight from targeted subpopulations. For Racine's CHIP, four individual focus groups were conducted in order to understand the concerns of African Americans, Latinos, seniors and adolescents.

Focus Group Questions

- ❖ What are the strengths or assets of the Racine community?
- ❖ What is lacking in the Racine community?
- ❖ Among your family and friends, what are your biggest health concerns?
- ❖ What does a healthy community look like?
- ❖ What barriers exist for Racine residents to reach their optimal health?
- ❖ What strengths or assets exist for Racine residents to reach their optimal health?
- ❖ What are the 2-3 most important issues that must be addressed to improve the health and quality of life in the Racine community?
- ❖ What do you believe is keeping the Racine community from doing what needs to be done to improve the health and quality of life of its citizens?
- ❖ What other thoughts do you have about efforts to improve the health of Racine residents?
- ❖ Where do people go for health care?
- ❖ Where do people get most of their health information?

Overall Findings

The Focus Groups identified key community components that supported healthy lifestyles. These include natural resources, which provide physical activity, as well as private and public sector health care service systems and agencies.

Additional findings:

Assets:

- Ethnic Diversity
- Size of the community
- Revitalized downtown
- Community's natural resources
- Government services (also identified as a barrier)
- Neighborhood safety (also identified as a barrier)

Barriers:

- Government services (also identified as an asset)
- Neighborhood safety (also identified as an asset)
- The economy and lack of employment opportunities
- The need for more recreational options
- Racism
- Lack of access to health care

The barriers of a poor economy, lack of jobs, the need for more recreation options, racism, lack of access to health care, lack of knowledge of health care services, and the existence of unhealthy but inexpensive food items were recognized as community issues by all five focus groups.

The focus groups yielded varying opinions by subpopulation on the topic of health. These opinions are summarized below.

Latinos: The need for and lack of government issued identification, transportation problems, and lack of awareness of CoRHD services were identified as major barriers to receiving health services. The importance of the family, community connectedness, and safe and affordable housing and safety were identified as community assets.

Seniors: Community members who participated felt that government services in Racine were strong. The need for more recreational and creative outlets was consistently identified as a need. Chronic health issues were prioritized as concerns. In addition, the need to maintain and grow

Neighborhood Watch groups was identified as an important strategy to improve the community's health.

Adolescents: Teens expressed the need for more recreational options as important to their overall health, with school resources – teachers and nurses –identified as important to facilitating health and providing health information. The use of emerging information technology was identified as an important but sometimes inaccurate source of health information.

African Americans: Community representatives identified local newspapers as a primary source of health information. They also identified cultural influences effecting poor nutritional choices and unhealthy meal preparation. The need to include community members and the faith-based community in health improvement efforts emerged as a strong recommendation.

St. Patrick's Parish

Ten participants of Latino origin, seven women and three men, contributed to the focus group. Translation services were provided by Catholic Charities.

Community Assets	Community Gaps
<ul style="list-style-type: none"> • Positive family values • Housing affordability • Health care quality • Small community • Community safety – low crime rate • Good police response 	<ul style="list-style-type: none"> • Racial profiling and racism • Need for more environmental clean-up - too much garbage • Lack of jobs and lack of insurance • Lack of access to health care • Fragmented health care • Lack of transportation • Lack of a driver's license
Health Concerns	Health Information
<ul style="list-style-type: none"> • Lack of health insurance • Long wait for health services • Difficulty negotiating the health care system • Need for an ID for health services • Health care costs too high • Lack of exercise options • Obesity • Cost of medicine 	<ul style="list-style-type: none"> • On-the-job – e.g. employer insurance • Hospitals – need more information in Spanish • Workforce Development –interpreters and Spanish language materials • Health Care Network • Catholic Charities • WFHC-AS – has Interpreters and Spanish materials • Friends
Supports Health	Barriers to Health
<ul style="list-style-type: none"> • WFHC-AS Community Care Program - financial counseling but lengthy process • UW Extension • WIC • YMCA – membership expensive 	<ul style="list-style-type: none"> • Lack of knowledge of CoRHD services • High cost of health care • Difficulty understanding health care bills • For individuals there is a lack of motivation and commitment • Winter results in too much time indoors • Lack of low-cost or free exercise programs
Recommendations	
<ul style="list-style-type: none"> • Provision of more obesity information • Motivate for increased environmental clean-up • Provide more low-cost health care services and medications • Create more exercise programs for youth • Encourage community advocacy for better health care services • Decrease immigration fears • Increase family motivation 	

Humble Park Community Center

Twelve senior citizens, six men and six women, contributed to the focus group.

Community Assets	Community Gaps
<ul style="list-style-type: none"> • Ethnic diversity • Government services – e.g. Department of Public Works • Lake and water quality • Parks • Clean city • Revitalized downtown • Increased tourism • Friendly people 	<ul style="list-style-type: none"> • Lack of jobs – factory closings • Racine Unified School District – need to address behavior issues • Lack of community advocacy for health issues • Lack of recreation and creative arts offerings • Language barriers • Safe and affordable housing • High risk neighborhoods – e.g. crime and trash • Poor air quality from industrial emissions
Health Concerns	Health Information
<ul style="list-style-type: none"> • Lack of jobs • Lack of health insurance • Chronic health issues - e.g. diabetes, heart disease, bone density • Influenza • Lack of health information • Mental health issues and lack of services • Violence 	<ul style="list-style-type: none"> • Newspaper • Family • Friends • Senior groups • TV • Books and magazines
Supports Health	Barriers to Health
<ul style="list-style-type: none"> • Food pantries • Urban gardens • Neighborhood Watch groups • Silver Sneakers Program • Park Service programs • Downtown social events 	<ul style="list-style-type: none"> • Economic conditions – lack of income and insurance • Knowledge of services • Lack of grocery stores in low income neighborhoods • Unhealthy foods are less expensive • Crime and its impact on outdoor exercising - e.g. walking and biking
Recommendations	
<ul style="list-style-type: none"> • Provide more mental health & AODA treatment services • Educate on how to access health and social service system • Raise awareness of CoRHD services • Increase pride in self, family, home & community • Improve volunteer opportunities • Increase utilization of health centers • Allocate more funding for effective programs • Enhance creative outlets for seniors • Encourage and reward stronger parents and families 	

William Horlick High School

Eighteen high school juniors and seniors, 15 females and 3 males, contributed to the focus group. Participants were enrolled in the Youth Health Apprenticeship Class.

Community Assets	Community Gaps
<ul style="list-style-type: none"> • Community size - know where everything is • Ethnic diversity • Lake access • Downtown • Mall • Safety – little community violence • Community resources – Health Care Network, Workforce Development 	<ul style="list-style-type: none"> • Recreation – need more to do • Teen pregnancy problem • Infant mortality problem • Lack of employment – loss of homes, cars • Lack of government services • Public transportation • Need a better mall • Problems with gangs and violence
Health Concerns	Health Information
<ul style="list-style-type: none"> • Lack of insurance • Health care costs • Communication barriers – need interpreters • Lack of specialists • Coordination of health care and records 	<ul style="list-style-type: none"> • Doctors and clinics • Friends – texting (some misinformation) • Internet • CoRHD • Teachers • School nurse & pregnancy nurse • Parents • TV & magazines (e.g. People)
Supports Health	Barriers to Health
<ul style="list-style-type: none"> • Health care options – WFHC-AS, Aurora • Fitness centers – YMCA • Natural resources – parks and beach • Volunteer opportunities • School resources • Community Health Improvement Plan 	<ul style="list-style-type: none"> • Health care costs • Delayed treatment • Fear of immigration • Fear of doctors • Communication barriers • People work too much • People don't use available health resources • Fast food and lack of access to healthy foods • Lack of motivation • Lack of risk perception – STDs and pregnancy
Recommendations	
<ul style="list-style-type: none"> • Dispense more health information • Increase access to H1N1 vaccine and medications • Provide for greater access to preventive care – check-ups • Lower the cost of otherwise expensive “healthy” foods • Increase the intensity of physical education/gym class • Raise awareness of health issues to increase health concerns • Implement a ban on smoking in the US 	

In addition, City of Racine teenagers provided feedback on health priorities and their vision of a healthy community.

Vision of a Healthy Community

- Natural resources – its green with trees & flowers
- Happy vs. depressed people
- People keeping physical fit – walking
- Healthy babies
- Clean public places
- Better school system
- More Neighborhood Watch groups
- Clean air – reduced industrial emissions

Feedback on Health Priorities

- Communicate the consequences of teen pregnancy - use fear & make it real
- Peer education - teen-to-teen communication
- More health education beyond freshman year
- More information for pregnant teens
Recommend “16 & Pregnant” (MTV program)
- More programs for men and boys - consequences of alcohol use

All Nations Pentecostal Prayer House

Fourteen African American participants, seven men and seven women, contributed to the focus group.

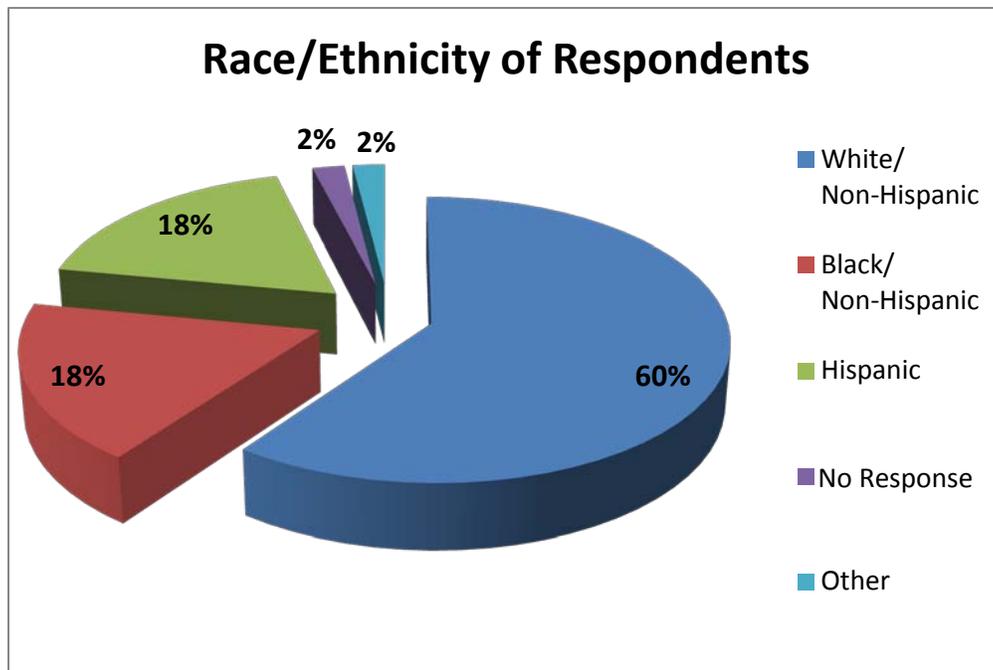
Community Assets	Community Gaps
<ul style="list-style-type: none"> • Small size - easy to organize and meet people • Community Centers • Parks • Youth sports programs • Social service programs • Safe environment • Economic growth 	<ul style="list-style-type: none"> • Lack of parental involvement • Lack of awareness of programs and services • High unemployment rate • Lack of access to health care • Racism and lack of equality • Preventive programs for teens • Government barriers to programs • Lack of unity within the African American community - north side and south side are split • Need support groups and support systems
Health Concerns	Health Information
<ul style="list-style-type: none"> • HIV/AIDS - especially African American women • Teen pregnancy • Sexually transmitted diseases • Cost of healthcare and prescriptions • Lead poisoning - substandard housing • Mental health • Need to educate teens about high risk behavior 	<ul style="list-style-type: none"> • Community newspapers • Internet • TV news • Doctor's office • Colleges - Gateway & Parkside • Employers • Church
Supports Health	Barriers to Health
<ul style="list-style-type: none"> • Churches • Community Health Centers • Community Centers • YMCA & other exercise facilities • CoRHD • WIC • Employee wellness programs 	<ul style="list-style-type: none"> • Lack of information on healthy eating/cooking • Cultural nutritional customs • Poor nutritional choices - fast food • Poor quality of doctors • Long waiting periods for health services • Stress related to racism • Lack of transportation • Low perception of health risk • Need more male involvement • Unemployment
Recommendations	
<ul style="list-style-type: none"> • Provide education on health issues and health programs • Encourage more community involvement on health issues • Increase community-based leadership, organizing and collaboration • Encourage more church activities • Provide greater volunteer opportunities • Allow for community advocacy • Increase knowledge of the political and governmental system 	

Community Survey

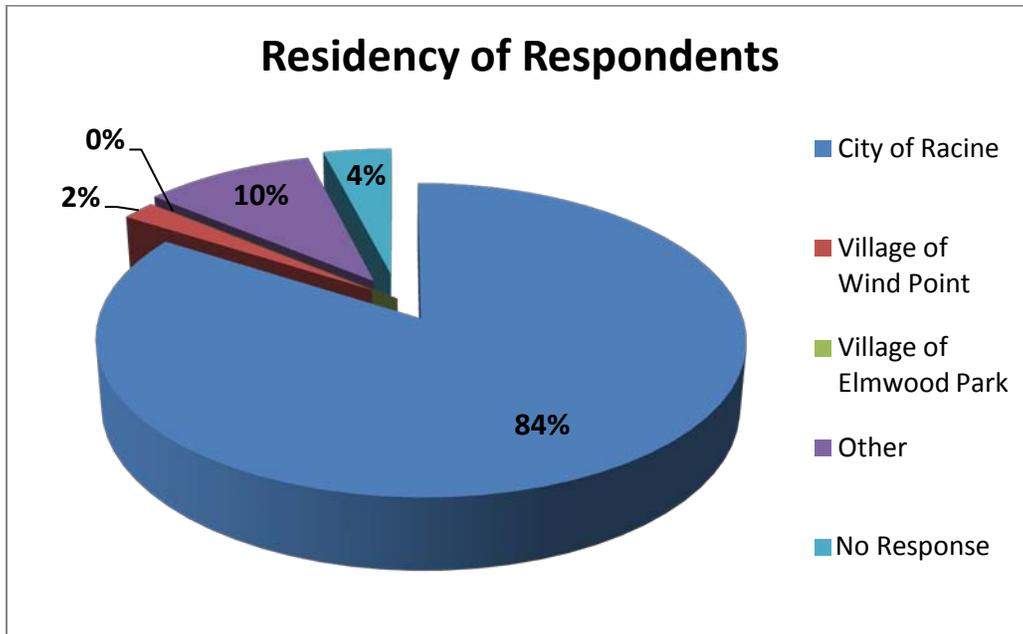
In 2008, the City of Racine Health Department initiated the CHIP by developing and administering a survey to elicit community feedback on priority health concerns. The survey was administered in paper and electronic format.

Demographics

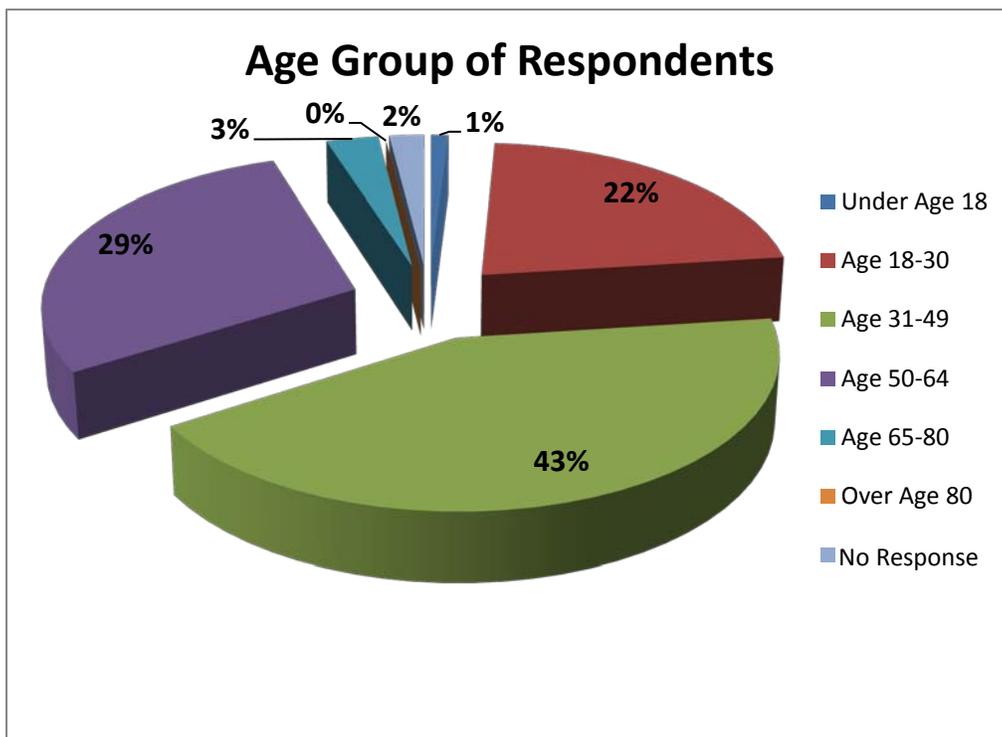
A total of 255 community members completed the survey with females representing 73% of the respondents. In terms of race and ethnicity, Non-Hispanic Caucasians made up 60% of the respondents followed by non-Hispanic African Americans and Hispanics, both making up 18% of the population completing the survey. Five percent of respondents completed a Spanish language questionnaire.



Residency: City of Racine residents made up 84% of the respondents followed by the Village of Wind Point representing 2% of those completing the survey. No responses were received from the Village of Elmwood Park



Age: The majority of respondents (43%) were 31-49 years of age followed by those aged 50-64 (29%), and 18-30 year olds (22%).



Results: Respondents were asked to select and prioritize their top five health issues. The results were analyzed in two different ways.

Top Health Priority Identified: When the number of respondents who identified a given health priority as the #1 health concern was tallied, the top five health priorities identified were:

- Access to Health Care
- Healthy Birth Outcomes
- Substance Abuse
- Teen Pregnancy
- Air Quality

Top Weighted Health Priorities: To provide a weighted analysis, scores ranging from 1 to 5 were assigned to the health concerns, with 5 points given to the number one health priority identified, 4 points given to the number two priority, and so forth. The top five health priorities identified were:

- Access to Health Care
- Violence
- Obesity
- Substance Abuse
- Teen Pregnancy

Strategic Planning - Conclusion

Vision

The role of the Steering Committee members is to draw from their experience, expertise, and insight of the community in order to provide oversight of the community assessment process. Steering Committee members are not directly responsible for managing project activities but provided support and guidance.

A vision provides focus, purpose, and direction, rooted in common values. After engaging in brainstorming, small group discussion, and dialogue, the Steering Committee established its vision and the top three strategic priorities for Racine's CHIP.

Vision

“What do you want to see in place in the next 5 years as a result of Racine’s Community Health Improvement Plan?”

- Decreased Infant Mortality
- Increased Access to Comprehensive Primary and Preventive Health Services
- Decreased High Risk Sexual Behavior

Supported by:

- Increased community collaboration
- Improved communication among agencies and organizations
- Enhanced community capacity

Barriers

The Steering Committee participated in a workshop to identify barriers to achieving a realistic strategic plan.

Barriers		
“What is preventing the Racine community from moving toward its vision?”		
Decrease Infant Mortality	Increase Access to Primary and Preventive Health Services	Decrease High Risk Sexual Behavior
<ul style="list-style-type: none"> ❖ Need to define and focus on the root cause(s) ❖ Lack of community coordination and a full assessment of existing programs and services ❖ Lack of leadership, direction and consensus on how to move forward ❖ High risk behaviors during pregnancy ❖ Difficult to connect with those at the highest risk ❖ Lack of community concern 	<ul style="list-style-type: none"> ❖ Large population that is un- or underinsured ❖ Financial pressures on providers ❖ Lack of knowledge of preventive care services for the un- and under-insured ❖ Poor coordination between health care providers and community services ❖ Complicated health care system that is fragmented ❖ Transportation barriers 	<ul style="list-style-type: none"> ❖ Lack of risk perception ❖ Overwhelming promotion of sex among peers, the media, role models, and politicians ❖ Need for meaningful and age appropriate sex education ❖ High risk behaviors such as alcohol and drug use and abuse ❖ Family legacy of teen pregnancy ❖ Cultural attitudes toward birth control ❖ Lack of self-esteem and self-direction ❖ Ineffective messaging for children and teens

Strategic Priorities

A full day strategic planning session was organized with Steering Committee members and stakeholders to develop goals and objectives related to the three health priorities established in the vision.

The strategic planning session began by providing participants with an overview of the CHIP process, the results of the needs assessment, a review of community health status indicators, and the vision and barriers developed by the Steering Committee. Participants were assigned to subcommittees based on their area of expertise and asked to respond to the following question.

Strategic Planning Question

**“What actions will address the barriers
and move us toward the vision?”**

Subcommittees were assigned to one of three selected health topics:

- Decrease Infant Mortality
- Increase Access to Comprehensive Primary and Preventive Health Services
- Decrease High Risk Sexual Behavior

Through small group interaction and large group dialogue, the subcommittees developed the following goals and objectives for Racine’s CHIP.

Decrease Infant Mortality

Goal: **Decrease infant mortality and improve birth outcomes in a culturally competent manner.**

Objective #1: Clarify community leadership and ownership for infant mortality reduction.

- Activities:**
- 1) Identify a leadership team (e.g. agency or group) to integrate all healthy birth outcomes programs and activities.
 - 2) Engage and reengage elected officials to advance policy changes.
 - 3) Increase community capacity and responsibility for the infant mortality problem.
 - 4) Develop consensus around a shared infant mortality reduction community agenda.
 - 5) Rigorously evaluate all healthy birth programs and assure a venue for sharing and application of lessons learned.
 - 6) Decrease duplication of services.

Objective #2: Develop a plan to optimize service delivery.

- Activities:**
- 1) Increase access to pre and inter-conception care.
 - 2) Design a “one stop shop” for all needed services.
 - 3) Integrate nursing services into accessible community-based agencies.
 - 4) Implement a community-based approach to identify those at the highest risk for poor birth outcomes.

Objective #3: Conduct a community assessment/gap analysis of community services aimed at infant mortality reduction.

- Activities:**
- 1) Identify a sub-group of the infant mortality reduction work group to design the needs assessment.
 - 2) Prioritize community engagement during the needs assessment process.
 - 3) Utilize gap analysis results to refine the community-wide agenda for programs targeted to increasing healthy birth outcomes.

Objective #4: Initiate a collaborative community education initiative targeted at the high-risk zip code areas of 53402-53406.

- Activities:**
- 1) Identify and engage collaborating agencies.
 - 2) Identify and review existing campaigns and messages.
 - 3) Develop campaign messages and communication methods including non-traditional approaches for disenfranchised target groups.
 - 4) Integrate educational messages into the healthcare delivery system.

Increase Access to Primary and Preventive Health Services

Goal: **Improve access to comprehensive primary and preventive health services.**

Objective #1: Convene an Access to Healthcare workgroup to coordinate access issues and efforts.

Activities: 1) Identify and recruit community stakeholders, including workforce and economic development leaders, to serve on the work group.

 2) Enhance community provider coordination to increase cooperative programming, decrease duplication of services, and leverage resources.

Objective #2: Establish and centralize a comprehensive directory of healthcare services.

Activities: 1) Define parameters for services to be included in the directory.

 2) Identify current directories and all applicable services.

 3) Create a comprehensive written and web-based directory.

Objective #3: Create a communication plan to raise awareness of health care resources.

Activities: 1) Identify target markets, outlets and distribution methods.

 2) Conduct an educational initiative to increase the awareness of community-based organization of health care resources.

Objective #4: Create a viable health care transportation network.

Activities: 1) In collaboration with Racine County Public Transit-Human Services Transportation Coordination Plan, analyze needs assessment data and conduct a gap analysis of existing transportation services and agencies.

- 2) Identify an organization to provide leadership and ownership for the transportation network.
- 3) Identify community organization to develop a volunteer transportation program with a focus on retirees and student drivers to provide transportation.

Decrease High Risk Sexual Behavior

Goal: **Decrease high-risk sexual behavior and its unintended consequences, including unplanned pregnancies and sexually transmitted diseases.**

Objective #1: Launch an educational campaign to decrease high-risk sexual behavior.

- Activities:**
- 1) Develop and implement a Countywide STD/HIV informational campaign.
 - 2) Conduct focus groups to identify attitudes toward teen pregnancy and birth control access and use.
 - 3) Utilize current and popular social media such as Twitter and Facebook.
 - 4) Secure a recognizable and influential spokesperson.

Objective #2: Advocate for an effective and comprehensive sex education curriculum within Racine Unified School District.

- Activities:**
- 1) Advocate for human growth and development education beginning in grade one through twelve.
 - 2) Provide sex education training for teachers and parents including education on alcohol and other drug use and abuse.
 - 3) Provide services targeted to high risk youth including peer education programs in the schools and utilization of recreational programs.
 - 4) Utilize faith-based organizations for education on human growth and development.
 - 5) Emphasize empowerment and self-esteem through workshops and support groups.

Objective #3: Improve access to health care for sexual health.

- Activity:**
- 1) Create and facilitate a Racine County Coalition which addresses STD/HIV issues.
 - 2) Increase integrated service capacity for birth control and pregnancy and sexually transmitted disease testing and treatment.

Next Steps

The vision of Racine's CHIP is to decrease infant mortality, increase access to primary and preventive health services, and decrease high risk sexual behavior. This plan is committed to achieving these outcomes through improved communication and collaboration among community agencies and organizations, and strengthening community capacity by involving individuals and agencies most affected by these problems.

Limited infrastructure exists within Racine's public and private sector systems to implement the recommendations. Activities focused on the three health priorities will potentially build upon existing collaborations and programs. To initiate this process, the City of Racine Health Department will provide leadership to implement the following recommendations under the third initiative of Decrease High Risk Sexual Behavior:

- 1) Develop and implement a Countywide STD/HIV informational campaign.
- 2) Create and facilitate a Racine County Coalition which addresses STD/HIV issues.

Implementation of the remainder of the Racine's CHIP is envisioned as a continuous process involving ongoing planning, needs assessment, intervention piloting and refinement, evaluation and partnership development.

Fundamentally, the CoRHD and its community partners are committed to organizing the community, refining and implementing strategic plans, and developing an evaluation framework to monitor success. With an engaged community and greater collaborative efforts, it is the hope of the CoRHD that the CHIP will be a vital force in improving the health status of the citizens of Racine.

Acknowledgments

Steering Committee

The City of Racine Health Department gratefully recognizes the following community leaders who generously shared their time and expertise.

Amy Barber

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Racine Community Health Center

Amy Bittrich

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Racine Unified School District

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Executive Director
Health Care Network

Audrey Viau

Village President
Village of Elmwood Park

Stakeholder Interviews

The City of Racine Health Department would like to thank these community representatives for participating.

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Community Programs Director
The Johnson Foundation

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