

Wisconsin State Health Improvement Plan

2018 Addendum

Access the report at
healthy.wisconsin.gov

A photograph of two kayakers on a river. The kayaker in the foreground is wearing a yellow helmet and a red life vest, paddling an orange kayak. The kayaker in the background is wearing a red helmet and a yellow life vest, paddling a yellow kayak. The river is surrounded by lush green trees and vegetation.

HEALTHY
WISCONSIN

Index

Overview	3
<i>Healthy Wisconsin</i> Implementation: Priority Action Teams	4
Wisconsin State Health Improvement Plan: At a Glance	7
Data Trends	
Alcohol	11
Nutrition and Physical Activity	12
Opioids	13
Suicide	14
Tobacco	15
Priority Updates	
Alcohol	17
Nutrition and Physical Activity	23
Opioids	29
Suicide	35
Tobacco	41
ACEs, Trauma, and Resilience	46
References	48



Overview

Healthy Wisconsin, the Wisconsin state health improvement plan, is a five-year (2015-2020) strategic plan guiding public health in Wisconsin. *Healthy Wisconsin* was developed in collaboration with representatives from public health, health care systems and payers, employers, academia, state and local government agencies, advocacy organizations, tribal communities, and the public. It was launched in May 2017.

Developed through the Wisconsin Health Improvement Planning Process (WI-HIPP), *Healthy Wisconsin* identifies five priorities to drive progress on making Wisconsin a healthier state by 2020. These priorities include alcohol, nutrition and physical activity, opioids, suicide, and tobacco. *Healthy Wisconsin* also recognizes adverse childhood experiences (ACEs) as an emerging issue that weaves through the five priorities (as well as many other health and social issues) and requires coordination among partners in health across Wisconsin.

The annual reassessment of *Healthy Wisconsin* objectives and strategies ensures the effectiveness of the plan implementation and keeps the improvement plan current and dynamic in a changing environment. The purpose of this addendum is to:

- Provide the latest data and review current trends.
- Evaluate progress.
- Document achieved goals and celebrate successes.
- Provide opportunity for input and engagement by priority action teams (PATs) and stakeholders.
- Revise strategies and objectives.
- Inform the public on the status of implementation.

The 2018 *Healthy Wisconsin* Addendum retains the five original priority areas and the overarching topic of ACEs and Trauma. After recommendations from partners and stakeholder members of the *Healthy Wisconsin* priority action teams and input from the Wisconsin Public Health Council, changes have been made to some of the objectives and strategies within each of the priority areas. The revisions were based on feasibility and effectiveness, emerging new research and evidence bases, community resources and assets, and changing levels of public awareness and resources.

In 2019, Wisconsin will continue to engage a variety of stakeholders to work on the priority areas and achieve the goals laid out in *Healthy Wisconsin* through 2020.

Healthy Wisconsin Implementation: Priority Action Teams

In the first year of implementation, the focus was on building long-lasting, sustainable infrastructure for implementation, and on initial implementation activities using the evidence-based strategies identified for each priority during the WI-HIPP process. Vital components of the implementation process are continued partner engagement, linking and leveraging existing and collaborative efforts, and monitoring changes in trends.

The main achievements in the first year of implementation of the state health improvement plan include:

- Construction of a comprehensive statewide implementation infrastructure.
- Strengthened partnerships.
- Sustained momentum on the priority focus areas and topics.
- Establishment of a performance improvement process to evaluate progress.
- Groundwork laid for future efforts.

Priority Action Teams

Strategies are implemented with the support and guidance of five priority action teams (PATs), representing each of the five focus areas of *Healthy Wisconsin*. The PATs were formed following different processes due to the different context of each priority area. The Alcohol, Opioids and Suicide PATs utilize existing state-wide groups to leverage existing structures and avoid duplication of efforts; the Tobacco and Nutrition and Physical Activity PATs created new partner groups for the purpose of the state health improvement plan implementation. PAT members represent diverse sectors, industries, and regions; stakeholders; and subject matter experts invested in the success of their priority focus area. All five PATs have begun meeting at least quarterly, and will continue to convene regularly through the end of the implementation period to guide and track the progress of the state health improvement plan. The PATs report to the Public Health Council, which is statutorily charged with monitoring and advising on the implementation of *Healthy Wisconsin*.

Alcohol

Wisconsin continues to have a serious problem with excessive drinking. Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Alcohol Priority Action Team (Alcohol PAT), are applying many strategies to reduce excessive drinking. The Alcohol PAT consists of members of the State Council on Alcohol and Other Drug Abuse (SCAODA) Prevention Committee and guides many of the efforts to reduce heavy and binge drinking in our state. The first accomplishment of the Alcohol PAT was the revision of the priority objectives and strategies to reflect current data trends and evidence-based practices implemented across the state. This resulted in the Alcohol PAT recommendation to increase the number of alcohol priority objectives from two to three, resulting in a focus on 1) reducing underage drinking, 2) reducing heavy and binge drinking among adults, and 3) reducing alcohol-related deaths.

Because alcohol control is set and enforced on a municipal level in Wisconsin (unlike most other states) the opportunity exists for Wisconsin cities, towns, and villages to focus on alcohol-related problems in their community by developing policies unique to their issues without requiring the rest of the state to adopt the policy.

Nutrition and Physical Activity

Healthy eating and physical activity can contribute to good health throughout life, and reduce the risk for a number of chronic diseases, which are among the most common and costly of health problems. These diseases are rarely cured and often get worse over time, resulting in disability later in life. Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Nutrition and Physical Activity PAT, are applying many strategies to increase breastfeeding, improve nutrition, and increase physical activity. The Nutrition and Physical Activity PAT consists of members and partners of healthTIDE and the Wisconsin Breastfeeding Coalition, and guides many of the efforts to support healthy eating and physical activity in our state. The priority strategies for nutrition and physical activity are being implemented across the state in communities, health care systems, worksites, schools and early care facilities.

Opioids

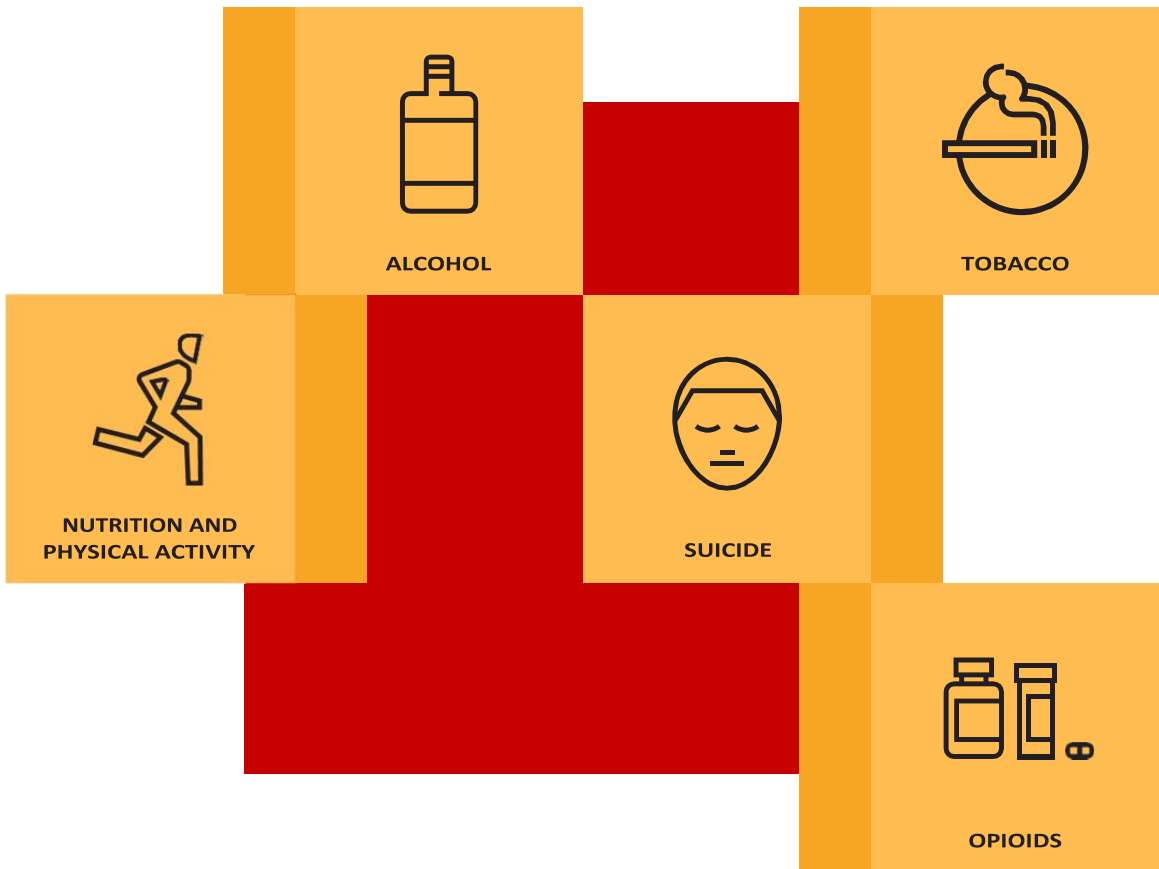
Drug overdoses, especially of opioids, are a big problem in Wisconsin. Over the last 10 years, deaths from people overdosing on opioids have more than doubled. Progress has been made in reducing the availability of prescription opioids through improved prescribing practices and implementation of the Wisconsin Prescription Drug Monitoring Program. As a result, during the years 2014 to 2017, the number of opioid prescriptions filled in Wisconsin was reduced by 20%. The Opioids PAT consists of the existing SCAODA Opioids Advisory Workgroup, and leverages the existing workgroup structure to review and advise regarding Wisconsin's opioid epidemic. This health problem has myriad causes and impacts. When revising the objectives and strategies, the Opioids PAT recognized the need for a three-pronged approach to tackling opioids misuse and abuse: 1) preventing initiation, 2) increasing treatment, and 3) reducing death and harm.

Suicide

Recent increased public awareness around mental health and suicide has presented an opportunity for change. Many sectors and communities across Wisconsin are already applying the strategies, outlined in the state health improvement plan, to reduce suicide, and to improve mental health and resiliency. These efforts are supported by the *Healthy Wisconsin* Suicide PAT. The Suicide PAT consists of members and partners of the Prevent Suicide Wisconsin Steering Committee, which guides many of the initiatives to reduce suicide risk and improve protective factors in our state. Prevent Suicide Wisconsin's role as the Suicide PAT has improved community alignment with state strategies, as their steering committee plans to use *Healthy Wisconsin's* suicide prevention objectives and strategies to inform their revised strategic plan. Additionally, the Suicide PAT revised the priority objectives and strategies to reflect current data trends and will continue to meet regularly through 2019 to begin implementing priority strategies.






Tobacco

Tobacco use and exposure is the leading cause of preventable death in Wisconsin, linked to 7,900 deaths and \$4.72 billion in health care costs and lost productivity each year. Wisconsin needs programs and policies to keep people from using tobacco in the first place, to help individuals quit using tobacco, and to prevent exposure to e-cigarette aerosol and secondhand smoke. Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Tobacco PAT, are applying many strategies to reduce tobacco use and reduce exposure to e-cigarette aerosol and secondhand smoke. Work is ongoing to increase access to and utilization of tobacco treatment services and benefits among those populations disproportionately impacted by the burden of tobacco, such as those impacted by depression, Medicaid recipients, and African Americans.



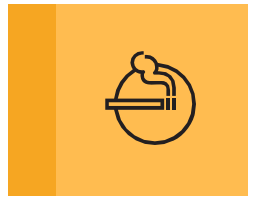
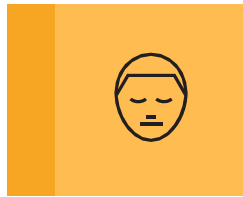
Wisconsin State Health Improvement Plan

Healthy Wisconsin At-A-Glance

					
PRIORITY	Alcohol	Nutrition and Physical Activity	Opioids	Suicide	Tobacco
GOAL	Prevent and reduce underage and excessive alcohol consumption	Eat healthier and move more	Prevent harmful opioid use and reduce opioid-related consequences	Prevent suicide	Prevent and reduce smoking and use of other tobacco products
OBJECTIVES	Reduce underage drinking	Increase consumption of healthy foods and beverages	Prevent initiation of opioid misuse	Reduce suicide rate	Reduce adult smoking rate
	Reduce heavy and binge drinking among adults 18 years and older	Increase breastfeeding	Reduce death and harm due to nonmedical or illicit opioid use	Reduce suicide attempts	Reduce use of other tobacco products by adults
	Reduce alcohol-related deaths	Increase physical activity	Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within underserved populations.	Increase and enhance protective factors	Reduce use of other tobacco products by youth

[Chart continues on next page ›](#)

› Chart continued from previous page



Metrics and Data Points

Alcohol

Reduce underage drinking

Reduce binge drinking among youth from 18% in 2013 to 16% in 2020 (YRBS).
2017: 16%

Reduce alcohol use among high school students from 33% in 2013 to 29% by 2020 (YRBS). **(New)**
2017: 30%

Nutrition and Physical Activity

Increase consumption of healthy foods and beverages

Increase consumption of at least one fruit per day by adults from 62% in 2013 to 65% in 2020 (BRFS).
2015: 62%

Increase consumption of at least one vegetable per day by adults from 74% in 2013 to 78% in 2020 (BRFS).
2015: 76%

Reduce daily consumption of soda by students from 20% in 2013 to 15% in 2020 (YRBS).
2017: 15.3%

Opioids

Prevent initiation of opioid misuse

Reduce the percentage of adolescents who have used an opioid prescription drug for nonmedical purposes from 14.9% in 2013 to less than 13% by 2020 (YRBS).

2017: 11%

Suicide

Reduce suicides

Reduce suicide rate from 13.1 per 100,000 in 2014 to 12.8 per 100,000 in 2020 (Death Certificate Data, OHI).

2015: 15.2/100K
2016: 14.9/100K

Tobacco

Reduce adult smoking rate

Reduce adult smoking rate from 17.3% in 2014 to 16.3% in 2020 (BRFS).
2015: 17%
2016: 17%

Chart continues on next page ›



Alcohol

Reduce heavy and binge drinking among adults aged 18 and older

Reduce binge drinking among adults aged 18 and older from 25% in 2012 to 23% in 2020 (BRFS).
 2014: 22%
 2015: 23%
 2016: 25%

Reduce binge drinking among women aged 18–44 from 18% in 2009–2011 to 16% in 2020 (BRFS).
 2014: 20%
 2015: 25%
 2016: 30%

Reduce heavy drinking among women aged 18–44 from 8% in 2016 to 3% by 2020 (BRFS). **(New)**

Reduce heavy drinking among adults age 65 and older from 6% in 2016 to 5% by 2020 (BRFS). **(New)**

Reduce heavy drinking by men 10% in 2016 to 5% by 2020 (BRFS). **(New)**



Nutrition and Physical Activity

Increase breastfeeding

Increase initiation from 76.4% in 2015 to 80% in 2020 (National Immunization Survey and WIC Data).
 2016: 80%

Increase duration at six months from 53% in 2015 to 60% in 2020 (CDC Breastfeeding Report Card and WIC Data).
 2016: 53%



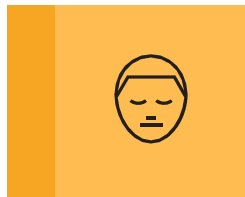
Opioids

Reduce death and harm due to nonmedical or illicit opioid use

Reduce the number of opioid-related overdose deaths by 5% from 622 deaths in 2014 to fewer than 590 in 2020 (WISH).
 2015: 614
 2016: 827

Reduce the number of opioid-related hospitalizations from 12,134 in 2014 to fewer than 11,530 in 2020 (WISH).
 2015: 13,355
 2016: 15,226

Reduce the number of opioid-related overdose emergency department visits from 8,041 in 2014 to fewer than 7,640 in 2020 (WISH).
 2015: 9,763
 2016: 11,875

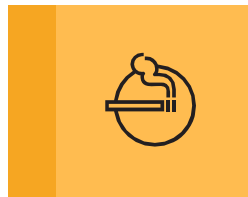


Suicide

Reduce suicide attempts

Reduce the rate of suicide attempts by 1% between 2014 and 2020 (DHS Office of Health Informatics)
Note: *Healthy Wisconsin* will be updated soon when the data is ready for publication.

Reduce youth suicide attempts (self-reported) from 6.0% in 2013 to 5.8% in 2020. (YRBS) **(New)**
 2017: 7.8%



Tobacco

Reduce use of other tobacco products by adults

Reduce the percentage of adults that have ever used e-cigarettes from 21.8% in 2016 to 18.5% in 2020 (BRFS). **(New)**

Reduce use of smokeless tobacco among men from 8.0% in 2016 to 6.8% in 2020 (BRFS). **(New)**



Alcohol

Reduce alcohol-related deaths

Reduce deaths by fall by 5% from 60 in 2014 to 57 in 2020 (Death Certificates, Office of Health Informatics)
2015: 42
2016: 37

Reduce deaths by motor vehicle by 5% from 168 in 2014 to 160 in 2020 (FARS, National Highway Traffic Safety Administration)
2015: 191
2016: 193



Nutrition and Physical Activity

Increase physical activity

Increase the percentage of adults physically active at least 150 minutes per week from 53% in 2013 to 58% in 2020 (BRFS).
2015: 57%

Increase the percentage of students physically active for a total of at least 60 minutes per day on five or more of the past seven days from 50% in 2013 to 55% in 2020 (YRBS).
2017: 49%



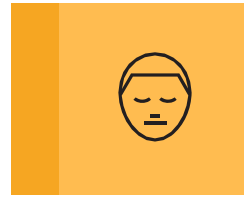
Opioids

Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within underserved populations

Increase the number of Wisconsin counties with active DATA-waive prescribers from 43 in 2018 to 50 in 2020 (SAMHSA, PDMP data). **(New)**

Increase the number of Medicaid members receiving medication-assisted treatment from 14,583 in 2017 to 17,500 by 2020 (Medicaid Claims and Encounters Data). **(New)**

Increase the number of county-authorized participants receiving medication-assisted treatment from 356 in 2017 to 450 in 2020 (Program Participation System). **(New)**



Suicide

Increase and enhance protective factors

Increase the percentage of adults with less than four poor mental health days per month from 78% in 2015 to 83% in 2020 (BRFS)
2016: 77%

Increase the percentage of adolescents with at least one teacher or adult in school they can talk to from 74% in 2013 to 79% in 2020 (YRBS)
2017: 72%

Decrease the percentage of students who felt sad or hopeless almost every day for two or more weeks from 24.6% in 2013 to 24% in 2020 (YRBS)
2017: 27%



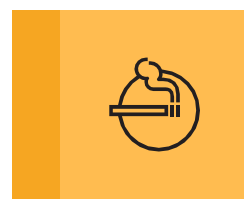
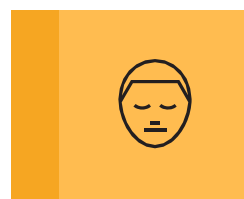
Tobacco

Reduce use of other tobacco products by youth

Reduce use of other tobacco products among middle school youth from 5.2% in 2014 to 4.5% in 2020 (YTS).
2016: 9.9%

Reduce use of other tobacco products among high school youth from 33.7% in 2014 to 31% in 2020 (YTS).
2016: 31.6%

Data Trends



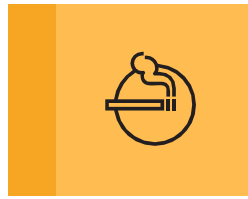
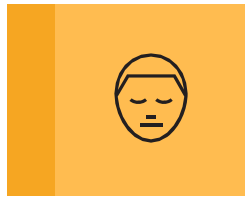
Alcohol

Goal: Prevent and reduce underage and excessive alcohol consumption

Objective 1: Reduce underage drinking	Baseline	Target (2020)	Current	Trend	Source
Reduce binge drinking among youth	18% (2013)	16%	16% (2017)	Goal Met	YRBS
Reduce alcohol use among high school students (New)	33% (2013)	29%	30% (2017)	▼	YRBS
Objective 2: Reduce heavy and binge drinking among adults aged 18 and older	Baseline	Target (2020)	Current	Trend	Source
Reduce binge drinking among adults aged 18 and older	25% (2012)	23%	25% (2016)	Flat	BRFS
Reduce binge drinking among women aged 18–44	18% (2009-2011)	16%	30% (2016)	▲	BRFS
Reduce heavy drinking among women aged 18–44 (New)	8% (2016)	3%	N/A	N/A	BRFS
Reduce heavy drinking among adults aged 65 and older (New)	6% (2016)	5%	N/A	N/A	BRFS
Reduce heavy drinking by men (New)	10% (2016)	5%	N/A	N/A	BRFS
Objective 3: Reduce alcohol-related deaths	Baseline	Target (2020)	Current	Trend	Source
Reduce deaths by falls by 5%	60 (2014)	57	37 (2016)	Goal Met	Death Certificates
Reduce deaths by motor vehicle by 5%	168 (2013)	160	193 (2016)	▲	FARS, NHTSA

Legend

	Metric trending toward target		Metric trending at baseline		Metric trending away from target		Metric trending at or better than target
	Metric numbers increasing relative to baseline		Metric numbers decreasing relative to baseline		Metric new; only baseline data available		Will continue to monitor



Nutrition and Physical Activity

Goal: Eat healthier and move more

Objective 1:

Increase consumption of healthy foods and beverages

	Baseline	Target (2020)	Current	Trend	Source
Increase consumption of at least one fruit per day by adults	62% (2013)	65%	62% (2015)	Flat	BRFS
Increase consumption of at least one vegetable per day by adults	74% (2013)	78%	76% (2015)	▲	BRFS
Reduce daily consumption of soda by students	20% (2013)	15%	15.3% (2017)	▼	YRBS

Objective 2:

Increase breastfeeding

	Baseline	Target (2020)	Current	Trend	Source
Increase breastfeeding initiation	80% (2015)	90%	80% (2016)	Flat	National Immunization Survey and WIC Data
Increase breastfeeding duration at six months	53% (2015)	60%	58.9% (2016)	▲	CDC Breastfeeding Report Card and WIC Data

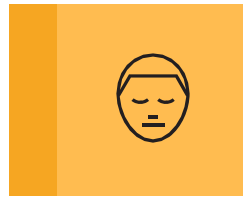
Objective 3:

Increase physical activity

	Baseline	Target (2020)	Current	Trend	Source
Increase the percentage of adults physically active at least 150 minutes per week	53% (2013)	58%	57% (2015)	▲	BRFS
Increase the percentage of students physically active for total of at least 60 minutes per day on five or more of the past seven days	50% (2013)	55%	49% (2017)	▼	YRBS

Legend

	Metric trending toward target		Metric trending at baseline		Metric trending away from target		Metric trending at or better than target
	Metric numbers increasing relative to baseline		Metric numbers decreasing relative to baseline		Metric new; only baseline data available		Will continue to monitor



Opioids

Goal: Prevent harmful opioid use and reduce opioid-related consequences

Objective 1: Prevent initiation of opioid misuse	Baseline	Target (2020)	Current	Trend	Source
Reduce the percentage of adolescents who have used an opioid prescription drug for nonmedical purposes	14.9% (2013)	< 13%	11% (2017)	Goal Met	YRBS
Objective 2: Reduce death and harm due to nonmedical or illicit opioid use	Baseline	Target (2020)	Current	Trend	Source
Reduce number of opioid-related overdose deaths by 5%	622 (2014)	< 590	827 (2016)		WISH
Reduce number of opioid-related hospitalizations	12,134 (2014)	< 11,530	15,226 (2016)		WISH
Reduce number of opioid-related overdose emergency department visits	8,041 (2014)	< 7,640	11,875 (2016)		WISH
Objective 3: Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within underserved populations.	Baseline	Target (2020)	Current	Trend	Source
Increase the number of Wisconsin counties with active DATA-waive prescribers (New)	43 (2018)	50	N/A	N/A	SAMHSA, PDMP data
Increase the number of Medicaid members receiving medication-assisted treatment (New)	14,583 (2017)	17,500	N/A	N/A	Medicaid Claims and Encounters
Increase the number of county-authorized participants receiving medication-assisted treatment (New)	356 (2017)	450	N/A	N/A	Program Participation System

Legend

	Metric trending toward target	Flat	Metric trending at baseline		Metric trending away from target	Goal Met	Metric trending at or better than target
	Metric numbers increasing relative to baseline		Metric numbers decreasing relative to baseline	N/A	Metric new; only baseline data available		Will continue to monitor



Suicide

Goal: Prevent suicide

Objective 1	Baseline	Target (2020)	Current	Trend	Source
Reduce suicides	13.1/100,000 (2014)	12.8/100,000	14.9/100,000 (2016)		Death Certificates
Objective 2: Reduce suicide attempts	Baseline	Target (2020)	Current	Trend	Source
Reduce the rate of suicide attempts by 1%	Note: Goal will be 1% reduction; <i>Healthy Wisconsin</i> will be updated soon when the data is ready for publication.				Hospital Discharge Data
Reduce youth suicide attempts (self-reported) (New)	6% (2013)	5.8%	7.8% (2017)		YRBS
Objective 3: Increase and enhance protective factors	Baseline	Target (2020)	Current	Trend	Source
Increase the percentage of adults with less than four poor mental health days per month	78% (2015)	83%	77% (2016)		BRFS
Increase the percentage of adolescents with at least one teacher or adult in school they can talk to	74% (2013)	79%	72% (2017)		YRBS
Decrease the percentage of students who felt sad or hopeless almost every day for two or more weeks	24.6% (2013)	24%	27% (2017)		YRBS

Legend



Metric trending toward target

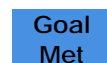


Flat

Metric trending at baseline



Metric trending away from target



Goal Met

Metric trending at or better than target



Metric numbers increasing relative to baseline

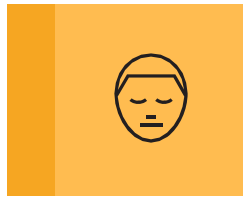


Metric numbers decreasing relative to baseline

N/A

Metric new; only baseline data available

Will continue to monitor



Tobacco

Goal: Prevent and reduce smoking and other tobacco products

Objective 1	Baseline	Target (2020)	Current	Trend	Source
Reduce adult smoking rate	17.3% (2014)	16.3%	17% (2016)		BRFS
Objective 2: Reduce use of other tobacco products by adults					
	Baseline	Target (2020)	Current	Trend	Source
Reduce the percentage of adults that have ever used e-cigarettes	21.8% (2016)	18.5%	19.3% (2017)		BRFS
Reduce use of smokeless tobacco among men	8% (2016)	6.8%	7.8% (2017)		BRFS
Objective 3: Reduce use of other tobacco products by youth					
	Baseline	Target (2020)	Current	Trend	Source
Reduce use of other tobacco products among middle school youth	5.2% (2014)	4.5%	9.9% (2016)		YTS
Reduce use of other tobacco products among high school youth	33.7% (2014)	31%	31.6% (2016)		YTS

Legend

	Metric trending toward target	Flat	Metric trending at baseline		Metric trending away from target	Goal Met	Metric trending at or better than target
	Metric numbers increasing relative to baseline		Metric numbers decreasing relative to baseline	N/A	Metric new; only baseline data available		Will continue to monitor

This page is intentionally left blank.

Priority: Alcohol



Priority Update: Alcohol

Wisconsin continues to have a serious problem with excessive drinking. Binge drinking (drinking more than five drinks on one occasion for men and more than four for women) is very common in Wisconsin. Although rates have been relatively flat for the last decade, adults in the state still binge drink at much higher rates than other adults in the U.S.

Background and Data

To support reductions in excessive alcohol consumption, it is important to understand how youth use alcohol. Starting to drink at an early age can make people more likely to misuse prescription medicine and opioids. Preventing underage drinking reduces the immediate risk from unintentional injury and unplanned sexual activity while also reducing a youth's lifetime risk of alcohol or drug misuse. The percentage of Wisconsin youth who report binge drinking and regular alcohol use has been steady or slowly declining for the past decade, and more work needs to be done to reduce those numbers to below national rates.

Women in Wisconsin who are between the ages of 18 and 44 binge drink more than women in the rest of the U.S. (2015: Wisconsin: 25%, U.S.: 16.9%). The rates for both binge and heavy drinking for women aged 18-44 have increased between 2014 and 2016; the increase in binge drinking, from 20% in 2014 to 30% in 2016, is especially striking. Additionally, two out of three women in Wisconsin who recently had a baby reported they drank in the three months before pregnancy, and about one in 12 reported drinking in the last three months of pregnancy.

Drinking too much can lead to alcohol-related diseases and death. Both can be difficult on communities and cost a lot of money. Hospital and health care costs, missed time at work, motor vehicle crashes, and criminal justice expenses are just a few of the areas impacted by drinking too much. Excessive drinking costs Wisconsin about \$6.8 billion each year.

ACEs and Alcohol

Adverse Childhood Experiences (ACEs) are connected to risk behaviors that can lead to substance use disorders, and are linked to negative health outcomes in adulthood. Researchers have found that toxic stress during childhood, such as ongoing childhood abuse or neglect, impacts the pleasure and reward center of the brain that is implicated in substance dependence as well as executive functioning, which comprises impulse control. In general, people who report binge or heavy drinking report higher rates of one or more ACEs. Wisconsin adults with four or more adverse childhood experiences have a significantly higher rate (28%) of binge drinking compared to adults with no ACEs (19%). More work is being done to understand the connection between ACEs and alcohol consumption to help reduce binge and heavy drinking rates in Wisconsin.

Current Activities

The alcohol priority objectives and strategies have been revised to reflect current data trends and evidence-based practices implemented across the state. Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Alcohol PAT are applying many strategies to reduce excessive drinking. The PAT consists of members of the Governor's State Council on Alcohol and Other Drug Abuse (SCAODA) Prevention Committee and guides many of the efforts to reduce binge and heavy drinking in our state.

Municipal enforcement of existing law, through alcohol age compliance checks and party patrols, contributed to the success of steady or slowly declining youth drinking rates for the past decade. Wisconsin Stat. § 125.07(1)(a)3 was changed in 2017 to make it illegal to provide a location for underage drinking, even when adults do not provide the alcohol. This change was an important step in reducing underage drinking in the state.

The Wisconsin Retail Assessment Project (WRAP) is working across *Healthy Wisconsin* priority areas to assess the availability and advertising of tobacco, alcohol, and nutritious food within Wisconsin communities. WRAP has been bringing together local health departments, local prevention coalitions and Wisconsin Department of Health Services (DHS), to complete assessments, analyze the results, and educate retail partners and communities about the importance of access to healthy options for all populations; and to eliminate youth access to addictive substances. 2018 marks the third year of the project.

The Wisconsin Alcohol Policy Project reports that, unlike most other states, “alcohol control is a municipal issue” in Wisconsin. This means local communities “have the authority to improve the community alcohol environment.” Wisconsin cities, towns, and villages can focus on alcohol-related problems or populations in their community through local alcohol-related policies or practices without requiring the rest of the state to adopt the policy. As a result, many local elected leaders are beginning to consider policies and practices that reduce excessive drinking in Wisconsin.

Priority: Alcohol

Goal: Prevent and Reduce Underage and Excessive Alcohol Consumption

Objective 1

Reduce underage drinking:

- › Reduce binge drinking among youth from 18% in 2013 to 16% in 2020 (YRBS)
2017: 16%
- › Reduce alcohol use among high school students from 33% in 2013 to 29% by 2020 (YRBS) **(New)**
2017: 30%

Objective 2

Reduce heavy and binge drinking among adults aged 18 and older:

- › Reduce adult binge drinking among adults aged 18 and older from 25% in 2012 to 23% in 2020 among adults (BRFS)
2014: 22% 2015: 23%
2016: 25%
- › Reduce binge drinking among women aged 18–44 from 18% in 2009-2011 to 16% in 2020 (BRFS)
2014: 20% 2015: 25%
2016: 30%
- › Reduce heavy drinking among women aged 18–44 from 8% in 2016 to 3% by 2020 (BRFS) **(New)**
- › Reduce heavy drinking among adults age 65 and older from 6% in 2016 to 5% by 2020 (BRFS) **(New)**
- › Reduce heavy drinking by men from 10% in 2016 to 5% by 2020 (BRFS) **(New)**

Strategies

Strategy 1: Support local policies that make alcohol less available and accessible to youth and prevent underage drinking by continuing enforcement of the minimum legal drinking age (MLDA) and encouraging alcohol compliance checks at the municipality level.

Strategy 2: Support and disseminate the work of organizations and groups that offer evidence-based policies and practices that prevent and reduce illegal alcohol consumption at the municipality level.

Strategy 3: Educate and engage health care systems, health care providers, schools, and community leaders to promote and provide alcohol education to both youth and adult family members, including screening, brief intervention, and referral to treatment (SBIRT) programs for adolescents.

Strategy 4: Support community and school-based efforts to increase resiliency in youth. **(New)**

Strategies

Strategy 1: Support and disseminate the work of organizations and groups that offer evidence-based policies and practices that prevent and reduce excessive alcohol consumption. **(New)**

Strategy 2: Educate and engage employers, health care systems, health care providers, and community leaders to promote and provide alcohol education, including prenatal education, on the risk of alcohol use during pregnancy, as well as promote and provide screening and treatment, including screening, brief intervention, and referral to treatment (SBIRT).

Strategy 3: Encourage Wisconsin's universities, colleges, and technical schools to review and select appropriate actions from the National Institute of Alcohol Abuse and Alcoholism's College Intervention Matrix.

Strategy 4: Develop and implement municipal policies that prevent and reduce illegal and excessive drinking.

Strategy 5: Increase awareness of the connection between ACEs and alcohol abuse. **(New)**

Objective 3

Reduce alcohol-related deaths:

- › Reduce deaths by fall by 5% from 60 in 2014 to 57 in 2020 (Death Certificates, Office of Health Informatics)
 - 2015: 42
 - 2016: 37
- › Reduce deaths by motor vehicle by 5% from 168 in 2014 to 160 in 2020 (FARS, National Highway Traffic Safety Administration)
 - 2015: 191
 - 2016: 193

Strategies

Strategy 1: Increase awareness of excessive drinking as a public health problem; support municipal leaders, public health agencies, and community coalitions with education and training on using public health, school, and law enforcement data, and implementing population level alcohol policy. **(New)**

Strategy 2: Encourage aging and disability resource centers (ARDC) and other agencies that serve older adults to create information on alcohol and alcohol and drug interactions with the goal of increasing overall awareness of the special risks that alcohol consumption may pose to seniors.

Strategy 3: Increase awareness of the connection between alcohol use and chronic disease, including cancer, by working with partners to disseminate educational materials to the public and local leaders.

Strategy 4: Educate health care professionals on alcohol use as a cancer risk factor and screen and refer patients for high-risk alcohol consumption.

Strategy 5: Encourage communities, law enforcement agencies, and coalitions to compile Place of Last Drink (POLD) data from operating while intoxicated (OWI) citations, with the goal of reducing overserving, and improving the community alcohol environment.

This page is intentionally left blank.

Priority:
Nutrition
and
Physical
Activity



HEALTHY
WISCONSIN

Priority Update: Nutrition and Physical Activity

People need to eat healthy food and be active to help stay healthy throughout their life. That's why it's important to have healthy food and means to be active where Wisconsinites live, work, learn, and play. Healthy eating and physical activity can reduce the risk for a number of chronic diseases, such as type 2 diabetes, cancer, heart disease, stroke, and obesity. Chronic diseases are among the most common and costly of health problems, are rarely cured, and often get worse over time, resulting in disability later in life.

Background and Data

It is important to start eating healthy foods from the very beginning. Breastfeeding provides ideal food for optimal growth and development of infants and supports the health of breastfeeding mothers. In 2014, 82% of Wisconsin infants were ever breastfed. The number of breastfed babies drops dramatically at six months, when only 54% are still breastfeeding and only 28% exclusively. Wisconsin experiences extreme disparities in breastfeeding. Among WIC participants in 2016, 80% of white infants were ever breastfed compared to 60% of African American infants and 55% of Asian American infants. Only 6% of African American infants and only 9% of Asian American infants are exclusively breastfed at six months, well below the Healthy People 2020 goal of 25%.

One in 4 Wisconsin adults report eating vegetables less than one time a day, and more than 1 in 3 report eating fruits less than one time a day. In addition, only 1 in 6 adults consume the recommended five or more fruits and vegetables a day.

While more than half (57%) of Wisconsin adults meet the recommended level of physical activity (more than 150 minutes per week), Wisconsin ranks 18th nationally for physical activity. A growing number of adults, now 1 in 4, report no physical activity in a given month. Among Wisconsin youth, only half (49.5%) reach the recommended level of physical activity of 60 minutes on five or more days per week and 1 in 8 do not participate in an hour of physical activity on any day during a given week.

In 2016, Wisconsin had the 23rd highest adult obesity rate in the U.S. About 2 in 3 Wisconsin adults and 1 in 3 Wisconsin high school students were overweight or obese. The number of people in Wisconsin who are overweight or obese has been rising and if it continues to rise at the same rate, more than half of Wisconsin adults will be obese by 2030.

Childhood obesity affects low-income and minority children more than others. Children who are obese during preschool are more likely to be obese as teenagers and adults, and to develop chronic diseases and conditions like diabetes, high blood pressure, asthma, and sleep apnea. These diseases are starting to appear earlier in childhood, too.

ACEs and Nutrition and Physical Activity

Data show that 61% of people who are obese have experienced at least one ACE, compared with 57% of the general population. Additionally, people who have experienced at least one ACE are more likely to report poor physical health days (42%) compared to those with no ACEs (30%). ACEs are known links to negative health outcomes in adulthood. Eating healthy food and being physically active is also known to help those who have experienced trauma in childhood.

Current Activities

The nutrition and physical activity priority objectives and strategies have been revised to reflect current data trends and evidence-based practices implemented across the state. Organizations and communities across Wisconsin are applying many strategies to improve nutrition, increase breastfeeding, and increase physical activity, with the support of the *Healthy Wisconsin* Nutrition and Physical Activity PAT. The PAT consists of members and partners of healthTIDE and the Wisconsin Breastfeeding Coalition, and guides many of the efforts to support healthy eating and physical activity in our state. The priority strategies for nutrition and physical activity are being implemented across the state in communities, health care, worksites, schools, and early care facilities.

To promote fruit and vegetable consumption among low-income, millennial parents, the FNV campaign (<https://fnv.com/>) has been implemented across the state. The FNV campaign uses marketing to raise awareness, passion, and consumption of fruits and vegetables. Early care efforts will continue to focus on local policy and environmental changes to incorporate Healthy Bites and Active Early concepts. Healthy Bites and Active Early are collaborations between the Wisconsin Department of Public Instruction, DHS, and the Wisconsin Department of Children and Families for improving childhood nutrition and childhood physical activity.

The Collective initiative brought together birthing facilities and local WIC agencies throughout the state to establish perinatal and postpartum practices that support breastfeeding initiation and duration.

Wisconsin Active Together has recognized seven active communities since May 2018, and expects to recognize 14 additional communities in October 2018. Communities are recognized when they meet at least one physical activity strategy from each of three categories. Training for recognized communities and those looking to be recognized will be part of the Wisconsin Active Together plan in 2019. Worksite trainings on how to create a healthier work environment continue to take place throughout the state: staff at over 1,500 worksites have been trained in the use of the Worksite Wellness Kit. Schools have been promoting the Active Schools: Core 4+ initiative for several years and have increased active minutes by increasing active time in physical education classes, offering active classroom breaks and open gym times, providing recess and before and after school recreation opportunities, and incorporating activity within the community through Safe Routes to School and recreational programming. That emphasis will continue and, going forward, will be rolled into a broader national wellness initiative known as Whole School, Whole Community, Whole Child.

The Wisconsin Retail Assessment Project (WRAP) is working across *Healthy Wisconsin* priority areas to assess the availability and advertising of tobacco, alcohol, and nutritious food within Wisconsin communities. WRAP has been bringing together local health departments, local prevention coalitions, and DHS to complete assessments, analyze the results, and educate retail partners and communities about the importance of access to healthy options for all populations; and to eliminate youth access to addictive substances. 2018 marks the third year of the project.

Priority: Nutrition and Physical Activity

Goal: Eat Healthier and Move More

Objective 1

Increase consumption of healthy foods and beverages:

- › Increase consumption of at least one fruit per day by adults from 62% in 2013 to 65% in 2020
2015: 62%
- › Increase consumption of at least one vegetable per day by adults from 74% in 2013 to 78% in 2020
2015: 76%
- › Reduce daily consumption of soda by students from 20% in 2013 to 15% in 2020
2017: 15.3%

Objective 2

Increase breastfeeding:

- › Increase initiation from 80% in 2015 to 90% in 2020
2016: 80%
- › Increase duration at six months from 53% in 2015 to 60% in 2020
2016: 58.9%

Strategies

Strategy 1: Create healthy options where foods and beverages are available.

Strategy 2: Improve accessibility, affordability, and demand for healthy foods and beverages in retail settings.

Strategy 3: Support existing community coalitions and organizations to implement key nutrition strategies. Assist with creation of new coalitions where they currently do not exist. **(New)**

Strategies

Strategy 1: Implement prenatal, maternity care, and postpartum practices that support breastfeeding.

Strategy 2: Provide support for breastfeeding mothers in the workplace, early childhood education settings, and throughout the community.

Objective 3

Increase physical activity:

- › Increase the percentage of adults physically active at least 150 minutes per week from 53% in 2013 to 58% in 2020
2015: 57%
 - › Increase the percentage of students physically active for a total of at least 60 minutes per day on five or more of the past seven days from 50% in 2013 to 55% in 2020
2017: 49%
-

Strategies

Strategy 1: Engage communities to increase options for all people to be active, including the ability to safely walk and bike.

Strategy 2: Create opportunities for employees to be active and healthy during the workday.

Strategy 3: Educate and engage schools and early childhood education providers to improve accessibility and opportunities for physical activity throughout the day, including through recess policies.

Strategy 4: Create opportunities for and promote evidence-informed community programs that help adults, including those with chronic conditions, to become and remain active.

Strategy 5: Support existing community coalitions and organizations to implement key physical activity strategies. Assist with creation of new coalitions where they currently do not exist. **(New)**

This page is intentionally left blank.

Priority:
Opioids



HEALTHY
WISCONSIN

Priority Update: Opioids

Drug overdoses, especially of opioids, are a big problem in Wisconsin. Over the last 10 years, deaths from people overdosing on opioids have more than doubled, with nearly every county in Wisconsin experiencing at least one opioid overdose death in the past year. In 2016, more than 27,000 hospital visits were related to opioids, and over 4,200 were for opioid overdoses.

Background and Data

Opioids prescribed for pain relief have been a major cause of drug overdoses. In 2016, prescription medicine was the reason for seven out of 10 opioid-related deaths in Wisconsin. The number of people in Wisconsin aged 12 and older who have used prescription opioids nonmedically or illegally is estimated at 196,000, with 33,000 qualifying for the diagnosis of pain reliever use disorder on an annual basis.

Heroin is also a serious problem. Three out of four people who use heroin started with prescription opioids, and individuals often use both heroin and prescription drugs. In Wisconsin, the number of heroin deaths increased more than tenfold in the past decade, with 371 occurring in 2016.

Overdoses related to synthetic opioids, mainly Fentanyl, have also recently increased. Fentanyl is a prescription opioid, but is also produced illicitly. Because it is extremely potent—10 times more potent than heroin—it is sometimes mixed with other illicit drugs such as cocaine and methamphetamine, as well as heroin, to increase its effect. However, this greatly increases the chances of overdose. In 2016 alone, there were 275 deaths involving synthetic opioids, double the previous year's total, and three times the number in 2014.

Mental health issues are associated with substance use disorder. At least six out of 10 of those with a substance use disorder also have a mental illness, and 1 in 5 people having mental health conditions also have a substance use disorder. People with a substance use disorder are six times more likely than the general population to attempt suicide.

ACEs and Opioids

Studies have shown toxic stress during childhood, such as ongoing childhood abuse or neglect, impacts the pleasure and reward center of the brain that is involved with substance dependence. Recent Wisconsin data have shown a connection between prescription opioid use and a person's ACE score. According to 2017 BRFSS data, 13% of people with zero ACEs used a prescribed opioid in the past year, while over twice that proportion (30%) of people with four or more ACEs used a prescribed opioid. With more data being collected and attention being paid to opioid use and misuse in Wisconsin, the connection between ACEs and opioids will continue to be studied to better inform policy decisions, prevention, and intervention efforts.

Current Activities

Progress has been made in reducing the availability of prescription opioids through improved prescribing practices and implementation of the Wisconsin Prescription Drug Monitoring Program. As a result, from 2014 to 2017 the number of opioid prescriptions filled in Wisconsin has been reduced by 20%. The Opioids PAT, when revising the priority's objectives and strategies, recognized the need for a three-pronged approach to tackling opioids misuse and abuse: 1) preventing initiation, 2) increasing treatment, and 3) reducing death and harm. The Opioids PAT consists of the existing State Council on Alcohol and Other Drug Abuse (SCAODA) Opioids Advisory Workgroup, and leverages the existing workgroup structure to review and advise regarding Wisconsin's opioid epidemic.

Managing the health crisis related to opioids calls for a multi-faceted approach. Overdose deaths can be prevented by limiting the supply of illicit substances and making naloxone, the overdose reversal drug, widely available. Those who have a substance use disorder require treatment. And prevention efforts can help reverse the trend through education, providing alternative pain treatment methods, and reducing the social conditions that foster reliance on counterproductive coping through substance misuse.

Priority: Opioids

Goal: Prevent Harmful Opioid Use and Reduce Opioid-Related Consequences

Objective 1

Prevent initiation of opioid misuse by reducing percentage of adolescents who have used an opioid prescription drug for nonmedical purposes from 14.9% in 2013 to less than 13% by 2020 (via YRBSS)

2017: 11%

Strategies

Strategy 1: Support communities to foster healthy youth by adopting evidence-informed policies and practices that build protective factors and reduce risk factors for opioid misuse.

Strategy 2: Support community coalitions as the vehicle through which communities can successfully prevent and reduce harmful opioid use and related consequences.

Strategy 3: Increase community awareness and substance abuse prevention messaging in order to reduce opioid misuse and the stigma of addiction.

Strategy 4: Increase community awareness about the correlation between trauma or adverse childhood experience and opioid use disorder in order to prevent and reduce opioid use and the stigma of opioid use disorder.

Strategy 5: Ensure proper disposal of prescription drugs.

Strategy 6: Improve pain management practice in Wisconsin in accordance with best practices, including adoption of the Wisconsin State Medical Examining Board's Opioid Prescribing Guidelines, while ensuring that chronic pain sufferers have safe and consistent access to care.

Objective 2

Reduce death and harm due to nonmedical or illicit opioid use:

- › Reduce the number of opioid-related overdose deaths by 5% from 622 deaths in 2014 to fewer than 590 in 2020.

2015: 614 2016: 827

- › Reduce the number of opioid-related hospitalizations from 12,134 in 2014 to fewer than 11,530 in 2020.

2015: 13,355 2016: 15,226

- › Reduce the number of opioid-related overdose emergency department visits from 8,041 in 2014 to fewer than 7,640 in 2020.

2015: 9,763 2016: 11,875

Strategies

Strategy 1: Broadly promote naloxone distribution, training, and administration to prevent overdoses and overdose-related deaths.

Strategy 2: Establish and promote evidence-informed opioid use screening, early intervention, and referral for treatment across health care, school, and social service organizations in order to connect people, including pregnant women, to the appropriate level of care.

Strategy 3: Ensure harm reduction programs are widely available and accessible to individuals who are at risk of an overdose.

Strategy 4: Promote pre-arrest diversion programs to increase access to services and reduce initiation into the criminal justice system.

Objective 3

Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within underserved populations

- › Increase the number of Wisconsin counties with active DATA-waive prescribers from 43 in 2018 to 50 in 2020 **(New)**
 - › Increase the number of Medicaid members receiving medication-assisted treatment from 14,583 in 2017 to 17,500 by 2020 **(New)**
 - › Increase the number of county-authorized participants receiving medication-assisted treatment from 356 in 2017 to 450 in 2020 **(New)**
-

Strategies

Strategy 1: Increase access to all forms of FDA-approved medication-assisted treatment and evidence-based alternative treatment modalities through prescriber medication and treatment expansion.

Strategy 2: Increase substance use treatment services for people with opioid use disorder, including those in the criminal justice system. Services would include but not be limited to medication-assisted treatment, connection with recovery support services, and services within jails, prisons, and treatment courts.

Strategy 3: Reduce barriers to accessing treatment services by ensuring programs provide ancillary services, such as child care and transportation, or by making referrals to other community agencies.

This page is intentionally left blank.

Priority: Suicide



Priority Update: Suicide

Suicide is a serious problem in Wisconsin. The emotional and financial toll on families and communities cannot be measured but it can be avoided.

Background and Data

The number of suicides in Wisconsin has increased over the past decade, and suicide was the 10th leading cause of death (862 deaths) in 2016. Preliminary data show there were over 900 suicides in 2017. During the 2014–2016 time period, the three primary means of suicide in the state were firearms (49%, up from 45%); hanging or suffocation (26%, up from 25%); and poisoning (17%, down from 19%).

Some populations and communities have a higher risk for suicide and suicide attempts. Men are at a greater risk of dying from suicide at all ages, while women have higher rates of thinking about and planning suicide. The age group at greatest risk of suicide for both men and women is 45–54. Another group with high rates of suicide is men 85 and older. Additional groups at higher risk include non-Hispanic Whites, American Indians, people with low educational attainment, veterans, divorced individuals, and those living in the northern and western regions of Wisconsin.

Teens have the highest rates of self-inflicted injuries. Among Wisconsin high school students, one out of six has seriously considered attempting suicide, and this number continues to grow. Lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) youth are more likely to consider (41% compared to 16% overall) and attempt suicide (20% compared to 8% overall) than their non-LGBTQ peers. High school students of ethnic and racial minority backgrounds are also more likely to have suicidal thoughts and behaviors than their classmates. In the past decades, the use of social media and ever-changing technology has presented additional difficulties to families and those working to improve youth mental health.

Nearly five out of 10 people who died from suicide had an indication of a current mental health problem. In Wisconsin, 1 in 4 adults reported four or more poor mental health days in the last month. Similarly, nearly 3 in 10 high school students reported their mental health was not good four or more days in the past month. Other factors often contribute to suicide. For people who do not have a mental health problem, the most impactful factors for suicide are relationship difficulties; substance use; physical health; and job, money, legal, or housing stress.

For every death by suicide, there are more than 10 emergency department visits and hospitalizations for self-inflicted injury, not including the number of people who go to outpatient clinics or do not seek medical treatment following a suicide attempt.

ACEs and Suicide

ACEs considerably increase the risks of suicidal behaviors. One study found that nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% of suicide attempts during childhood and adolescence were attributed to ACEs. Researchers have found that toxic stress during childhood, such as ongoing abuse or neglect, impacts the brain's executive functioning, and compromises impulse control, which increases the likelihood of engaging in risk behaviors. Data show that 57% of Wisconsin residents have at least one ACE, increasing the need for awareness about the connection between childhood adversity and suicide.

Current Activities

The priority objectives and strategies have been revised to reflect current data trends and evidence-based practices implemented across the state. Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Suicide PAT, are applying many strategies to reduce suicide and to improve mental health and resiliency. The Suicide PAT consists of members and partners of the Prevent Suicide Wisconsin Steering Committee, and guides many of the efforts to reduce suicide risk and improve protective factors in our state.

Twelve health and behavioral health care organizations from around the state are taking part in Mental Health America of Wisconsin's 2018 Zero Suicide Training. Zero Suicide is a systematic approach to quality improvement in suicide prevention within the health care and behavioral health care systems. Additionally, local health department staff and other prevention partners have participated in statewide learning communities, facilitated by Mental Health America of Wisconsin, to receive technical assistance and guidance, as well as engage in discussion and review of their field work. The Wisconsin Department of Health Services, Mental Health America of Wisconsin, and Medical College of Wisconsin are developing an updated Burden of Suicide Report to provide suicide data and themes for prevention to incorporate into Wisconsin's suicide prevention strategy.

Increased public awareness around mental health and suicide presents an opportunity for change. It is important, especially for those at greater risk of dying from suicide, that everyone feel comfortable seeking help. It is also critical that, when people experiencing depression and suicidal thoughts seek out help, resources be readily available.

If you or someone you know is experiencing a life-threatening emergency, call 911.

Priority: Suicide

Goal: Prevent Suicide

Objective 1

Reduce suicides from 13.1 (per 100,000) in 2014 to 12.8 (per 100,000) in 2020 (Death Certificate Data, OHI)
2015: 15.2 (per 100,000)
2016: 14.9 (per 100,000)

Objective 2

Reduce suicide attempts:

- › Reduce the rate of suicide attempts by 1% between 2014 and 2020 (DHS Office of Health Informatics)
Note: Goal will be 1% reduction; *Healthy Wisconsin* will be updated soon when the data is ready for publication.
- › Reduce youth suicide attempts (self-reported) from 6.0% in 2013 to 5.8% in 2020 (YRBS) **(New)**
2017: 7.8%

Strategies

Strategy 1: Increase the capacity of communities, families, and individuals to create suicide-safe environments.

Strategy 2: Increase use of evidence-informed practices by health organizations—including health departments, health care systems, and other partners—to reduce suicide and the impact of suicide.

Strategy 3: Implement methods to reduce access to lethal means.

Strategies

Strategy 1: Provide, promote, and support community-wide gatekeeper training.

Strategy 2: Create and support active suicide prevention coalitions.

Strategy 3: Use evidence-informed practices for talking about and treating suicidal thoughts and behaviors within health care settings and the community.

Objective 3

Increase and enhance protective factors:

- › Increase the percentage of adults with less than four poor mental health days per month from 78% in 2015 to 83% in 2020 (BRFS)
2016: 77%
 - › Increase the percentage of adolescents with at least one teacher or adult in school they can talk to from 74% in 2013 to 79% in 2020 (YRBS)
2017: 72%
 - › Decrease the percentage of students who felt sad or hopeless almost every day for two or more weeks from 24.6% in 2013 to 24% in 2020 (YRBS)
2017: 27%
-

Strategies

Strategy 1: Increase awareness of the link between ACEs and mental well-being and establish trauma-sensitive schools by promoting school-based protective factors and approaches to address trauma, build resiliency, and introduce coping techniques.

Strategy 2: Support those affected by suicide attempts and suicide loss through support groups and peer support.

Strategy 3: Expand access to services for mental health and substance use disorders, as well as suicidal thoughts and behavior.

This page is intentionally left blank.

Priority:
Tobacco



HEALTHY
WISCONSIN

Priority Update: Tobacco

Tobacco* use and exposure is the leading cause of preventable death in Wisconsin, linked to 7,900 deaths and \$4.72 billion in health care costs and lost productivity each year. There is a need for programs and policies to keep people from using tobacco in the first place, to help individuals quit using tobacco, and to prevent exposure to e-cigarette aerosol and secondhand smoke.

Background and Data

Even though the rate of adult smoking is at an all-time low in Wisconsin (17%), many populations are disproportionately burdened by tobacco compared with the general population, such as African Americans (31%), those impacted by depression (29%), and Medicaid recipients (29%).

In addition, new tobacco products threaten the progress made in preventing kids from tobacco use. E-cigarette use among high school students increased nearly 600% from 1.9% in 2012 to 13.1% in 2016, and the rising popularity of cigar use among high school boys is also a concern. Like their adult counterparts, some youth populations are using tobacco much more and are impacted by tobacco advertising and the availability of flavored and low-cost products more than others.

ACEs and Tobacco

ACEs are connected to risk behaviors (like tobacco use) and linked to negative health outcomes in adulthood. Data show that 72% of all smokers in Wisconsin have experienced at least one ACE, compared with 53% of nonsmokers. Each individual ACE is correlated with higher smoking prevalence. Efforts are underway in Wisconsin to explore integrating trauma informed practices with treatment efforts while continuing to focus on the strong connection between tobacco use and adversity in childhood.

Current Activities

The tobacco priority objectives and strategies have been revised to reflect current data trends and evidence-based practices. Organizations and communities across Wisconsin are applying many strategies to reduce tobacco use and reduce exposure to e-cigarette aerosol and secondhand smoke with the support of the Tobacco PAT. The Tobacco PAT consists of members from a variety of organizations key to the implementation of the outlined objectives and strategies.

Work is ongoing to increase access to and utilization of tobacco treatment services and benefits among populations disproportionately impacted by the burden of tobacco. One successful effort has been the availability of free continuing education credits upon completion of tobacco treatment integration training for behavioral and mental health providers through the University of Wisconsin Center for Tobacco Research and Intervention in collaboration with the Wisconsin Nicotine Treatment Integration Project. Another effort, through a partnership between DHS and the Wisconsin Women's Health Foundation, is reaching pregnant and postpartum women, children, and families with information about multigenerational tobacco use, secondhand smoke, and smoke-free families.

A media campaign encouraging use of the state's Medicaid Cessation Benefit launched in 2018. The campaign was timed to coincide with the U.S. Department of Housing and Urban Development's smoke-free rule that took effect in August 2018. The ads have a positive tone and encourage tobacco users to take advantage of the free help provided through the benefit. This

* *Healthy Wisconsin* recognizes the sacred use of ceremonial tobacco among Native Americans, and uses the word "tobacco" to refer to commercial tobacco use.

builds on the education outreach local coalitions had been doing with HUD residents for the 18 months leading up to the rule change.

The Tobacco is Changing campaign aimed to curb youth use of candy-flavored tobacco products. The multimedia approach combined billboards, cinema, social media, and a website to educate parents about these new and deadly tobacco products. All components of the campaign encouraged parents to visit TobaccoisChanging.com. Overall, the campaign generated 29 million impressions (including 7.9 million video views), 19,000 unique website visits, and strong social media engagement. Current plans are underway to extend the campaign through additional marketing and advertising.

The Wisconsin Retail Assessment Project (WRAP) is working across *Healthy Wisconsin* priority areas to assess the availability and advertising of tobacco, alcohol, and nutritious food within Wisconsin communities. WRAP has been bringing together local health departments, local prevention coalitions, and DHS to complete assessments, analyze the results, and educate retail partners and communities about the importance of access to healthy options for all populations; and to eliminate youth access to addictive substances. 2018 marks the third year of the project.

Priority: Tobacco

Goal: Prevent and Reduce Smoking and Other Tobacco Products

Objective 1

Reduce adult smoking rate from 17.3% in 2014 to 16.3% in 2020:

2015: 17%

2016: 17%

Strategies

Strategy 1: Increase utilization of evidence-based tobacco cessation services, focusing outreach toward at-risk populations,* Medicaid recipients, and pregnant and postpartum women and their families.

Strategy 2: Integrate tobacco cessation into behavioral health care treatment and services and educate tobacco users with behavioral health concerns about benefits of quitting smoking.

Strategy 3: Train stakeholders and professionals working in tobacco prevention and intervention about the connection between adverse childhood experiences (ACEs) or trauma, and tobacco use. These trainings should include an overview of how ACEs contribute to dual addictions, and highlight how trauma-informed approaches can serve as a response.

Strategy 4: Increase access and utilization of tobacco treatment services and benefits among public housing residents. **(New)**

Strategy 5: Collaborate with partners to ensure no-cost comprehensive cessation services (counseling and all FDA-approved cessation medications), as outlined by the American Lung Association, for low-income tobacco users. **(New)**

Objective 2

Reduce use of other tobacco products by adults:

- › Reduce the percentage of adults that have ever used e-cigarettes from 21.8% in 2016 to 18.5% in 2020
2017: 19.3%

- › Reduce use of smokeless tobacco among men from 8.0% in 2016 to 6.8% in 2020
2017: 7.8%

Strategies

Strategy 1: Implement tobacco-free policies on college campuses.

Strategy 2: Educate and engage at-risk populations* about the dangers of other tobacco products.

*At-risk populations include behavioral health, low-income, racial/ethnic minorities, and LGBTQ.

Objective 3

Reduce use of other tobacco products by youth:

- › Reduce use of other tobacco products among middle school youth from 5.2% in 2014 to 4.5% in 2020
2016: 9.9%
 - › Reduce use of other tobacco products among high school youth from 33.7% in 2014 to 31% in 2020
2016: 31.6%
-

Strategies

Strategy 1: Educate and engage youth and school officials about the dangers of other tobacco products and implement tobacco-free school policies.

Strategy 2: Increase the number of compliance checks conducted and education outreach to retailers.

Strategy 3: Identify and implement evidence-informed policies to reduce youth use.

Strategy 4: Raise awareness of other tobacco products among Wisconsin parents. **(New)**

Strategy 5: Enhance surveillance to improve the monitoring of youth access to tobacco and youth tobacco behaviors. **(New)**

ACEs, Trauma, and Resilience

Adverse Childhood Experiences (ACEs) are negative life events or experiences, which occur during childhood (before age 18) and have the potential to impede healthy child development. ACEs can have long-term, damaging consequences and are associated with risk behaviors and poor general health.

Data show that 57% of Wisconsin residents have at least one ACE, and as the number of ACEs increases (higher ACE score), a person is increasingly likely to experience negative health outcomes. An ACE score does not capture the severity or frequency of an adverse experience; instead it describes the number of ACE categories experienced.

Research shows ACEs may be intergenerationally passed down, which can cause a familial cycle of ACE transmission. Adults with high ACE scores may be more likely to struggle with substance use disorder (such as misuse of alcohol or drugs), mental health diagnoses, depression, or suicidality. In turn, these risk behaviors and mental health outcomes expose any children living in the household to those specific ACEs.

To assess the occurrence of ACEs among Wisconsin adults, the Wisconsin Behavioral Risk Factor Survey (BRFS) asks people if they experienced any of the following events or circumstances prior to the age of 18:

- Physical abuse
- Emotional abuse
- Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- A household member who was chronically depressed, mentally ill, institutionalized, or suicidal
- Violence between adults in the home
- Parental separation or divorce

Wisconsin 2011–2016 BRFS prevalence rates by individual ACE

Household Dysfunction	Prevalence	Abuse	Prevalence
Substance abuse in household	26%	Emotional abuse	28%
Divorce or parental separation	23%	Physical abuse	17%
Violence between adults in household	16%	Sexual abuse	10%
Mental illness in household	16%		
Incarcerated member of household	7%		

While research shows that ACEs impact all populations regardless of identity, there are some populations that have higher ACE prevalence rates than others. Wisconsin BRFSS data (as well as national data) show that black and Native American populations are more likely to have ACEs than their white, Asian, and Hispanic/Latino peers. People who have lower incomes and have attained less education are also more likely to have ACEs than those with higher income and higher educational attainment. There are many reasons certain populations are disproportionately impacted by adversity in childhood, and there is still a need for more in-depth research to better understand those correlations. What is known is ACEs are connected to risk behaviors; in other words, people with higher ACE scores are more likely to engage in risky behaviors. This is why ACEs and trauma information has been woven into all of the *Healthy Wisconsin* priorities, as data shows there is a connection between each of the priorities and trauma in childhood.

Having ACEs in Your Past Doesn't Have to Define Your Future

While ACEs are clearly related to health and behaviors later in life, they are not a guarantee of anything. The negative health effects of ACEs can be softened when people have a strong support system and the skills to successfully cope with life's many challenges. This is called resilience. Children learn resilience best when they are given the following positive supports:

- Caring relationships with parents, teachers, counselors, or other adults actively involved in the child's life
- Good peer relationships
- Positive coping style
- Good social skills

Building resilience is a lifelong process. For adults, learning how to adapt to change and recover from setbacks can mean thoughtfully considering behavior and attitudes, learning from the past, and finding healthy ways to cope with daily stress. Some ways to improve resilience at any stage in life include:

- Building strong relationships with family and friends
- Setting realistic personal goals
- Giving oneself credit for positive choices
- Eating well, getting plenty of sleep, and staying active
- Taking proactive action when faced with a challenge

Healthy Wisconsin is working to understand ACEs and other factors that put the health of our citizens at risk. Many programs in Wisconsin are incorporating ACEs awareness and trauma-informed care into their policies and practices, including but not limited to: Wisconsin First Lady Tonette Walker's Fostering Futures initiative (<http://www.fosteringfutureswisconsin.org/>), the Waupaca County Department of Health and Human Services, Milwaukee's juvenile court system, and the Wisconsin Office of Children's Mental Health.

References

ACEs

The Influence of Adverse Childhood Experiences on the Health of Wisconsin Citizens in Adulthood. (2015). Madison, WI: The Child Abuse and Neglect Prevention Board.

Quinn, K., Boone, L., Scheidell, J.D., Mateau-Gelabert, P., McGorray, S.P., Beharie, N., Cottler, L.B., and Kahn, M.R. "The relationship of childhood trauma and adult prescription pain reliever misuse and injection drug use." *Drug and Alcohol Dependence* vol. 169 (2016): 190-198.

Wisconsin Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." <https://www.dhs.wisconsin.gov/stats/brfs.htm>.

Alcohol

Black, P.D., Paltzer, J.T. "The Burden of Excessive Alcohol Use in Wisconsin." University of Wisconsin Population Health Institute, February 2013.

Centers for Disease Control and Prevention (CDC). "Alcohol Consumption among Women for 2015." State Specific Alcohol Consumption Rates for 2015. https://www.cdc.gov/ncbddd/fasd/monitor_table.html (accessed August 2018).

Centers for Disease Control and Prevention (CDC). "Excessive Drinking Data and Maps. Costs of Excessive Alcohol Consumption by State, 2015." <https://www.cdc.gov/alcohol/data-stats.htm> (accessed June 2018).

NHTSA (National Highway Traffic Safety Administration). "Fatality Analysis Reporting System (FARS)." <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>.

Wisconsin Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." <https://www.dhs.wisconsin.gov/stats/brfs.htm>.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Death Certificates.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin PRAMS Data.

Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. "2017 Wisconsin Youth Risk Behavior Survey Results." Wisconsin Youth Risk Behavior Survey. <https://dpi.wi.gov/sspw/yrbs> (accessed June 2018).

Nutrition and Physical Activity

Centers for Disease Control and Prevention (CDC). "Breastfeeding Report Card." <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.

Centers for Disease Control and Prevention (CDC). "National Immunization Survey." <https://www.cdc.gov/vaccines/imz-managers/nis/index.html>.

Wisconsin Department of Health Services, Division of Public Health. Women, Infants and Children Program (WIC). "Breastfeeding." <https://www.dhs.wisconsin.gov/wic/breastfeeding>.

Wisconsin Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." <https://www.dhs.wisconsin.gov/stats/brfs.htm>.

Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. "2017 Wisconsin Youth Risk Behavior Survey Results." Wisconsin Youth Risk Behavior Survey. <https://dpi.wi.gov/sspw/yrbs> (accessed June 2018).

Opioids

State Council on Alcohol and other Drug Abuse. "911 Good Samaritan Recommendations: Analysis and Recommendations for Reducing Drug-Related Overdoses in Wisconsin." August 2013. <https://scaoda.wisconsin.gov/adhoccommitteereports.htm>.

State Council on Alcohol and other Drug Abuse report. "Reducing Wisconsin's Prescription Drug Abuse: A Call to Action." January 2012. <https://scaoda.wisconsin.gov/adhoccommitteereports.htm>.

State Council on Alcohol and other Drug Abuse report. "Wisconsin's Heroin Epidemic: Strategies and Solutions." July 2014. <https://scaoda.wisconsin.gov/adhoccommitteereports.htm>.

Substance Abuse and Mental Health Services Administration (SAMHSA). "2015 National Survey on Drug Use and Health." <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2015-NSDUH>.

Substance Abuse and Mental Health Services Administration (SAMHSA). "2016 National Survey on Drug Use and Health." <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. "WISH (Wisconsin Interactive Statistics on Health) Query System." www.dhs.wisconsin.gov/wish/index.htm.

Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. "2017 Wisconsin Youth Risk Behavior Survey Results." Wisconsin Youth Risk Behavior Survey. <https://dpi.wi.gov/sspw/yrbs> (accessed June 2018).

Suicide

Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. "WISQARS (Web-based Injury Statistics Query and Reporting System)." www.cdc.gov/injury/wisqars (accessed May 2018).

Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F., & Giles, W.H. (2001). "Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study." *JAMA* 286(24) (2001): 3089–3096. doi:10.1001/jama.286.24.3089.

Mental Health America of Wisconsin and Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services. "Wisconsin Suicide Prevention Strategy." 2015. <http://www.sprc.org/sites/default/files/Wisconsin%202015.pdf>.

Wisconsin Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." <https://www.dhs.wisconsin.gov/stats/brfs.htm>.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. "Annual Death Report, 2016." (P-01170-18) June 2018. <https://www.dhs.wisconsin.gov/publications/p01170-18.pdf>.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Hospital Discharge Data.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Death Certificates.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. "WISH (Wisconsin Interactive Statistics on Health) Query System." Mortality Module and Injury Mortality Module. www.dhs.wisconsin.gov/wish/index.htm (accessed May 2018).

Wisconsin Department of Health Services, Injury Research Center at the Medical College of Wisconsin and Mental Health America of Wisconsin. "The Burden of Suicide in Wisconsin 2007-2011." (P-00648) 2014. www.dhs.wisconsin.gov/publications/p0/p00648-2014.pdf.

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Violent Death Reporting System.

Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. "2017 Wisconsin Youth Risk Behavior Survey Results." Wisconsin Youth Risk Behavior Survey. <https://dpi.wi.gov/sspw/yrbs> (accessed June 2018).

Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. "Wisconsin 2017 Youth Risk Behavior Survey Special Topic: Suicide and Help Seeking." <https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/yrbssuicidehelpseeking.pdf> (accessed August 2018).

Tobacco

Campaign for Tobacco-Free Kids. "The Toll of Tobacco in Wisconsin." <https://www.tobaccofreekids.org/problem/toll-us/wisconsin>.

Wisconsin Department of Health Services, Division of Public Health. "Wisconsin Behavioral Risk Factor Survey." <https://www.dhs.wisconsin.gov/stats/brfs.htm>.

Wisconsin Department of Health Services, Division of Public Health, Wisconsin Tobacco Prevention and Control Program. Wisconsin Youth Tobacco Survey (YTS).



All references include sources for data and information and are categorized by section.

Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment.

P-01791A, September 2018

This publication was supported by the Grant or Cooperative Agreement Number, B01 OT009175, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

HEALTHY
WISCONSIN