



Marshfield Clinic
Health System



2020-2022 Community Health Needs Assessment Marshfield Medical Center-Neillsville

Dear Community Members,

Marshfield Clinic Health System's (MCHS) mission is to enrich lives; to create healthy communities through accessible, affordable, compassionate health care. We know that health is driven by much more than what happens in the doctor's office. Wherever possible, through programs, services, and public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. That is why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this community health needs assessment on September 4, 2019.

In November 2018, Memorial Medical Center was acquired by Marshfield Clinic Health System. The hospital's name was changed to Marshfield Medical Center – Neillsville.

Marshfield Medical Center – Neillsville collaborated with community partners to assess the health and needs of the community through meetings, surveys, community conversations, key informant interviews and a variety of data sources. This document summarizes these key findings. Electronic versions of this needs assessment and companion documents can be found [here](#).

Through these efforts, the top three health priorities identified through the Community Health Needs Assessment are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

We hope that you find this document useful and welcome any comments and suggestions you may have for improving the health of Clark County.

Yours in Health,

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Definition of Terms

- **Community Benefits Workgroup-Neillsville (CBW-Neillsville):** A local and internal workgroup of Marshfield Medical Center in Neillsville that contributes to the Health System’s community benefits and community health initiatives. Essential functions are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.
- **Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA):** A CHA is a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis (Center for Disease Control and Prevention, 2018). Health Departments are required to participate in a CHA every five years. Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals are encouraged to partner with local health departments to simultaneously conduct a CHA/CHNA (Wisconsin Association of Local Health Departments and Boards, 2015).
- **Community Health Improvement Plan (CHIP)/Implementation Strategy (IS):** A CHIP is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A CHIP is typically updated every three to five years. Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct an IS, which is a written plan to address the community health needs identified through the CHNA and must be approved by an authorized governing board (Wisconsin Association of Local Health Departments and Boards, 2015).
- **Healthy Clark County:** A collaborative partnership of stakeholders who assess health in Clark County. Stakeholders included the Clark County Health Department, Ascension Our Lady of Victory Hospital, Marshfield Medical Center-Neillsville, Marshfield Dental Clinic-Neillsville, and University of Wisconsin-Extension.
- **Healthy People, Healthiest Wisconsin 2020 State Health Plan:** the public health agenda required by Wisconsin statute every 10 years, that is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin (Wisconsin Division of Public Health, 2019).

- **Health Priority(ies):** Health focus areas that are identified through the CHA/CHNA process in which prioritization will occur with the community to select certain health priorities to be addressed in the CHIP/IS.
- **University of Wisconsin’s Population Health Institute’s County Health Rankings:** a data source ranking nearly every county in the nation to identify the multiple health factors that determine a county’s health status and indicate how it can be affected by where we live (County Health Rankings and Roadmaps, 2019).

Executive Summary

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today.

The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc., was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

The Health System today is an integrated system serving Wisconsin and beyond, with more than 10,000 employees including over 1,200 providers in 86 specialties. Its entities provide service and health care to more than two million residents through over 50 clinical care centers in 34 Wisconsin communities.

The Health System includes Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield including Marshfield Children's Hospital, Eau Claire, Rice Lake, Neillsville, Ladysmith, Minocqua, Beaver Dam, as well as a joint venture with Flambeau Hospital in Park Falls; Marshfield Clinic Research Institute; Security Health Plan of Wisconsin, Inc.; and Marshfield Clinic Health System Foundation.

The Clinic operates 10 dental centers in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

Marshfield Medical Center-Neillsville

Marshfield Medical Center-Neillsville (MMC-Neillsville) is a 25-bed, full-service, critical access hospital located in Neillsville, Wisconsin. MMC-Neillsville, previously Memorial Medical Center, was acquired by Marshfield Clinic Health System in November 2018.

MMC-Neillsville, offers a wide range of advanced care services including:

- Full scope of general and orthopedic surgery services
- 24/7 emergency department

- Inpatient and outpatient physical therapy, rehabilitation and occupational therapy
- Swing bed Program
- Cardiac Rehab
- Diabetic Education

Our Community

MMC-Neillsville’s service area is not defined by county borders. MMC-Neillsville is focused on serving patients outside clinic and hospital walls, as well as addressing community health. However, because approximately 97% of MMC-Neillsville’s services come from Clark County, for the purposes of this CHNA, the community served is defined as County Clark.

Geographic Area

Clark County was established in 1853 and is the 7th geographically largest county in Wisconsin with a land area of 1,209.82 square miles (Clark County History, n.d.; U.S. Census, 2010). It is considered both a medically underserved area and a rural county (U.S. Health Resources & Services Administration, n.d.). Clark County borders five other counties and shares three cities with other counties (Abbotsford partly in Marathon County, Colby partly in Marathon County, and Stanley mostly in Chippewa County). The city of Neillsville is the county seat (Clark County Wisconsin, n.d.).

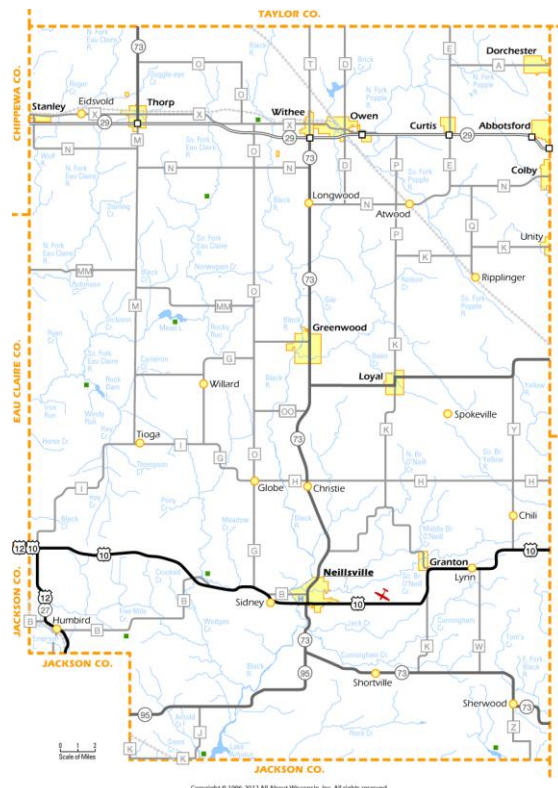


Figure A: Clark County Map, Wisconline.com, 2012

Demographics

	Clark County	Wisconsin	United States
Total Population	34,709	5,813,568	327,167,434
Age			
Persons under 5 years	8.2%	5.8%	6.1%
Persons under 18 years	29.5%	22.0%	22.4%
Persons 65 years and over	16.6%	17.0%	16.0%
Sex			
Females persons	49.5%	50.2%	50.8%
Race			
White alone, not Hispanic or Latino	92.8%	87.1%	76.5%
Hispanic or Latino	4.8%	6.9%	18.3%
American Indian and Alaska Native alone	0.8%	1.2%	1.3%
Black or African American alone	0.6%	6.7%	13.4%
Asian alone	0.5%	3.0%	5.6%
Native Hawaiian and other Pacific Islander alone	0.1%	0.1%	0.2%
Two or More Races	0.9%	2.0%	2.7%
Language other than English spoken at home	16.9%	8.7%	21.3%
Education			
High school graduate or higher	82%	91.7%	87.3%
Bachelor’s degree or higher	11.4%	29.0%	30.9%
Income			
Median household income, 2013-2017	\$49,131	\$56,759	\$57,652
Persons in poverty	11.8%	11.3%	12.3%

Figure B: Clark County Demographics, U.S. Census, 2017

One other hospital serves the Clark County community. Ascension Our Lady of Victory is located in Stanley.

Clark County is also home to a substantial Plain population, which includes the Amish and Mennonite communities, who make up about one-third of Clark County’s population. Approximately 45% of new births in Clark County are from the Plain population (Clark County Health Department, 2019.)

Assessing the Needs of the Community

Overview

The MMC-Neillsville Community Health Needs Assessment (CHNA) was led by the Community Benefits Workgroup-Neillsville (CBW-Neillsville). The CBW-Neillsville included local hospital leadership and staff. All members were chosen for their commitment to guide community benefits efforts and desire to improve community health in Clark County. They reviewed secondary and primary data, participated in community conversations and engaged in meetings to develop this CHNA report. The CHNA is used to develop a community Implementation Strategy (IS) plan to meet the identified health priorities.

Community Health Needs Assessment (CHNA) Timeline

May 2018	Began meeting to plan the CHNA with Healthy Clark County Coalition
June 2018	Began distributing the community health survey throughout the community including to underrepresented groups
September 2018	Completed collection of secondary data / data packet
September 2018	Hosted community conversations to determine top health priorities
November 2018	Sharing of resources among partners of Healthy Clark County via Google Drive
September 2019	Completed, approved and publicized the MMC-Neillsville CHNA

Two CBW-Neillsville members were part of Healthy Clark County, a community coalition with representatives from healthcare, public health, and education. Healthy Clark County followed a collaborative, systematic process to collect community input and evaluate the health priorities. Healthy Clark County led the 2018 Community Health Assessment (CHA), which significantly helped inform MMC-Neillsville's CHNA.

A list of members in Healthy Clark County and the CBW-Neillsville are provided in Appendix A.

Process and Methods

MMC-Neillsville is committed to using evidence-based strategies and best practices to ensure the CHNA process is measurable, inclusive, and representative of diverse sectors of the community. Through the collaborative effort with Healthy Clark County, the process relied on the County Health Rankings and Roadmaps model (Figure C) to inform data collection, data analysis and to have a greater understanding and

incorporation of social determinants of health and health equity in the CHA process.

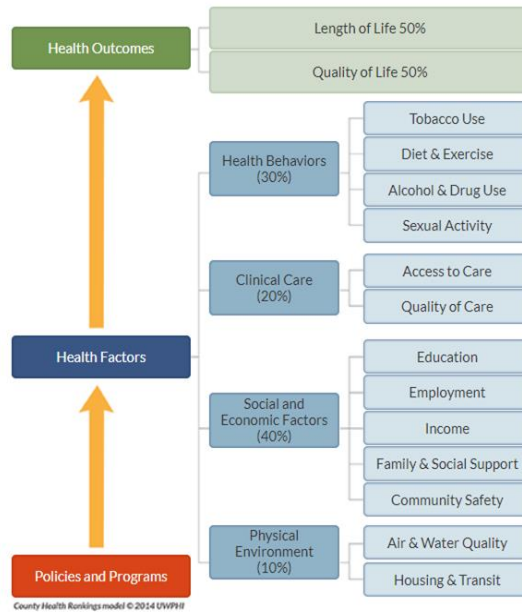


Figure C: County Health Rankings Model, 2014

In addition, the process of the 2018 Clark County CHA followed the County Health Rankings and Roadmaps Take Action Model (Figure D), which outlines the steps needed for the community health improvement process: assess needs and resources of the county, focus on the top health priorities, and develop action plans with effective programs. MMC-Neillsville strives to work collaboratively together with diverse sectors of the community, with the understanding that engaging community members is at the core of this process.

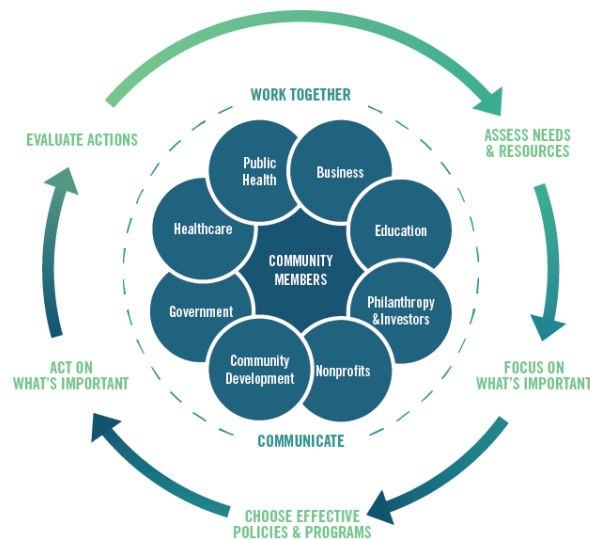


Figure D: County Health Rankings and Roadmap Take Action Model

In alignment with Healthy Clark County, MMC-Neillsville considered the following principles in its community health improvement process to ensure Clark County is a healthy community to live, learn, work and play:

- Work collaboratively to effectively address health issues
- Pay attention to the forces that shape health outcomes, including social and economic determinants
- Focus efforts on population with a disparate health burden to increase health equity
- Emphasize the powerful impact of policy, systems, and environmental-based approaches on change
- Use strategies with the best evidence of effectiveness
- Identify and track specific, measurable performance indicators

Data Sources

The CHNA included primary and secondary data. Primary data included a county-wide survey and community conversations. Secondary data was compiled into a data packet, which included data from various sources.

Primary Data Collection

Community Health Assessment Survey

Primary data collection began with a community health survey in June 2018. The main purpose of the survey was to gain insight about perceptions of community strengths and health needs. The survey was widely distributed electronically and on paper by Healthy Clark County to Clark County residents and non-residents. Non-residents of Clark County qualified if they indicated that they use programs and services in Clark County. Efforts were made to collect input from individuals who were likely medically underserved, low income or part of a minority population. Healthy Clark County distributed surveys at various locations such as food pantries, clinics, hospitals, public health department, to Amish and Mennonite communities, and the Hispanic community. For those who spoke no or limited English, partnering organizations were willing to provide interpreters to help respondents complete the survey.

A total of 359 respondents qualified and completed the Healthy Clark County Community Health Survey. Survey respondents represented a wide range of people with a variety of income and education levels, age and household size. Compared to the overall population of Clark County, survey respondents were more likely to be female (78%), more likely to have a college education (58%), similarly likely to be white (94%) and similarly likely to be Hispanic (4.5%). While analyzing the survey results, data from all respondents and data based on income were considered. Data based on income was used to explore whether those with an income of less than \$35,000 per year prioritized health concerns differently than the general respondents.

Survey respondents were asked to select and/or identify the top three issues that concerned them the most about the overall health of the people in the community. Figure E shows the top 10 areas that were chosen according to survey respondents.

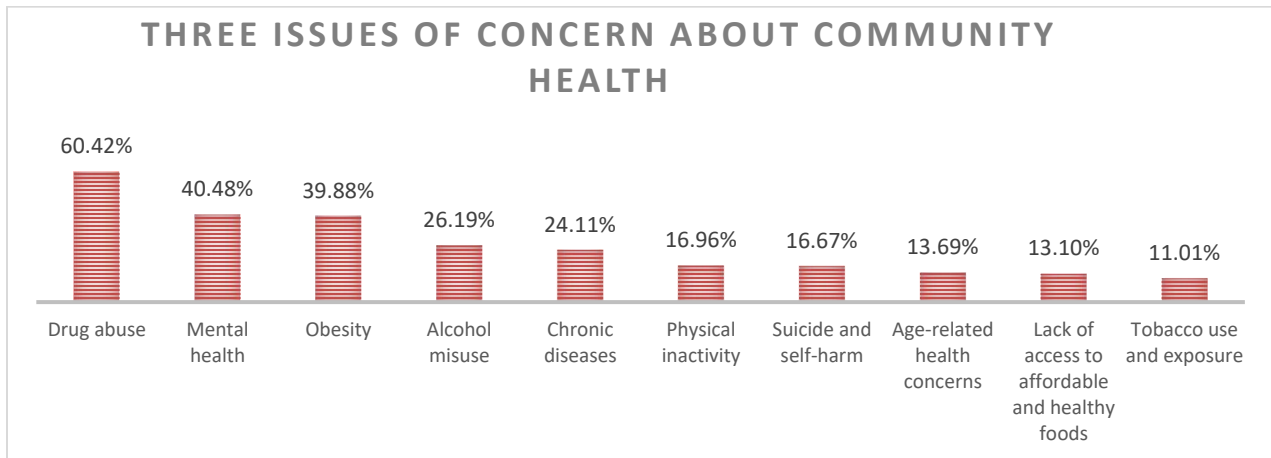


Figure E: Top 10 Greatest Areas of Concern, Healthy Clark County Community Health Survey 2018

Clark County residents were also asked to select and/or identify the top three greatest strengths of the community. Figure F shows the top 10 strengths that were identified according to the Community Health Survey.

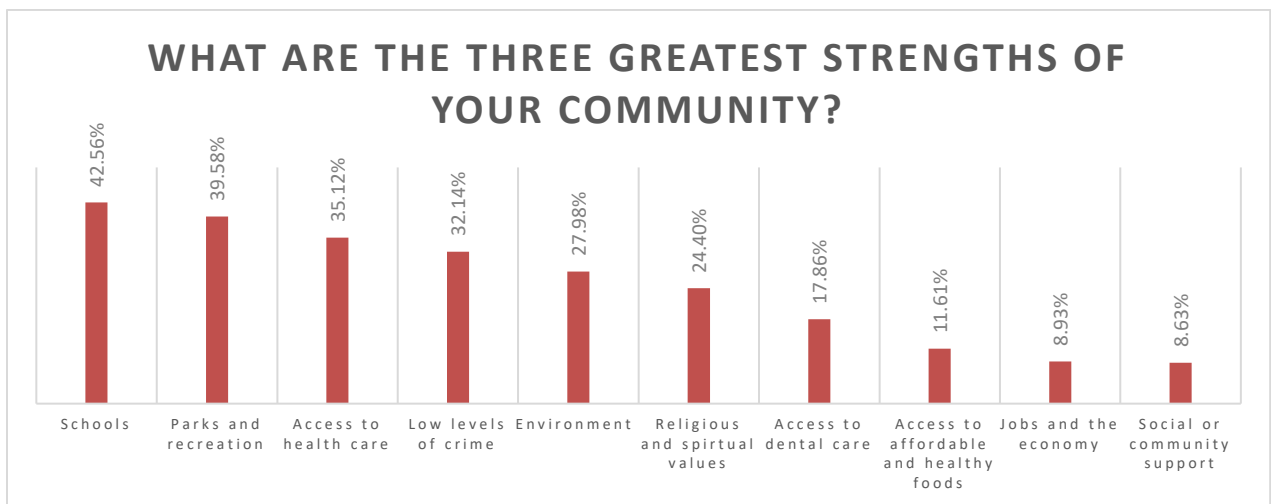


Figure F: Top 10 Greatest Strengths, Community Health Survey 2018

According to the community health survey, the following top three health priorities were identified: **Alcohol and Substance Abuse** (also includes tobacco use and exposure), **Behavioral Health** (also includes mental health, suicide and self-harm), and **Chronic Disease** (also includes physical inactivity, and healthy foods).

The paper copy of the 2018 Healthy Clark County Community Health Survey is provided in Appendix B. The results of the Healthy Clark County Community Health Survey is provided in Appendix C.

Community Conversations

Two open community conversation sessions were held in September 2018, in the cities of Neillsville and Owen. Overall, 24 Clark County residents from diverse sectors of the community participated in the community conversations including community members and representatives from schools, public health, health care, human services, youth serving organizations, faith-based organizations and more. The meetings were promoted through the local newspaper, radio, social media, and direct email. The meetings were facilitated by staff from the regional office of the State Division of Public Health and the University of Wisconsin-Extension. Community members were presented with information about community health improvement efforts of the past three years, primary and secondary data points and through a facilitated process, prioritized health priorities and identified assets. According to the community conversations, the top three health priorities identified were **Alcohol and Substance Abuse**, **Behavioral Health**, and **Chronic Disease**.

A list of the community organizations that provided input in the community conversations is included in Appendix D.

Secondary Data Collection

Secondary data was compiled into a data packet. Data came largely from the County Health Rankings and Roadmaps and from Community Commons. Data cited from these sites included, but was not limited to, Wisconsin Council on Children and Families; U.S. Census; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Community Health Status Indicators, U.S. Department of Agriculture, U.S. Department of Education and www.healthdata.gov. Information from the Clark County Youth Risk Behavior Survey was also used as secondary data.

An overview of the data of Clark County from the County Health Rankings and Roadmaps is included in Appendix E.

Input on Previous CHNA

No written comments were received regarding the previous 2016-2019 CHNA.

Prioritization Process

The prioritization process of health issues can be summarized in three steps.

Step 1: Community Conversations in September 2018

During these community conversations, participants went through a facilitated prioritization process where they were able to identify health issues based on primary and secondary data and local expertise. Each participant had a limited, but equal number of votes that they were able to use to vote on health issues.

Step 2: Healthy Clark County Meeting in October 2019

Healthy Clark County partners met to review the Community Health Survey results and the community conversation results. The following criteria was also considered in the prioritization process.

- Scope of problem (e.g., severity, number of people impacted)
- Health disparities (e.g., by income and/or race and ethnicity)
- Feasibility (e.g., are there known interventions, can we have an impact)
- Momentum/commitment (e.g., political will, community readiness)
- Alignment with others (e.g., local health department priorities)

Step 3: CBW-Neillsville Meeting in January 2019

The CBW-Neillsville met in January 2019 to discuss the results of the Clark County prioritization processes. Additional consideration of alignment with the ABCS Community Health Focus Areas of Marshfield Clinic Health System were made. The National Association of County and City Health Officials (NACCHO) Prioritization Matrix was used to determine the health priorities, which included the following criteria:

- How is the county doing compared to the state and national goals?
- What health priorities have the largest community impact?
- What health priorities have the most serious impact?
- Is the community ready to change?
- Can these health priorities be changed over a reasonable period of time?
- Are there gaps in county efforts to address the health priority?
- Did the community and county data identify this as a health priority?

Health Priorities Selected

After completing an extensive analysis of the 2018 Clark County CHA, reviewing primary and secondary data, considering results of the Clark County prioritization process, and considering community health focus areas of Marshfield Clinic Health System, the top community health priorities identified for MMC-Neillsville are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Significant Health Priorities Not Addressed

MMC-Neillsville is addressing all the health priorities identified in the 2019 Clark County CHA.

Addressing the Needs of the Community

Social Determinants of Health

Social determinants of health are “nonmedical factors such as employment, income, housing transportation, child care, education, discrimination, and the quality of places where people live, work, learn, and play, which influence health” (Robert Wood Johnson Foundation, 2017). This also includes access to health care (Kaiser Family Foundation, 2018). Figure G shows examples of social determinants of health. It is critical to address social determinants of health in order to improve health and reduce health inequities because 80% of what impacts our health is due to social determinants of health (National Academy of Medicine, 2017).

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure G: Social Determinants of Health, Kaiser Family Foundation, 2018.

Health Equity

Health equity is ensuring “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences including powerlessness and lack of access to good jobs with fair pay, quality education, and housing, safe environments, and health care” (Robert Wood Johnson Foundation, 2017a). Health equity and health disparities, while not the same, are closely related. Health disparities are “preventable differences in the burden of

disease, injury, violence, or opportunities to achieve optimal health” (Centers for Disease Control and Prevention, 2018). Therefore, particular groups of people experience health disparities or are disproportionately impacted by health issues, which may be a result of inequities such as unfair and unjust barriers that limit their opportunity in achieving their optimal health.

It is important to understand that **equity** in health is not the same as **equality** in health. Achieving health equity requires valuing everyone, providing everyone with the appropriate resources that they need, and eliminating unfair and unjust obstacles for people and communities to reach their optimal health. To achieve health equity “Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities” (Robert Wood Johnson Foundation, 2017b).

Figure H illustrates an example of this concept showing two communities. The community on the right is already thriving with many assets having quality buildings and housing, a school, and a hospital while the community on the left has run down buildings and housing, no school or hospital. A pipeline delivers equal resources to both communities, but the community on the left is still not thriving. Equity is about the two communities receiving resources that meet their needs. When both communities receive sufficient quality resources that meet their needs, both communities can thrive.

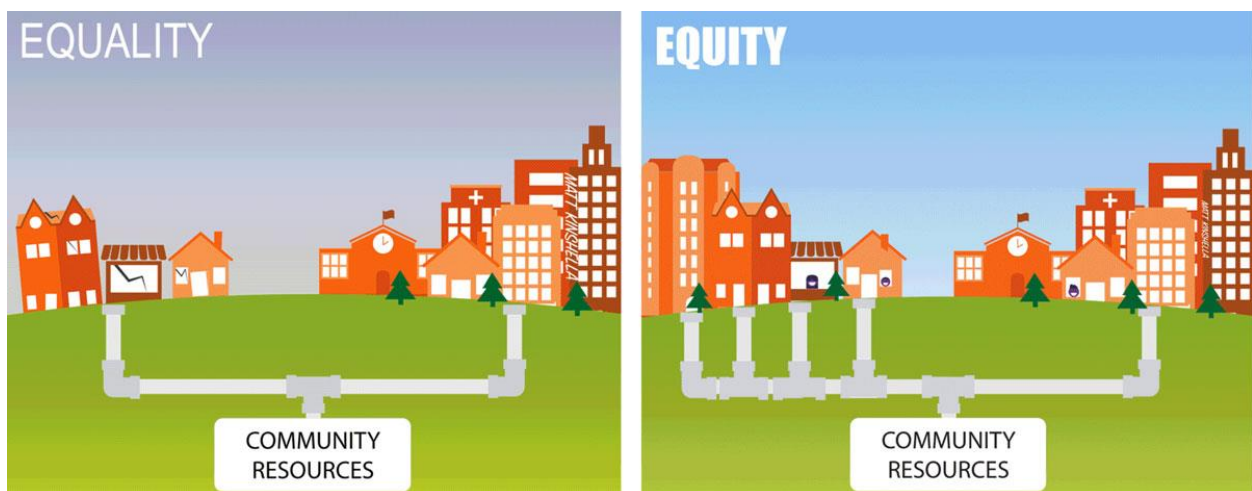


Figure H: *Equity is About Resources*, Matt Kinshella, 2016.

Health Priority 1: Alcohol and Substance Abuse

Alcohol and Substance Abuse was identified as a top health priority in the Clark County CHA. Alcohol misuse is “a pattern of drinking that result in harm to one’s health, interpersonal relationships or ability to work” (Center for Disease Control and Prevention, 2018c). Alcohol misuse is define as “more than 1 drink per day on average for women, and more than 2 drinks per day on average for men” (Center for Disease Control and Prevention,

2018c). Substance abuse is “the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs” (World Health Organization, n.d.). Examples of illicit drugs are marijuana, heroin, cocaine, and methamphetamine)

Consequences of alcohol or substance abuse is far reaching and includes motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol and/or drug dependence, liver, brain, heart, and other chronic diseases, infections, family problems, and both violent and nonviolent crimes.

Data highlights

In the Clark County Community Health Survey, when respondents were asked about the issues that concern them most about the health of the community:

- Drug abuse ranked first overall (60.42%).
- Drug abuse also ranked first for respondents with an income of less than \$35,000 per year (46.85%).
- Alcohol misuse ranked fourth overall (26.19%).
- Alcohol misuse ranked fifth for respondents with an income of less than \$35,000 per year (23.42%).
- Comments indicated the need for more support and resources for drug and alcohol addiction, need to address mental health and drug abuse, more education and awareness, more affordable and accessible treatment, and consideration of consequences.

Alcohol

Excessive alcohol drinking can lead to health problems such as cirrhosis, cancers and may be an indication of untreated mental and behavioral health needs. The percentage of adults who reported excessive alcohol drinking for Clark County is 24% compared to 26% for Wisconsin (County Health Rankings and Roadmaps, 2019).

In the 2018 Clark County Youth Risk Behavior Survey (YRBS), students were asked if they had five or more drinks of alcohol in a row, that is, within a couple of hours, on at least 1 day during the 30 days before the survey. Of the respondents, 15.80% of Clark County high school students responded that they’ve drunk excessively, which is lower compared to Wisconsin high school students in 2017 (16.40%) (Clark County Health Department, 2018).

Alcohol-impaired driving deaths, which are motor vehicle crash deaths that are alcohol-related are problematic in Clark County. Figure I shows that in Clark County, 43% of driving deaths are alcohol-related compared to 36% for Wisconsin (County Health Rankings and Roadmaps, 2019). In 2010 in the U.S., alcohol-related crashes cost \$44 billion. Almost one third (27%) of

alcohol impaired crashes were caused by drivers between the ages of 21 and 24 (Traffic Safety Facts, 2017).

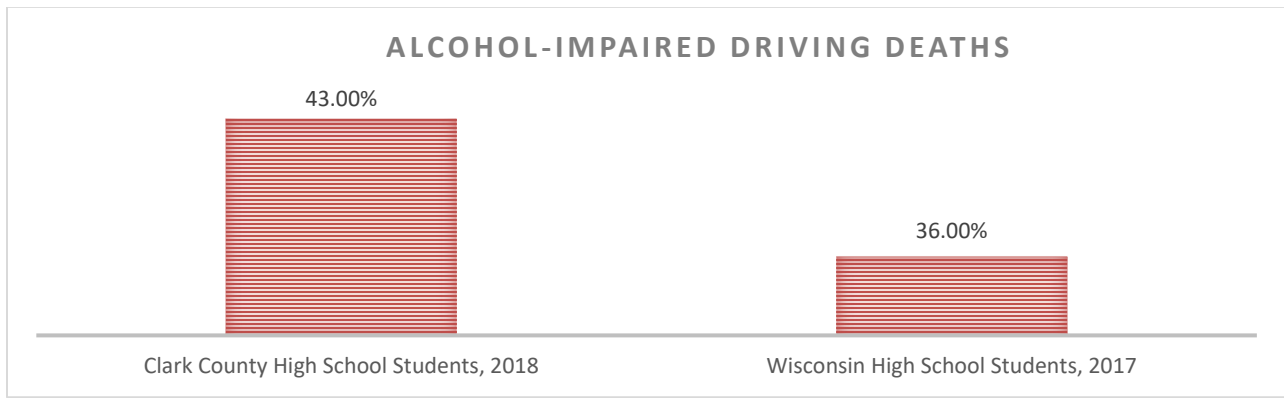


Figure I: Alcohol-impaired driving deaths, Clark County YRBS, 2018.

Opioids

Opioid abuse is a public health epidemic impacting individuals, families and communities. The opioid crisis is due to the abuse of prescription and non-prescription opioids. Hospital visits for opioid-related issues can indicate the severity of the impact of opioid abuse in a community. In Clark County, the rate of opioid visits to a hospital was 273 per 100,000 compared to 469 per 100,000 for Wisconsin (County Health Rankings, 2019). Figure J shows opioid over dose ambulance runs for Clark County in June 2019. In Figure J, “REGION” refers to the Wisconsin public health regions in which Clark County is located in the western region. The western region includes the counties of Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, and Washburn (Wisconsin Department of Health Services, 2019a).

OPIOID OVERDOSE AMBULANCE RUNS AT-A-GLANCE			
YEAR TO DATE (January - June 2019)			
	Clark County	Region	Wisconsin
Count	7	153	2,293
Rate (per 100,000)	20.1	19.4	39.7
Percent of total ambulance runs	1.0	0.7	1.1
Naloxone doses administered	9	129	2,726

Figure J: Opioid Overdose Ambulance Runs, Wisconsin Department of Health Services, 2019a

Tobacco

Tobacco use is the leading cause of preventable disease and death such as cancer and heart disease. The adult smoking rate in Clark County is 17%,

which is the same rate as Wisconsin's (17%) (County Health Rankings, 2019).

Electronic Nicotine Delivery Systems (ENDS) are noncombustible tobacco products. ENDS may also be referred to as "Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigs), and e-pipes" (Federal Drug Administration, 2019). ENDS products use an "e-liquid" that usually contain nicotine in which the liquid is heated to create an aerosol that is inhaled. Figure K shows the percentages of high school students in Clark County (23.5%) and Wisconsin (11.6%) who reported using ENDS (Clark County Health Department, 2018).

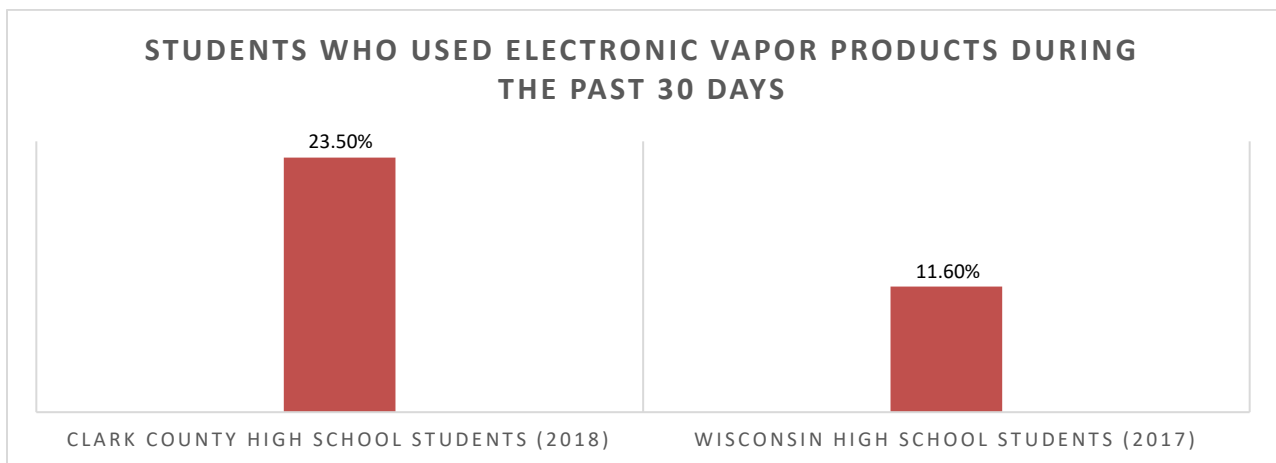


Figure K: WI and Clark County High school students who used ENDS products during the past 30 days, Clark County Health Department, 2018

Health Priority 2: Behavioral Health

Mental Health was indicated as a top health priority in the Clark County CHA. Mental health is "an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood" (Centers for Disease Control and Prevention, 2018d).

Mental illness affects all ages and influences many areas of one's well-being. Mental health plays a role in the ability to maintain good physical health, while mental health issues are commonly associated with physical health issues and increased risk factors like substance abuse and obesity.

Data highlights

In the Clark County Community Health Assessment Survey, when respondents were asked about the issues that concern them most about the health of the community:

- Mental health was ranked second overall (4%).

- Mental health was ranked third by respondents earning less than \$35,000 per year (32 %).
- Comments indicated the need for more mental health providers including expertise in child mental health, more mental health programs and services, more community awareness of mental health, and the importance for people to recognize when someone needs help.

Suicide

Suicide is a serious public health problem that is the tenth leading cause of death in the United States, which has lasting impacts on individuals, families and communities. Efforts to prevent suicide should focus on factors that increase risk and factors that promote resilience (Centers for Disease Control and Prevention, 2018e).

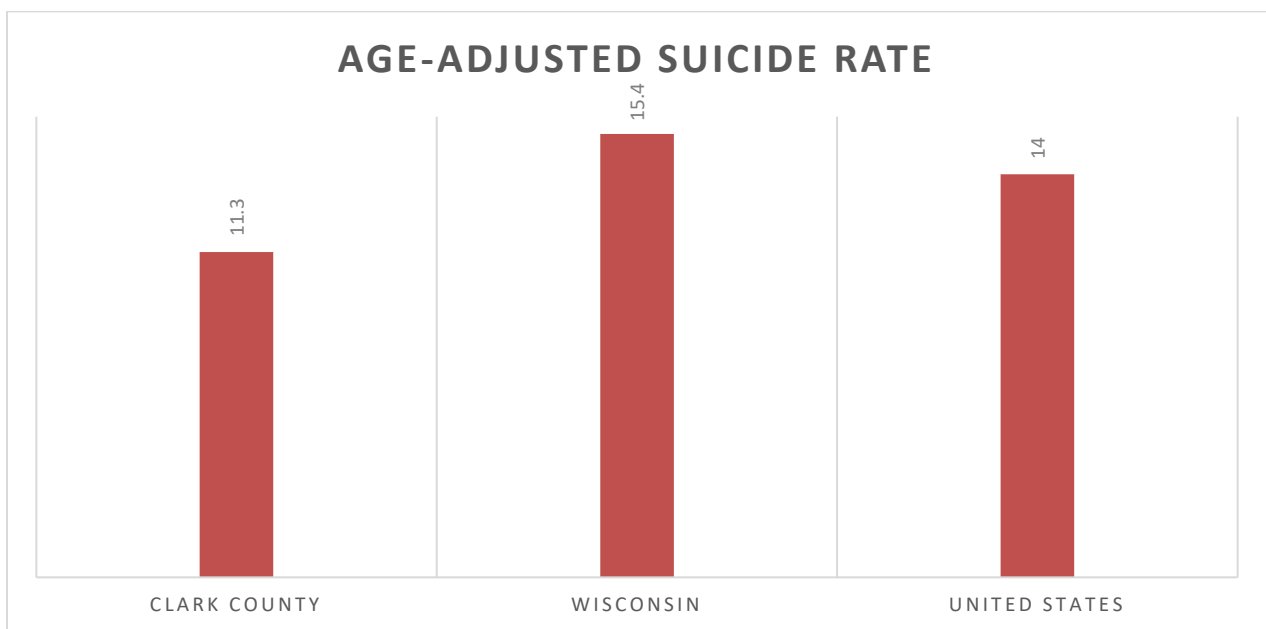


Figure L: U.S., WI, and Clark County age-adjusted suicide rate, Wisconsin Department of Health Services, 2014-2017

In the 2018 Clark County YRBS, 26.9% of students stated that they felt “sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities.”

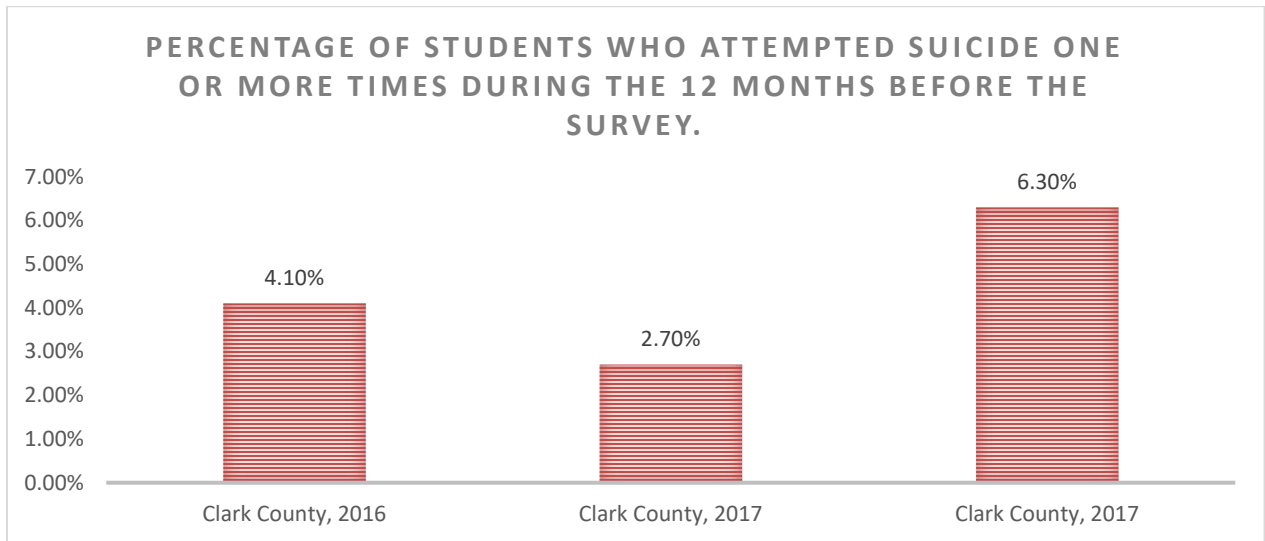


Figure M: WI and Clark County High school students who attempted suicide, Clark County Health Department, 2018

Disconnected Youth

Youth who feel disconnected to their context whether this is to their environment, community, family or peers are at an increased risk of health concerns as such violent behavior, smoking, alcohol and other drug use, and may experience emotional, cognitive and academic challenges. A lack of educational attainment and unemployment among youth is linked to poor physical and mental health (County Health Rankings, 2018). In Clark County, the percentage of disconnected youth is 14% compared to 5% of Wisconsin youth (County Health Rankings, 2019) as shown in Figure N.

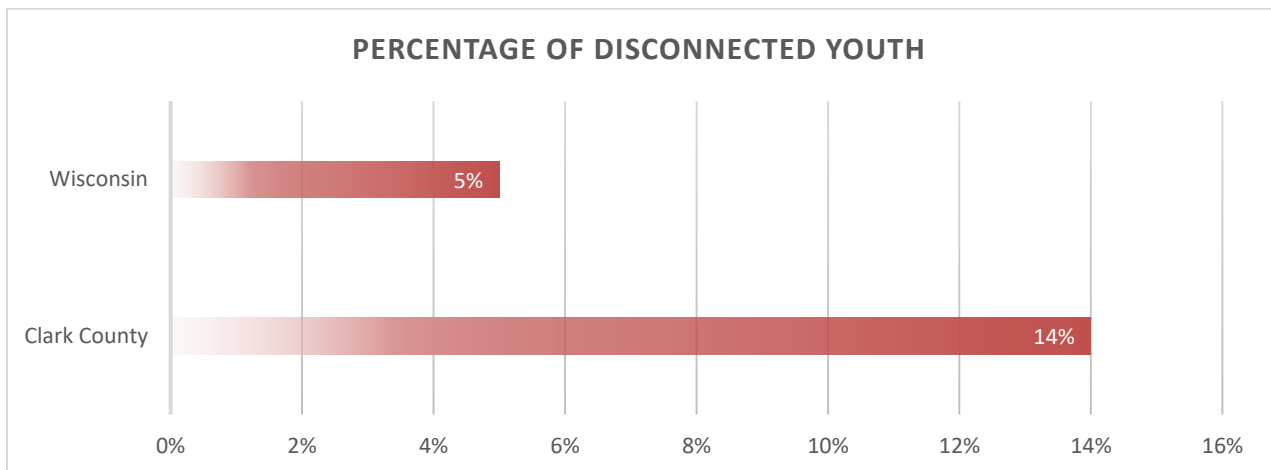


Figure N: Percentage of Disconnected Youth in Clark County and Wisconsin, County Health Rankings, 2019

Health Priority 3: Chronic Disease

Chronic Disease and obesity prevention along with increasing access to physical activity was an indicated health priority in the Clark County CHA. Chronic diseases are defined broadly as conditions that last 1 year or more

and require ongoing medical attention or limit activities of daily living or both (CDC, 2019). Obesity results from a variety of factors, including individual behavior and genetics. Behaviors can include diet, physical activity levels, or medications. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion (CDC, 2019).

“Chronic disease prevention and management aims to reduce overall risk in high-risk individuals and provide appropriate care by facilitating early case finding through affordable strategies and technologies, equitable and good quality health care for major chronic diseases” (WHO, 2019). Increasing physical activity levels and improving access to healthy foods can reduce the risks of developing a chronic disease.

Data highlights

In the Clark County Community Health Assessment Survey, when respondents were asked about the issues that concern them most about the health of the community:

- Chronic diseases ranked fifth overall (24%).
- Chronic disease ranked fourth for respondents with an income of less than \$35,000 per year (25%).
- Obesity ranked third overall (40%).
- Obesity ranked second for respondents with income less than \$35,000 per year (42%).
- Physical inactivity ranked sixth for overall (17%) and for respondents with income less than \$35,000 per year (17%).
- Comments indicated the need for access to affordable healthy foods and exercise facilities, research of cancer incidences/prevalence, and environmental improvements to address cancer

Obesity

Obesity is a risk factor for many chronic illnesses such as diabetes, heart disease and stroke. Clark County has a higher rate of adult obesity (33%) compared to Wisconsin, which is 31% (County Health Rankings, 2019).



Figure 0: Obesity rate for 18+ years (adults) in Clark County and Wisconsin, County Health Rankings, 2019

Healthy Eating and Active Living

Food insecurity is the lack of consistent access to food. According to the 2019 County Health Rankings, 10% of Clark County residents are food insecure compared to 11% of Wisconsinites (County Health Rankings, 2019).

When asked about drinking “a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least 1 time per day during the seven days before the survey,” 16.1% of Clark County high school students reported they did compared to 15.3% of Wisconsin high school students (Clark County YRBS, 2018).

In Clark County, 24% of adult residents 20 years or older reported no leisure-time physical activity compared to 20% of Wisconsinites (County Health Rankings, 2019). The built environment is critical for creating a conducive and supportive environment for physical activity. Access to exercise opportunities “measures the percentage of individuals in a county who live reasonably close to a location for physical activity” such as “parks or recreational facilities” (County Health Rankings, 2019).

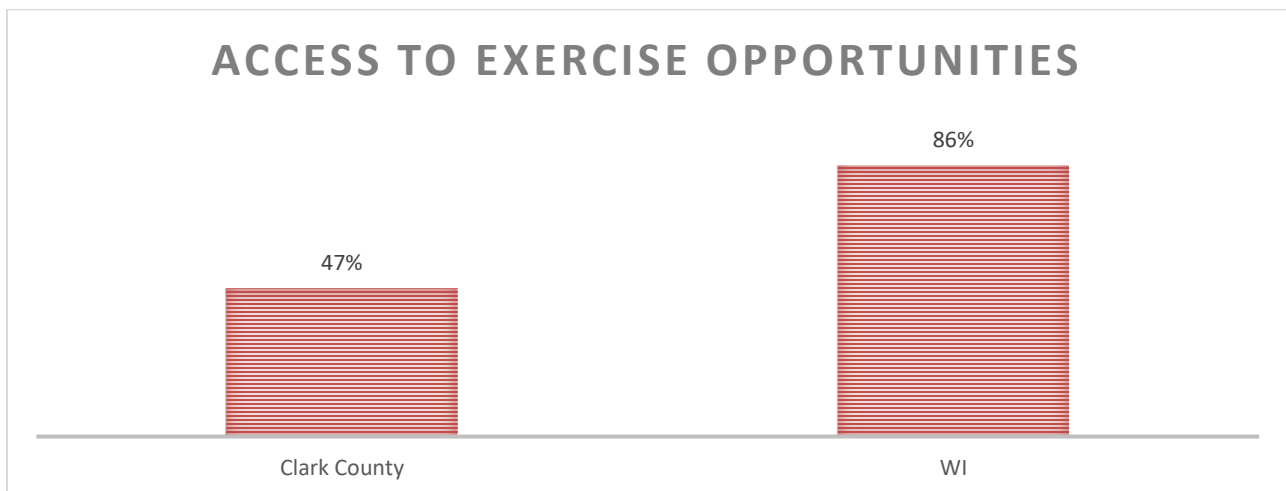


Figure P: Access to Exercise Opportunities for Clark County and WI residents, County Health Rankings, 2019.

Cancer

Seven out of 10 leading causes of death in Wisconsin are due to chronic diseases, which account for two out of every three deaths annually. The incidence rate (new cases) of cancer varies for Clark County depending on the particular cancer. Figure Q shows the incidence rates for Clark County, Wisconsin and the United States for breast cancer, colon and rectum cancer, lung cancer, and prostate cancer across the time frame of 2010-2014..

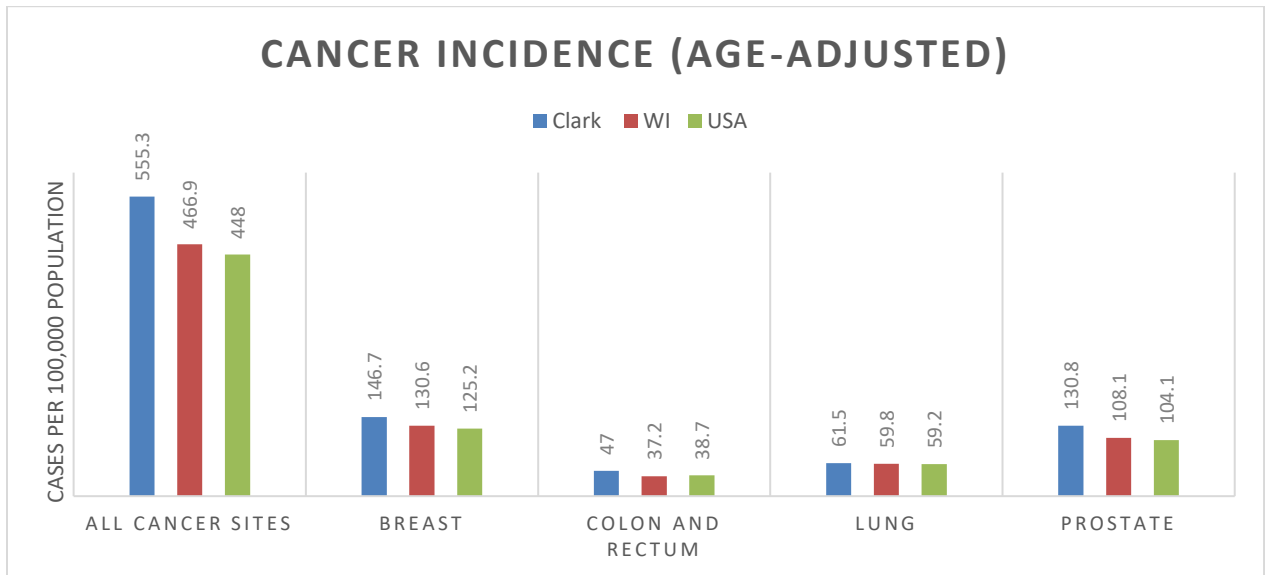


Figure Q: Cancer Incidences for Clark County, Wisconsin and the United States, National Institute of Health, 2016

Potential Resources to Address Significant Health Priorities

Potential resources and assets in Clark County that will help address the identified health priorities as well as help develop the implementation plans include the following:

- Aging and Disability Resource Center
- Ascension Our Lady of Victory
- Clark County 24-hour Mental Health and AODA Crisis Line
- Clark County Community Services
- Clark County Health Department
- Clark County Prevention Partnership
- Eat Right Be Fit Coalition
- Living Well Mental Health Clinic, LLC
- Marshfield Clinic Health System
 - Behavioral, Emotional, Social Traits Universal Screening
 - Center for Community Health Advancement
 - Marshfield Medical Center - Neillsville
- Mental and Behavioral Health Task Force
- Schools
- University of Wisconsin-Extension

Next Steps

MMC-Neillsville will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities that can be monitored, evaluated and improved upon over time.

Over the next months, CBW-Neillsville, a local and internal workgroup that contributes to the Health System's community benefits and community health initiatives, will develop a three-year implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. CBW-Neillsville will implement programs that demonstrate potential to have the most impact on improving selected health priorities.

CBW-Neillsville will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. This analysis will be done in collaboration with respective partners with the intent to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

This CHNA will be shared among all partners and made publicly available.

Evaluation of the Previous Implementation Strategy

Actions Taken Since Last CHNA

This section describes the impact of community health improvement initiatives implemented by MMC-Neillsville since its last CHNA report was published in 2016. The hospital monitors its programs to measure and determine their effectiveness to ensure that best practices continue to guide MMC-Neillsville's programs and efforts.

Each community health priority identified in the 2016 CHNA report is listed below, along with a description of the activities completed by the hospital.

ADEQUATE, APPROPRIATE, AND SAFE FOOD AND NUTRITION

- Over the 2016-2019 time period, three MMC-Neillsville employees have been actively engaged in the Eat Right Be Fit coalition, attending meetings and support coalition strategies and activities, which included breastfeeding promotion, healthier pantries and other healthy eating efforts. To align with the coalition's goals, MMC-Neillsville made efforts to improve healthier foods at the hospital's cafeteria for its staff, patients and visitors. This continues to be an ongoing process.

Additionally, in order to improve the health of the community, MMC-Neillsville believes it is also important to lead by example by improving the health of its staff. While ongoing, MMC-Neillsville worked with Security Health Plan to explore the possibility of a reimbursable weight loss program for its staff. In addition, MMC-Neillsville engaged with community organizations to coordinate weight loss challenges within community organizations. MMC-Neillsville also participated in several community educational opportunities such as the Healthy Aging Expo, Volunteer in-service-wellness and health eating, Care and Rehabilitation, and babysitting/first aid clinic.

- MMC-Neillsville has been successful in obtaining a registered dietitian, which has been critical for improving health in a rural county. The dietitian meets with patients to provide education, benefits and resources on healthy eating, exercise, and nutrition. MMC-Neillsville also offers community educational sessions where the focus has been on healthy meals, exercise and education. The dietitian is involved in community education and has conducted educational sessions with schools and the senior center.

MENTAL HEALTH

- Rise Together is a Wisconsin based outreach program that encourages students to stand up and speak out on the issues they care most about; breaking the silence around suicide, bullying, mental illness, drugs and alcohol. In partnership with the Clark County Health Department, MMC-Neillsville implemented Rise Together in three Clark County high schools, which impacted over 1,800 students. Information was presented in large groups and one-on-one to help students find a place to heal.
- To address the limited behavioral health services in Clark County, MMC-Neillsville continue to make ongoing efforts to recruit behavioral health and mental health providers. Since MMC-Neillsville has become part of Marshfield Clinic Health System, these efforts continue in order to address community concerns over access to behavioral and mental health services.
- MMC-Neillsville staff continue to be an active partner of the Mental and Behavioral Health Taskforce, which is a Clark County community coalition. Staff attend meetings monthly and engage and support efforts of the coalition through education and awareness.
- Two MMC Neillsville staff participated in Question, Persuade, and Refer (QPR) training, which is an emergency response to someone in crisis and can save lives.

CHRONIC DISEASE MANAGEMENT

- MMC-Neillsville understands that access to appropriate health care and services is a community health need in Clark County. MMC-Neillsville offered and continues to offer chronic care management to patients for additional help managing chronic conditions like arthritis, asthma, diabetes, hypertension, heart disease, osteoporosis, and mental health and other conditions. This includes a comprehensive care plan that lists an individual's health problems and goals, other health care providers, medications, community services they have and need, and other information about their health. MMC-Neillsville made efforts to recruit additional staff to increase capacity and access to chronic care management services.

Appendix A: Individuals Involved in CHA/CHNA

The 2018 Healthy Clark County Community Health Assessment Team included:

- **Robert Leischow**, Director/Health Officer, Clark County Health Department
- **Rebecca Rosandick**, Community Health Specialist, Clark County Health Department
- **Sarah Beversdorf**, Northern Region Manager, Community Benefit and Community Health Improvement, Ascension
- **Jill Pollert**, Community Outreach Coordinator, Ascension Our Lady of Victory
- **Rhonda Fulwiler**, Dental Center Manager, Marshfield Clinic Health System – Family Health Center Neillsville Dental Center
- **Candace Marg**, Community Relations Director, Marshfield Clinic Health System – MMC Neillsville
- **Pa Yiar Khang**, Community Benefits Coordinator, Marshfield Clinic Health System – MMC Neillsville
- **Nancy Vance**, Associate Professor, Department of Human Development and Relations, University of Wisconsin-Extension

The 2018 Community Benefits Workgroup–MMC Neillsville members included:

- **Ryan Neville**, Chief Administrative Officer, MMC-Neillsville
- **Candace Marg**, Community Relations Director, MMC-Neillsville
- **Jay Shrader**, Vice President, Community Health and Wellness
- **Allison Machtan**, Assistant Director, Community Health and Community Health Benefits
- **Pa Yiar Khang**, Community Benefits Coordinator, MMC-Neillsville

Special thanks to the following for assisting Healthy Clark County with facilitation of community meetings:

- **Tim Ringhand**, Director, Wisconsin Division of Public Health – Western Region Office
- **Christa Cupp**, Public Health Educator, Office of Policy and Practice Alignment, Division of Public Health – Western Region Office

Appendix B: 2018 Community Health Survey

Please take a moment to complete the survey below. The purpose of this **anonymous** survey is to get your opinions about health in your community. The Clark County Health Department, Memorial Medical Center, Ascension Our Lady of Victory Hospital, Family Health Center Dental Clinic, and Marshfield Clinic Health System are conducting the survey. The information collected will help these organizations identify future Clark County programs and services. If you have any questions please contact the Clark County Health Department at 715.743.5105. Thank you for your participation. Please complete this survey if you are **at least 18 years old**.

I live in Clark County: **(select one)**

_____ Yes

_____ No

I use programs and services in Clark County (ex: hospitals, dental care, schools, parks, grocery/convenience stores, etc.).

(select one)

_____ Yes

*If you answered "No" to both questions above, you can STOP answering the survey. Thank you for your interest. If you answered "Yes" to either, please continue with the survey.

COMMUNITY HEALTH CONCERNS: Community refers to where you live, learn, work, and play. This is often the neighborhood, city/town, or county that you live in.

1. What are the **THREE** greatest **areas needing improvement** in your community?

- | | |
|--|---|
| <input type="radio"/> Access to affordable and healthy foods | <input type="radio"/> Family issues (divorce, parenting) |
| <input type="radio"/> Access to dental care | <input type="radio"/> Having enough income to live on |
| <input type="radio"/> Access to health care | <input type="radio"/> Jobs and the economy |
| <input type="radio"/> Access to exercise activities | <input type="radio"/> Mental health / well-being |
| <input type="radio"/> Access to mental health care | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Access to public transportation | <input type="radio"/> Race/ethnic relations |
| <input type="radio"/> Age-related health concerns / Ability to age in place | <input type="radio"/> Religious and spiritual values |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Safe and affordable housing |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Schools |
| <input type="radio"/> Crime / unsafe neighborhoods | <input type="radio"/> Social or community support |
| <input type="radio"/> Discrimination and harassment (e.g., racism, sexism, ageism) | <input type="radio"/> Substance abuse issues (e.g., opioid abuse, alcohol misuse) |
| <input type="radio"/> Domestic violence | <input type="radio"/> Other _____ |
| <input type="radio"/> Environment (e.g., air and water quality) | |

2. What are the **THREE** greatest **strengths** of your community?

- | | |
|--|--|
| <input type="radio"/> Access to affordable and healthy foods | <input type="radio"/> Low levels of crime / safe neighborhoods |
| <input type="radio"/> Access to dental care | <input type="radio"/> Low levels of discrimination and harassment (e.g., racism, sexism, ageism) |

- Access to health care
- Access to exercise activities
- Access to mental health care
- Access to public transportation
- Age-related health concerns / Ability to age in place
- Arts and cultural events
- Environment (e.g., air and water quality)
- Families (few divorces, parenting)
- Having enough income to live on
- Jobs and the economy
- Low levels of child abuse/neglect
- Low levels of domestic violence
- Low levels of substance abuse (e.g., opioid abuse, alcohol misuse)
- Mental health / well-being
- Parks and recreation
- Race/ethnic relations
- Religious and spiritual values
- Safe and affordable housing
- Schools
- Social or community support
- Other _____

3.a. What are the THREE issues that concern you the most about the overall health of people in your community?

- Age-related health concerns (e.g., hearing/vision loss, dementia)
- Lack of access to affordable and healthy foods
- Alcohol misuse
- Chronic (ongoing) diseases (e.g., cancer, heart disease, stroke, diabetes, asthma, COPD)
- Contagious disease (e.g., hepatitis, tuberculosis)
- Drug abuse (illegal & prescription drugs, including methamphetamines and opioids)
- Environmental health (e.g., safe air, safe water, safe housing)
- Infant death
- Injuries (e.g., accidents, falls, drownings, motor vehicle crashes)
- Lack of sleep
- Mental health (e.g., depression, anxiety, stress)
- Obesity
- Occupational health / dangers or risks at work (e.g., injuries while on the job, toxic chemicals)
- Physical inactivity
- Poor oral health
- Sexual and reproductive health (e.g., unhealthy pregnancy, unwanted pregnancy)
- Sexually transmitted infections (e.g., chlamydia, gonorrhea, HIV/AIDS)
- Suicide and self-harm, including suicidal talk, planning and attempts
- Tobacco use and exposure
- Violence (e.g., murder, in-home violence, child abuse)
- Other _____

3.b. Choose at least one of your answers from the list above. Tell us what you think should be done about it.

4. What do you (personally) need to be healthy and well?

DEMOGRAPHICS: Please tell us more about you.

1. What is your zip code?

2. Are you:
 Male Female
 Prefer to self-describe

3. Your age group:
 18-24 35-44 55-64
 75+
 25-34 45-54 65-

74

4. Your highest education level:
 Less than high school graduation
 High school diploma or equivalent
 College degree (incl. associate's degree) or higher

5. Which of the following best describes your ethnicity?
 Hispanic/Latino
 Not Hispanic/Latino

6. Which of the following best describes your race?
 American Indian or Alaskan Native
 Asian
 Black/African American
 Native Hawaiian or Pacific Islander
 White
 Other _____

7. Are you currently:
 Employed
 Under-employed
 Not working, by choice
 Not working, not by choice
 Student
 Retired
 Unable to work
 Other: _____

8. Household income per year:
 Less than \$20,000
 \$20,000-\$34,999
 \$35,000-\$49,999
 \$50,000-\$74,999
 \$75,000 or more

9. Are you currently:
 Insured (e.g., through your employer, the "Marketplace," BadgerCare, Medicare)
 Uninsured (e.g., no insurance, self-pay)
 Underinsured (e.g., high co-pays, high deductibles, and/or limited coverage)

Thank you for completing the survey. Information from this survey will be included in the Community Health Needs Assessments for members of the Clark County Health Care Partnership in 2019 and after.

Appendix C: 2018 Community Health Survey Results

1. I live in Clark County (select one).

Yes	72.68%
No	27.32%

2. I use programs and services in Clark County (ex: hospitals, dental care, schools, parks, grocery/convenience stores, etc) (select one).

Yes	92.15%
No	7.85%

3. If you answered "No" to both questions above, you can STOP answering the survey. Thank you for your interest. If you answered "Yes" to either, please continue with the survey.

I answered "no" to both.	6.27%
I answered "yes" to one or the other.	93.73%

4. What are the three greatest areas needing improvement in your community?

Access to affordable and healthy foods	28.65%
Access to dental care	8.48%
Access to health care	11.11%
Access to exercise activities	21.35%
Access to mental health care	28.65%
Access to public transportation	16.67%
Age-related health concerns / Ability to age in place	8.77%
Arts and cultural events	6.14%
Child abuse/neglect	10.23%
Crime / unsafe neighborhoods	3.80%
Discrimination and harassment (e.g., racism, sexism, ageism)	2.05%
Domestic violence	3.80%
Environment (e.g., air and water quality)	4.09%
Family issues (divorce, parenting)	9.36%
Having enough income to live on	35.67%
Jobs and the economy	22.22%
Mental health / well-being	15.79%
Parks and recreation	6.43%
Race/ethnic relations	2.05%
Religious and spiritual values	4.09%
Safe and affordable housing	14.91%
Schools	6.73%
Social or community support	4.68%
Substance abuse issues (e.g., opioid abuse, alcohol misuse)	33.04%
Other (please specify, or put an "X" in the box)	3.22%
Baby-Birth doctors (Obstetricians)	
School Crossing	
Water (bill) too high	

Senior center activities
Activities for teenagers so they do not get bored, into trouble, Comment about safe and affordable housing is 2 entirely different things in my opinion, having affordable housing and more availability to rent.
safe place for men & women in domestic situations or just being released from jail
Bullying in the schools
Work/Personal Life balance
Affordable Health Care
Family friendly events
Affordable health care (access is fine)

5. What are the three greatest strengths of your community?

Access to affordable and healthy foods	11.61%
Access to dental care	17.86%
Access to health care	35.12%
Access to exercise activities	5.36%
Access to mental health care	2.98%
Access to public transportation	3.87%
Age-related health concerns / Ability to age in place	4.76%
Arts and cultural events	7.14%
Environment (e.g., air and water quality)	27.98%
Families (few divorces, parenting)	2.38%
Having enough income to live on	2.38%
Jobs and the economy	8.93%
Low levels of child abuse/neglect	3.87%
Low levels of crime / safe neighborhoods	32.14%
Low levels of discrimination and harassment (e.g., racism, sexism, ageism)	5.95%
Low levels of domestic violence	2.38%
Low levels of substance abuse (e.g., opioid abuse, alcohol misuse)	0.00%
Mental health / well-being	1.79%
Parks and recreation	39.58%
Race/ethnic relations	1.79%
Religious and spiritual values	24.40%
Safe and affordable housing	6.55%
Schools	42.56%
Social or community support	8.63%
Other (please specify, or put an "X" in the box)	1.19%
Road conditions	
Pool and treadmill	
This kind of goes with access to healthcare - but the Family Health Center program is of great help to many people	

6. What are the three issues that concern you the most about the overall health of people in your community?

Drug abuse (illegal & prescription drugs, including methamphetamines and opioids)	60.42%
Mental health (e.g., depression, anxiety, stress)	40.48%

Obesity	39.88%
Alcohol misuse	26.19%
Chronic (ongoing) diseases (e.g., cancer, heart disease, stroke, diabetes, asthma, COPD)	24.11%
Physical inactivity	16.96%
Suicide and self-harm, including suicidal talk, planning and attempts	16.67%
Age-related health concerns (e.g., hearing/vision loss, dementia)	13.69%
Lack of access to affordable and healthy foods	13.10%
Tobacco use and exposure	11.01%
Poor oral health	7.14%
Violence (e.g., murder, in-home violence, child abuse)	6.85%
Lack of sleep	5.95%
Injuries (e.g., accidents, falls, drownings, motor vehicle crashes)	5.36%
Sexual and reproductive health (e.g., unhealthy pregnancy, unwanted pregnancy)	4.76%
Environmental health (e.g., safe air, safe water, safe housing)	4.46%
Occupational health / dangers or risks at work (e.g., injuries while on the job, toxic chemicals)	1.79%
Sexually transmitted infections (e.g., chlamydia, gonorrhea, HIV/AIDS)	1.79%
Contagious disease (e.g., hepatitis, tuberculosis)	0.60%
Infant death	0.00%
Other (please specify, or put an "X" in the box)	2.08%
Activities for senior citizens	
More education on alcoholism and legal ramifications for OWI	
lack of single story homes for disabled people and lack of building them	
Firearms	
Individual responsibility for health and wellness	
Really listen to the people when they talk about their health issues, people need more time with talking to how they feel an not a No.	
Bullying	

7. Choose at least one of your answers from the list above. Tell us what you think should be done about the issue.

education on poor oral health
get rid of alcohol
concern of drugs and alcohol abuse could there be more efforts for education or the dangers of starting in schools
more balance diets and foods
do not sell
Suicide: need more resources and help
Raise prices of tobacco product so people don't use as much
Help with the people that need it
Enforce regulations to reduce pollution of natural resources.
Need more resources to support programming and efforts [three issues were: drug abuse; physical inactivity; suicide]
More mental health workers and resources. Programs (i.e., support groups).
Diet plans and healthier foods

Enhance and promote efforts aimed at primary prevention of tobacco, alcohol and other drug abuse
Alcohol misuse -- cont'd education for parents and in schools
Drug abuse stricter laws
Mental health and promoting positive mental health is an ongoing need. I'm not sure what to suggest other than we as a community need to be aware of more mental health issues and recognize when someone needs help.
Mental health -- more emphasis on providing counseling services to those who need it.
Tobacco use and exposure: should not be available for purchase
Alcohol misuse -- crack down more on under-age drinking and address binge drinking
Too many arrests for drugs and drunk driving
Physical inactivity -- There could be more affordable gyms, swimming pools or public invited activities like local 5Ks.
Mental Health -- access to MD's and follow up care. Help for adults with high functioning autism.
Get tough on drug abuse -- crime
More group therapies, maybe more advertisements on how to get help.
Get a drug house and not let people out
More police involvement in schools and with youth
Make drug bust get drugs out
Obesity -- More access for working out, other physical activities, etc.
Mental health -- we need more child mental health professionals!
Drug abuse -- more enforcement
Penalties for drugs should be harder not slapped hands only. More help for oral health costs are too high for people to have work done.
Chronic: Alzheimer's -- more info on prevention, new research, etc.
Feel in a small community -- everyone knows everyone -- so people are afraid to op for help -- because it still is not confidential
Would like to see more resources for the older adults related to injury prevention
Physical inactivity classes on exercise place to go that's not too expensive
Hearing loss: the cost of hearing aids -- seems to be a reason many do nothing about it.
Suicides - more classes and discussion about it -- how to deal with bullying
Injuries - learning to keep your balance and pick up feet
Bring more help & support in schools & community
Obesity - More exercise available, ex: gym, YMCA, local use of facilities
There should be more community events to encourage physical activity
The people charged with drug charges in my community are let back into the public too soon, to commit more crimes related to meth & heroin, including thefts.
Drug abuse is so bad, not sure what more can be done other than more drug testing. This leads to crime & violence, child abuse & neglect, unwanted pregnancies & more in younger generation
Reduce promotion of soda
More access to healthier food variety (no grocery store)
There's nothing that can really be done. People just need to make better choices
Trying to get kids and young adults more involved with events and social activities without continual electronics connections. Too much screen time-phone & computers
Mental Health - I don't know what should be done
More activities to keep people busy. Not enough to do = a bored mind

More importance put on physical movement, less on technology
Drug abuse - more treatment for addicts vs jail time
Drug abuse - Better rehab options
Need a place for senior meals/activities in the Stanley area
Chronic diseases: Medical research needs to be continued; medical treatment needs to be affordable
Living in small towns can be stressful. I know of a few people who have committed suicide. Suicide prevention could greatly help.
I do not pretend to know how to make it better (alcohol misuse & suicide/self-harm). More counseling and education with family to identify signs of problems
Environmental health: Test water supplies more often
Physical activity is lacking. There need to be bike paths, running paths where people who do not live in town may safely work out
Obesity - Help people to lose weight
A lot of elderly fall on sidewalks during winter. Last year 6 of my friends and me fell on ice.
Better services provided
Obesity - eliminate the use of corn syrup in food & drinks
More in-home services for elderly that are covered by insurance. More specialists coming into area hospitals/clinic so elderly don't have to travel.
Lack of healthy affordable foods. More than one day/week farmers market
More suicide prevention awareness in small communities
Transportation
Chronic diseases - COPD. I have it. Better med treatment
Drug Abuse: Need more programs to deal mental health & job training & higher incomes
Obesity - Programs & education, classes
More monitoring of children-access to drugs, alcohol, cigarettes
More awareness and signs of depression/suicide
For ALL, we need affordable options and rural accessibility.
Obesity - more emphasis on exercise
obesity better programs on health issues
More action taken by social services when a report is made. More education for parents on how to discipline children without violence.
More drug/alcohol abuse support in our area
Obesity - decrease insurance premiums for people who are within normal limits for BMI
Access to yoga and safe bike trails
There should be a grocery store that has healthy foods available.
People that are physically inactive, or abusing drugs/children need to be employed and not rely on handouts from government.
developers should ask who knows about that grants and incentives that are available from the government for the very type of disabled single story housing that is greatly needed for individuals that are age 55
Obesity starts at a young age and we should be doing more in the schools. Physical Education needs to be done everyday in schools starting at a very young age, along with nutrition.
Drugs - additional drug focused police
Firearms-realistic gun control
I wish there were more exercise places closer to the Greenwood area, swimming!
meth/heroin: bigger penalties & narcan should not be free if needed!

Concerning mental health and well-being, I believe that greater access should be possible, eg., private entities providing therapy/psychiatry, not just the county.
Drug Abuse - I think that there needs to be more resources for people to become aware of what is out there and what to look for.
The amount and availability of mental health resources needs to increase dramatically. There are a disturbing amount of individuals who go without care because they have no knowledge of where, or who, to go to.
Obesity-Buying healthy foods is more expensive than buying unhealthy foods. In small towns the cost is way higher than the bigger towns. I would reduce prices of home-grown/state grown fruits and vegetables in small towns. The farmer's markets have been a great thing in our area.
Increase transportation options in Clark County that are affordable whether private paying or through the use of government aide.
people know it is bad to smoke but still do it anyway, perhaps more education in schools
More education in the schools about healthy lifestyle choices.
Provide enhanced pediatric psychiatric and counseling services. There is much family dysfunction and adolescent health safety risk linked with parental drug abuse and closed cultural norms.
Health care specialist located on a more permanent basis within our health care system.
A really nice bike path along the Black River that has access to the commerce
Increase availability of mental health and AODA providers & programs
Having a mental health provider available in the clinic setting of Stanley, WI.
More events/education to kids on Drug usage and being active/eating well.
better information given to the medical reasons for dental hygiene
education
opioid and prescription drug abuse needs to be addressed at the community level. Getting a local community supported task force is important. Including, local Doctors, Pharmacies, schools, Police, County Health, city officials and community members(parents).
Fresh healthy food needs to be in the community
Have these topics addressed at medical facilities.
Chronic disease. there is nobody to talk to to help understand or help you. With bills who to call more information needs to be out there
As a health care worker the drug abuse, poor oral health and mental health is growing more and more in Clark CO. I'm not sure if there is anything besides educate the community members.
Obesity - work harder at eating healthy
More action on drug abuse
Chronic diseases --I feel there are many cancer cases and allergy type symptoms &/or COPD in our area. I would like to see a good research done of the area to determine if it is cause by enviroment or if it is human caused.(like drinking alcohol, smoking cigaretts). Find a way to reduce the cases.
Healthy food is very expensive. Fruits and veggies, gluten free options. You are forced to go to a bigger town or over spend
Offer low income housing to families that are unable to live in a group apartment setting.
more access to affordable dentistry
Get a gym
Obesity is at epidemic levels and causes many other problems. It should be brought to the forefront with education and programs for everyone.
support groups, education, public awareness

drug abuse leads to crime in the area theft, break ins to get cash for the habit and sometimes others get injured in the process.
exercise programs, reward for losing weight
mental health. more providers to allow better access
a more safe and public place of exercise
Bullying - the school turns a blind eye to children who are bullies that are involved in sports or in with a certain "popular" group. I feel that bullying shouldn't be bring everyone together and "let's talk". The children getting bullied are not going to stop because of this. There needs to be some sort of consequence for the actions. I watched a girl slam a volleyball at another girl's head because she missed the ball and the parent (the coach) and her laughed about it. If it were my child, I would have pulled her out for the remainder of the games. I would have even called a time-out and made her apologize on the court. This is how our community accepts bullying.
weight loss options
I don't do drugs or drink.so I don't know how to help.
obesity
drug issue needs more education to help them
Provide options for those with mental health issues something in town to be seen and get better
Instruction in healthy food choices
Obese people need to be taught how to make healthy food choices;the program needs to be free or at least affordable
having enough income to live on
Drug abuse, there is no place to send any person seeking help that is positive for drugs or alcohol and those individuals are extremely trying on the hospital's resources
Better screenings for age related issues
Need a psychologist in the area accepting new adult patients.
lack of access to healthy and affordable food/better more affordable store(like an Aldies or Walmart, etc....)
1:1 counseling and free access to workout/diets for obesity; this is a key area that impacts joint function heart and brain health and depression; however it is very expensive and being in one of the poorest counties it is frequently overlooked
Drug abuse is a huge problem in Clark Co. I think we need more resources, rehab, group meetings, counseling, mental health.
The cancer rate in this area is very high. A study should be done to see if a cause can be identified.
cancer seems to be high in our area, take a survey to see if it is higher,and why
Increase dollars spent on drug investigation in homes with children
more talking about suicide and teaching people to be more open about the issue
with our growing population of aged people i feel that the institutions do not offer enough area interactment for them instead of them living out their lives in a 12x12 room when they could be offering so much to their living community as they had in the past.
Improve Court system. Do not give children back to offenders
lack of affordable healthy foods - with grocery stores closing around clark county there is less competition and less "affordable" healthy and organic foods. Not sure what we can do to promote others to open (or not close) grocery stores in the area.
I think the community needs an easily accessible and affordable place for physical fitness
Improved mental health access
Mental Health Dr. on site at MMC
lack of sleep is very hard on person-i don't know what should be done.

Drug abuse is a huge problem particularly Opioids. This is a national problem. Things have gotten better w PDMP and the use of Patient drug contracts but more needs to be done. Need other alternatives to pain meds to treat pain. More behavioral health services
More counseling made available for families who are affected by alcohol and drug abuse.
air quality in the city. stop heating with wood and allowing wood burning
Medicare needs to pay for hearing aids
get local help for people with suicide help.
there are so many people in this community on meth and their children suffer
Mental health-we need a hospital that can take the critically ill patient who can be given DT support
There should be more places to have in the community for a affordable fitness center for all ages, with trained health coaches to give support and education
Corpal punishment
offer more activity/exercise programs for people of all ages; Neillsville needs an affordable gym/place to workout
Alcohol should not be so readily available and there should be stricter enforcement with drunk driving and other alcohol abuse situations. It is concerning to me that Wisconsin is considered the one of the highest states for alcohol consumption. The problems that arise from drunkenness is very concerning.
more affordable programs, clinics, etc. to resolve obesity
alcohol misuse. Monitored closer with steeper fines if caught.
Mental health: we need more clinical specialists and to educate the community and our young adults/child about how to deal with stress, decrease screen time and how to get help.
It would be really nice to have a facility either where I live or where I work that has decent quality machinery to work out on at an affordable rate. It would also be hugely beneficial if the community I live in would have a larger variety of healthy foods to choose from. Currently I have to drive at least 30 minutes to get groceries as our town and the kne next to us do not have a grocery store only a Kwil Trip and Dollar General.
I w9sh we could sterilize everyone if they uave had a child taken from their custody. Or have them pass a test to have a child. We know that wont happen... we need to check in on parents more aftdr they have children. Make them take classes. Keep up on certain things to keep medicaid benefits. Children can qualofy, but parents shouldnt be rewarded for havinv more kids.
Obesity-Community education offered along with options for physical fitness
Housing for elderly
Get back to church
Changes to the welfare system
Not sure what is being done to teach children from a young age how damaging or harmful drug, alcohol and tobacco can potentially be
Affordable access
More regulation for environmental health
Physical activity - get a gym! Buy the old IGA building and put a 24 hr ADULT gym in Neillsville and set up a childcare facility with it so people can have their children watched while they're working out.
drug abuse, stricter punishment as they will just get back out and do the same
Suicide, more support and access to help
Its a bigger issue than just local. Need more funding which will not happen
Unsure
access to places for AODA issues.

Dental care in clark county especially that accepts Badger care
Affordable drug and alcohol treatment. Most is not covered by Medical Assistance.
Education and enforcement of Laws
More providers are needed to address the AODA issues in Clark County. The one main person who works with this population is very overloaded at times.
I don't know.
More education and awareness
Available health care from a specialist, such as diabetes, kidney disease, etc.
we live in a farming community and have difficulty living with farm prices to make a living and insurance rates.
2 grocery stores with better produce
Alcohol and Drug Misuse- more support groups and activities for people to participate in to prevent alcohol and drug use
The drug issue in the county related to meth and opioids but also I believe reliance on lesser drugs like marihuana are effecting the people and their mental health.
Safe, affordable public transportation is needed. If you live in a rural area or small town and do not have a car or are unable to drive, you are really in jepordy. You rely on friends or neighbors for shopping and medical appointments. I am thinking a voucher system with participating transport companies may work, as long as there was coordination between the few public transport companies and (hopefully) additional county or regional govt sponsored organizations.
Hire more police officers to keep our communities safe
improve dental care/insurance
Need to get a public workout facility being free or low cost in Neillsville.
Better access to mental health services
I feel mental health issues is a concern and one that there are very few providers
Access to healthy, affordable foods. There is a need for a greater variety of retail outlets for grocers. Recently communities in clark co. have lost their stores requiring people to drive a fair distance for their food. There needs to be greater access.
need more options for buying foods, more stores
more availabilty to mental health conunselors in rural areas and with hours after 5pm
Citizens need access to Mental Health services and these services need to start at a young age as the easiest time to educate individuals is during adolesence when we force them to attend school. After they have graduated it becomes difficult to educate individuals on what is at stake with Mental Health concerns that remain untreated. School Based services are critical in preventing/educating individuals before they become consumed in the "real" world.
more in home care opportunities for elderly in need of them so they can stay in their homes longer
Drug Abuse - tougher sentences on those that are being charged through the Courts and a community drug treatment program (closest one is in Eau Claire)
We need more clinics and facilities to help people with mental health and drug abuse issues.
we are without a grocery store in our area and the farmers markets are held when I have to work
Need exercise places
Drug Court
Community education
affordable health care

More community open forums to help the community understand what the issues truly are instead of keeping them hidden for only the professionals to address. We do not have to do this alone!
work out areas
There needs to be more areas to be physically active for children as well as adults. Instead of a unused tennis court put in a splash pad where parents and kids can be active. Gyms ect
obesity - need low cost healthy foods easily available and more nutrition education
Increase access to Mental Health Services and make more affordable
Suicide in our community and all over is so high. More awareness and help for mental issues. I feel uncomfortable to even talk about these issues.. I believe helping all of us be aware and helpful ways to communicate are really needed.
drug abuse: more education in the schools: bring back "DARE" like programming, start talking to children in schools at younger ages
More access to mental health facilities
Hearing aids and dentures are not a luxury for the elderly. Being able to hear and to eat healthier foods is integral to people remaining healthier, and maintaining their independence. Medicare, Medicaid, and insurances should cover these things.
More access to healthcare that supports all health needs for all communities.
Quit offering so many young people free health ins. So many young adults are on disability and/or Medicaid, and yet they are very capable of working. A "job placement" program would great or some type of incentive to get these young adults out working part-time. Pull weeds, wash windows for the elderly, pick up garbage along the highways, data entry, farm help (any simple jobs that would give them purpose).
Drug abuse is becoming an issue in all small communities. Education more in the schools to help stop the problem or community education to help the community understand.
make healthy foods more affordable
quit glamorizing drinking of alcohol
Addiction and drug reform should have increased funding to provide access to those in need. Education to those whom may be susceptible to addiction.
Lower cost in food.
People should establish with a dentist and continue with follow-up cleaning appointments. Have better screening processes and access to mental health facilities for patients needing help. Not just the police.
Obesity, There needs to be more access to healthy foods, more small town grocery stores.
Education
We need programs for obscenity as there are so many people with this problem
Stricter laws regarding smoking
more support for those living with chronic conditions
Offer more support groups for those with any type of addiction closer to home
Mental health: need more professional resources readily available in the community (ie psychiatrists, counselors, AODA facilities, etc)
Get affordable healthy foods available/via a farmers market, etc
more support for suicide attempts
Need more treatment programs for drug users
more severe punishment for drug users/dealers.
More education on what to look for in people using drugs. And more resources on helping our children stay drug free.
Organize local collection days for un-needed/expired medication

Mental Health: goes along with drug abuse. Would like to see the ability to have access to psychiatric counsels, etc. Also, get people off from welfare and get them to work. In a lot of cases, working folks make less have than our people on welfare. Make those people take drug tests and don't give them money for cigarettes and alcohol.

8. What do you (personally) need to be healthy and well?

self discipline in weight control
eat right
food and work
strong support of church and community
balanced diets
Better playing jobs
Sleep, healthy food
Better president
Access to organic foods.
Good medical care. Adequate housing.
Exercise and diet
Safe environment. Active physically. Healthy eating. Access to health care.
Healthy food, little stress
I want to be happy, so my whole family can be happy.
Time... LOL. I'm a workaholic so I spend a lot of time at work by choice. I wish there was more time for me to do exercise, eat healthier, spend more time with my loved ones.
Coffee, sleep, positive/happy family, my cats, positive work environment
Good healthcare, positive home and work environment
Healthy, save and happy family
More exercise
To eat healthier and have more physical activity
Help for the two autism adults in my family
Exercise and eating right
Food, water, shelter, hospitals
Food, water, shelters
Good diet and exercise
watch what you eat, be more educated on what is more important to be healthy
Exercise program for older adults and access to affordable, healthy foods on a daily basis
Affordable healthy food. Access to exercise facilities.
Will power -- to stay engaged in healthy diet and exercise
Lower cost healthy and access to healthy -- sugar free, non GMO products in the food available
church and friends
I do a lot of gardening, yard & housework, have breakfast once a week with friends, and coffee with family.
To continue with my health, dental & mental health
Exercise, health exams regularly
Eat better, healthier foods
More help for low income/single parent households
To stop smoking cigarettes
Good mental health, family, food

Better sleep & more access for exercise closer to home
A dentist closer to home that accepts my insurance
More affordable health care - deductibles & copays prevent me from going in for healthcare more promptly
Insurance affordable now, not having to wait every year to enroll
I personally need my mental health services
More income
Sleep
Better teeth
Sleep & Exercise
Great work environment and great friends
More opportunities for physical activity
Just moved here, trying to get acquainted
Got to get rid of my cancer
More active, lose weight
Doctors who stay in the community
Access to mental health care
Good support system
Exercise, eat good
More physical activity
Self-discipline, Jesus' forgiveness & hope & purpose
Healthy foods & less pollution
Regular 5 days a week hours at the local clinic staffed with qualified personnel who give patient-centered care
A Gym
Nothing comes to mind
Health
COPD (management of)
More self-discipline
Weight loss
exercise and watch what I eat
Affordable dental care.
More exercise facilities
Walking and biking trails
Exercise, healthy food, emotional support
A grocery store nearby that sells quality produce and a good doctor
More time for exercise
Yoga. Bike trail in Neillsville
Food and exercise
Fruits and a nice country road to walk 2 miles everyday.
single story condo or apartment, more help in doing things for people age 55. can't afford to keep up my home anymore, nor can i physically do it either
exercise - walk
time and motivation
Shorter survey
A swim area

nutritious food/water, plenty of exercise & peace of mind
Support
Healthy and fresh foods readily available, information on health and wellness, and programs available to members of the community.
I need to exercise more.
Affordable foods and resources to healthy living.
better diet and exercise
More exercise.
Increased access to wellness and exercise .
A wellness and excersize facility.
Fresh produce...Greenwood currently offers none
Activities and good health care providers
Healthy food choices and exercise.
it is expensive to eat fresh foods
restaurants with healthier choices of foods, a bike trail for more outdoor exercise for whole families
duh....just to live longer!!!!
Stay active. Improve. Learn. Help others.
Fresh healthy food and exercise
Good medical and mental health
better health care lower deductables lower insurance
I would like some type of 24/7 gym in the community. Not much here for health and well being
lose weight
Wellness groups
excercise and positive family activites
time with family and friends, healthy food choices.
I am under a lot of stress due to money issues. It would be nice to be able to have transportation and child care services to parents who do not have these items. It falls on me, the parent/ grandparent to try and provide these needs. My health and age is putting a strain on me to ry and provide these items to my family. I am working 40 hours a week and then need to run around after work to transport or babysit my grandchildren.
a gym
I need a well rounded approach including physical, mental and spiritual components. Having mental health counseling and maybe yoga available for all ages would be wonderful.
better income
as i get older i need more instruction on strength training and balance to avoid falls classes for the aging adults in the community to maintain our strength and good health
Being able to have the energy to do exercise
every thing in moderation
money
insurance
this question does not make any sense
more physical active
Accessibility and affordability.
healthy food, clean air and water , safe environment
lose weight. and don't start smoking again. haven't smoked in 6 years.

healty food
i eat from the garden
Excercise more.
eat well and exercise
See above
Enough Dr.'s
a decent gym (with a variety of exercise equipment) in our town would be helpful
positive attitude and family support
More areas for safe and fun physical activities
Affordable easy access gym (24 hour)
Everyone needs a wide selection of produce (fruit, vegies)
community work out center with ease of access; more accountability to work out as well;
Time with family and friends!
Feeling I can see a healthcare provider when I have a concern without it causing me a financial hardship.
A fitness center with flexible hours and low cost to be able to include all that want to participate
doctors/medical establishments that do not treat you as a number and are in it just for the money
Motivation
Time that I never have enough of
Better access to physical fitness
access to places to perform physical activity
Exercise and eat well
afforable food
I need a exercise facilty in town. In summer i can get outside and exercise but as we all know summer is very short in WI
no comment
Lose weight
no just see and head about peole that have commited suicide and tried it.
a good place to get excercise
High quality affordable foods, safe home, and areas to exercise
work out center, and Health coach for training and education
Quit smoking
Healthy foods and a gym/exercise classes to be offered
quality water, food and exercise
same as above
More sleep.
Access to healthy options such as exercise activities, healthy foods and a safe supporting community in general.
Motivation, accountability, affordability and access. I walk during the summer but during the winter there isn't anything close or affordable to use for exercise.
Exercise gym. 24/7
Access to healthy food and affordable health and dental care
Exercise
Exercise
Find the fountain of youth

More convenient access to fresh produce. Greenwood and Loyal no longer have grocery stores. Produce from IGA in Neillsville is usually mediocre at best. We have our own garden (can and freeze what we can) and purchase from Amish. But, during the winter or on Sundays, access to fresh items is pretty limited unless you're willing to drive to Marshfield
Support
more time for excercise
more sleep
Healthy foods closer to home at a reasonable price
More sleep due to kids
My family
Nothing at this time, I feel good.
closer farmers market/grocery store
Continue appropriate self care and wellness opportunities
Supportive people in my life, healthy diet, and regular physical activity.
a good night's sleep
support groups for local people to attend for issued they may be facing -Lonliness - Loss - and other mental health issues
Care from specialist, not just a primary care physician.
have no difficult eating right as we grow a lot of our own meat and veg
better produce, farm market more than Saturday mornings
Motivation
Access to affordable health care and an income that allows me not worry every month how I am going to pay my bills.
everything i need is within me, thanks!
All the above, from safe communities to better jobs.
better quality sleep
Low cost or FREE workout facility with volunteer instructors to show you how to do stuff or teach classes
Access to fresh food. Time for physical activity. Competent healthcare.
air conditioning
don't know
Eat healthier to lose weight, maintain a healthy sleep pattern, increase exercise habits, etc.
Access to more affordable fruits and vegetables year round, not just in the summer months. Exercise programs or gyms with affordable fees.
Exercise and less stress.
motivation and cheaper healthy food
Exercise
Time
Education
healthy enviroment, money
Time!
Ambition and support
excersie
A decent gym would be great
more education in schools regarding drug and alcohol abuse.

safe, clean environment/streets for walking/running/biking, healthy foods
Good balance between work and personal life
Like most people a healthy living is eating healthy, exercise and a great night sleep.. We all tend to worry too much and are not eating correctly which makes the cycle of not sleeping to heal our bodies.. I always need reminders of this.
I have the things I need to be healthy and well but many people lack transportation, money, etc. that prohibits them from being healthy
Healthy food options. Recreational activities
I need to accept that while the healthcare system is there to support us, we have to have self control to eat right, and get proper exercise to improve our odds of remaining healthy.
more exercise facilities available at an affordable price
I'm am healthy and well because I am active and busy.
Group activities are nice because then you are held more accountable to participation. I am not good at motivating myself to go work out.
good nutrition
more Exercise. I like bike trails and access to family friendly parks
more access to mental health
Food choices at affordable costs
Exercise & food
Affordable health care; will pay out of pocket and use the clinic services more if the care is affordable
I need to take better care of myself and try to eat more healthy
Nothing
Easy access to affordable/healthy foods (McDonalds and A&W are closest quick food options in my area) nothing available that would be considered a healthier option within Stanley, WI.
good insurance, income, access to healthcare, and family/social support
Healthy foods and exercise/ride bike/walk/run/
Food, water, family
Lower stress on the job.
Healthy food and peace of mind
Exercise and healthy eating
More sleep! Social supports for myself and my children, including opportunities for healthy group activities (such as cycling or walking clubs & fitness classes) that meet outside of "normal business hours"
Fitness center

9. What is your zip code?

Zip Code	Number of Respondents	Zip Code	Number of Respondents	Zip Code	Number of Respondents
45556	1	54451	1	54635	1
53221	1	54456	98	54703	1
54405	12	54460	13	54722	1
54420	4	54465	1	54726	4
54421	7	54466	1	54726	2
54422	1	54469	1	54731	1
54425	3	54470	1	54741	2
54433	1	54479	2	54746	6

54436	16	54488	2	54751	1
54437	23	54493	5	54758	1
54446	13	54494	2	54768	29
54447	4	54495	1	54771	32
54449	8	54498	12	54929	1
54450	1	54615	4	55456	1

10. Are you:

Male	21.71%
Female	77.68%

11. Your age group:

18-24	3.30%
25-34	16.22%
35-44	17.12%
45-54	19.52%
55-64	29.13%
65-74	10.21%
75+	4.50%

12. Your highest education level:

Less than high school graduation	7.29%
High school diploma or equivalent	34.35%
College degree (incl. associate's degree) or higher	58.36%

13. Which of the following best describes your ethnicity?

Hispanic/Latino	4.63%
Not Hispanic/Latino	95.37%

14. Which of the following best describes your race?

American Indian or Alaskan Native	1.21%
Asian	0.00%
Black/African American	0.00%
Native Hawaiian or Pacific Islander	0.00%
White	93.66%
Other (please specify, or enter an "X" in the box)	5.14%

15. Are you currently:

Employed	75.08%
Under-employed	1.80%
Not working, by choice	2.10%
Not working, not by choice	0.60%
Student	0.60%
Retired	12.61%
Unable to work	3.30%
Other (please specify, or enter an "X" in the box)	3.90%

16. Household income per year:

Less than \$20,000	17.70%
\$20,000-\$34,999	17.70%
\$35,000-\$49,999	15.53%
\$50,000-\$74,999	24.53%
\$75,000 or more	24.53%

17. Are you currently:

Insured (e.g., through your employer, the "Marketplace," BadgerCare, Medicare)	88.07%
Uninsured (e.g., no insurance, self-pay)	6.12%
Underinsured (e.g., high co-pays, high deductibles, and/or limited coverage)	5.81%

Appendix D: Community Conversation Participants

We would like to acknowledge and thank the residents of Clark County for engaging in the Healthy Clark County Community Health Assessment process. Below is a list of the community organizations that participated and provided input in the community conversations.

- Ascension Medical Group Wisconsin
- Ascension Our Lady of Victory Hospital
- Clark County Board
- Clark County Emergency Management
- Clark County Health Department
- Clark County Department of Community Services
- Clark County Department of Social Services
- Meridian Group, Inc. – local provider of affordable housing
- Memorial Medical Center
- Marshfield Clinic Health System
- Marshfield Clinic Neillsville Dental Center
- Sniteman Pharmacy
- Tribune Record Gleaner – a local newspaper
- Wisconsin Division of Public Health, Western Regional Office (lead facilitator)
- University of Wisconsin-Extension (lead facilitator)

Appendix E: County Health Rankings – Clark County

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Clark (CL) 2019 Rankings

County Demographics

	County	State
Population	34,679	5,795,483
% below 18 years of age	29.4%	22.1%
% 65 and older	16.4%	16.5%
% Non-Hispanic African American	0.5%	6.3%
% American Indian and Alaskan Native	0.7%	1.2%
% Asian	0.4%	2.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	4.8%	6.9%
% Non-Hispanic white	92.9%	81.3%
% not proficient in English	2%	1%
% Females	49.5%	50.3%
% Rural	91.7%	29.8%
Male population 0-17 *	5,193	656,000
Male population 18-44 *	5,409	1,004,204
Male population 45-64 *	4,425	781,937
Male population 65+ *	2,794	432,330
Total male population *	17,821	2,874,471
Female population 0-17 *	4,894	626,656
Female population 18-44 *	4,883	969,103
Female population 45-64 *	4,167	789,101
Female population 65+ *	3,107	519,498
Total female population *	17,051	2,904,358
Population growth *	1%	2%

	Clark County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Health Outcomes					18
Length of Life					25
Premature death	5,900	5,000-6,800	5,400	6,300	
Quality of Life					13
Poor or fair health **	15%	14-15%	12%	15%	
Poor physical health days **	3.6	3.4-3.8	3.0	3.6	
Poor mental health days **	3.7	3.5-3.9	3.1	3.8	
Low birthweight	5%	4-6%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	79.4	78.5-80.3	81.0	79.5	
Premature age-adjusted mortality	300	270-330	280	310	
Child mortality	40	20-60	40	50	
Infant mortality	6	4-9	4	6	
Frequent physical distress	11%	11-11%	9%	11%	
Frequent mental distress	12%	11-12%	10%	12%	
Diabetes prevalence	9%	6-11%	9%	9%	
HIV prevalence	37		49	122	
Communicable disease *	680			1,033	
Self-inflicted injury hospitalizations *	36	22-50		49	
Cancer incidence *	469	439-500		468	
Coronary heart disease hospitalizations *	4.3			2.8	
Cerebrovascular disease hospitalizations *	2.7			2.5	
Health Factors					61
Health Behaviors					53
Adult smoking **	17%	16-18%	14%	17%	
Adult obesity	33%	28-39%	26%	31%	
Food environment index	8.8		8.7	8.8	
Physical inactivity	24%	18-30%	19%	20%	
Access to exercise opportunities	47%		91%	86%	
Excessive drinking **	24%	23-25%	13%	26%	
Alcohol-impaired driving deaths	43%	35-51%	13%	36%	
Sexually transmitted infections	165.5		152.8	466.0	
Teen births	16	13-18	14	18	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	10%		9%	11%	
Limited access to healthy foods	1%		2%	5%	
Drug overdose deaths			10	18	
Motor vehicle crash deaths	19	14-25	9	10	
Insufficient sleep	30%	28-31%	27%	32%	
Smoking during pregnancy *	9%			12%	
Drug arrests *	33			29,106	
Opioid hospital visits *	273	218-328		469	
Alcohol-related hospitalizations *	1.1			2.1	
Motor vehicle crash occupancy rate *	33			53	
On-road motor vehicle crash-related ER visits *	415	367-463		696	
Off-road motor vehicle crash-related ER visits *	108	83-132		78	
Clinical Care					72
Uninsured	18%	16-20%	6%	6%	

	Clark County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Primary care physicians	2,880:1		1,050:1	1,250:1	
Dentists	2,480:1		1,260:1	1,470:1	
Mental health providers	2,890:1		310:1	530:1	
Preventable hospital stays	4,687		2,765	3,971	
Mammography screening	47%		49%	50%	
Flu vaccinations	35%		52%	52%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	17%	15-19%	6%	7%	
Uninsured children	20%	16-25%	3%	4%	
Other primary care providers	1,927:1		726:1	964:1	
Childhood immunizations *	43%			73%	
Social & Economic Factors					
High school graduation	96%		96%	89%	33
Some college	42%	40-45%	73%	69%	
Unemployment	3.1%		2.9%	3.3%	
Children in poverty	19%	13-25%	11%	15%	
Income inequality	3.7	3.5-3.9	3.7	4.3	
Children in single-parent households	20%	18-23%	20%	31%	
Social associations	14.8		21.9	11.6	
Violent crime	48		63	298	
Injury deaths	66	54-78	57	77	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	14%	11-17%	4%	5%	
Median household income	\$49,700	\$47,400-52,000	\$67,100	\$59,300	
Children eligible for free or reduced price lunch	48%		32%	37%	
Residential segregation - Black/White	55		23	77	
Residential segregation - non-white/white	33		15	56	
Homicides			2	3	
Firearm fatalities	7	4-12	7	10	
Reading proficiency *	38%			48%	
W-2 enrollment *	10			8,331	
Poverty *	12%	9-15%		11%	
Older adults living alone *	27%			29%	
Hate crimes *				1	
Child abuse *	4			4	
Injury hospitalizations *	492	419-566		457	
Fall fatalities 65+ *	65	27-103		136	
Physical Environment					
Air pollution - particulate matter **	7.9		6.1	8.6	10
Drinking water violations	No				
Severe housing problems	15%	14-16%	9%	15%	
Driving alone to work	73%	72-75%	72%	81%	
Long commute - driving alone	27%	25-29%	15%	27%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	78%	77-78%	80%	67%	
Severe housing cost burden	10%	9-11%	7%	13%	
Year structure built *	35%			25%	

^ 10th/90th percentile, i.e., only 10% are better.

* Data supplied on behalf of state

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

Appendix F: Resources

- Centers for Disease Control and Prevention. (2018a). *Community Health Assessment & Health Improvement Planning*. Retrieved from <https://www.cdc.gov/publichealthgateway/cha/index.html>
- Centers for Disease Control and Prevention (2018b). *Health Disparities*. Retrieved from <https://www.cdc.gov/healthyyouth/disparities/index.htm>
- Centers for Disease Control and Prevention. (2018c). *Alcohol and Substance Misuse*. Retrieved from <https://www.cdc.gov/workplacehealthpromotion/health-strategies/substance-misuse/index.html>
- Centers for Disease Control and Prevention. (2018d). *Learn About Mental Health*. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>
- Centers for Disease Control and Prevention. (2018e). *Suicide Prevention*. Retrieved from <https://www.cdc.gov/violenceprevention/suicide/index.html>
- Clark County Health Department. (2018). *Youth Risk Behavior Survey*.
- Clark County Health Department. (2019). *Secure Public Health Electronic Record Environment (SPHERE) database*.
- Clark County History Buffs. (n.d.). Wisconsin Clark County History. Retrieved from <https://www.wiclarkcountyhistory.org/>
- Clark County Wisconsin. (n.d.). *Clark County Court*. Retrieved from <http://www.co.clark.wi.us/>
- Community Commons. (2016). Age Adjusted Suicide Rate. Retrieved from www.communitycommons.org
- County Health Rankings and Roadmaps. (2019). *Wisconsin-Clark County*. Retrieved from <https://www.countyhealthrankings.org/app/wisconsin/2019/rankings/clark/county/factors/overall/snapshot>
- Federal Drug Administration. (2019). Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS). Retrieved from <https://www.fda.gov/tobacco-products/products-ingredients->

[components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends](#)

Healthy People 2020. (n.d). *Suicide (age adjusted, per 100,000 population)*. Retrieved from <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4804>;

Kaiser Family Foundation. (2018). *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Kinshella, Matt. (2016). *Equity Illustrated, 3rd Place: Equity is About Resources*. Retrieved from <https://mmt.org/news/equity-illustrated-3rd-place-equity-about-resources>

National Academy of Medicine. (2017). Social Determinants of Health 101 for Health Care: Five Plus Five. Retrieved from <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

National Highway Traffic Safety Administration. *Traffic Safety Facts*. Retrieved from <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812630>

National Institute of Health. (2016). State Cancer Profiles. Retrieved from <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=wisconsin>

Robert Wood Johnson Foundation. (2017a). *RWJF Commission to Build a Healthier America Releases Recommendations*. Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Robert Wood Johnson Foundation. (2017b). *What is Health Equity and What Difference does a Definition Make*. Retrieved from https://buildhealthyplaces.org/content/uploads/2017/05/health_equity_brief_041217.pdf

U.S. Census. (2017). *Clark County Wisconsin Quick Facts*. Retrieved from https://www.census.gov/quickfacts/fact/table/clarkcountywisconsin,WI_US/DIS010217#DIS010217

U.S. Health Resources & Services Administration. (n.d.). *Medically Underserved Area Find*. Retrieved from <https://data.hrsa.gov/tools/shortage-area/mua-find>

- Wisconline.com. (2012) Clark County Map. Retrieved from <https://www.wisconline.com/counties/clark/map.html>
- Wisconsin Association of Local Health Departments and Boards. (2015). *Wisconsin Community Health Improvement Plans and Processes Requirements v2.0*. Retrieved from https://cdn.ymaws.com/www.walhdab.org/resource/resmgr/Custom_Site/Hospital_and_Health_Dept_Req.pdf
- Wisconsin Department of Health Services. (2019a). *Wisconsin Interactive Statistics on Health (WISH) Query System-Opioids*. Retrieved from <https://www.dhs.wisconsin.gov/opioids/data-reports-studies.htm>
- Wisconsin Department of Health Services. (2019b). *WISH Data Query System-Suicides*. Retrieved from <https://www.dhs.wisconsin.gov/wish/index.htm>
- Wisconsin Division of Public Health. (2019). *Healthiest Wisconsin 2020 State Health Plan*. Retrieved from: <https://www.dhs.wisconsin.gov/hw2020/index.htm>
- World Health Organization. (n.d.). *Substance Abuse*. Retrieved from https://www.who.int/topics/substance_abuse/en/