Marshfield Clinic Health System

2022-2024 Community Health Needs Assessment
Marshfield Medical Center–Minocqua

Table of Contents

Dear Community Members,

Marshfield Clinic Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care. And that includes your community.

We know that health is driven by much more than what happens in the doctor's office. Wherever and whenever possible through programs, services, public policy or other means, emphasis needs to be placed on addressing health choices before medical needs arise.

That's why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on December 13th, 2021.

The Health System has collaborated with community partners to assess communities' health and needs. The process has included meetings, surveys, community conversations, key informant interviews and a variety of data sources.

This document summarizes these key findings. Electronic versions and companion documents can be found at: https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports

Through these collaborative efforts, the top health priorities identified through the Community Health Needs Assessment process have been identified. MCHS will continue to support additional community health needs as they arise. The top health priorities for Marshfield Medical Center-Minocqua are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

We hope you find this document useful and welcome your comments and suggestions for improving the health of Oneida County's citizens.

Yours in health,

Dr. Susan Turney, CEO   Ty Erickson, CAO   Jay Shrader, Vice President
Marshfield Clinic Health   Marshfield Medical Center Community Health and
System   Minocqua   Wellness

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Definition of Terms

- **Community Benefits Workgroup-Minocqua (CBW-Minocqua):** local and internal workgroup of Marshfield Medical Center in Minocqua 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):** refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Centers for Disease Control and Prevention, 2019) 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 have the option to partner with local health departments to simultaneously conduct a CHA/CHNA (Community Catalyst, 2013).

- **Collaborative Health Planning Committee (CHPC):** is a regional planning committee of stakeholders to assess health in Oneida, Vilas and Forest Counties. Also referred to as the Tri-County Collaborative Health Planning Committee.

- **Community Health Improvement Plan (CHIP):** 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 (Centers for Disease Control and Prevention, 2019).

- **Health Equity**: 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 (University of Wisconsin, Population Health Institute).

- **Healthy People, Healthiest Wisconsin 2020 State Health Plan:** the public health agenda required by Wisconsin statute every 10 years, which is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin (Division of Public Health, 2019).

- **Health Priority(ies):** Health areas selected to be addressed by hospital based off of community input collected via: survey, community conversations, focus groups, and/or coalition meetings; and secondary data review.

- **Health Need(s):** the 14 health areas based on the Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020. Areas include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.

- **Implementation Strategy (IS):** a written plan to address the community health needs identified through an assessment and approved by an authorized governing board. Hospitals must use the CHNA to develop and adopt an implementation strategy (Community Catalyst, 2013).

- **Social Determinants of Health (SDOH):** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context (Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion).

- **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 (University of Wisconsin Population Health Institute, 2019).

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 12,000 employees including over 1,400 providers comprising 90 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 60 locations and ten hospitals in communities in northern, central and western Wisconsin.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Ladysmith, Minocqua, Neillsville, Rice Lake, Weston, Park Falls, and Marshfield Children's Hospital; Marshfield Clinic Research Institute, Security Health Plan, Division of Education and Marshfield Clinic Health System Foundation.

The Clinic operates several dental clinics 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.

Hospital Overview

MMC-Minocqua is an 18-bed full-service hospital in Minocqua, Wisconsin. It is a fully integrated medical campus that provides comprehensive inpatient and outpatient health care to residents in northern Wisconsin.

MMC-Minocqua, offers a wide range of advanced care services including:
- Private patient rooms and flexible overflow rooms.
- Surgery center with operating rooms and procedure rooms.
- Birthing center with private rooms for labor and delivery, and dedicated C-section room for planned or urgent deliveries.
- Inpatient physical and occupational therapy.
- 24-hour emergency services staffed by board certified emergency physicians.
- Imaging and lab space, pharmacy and more.

- Licensed critical care transport ambulances to serve our patients in Minocqua and Park Falls staffed 24/7 with critical care level paramedics and nurses

Our Community

MMC-Minocqua strives to provide affordable and accessible health care for all. Many patients and community members reside in rural areas of Oneida County and neighboring counties. MMC-Minocqua focuses on serving those that are underserved and living in rural areas. MMC-Minocqua service area is not defined by county borders, but serves those in high need areas with limited resources. However, for the purposes of this Community Health Needs Assessment (CHNA), the community served is defined by Oneida County borders.

Geographic Area

Oneida County is located in the heart of Northern Wisconsin. Oneida County is comprised of one city (Rhinelander; county seat) and 21 towns including: Minocqua, Woodruff, Lake Tomahawk, Three Lakes, Sugar Camp and Hazelhurst. Oneida County had a total population of 35,381 in 2019; approximately 75% of which is rural.

The Town of Minocqua has a total population of 4,491 and is located approximately 70 miles north of Wausau, WI and 208 miles north of Madison, WI. Encompassing 178 square miles, the Town of Minocqua is five times the size of an ordinary township and contains nearly 190 miles of town roads alone.

One other hospital serve Oneida County, Howard Young Medical Center is located within the town of Woodruff. Other healthcare providers in the county include Ascension Wisconsin and Aspirus.
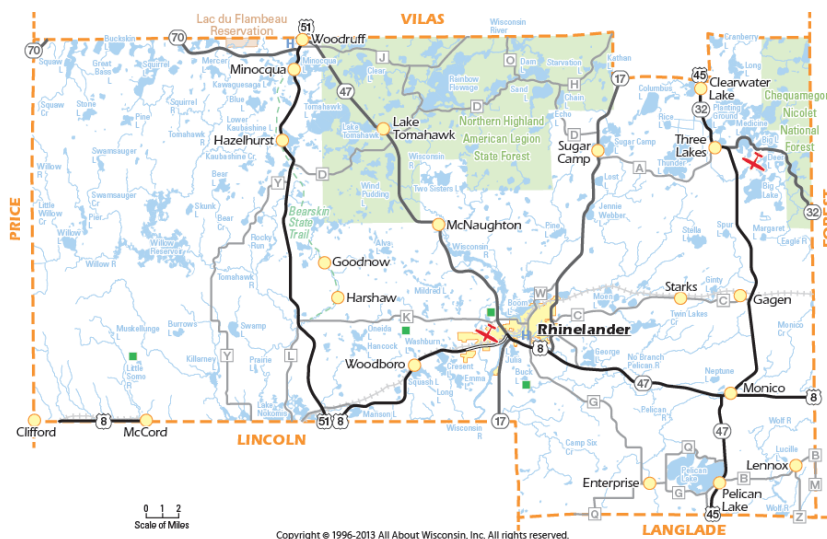
Table A. Demographics

	Oneida County	Wisconsin	United States
Total Population	35,595	5,822,434	328,239,523
Age			
Persons under 5 years	4.5%	5.7%	6.0%
Persons under 18 years	17.1%	21.8%	22.3%
Persons 65 years and over	26.7%	17.5%	16.5%
Sex			
Females persons	49.8%	50.2%	50.8%
Race			
White alone, not Hispanic or Latino	95.8%	87.0%	60.1%
Hispanic or Latino	1.7%	7.1%	18.5%
American Indian and Alaska Native alone	1.2%	1.2%	1.3%
Black or African American alone	0.7%	6.7%	13.4%
Asian alone	0.6%	3.0%	5.9%
Native Hawaiian and other Pacific Islander alone	n/a	0.1%	0.2%
Two or More Races	1.7%	2.0%	2.8%
Language other than English spoken at home	2.2%	8.7%	21.6%
Education			
High school graduate or higher	93.1%	92.2%	88.0%
Bachelor's degree or higher	27.2%	31.0%	32.1%
Income			
Median household income, 2015-2019	$56,852	$61,747	$62,843
Persons in poverty	8.9%	10.4%	10.5%

Table A: Oneida County Demographics, U.S. Census, 2019

Assessing the Needs of the Community

Overview

Community Benefits Workgroup (CBW)-Minocqua identified and prioritized community health priorities through a comprehensive process that included input from community partners and organization leadership. Direct community input was gathered and focused on understanding the priorities of the underserved in the community. The CBW–Minocqua is committed to addressing health inequities and conducted the CHNA using a health equity lens and seeks to address "types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect a group of people" (Centers for Disease Control and Prevention, 2018).

The MMC-Minocqua CHNA and community health prioritization process was led by the CBW-Minocqua. The Chief Administrative Officer (CAO) of MMC-Minocqua chaired the CBW-Minocqua, which included local leadership. All members were chosen for their commitment to guide community benefits efforts and desire to improve health in the Oneida County communities. The CBW-Minocqua reviewed existing Oneida County CHA and Community Health Improvement Plan (CHIP) from 2016, conducted primary data collection and key informant interviews with local stakeholders and reviewed secondary quantitative data to develop this CHNA report. The CHNA is used to develop a community Implementation Strategy (IS) plan to meet the identified health priorities.

Due to timing of numerous circumstances, direct collaboration with Oneida County Health Department was limited. The department had intended to complete a community health assessment and community health improvement plan in 2020, however managing COVID-19 pandemic response has paused work on this assessment and plan. To achieve compliance, MMC-Minocqua continued community health assessment and prioritization process in 2021 with reduced input from Oneida County Health Department.

See Appendix A for a list of those involved in the CBW-Minocqua.

Community Health Needs Assessment (CHNA) Timeline

January 2021	Began Community Health Needs Assessment Process
March – April 2021	Distributed the community health survey throughout the community
March- April 2021	Distributed paper community health surveys to underrepresented groups
April – May 2021	Completed Key Informant Interviews with stakeholders in Oneida County
June- July 2021	Concluded primary and secondary data collection
August 2021	CBW-MQA prioritized health priorities for MMC-MQA
December 2021	Completed, approved and publicized the MMC-MQA CHNA

Process and Methods

MMC-Minocqua opened in June 2020, with no prior hospital CHNA available, so a review of the existing Oneida County CHA (2016) was completed. Oneida County, a part of the Tri-County Collaborative Health Planning Committee, works closely with Vilas and Forest Counties to plan for community health improvement work regionally.

The purpose of the 2016 CHA was to identify the health needs of the community, prioritize top health concerns and encourage Tri- County residents to engage in the improvement of the health of the community. Both primary and secondary data collection methods were utilized to connect with several different demographic groups in the community and to develop a thorough understanding of health issues in the Tri-Counties.

Local partners of the Tri-County Collaborative Health Planning Committee include:
- Oneida County Health Department
- Vilas County Health Department
- Forest County Health Department
- Oneida County Human Services Department
- Oneida County Coalition for Nutrition and Activity (CAN)
- Community Outreach Prevention and Education Coalition (COPE)
- University of Wisconsin-Division of Extension
- Ascension Wisconsin
- Marshfield Clinic Health System

In addition, the CBW-Minocqua utilized the County Health Rankings and Roadmaps Take Action Model (Figure A) to guide the CHNA process, 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. Fourteen health priorities were evaluated based on the *Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020.* These priorities include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.
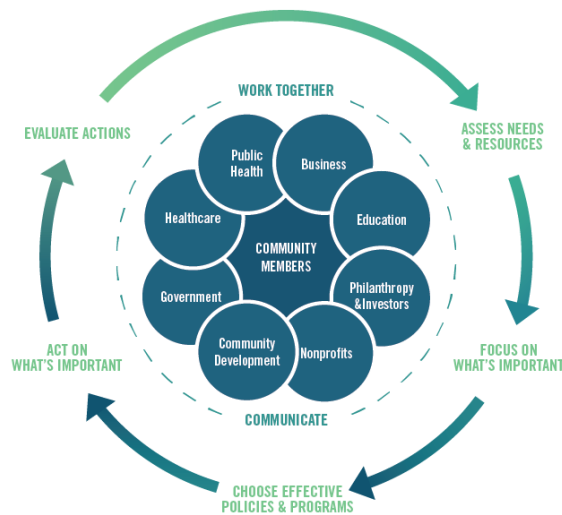
Figure A. County Health Rankings
and Roadmaps Take Action Model

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 March 2021. An electronic survey was widely distributed by the CBW-Minocqua to Oneida County residents. An abbreviated hardcopy version of the electronic community health survey was created for residents with limited access to internet and limited health literacy.

The survey asked residents to evaluate fourteen health needs based on the Wisconsin Department of Health Services Health Plan, Healthy People, Healthiest Wisconsin 2020, and include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health. Additionally, the CBW-Minocqua utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties.

The CBW-Minocqua recognizes that health is determined by more than health care. In an effort to further understand the conditions that affect a wide range of health, functioning, and quality-of-life outcomes and risks, a series of questions related to social determinants of health (SDOH) were included and further analyzed.

The survey collected 351 responses between March and April, 2021 from Oneida County residents. Overall, respondents tended to be white, female and between the ages of 55-64. Of survey respondents 12.75% are retired, and less than 2% of survey respondents said they were unemployed and/or disabled.

Key Informant Interviews
Key Informant Interviews are in-depth, qualitative interviews with individuals who know what is going on in a community or specific population group. The purpose of these interviews was to collect information from a wide range of individuals who have first-hand knowledge about the community and/or population groups. These individuals can include but are not limited to, residents, professionals, elected officials and faith leaders.

For this assessment key informant interviews were conducted via WebEx video conferencing platform to observe COVID-19 pandemic safety protocols. CBW-Minocqua identified a list of 20 potential key informants across Oneida County to invite to complete an interview. Twelve individuals completed an interview and resulting insights were compiled into a summary report. See Appendix D for a list of community sectors represented and summary report.

Key Informant Interview questions:
1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community? Why?
2. Which areas are our community ready to change?
3. What are some ideas you have to help our community get or stay healthy?
   a. Changes you'd like to see?
   b. Current services or programs that are working well or do not work well?
   c. What are things you've seen in other communities that might work here?

Secondary Data Collection
Local secondary quantitative health data was compiled from a variety of sources based on the Wisconsin Association of Local Health Departments and Boards (WALHDAB) recommendations. The core dataset was modified slightly based on Oneida County availability and to improve representation of underrepresented health priority measures. Data sources included US Census, Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, United Way reports, Healthy People, Healthiest Wisconsin 2020 State Health Plan, and more.

Prioritization Process
The prioritization process of the health needs is summarized below.

Step 1: Community Health Needs Survey, March - April 2021

- An electronic survey was widely distributed by the CBW-Minocqua to Oneida County residents.
- An abbreviated hardcopy version of the electronic community health survey was created for residents with limited access to internet and limited health literacy. This survey was distributed at food pantries and libraries across Oneida County.
- The survey asked residents to evaluate fourteen health needs based on the Wisconsin Department of Health Services Health Plan, Healthy People, Healthiest Wisconsin 2020.
- CBW-Minocqua utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties.

Step 2: Key Informant Interviews, April – May 2021
- Identified 20 individuals as potential Key Informants. Conducted 12 interviews via WebEx video conferencing platform to observe COVID-19 pandemic safety protocols.

Step 3: Secondary Data Review, May - June 2021
- Compiled local secondary quantitative health data based on WALHDAB recommendations.
- Modified the core dataset slightly based on Oneida County availability.

Step 4: Consultation with Oneida County Health Department, August 2021
Representatives from both the CBW-Minocqua and the Oneida County Health Department met virtually to discuss the results of the assessment activities. Discussion centered around similar results from the previous Tri County CHA in 2016.

Step 5: CBW-MQA Meeting, August 2021
The CBW-Minocqua met in August 2021 to review primary, secondary data on Oneida county and prioritize needs. The group considered of alignment with the ABCS Community Health Focus Areas of Marshfield Clinic Health System. 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?

A full list of data sources and references is included in Appendix E.

Addressing the Needs of the Community

Overview

After extensive review of the Community Health Assessment Survey, Key Informant Interview Summary, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by Marshfield Medical Center in Minocqua are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

As these priorities are addressed, intentional efforts will be made to ensure appropriate resources are provided, and unfair and unjust obstacles are eliminated for all people and communities to reach their optimal health. Due to the interconnected nature of these health priorities, the CBW-Minocqua chose to combine a number of health priorities (as defined in primary data collection) as shown in Table C.

Table B. Health Priority Crosswalk

Healthy People, Healthiest Wisconsin 2020 Focus Areas	MMC-Minocqua CHNA
Alcohol Misuse	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health
Obesity	Chronic Disease
Vaping & Tobacco Use and Exposure	
Healthy Nutrition	
Chronic Disease Prevention and Management	

Health Priority: Alcohol and Substance Abuse

Substance use and alcohol misuse were identified as top health needs. Alcohol misuse is "more than 1 drink per day on average for women, and more than 2 drinks per day on average for men. Alcohol misuse is a pattern of drinking that result in harm to one's health, interpersonal relationships or ability to work" (Centers for Disease Control and Prevention, 2019). Substance abuse is "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs" (i.e. marijuana, heroin, cocaine, and methamphetamine) (World Health Organization, 2019).

Consequences of alcohol and/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.

MMC-Minocqua will complement local community efforts by focusing on reducing underage alcohol access and reducing excessive alcohol consumption in addition to supporting community driven efforts through a variety of methods.

Table C. Data Highlights

	Oneida County	Wisconsin
Percentage of Adults reporting binge in the past month.	21.5%	21.9%
Rate of all alcohol attributable deaths.	77.5 per 100,000 residents	43 per 100,000 residents
Rate of alcohol related emergency room visits.	66.1 per 100,000 residents	635.7 per 100,000 residents
Percentage of 9th graders who have ever consumed alcohol	56%	50.3%
Percentage of 12th graders who have ever consumed alcohol	76%	66.7%
Alcohol Outlet Density – People per license.	148.03 People per License (2017-2018)	339.35 People per license (2017-2018)
Rate of any opioid related emergency room visits.	119.3 opioid related discharges per 100,000 residents	152.5 opioid related discharges per 100,000 residents
Rate of any opioid overdose deaths (age-adjusted).	8.3 deaths per 100,000 residents	16.3 deaths per 100,000 residents

Table C. County Health Rankings, 2021; Oneida County YRBS, 2019; WISH, 2019.

From the 2021 Community Health Needs Survey:

Alcohol Misuse
- 64.29% of survey respondents believe not everyone understands the impact of alcohol misuse on overall health.
- 70.65% of survey respondents believe alcohol is easily available in the community (adults provide alcohol, number of establishments within the community).
- 85.71% of survey respondents believe alcohol misuse is an accepted attitude or belief within families or the community.

Substance Use
- 55.36% of survey respondents believe not everyone understands the impact of substance use on overall health.
- 80.36% of survey respondents believe substances are easily available in the community (schools, neighborhoods, homes, etc.).
- 75.89% of survey respondents believe substance use is an accepted practice within families or the community.

- 68.75% of survey respondents believe people cannot access services for substance use treatment (lack of transportation or convenient health services, unable to miss work).

Health Priority: Behavioral Health

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, 2019).

Mental illness affects all ages and influences many areas of one's wellbeing. 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.

MMC-Minocqua will complement local community efforts by focusing on decreasing suicide rates in Oneida County and improving social and emotional development of children and adolescents in addition to supporting community driven efforts through a variety of methods.

Table D. Data Highlights

Indicators	Oneida County	Wisconsin
Average number of mentally unhealthy days reported in the last 30 days (age adjusted).	3.9 days	4.0 days
Suicide rate per 100,000 residents (age adjusted).	17 deaths per 100,000 residents	15 deaths per 100,000 residents
Ratio of residents to mental health providers.	350 residents:1 mental health provider	470 residents: 1 mental health provider
Percentage of 9th graders who report experiencing significant problems with anxiety in the past 12 months.	48.0%	45.4%
Percentage of 12th graders who report experiencing significant problems with anxiety in the past 12 months.	50.0%	46.9%

Table D. County Health Rankings, 2021; Oneida County YRBS, 2019.

From the 2021 Community Health Needs Survey:
- 71.53% of survey respondents believe not everyone understands the impact of mental health on overall health.
- 87.59% of survey respondents believe people don't feel comfortable seeking mental health services (taboo or stigma attached to mental health).

- 74.45& of survey respondents believe affordable mental health treatment is not available for those who need it.
- 86.86% of survey respondents believe people cannot easily access services for mental health treatment (lack of transportation or convenient health services, unable to miss work, get "stuck" in the system, or don't know where to go for services).

Health Priority: Chronic Disease
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. (Centers for Disease Control and Prevention, 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 (Centers for Disease Control and Prevention, 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" (World Health Organization, 2019). Increasing physical activity levels and improving access to healthy foods can reduce the risks of developing a chronic disease.

MMC-Minocqua will complement local community efforts by placing focus on improving access to healthy foods in addition to supporting community driven efforts through a variety of methods.

Table E. Data Highlights

Indicators	Oneida County	Wisconsin
Percentage of students who experienced hunger due to the lack of food at home (past 30 days).	25%	24.7%
Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2.	35%	32%
Percentage of population who lack adequate access to food.	8%	9%
Percentage of adults age 20 and over reporting no leisure-time physical activity.	21%	20%

Table E. County Health Rankings, 2021; Oneida County YRBS, 2019.

From the 2021 Community Health Needs Survey:
- 89.29% of survey respondents believe not everyone understands or takes seriously the risks of obesity to overall health.
- 76.19% of survey respondents believe health care or personal practices for healthy weight management are not the easy or desirable option (healthy food, physical activity, counseling).

- 69.44% of survey respondents believe people cannot easily access services for chronic disease prevention or management (lack of transportation or convenient health services, unable to miss work).
- 72.97% of survey respondents believe not everyone knows how to eat healthy or has the skills to prepare healthy food.
- 70% of survey respondents believe health food is too expensive.

Health Priority: Social Determinants of Health

Social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks" (Healthy People 2030, 2021). It is critical to address social determinants of health in order to improve health and reduce health inequities as 80% of what impacts our health is affected by these areas.

MMC-Minocqua will develop a work plan to assess health equity, both internally and within the community, and support partners in their work to address social determinants of health.

Table F. Data Highlights

Indicators	Oneida County	Wisconsin
Percentage of people under age 18 in poverty.	13%	14%
Percentage of population ages 16 and older unemployed but seeking work.	4.3%	3.3%
Percentage of adults under age 65 without health insurance.	7%	8%
Percentage of children under age 19 without health insurance.	4%	4%
Percentage of owner occupied housing units.	83.2%	67%
Percentage of occupied housing units with no vehicles available.	3.6%	6.7%

Table F. County Health Rankings, 2021; Oneida County, U.S. Census, 2019.

From the 2021 Community Health Needs Survey:
- 58.60% of survey respondents identify the stressful conditions that accompany living in poverty contribute to their top community health concerns.
- 53.95% of survey respondents identify access to educational, economic and job opportunities contribute to their top community health concerns.
- 54.88% of survey respondents identify access to health care services contribute to their top community health concerns.
- 51.63% of survey respondents identify transportation options as a contributing factor to their top community health concerns.

Health Needs Not Addressed

In prioritizing community health needs, the CBW-Minocqua considered other organizations addressing the specific need, the ability of MMC-Minocqua to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health needs will not be addressed by MMC-Minocqua for reasons indicated:

- Communicable Disease Prevention & Control: Instead of leading this charge, staff participate in the Northcentral Wisconsin Healthcare Emergency Readiness Coalition in addition to numerous COVID-19 workgroups across regional county areas.
- Oral Health: Staff from MMC-Minocqua does not provide related services, however the Family Health Center of Marshfield Dental Center, does lead these efforts locally, regionally and nationally.

Potential Resources to Address Health Priorities

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

- Oneida County Aging and Disability Resource Center
- Oneida County Health Department
- St. Mary's Hospital Rhinelander
- Howard Young Medical Center Woodruff
- Marshfield Clinic Health System
- Ascension Wisconsin
- Aspirus
- Community Outreach, Prevention and Education (COPE) Coalition of Oneida, Vilas and Forest Counties
    - Access to Care Subcommittee
    - Substance Abuse Subcommittee
    - Suicide Prevention Subcommittee
- Chronic Disease And Nutrition (CAN) Coalition
- Northwoods Tobacco Free Coalition
- Northwoods United Way
- YMCA of the Northwoods
- Every Hour Counts: Lakeland Area

Next Steps

Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups, and organizations. MMC-Minocqua 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, the CBW-Minocqua, 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. The CBW-Minocqua will implement strategies that systematically focus on the social determinants of health, subsequently reduce health disparities and that demonstrate potential to have the most impact on improving selected health priorities.

CBW-Minocqua 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.

Approval and Community Input
This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. on December 13th, 2021.

If you would like to serve on a coalition that helps meet the aims of this report, or have a comment on this assessment, please contact the Marshfield Clinic Health System Center for Community Health Advancement at communityhealth@marshfieldclinic.org or (715) 221-8400.

Evaluation of the Impact of the Preceding Implementation Strategy

MMC-Minocqua first opened its door to patients in June of 2020. Therefore, there is no preceding Implementation Strategy to evaluate

Appendix A: Individuals Involved in the CHNA

Community Benefits Workgroup–Minocqua
- Ty Erickson, Chief Administrative Officer – MMC- Minocqua
- Dr. Michael Schaars, Vice President of Medical Affairs, MMC- Minocqua
- Patti Kerkorian, Administrative Director of Patient Care Services, MMC- Minocqua
- Julie Clark, Administrative Director, Regional Operations
- Colleen Chisnell, Director of Finance/Market Chief Financial Officer (North Region)
- Beth Harrop, HR Business Partner Manager, MMC- Minocqua & MMC- Park Falls
- Jay Shrader, Vice President, Community Health and Wellness, Marshfield Clinic Health System
- Kate Stough, Community Benefits Coordinator, Team Lead, MMC- Minocqua

Oneida County
Community Health Survey

Marshfield Medical Center
Minocqua

Marshfield Clinic Health System along with local health departments, other agencies, and residents are working together to improve where we live, learn, work, and play.

Community health seeks to protect and improve health of all people within a specific geographic region or population group by focusing on changing systems or policies, and implementing programs and initiatives to better the physical and mental well-being of the people who live, work, and play there. You will be asked to share what issues you see in our community and share your ideas about services and programs that would help improve the health of our community in that area.

Participation in this survey is voluntary and is intended to be completed by individuals who live or work in Oneida County only. Your answers will remain anonymous and confidential, and will be combined with all survey respondents. The results will be shared with community members who are interested in improving the health of the community. Estimated time to complete this survey is 10-15 minutes.

Deadline for submission is **4/26/2021**. Completed surveys should be placed in the accompanying prepaid envelope and returned to Marshfield Clinic Health System – Center for Community Health Advancement, 1000 North Oak Ave. (F1C), Marshfield WI 54449.

Health Area Definitions

Health Area: Alcohol Misuse
Alcohol misuse is when using alcohol can cause problems.
It can affect the community and cause:

- Car crashes
- Injuries or death
- Crimes and violence
- Alcohol addiction and dependence.

Alcohol misuse is when:

- People under 21 years old drink alcohol.
- Pregnant women drink alcohol.
- Any person binge drinks (4+ drinks a day for women, 5+ drinks a day for men).

Health Area: Chronic Disease Prevention and Management
Healthier communities help people prevent and manage chronic diseases like:

- Heart disease
- Cancer
- Diabetes

- Asthma
- Arthritis
- Alzheimer's disease and/or related dementia

Health Area: Communicable Disease Prevention and Control
Healthier communities prevent diseases that are caused by bacteria, viruses, fungi, or parasites and can pass from person to person or animal to person.
Examples include:

Marshfield Medical Center
Minocqua

- Influenza
- Measles
- COVID-19
- West Nile Virus
- Salmonella
- Lyme Disease

Healthier communities control the spread of these diseases with:

- Immunizations (like vaccines)
- Personal health habits (like washing hands)
- Formal health care (like yearly check-ups)

Health Area: Environmental and Occupational Health

Healthier communities prevent sickness and injury from indoor and outdoor dangers like:

- Chemicals
- Contaminated food or water
- Polluted air
- Work hazards (e.g., unsafe work practices/tools or exposure to chemicals or radiation)
- Diseases that can pass from animals to human.

Health Area: Healthy Growth and Development

Communities are healthier when children/adults can improve their physical, social, and emotional health with:

- Prenatal care
- Early learning opportunities for infants and children
- Positive, caring relationships
- Regular health check-ups
- Quality child and elder care.

Health Area: Healthy Nutrition

Communities are healthier when all people (babies, children, adults, and seniors) can always eat healthy food and have enough:

- Fruits and vegetables
- Fresh foods properly stored, prepared, and refrigerated
- Meals with a good balance of protein, carbohydrates, vegetables, and fat
- Drinks and foods with low sugar and low fat
- Breastfeeding support (where applicable).

Health Area: Injury and Violence Prevention

All people are safer and healthier when communities have programs to prevent:

- Falls
- Accidental poisoning
- Car crashes
- Gun violence
- Child abuse
- Sexual assault.

Health Area: Mental Health

Communities are healthier when all people can get help with mental health conditions like:

- Depression
- Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Bi-polar disorder
- Suicidal thoughts.

Health Area: Obesity

People who are obese, or have too much body fat, have more risk for:

- Heart disease
- High blood pressure
- Diabetes.

Contact:
715-221-8400 | communityhealth@marshfieldclinic.org

Health Area: Oral Health

Communities are healthier when all people can keep their teeth, gums, and mouth healthy and can get care for:

- Mouth pain
- Tooth decay
- Tooth loss
- Mouth Sores.

Health Area: Physical Activity

People are healthier when they are active. Healthier communities have programs to help people:

- Walk
- Bike
- Swim
- Lift weights
- Participate in team sports.

Health Area: Reproductive and Sexual Health

Healthier communities have education and healthcare services to:

- Help people of all ages have good sexual health
- Prevent accidental pregnancy
- Prevent sexually transmitted infections (STIs) like chlamydia and gonorrhea.

Health Area: Substance Use

Misuse of prescription drugs and use of illegal drugs (marijuana, heroin, methamphetamine, and others) can affect the community and cause:

- Car crashes
- Injury or death
- Crimes and violence
- Drug addiction and dependence

Health Area: Vaping/Tobacco Use and Exposure

All communities are healthier when communities offer programs to:

- Prevent tobacco use (stop people before they start vaping, smoking, or chewing)
- Provide treatment to help people who want to stop vaping, smoking, or chewing
- Protect people from second-hand smoke.

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Minocqua

Community Health Survey – Please return the below pages in envelope provided

1. Do you live or work within Oneida County, Wisconsin?

   ☐ Yes- I live or work in Oneida County

   ☐ No

2. What do you think would make the health of the community better?

3. What are the greatest strengths in Oneida County in relation to the health of the community? (Choose all that apply)

   ☐ Affordable Housing Options

   ☐ Community Connectedness

   ☐ Community Safety

   ☐ Education

   ☐ Employment

   ☐ Healthy Eating Options

   ☐ Medical Care

   ☐ Mental Health Treatment Access

   ☐ Parks

   ☐ Public Transportation

   ☐ Substance Use Treatment Access

   ☐ Other (please specify): _____

4. When thinking about the health of the community, what worries you about the future?

5. Marshfield Clinic Health System along with local health departments, other agencies, and residents are working together to improve where we live, learn, work, and play. **What would you like to see these partners work on to improve health?**

Marshfield Medical Center
Minocqua

6. For each health area listed below, please indicate if you feel it is an issue in the community.
   Note: This portion refers to the Health Areas identified in the Healthiest Wisconsin 2020: State Health Plan please reference attached definition document for further explanation. Learn more about the State Health Plan at: https://www.dhs.wisconsin.gov/hw2020/index.htm

	Not an Issue	Slight Issue	Moderate Issue	Major Issue	Unsure
Alcohol Misuse	☐	☐	☐	☐	☐
Chronic Disease Prevention & Management	☐	☐	☐	☐	☐
Communicable Disease Prevention & Control	☐	☐	☐	☐	☐
Environmental & Occupational Health	☐	☐	☐	☐	☐
Healthy Growth & Development	☐	☐	☐	☐	☐
Healthy Nutrition	☐	☐	☐	☐	☐
Injury & Violence	☐	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☐
Obesity	☐	☐	☐	☐	☐
Oral Health	☐	☐	☐	☐	☐
Physical Activity	☐	☐	☐	☐	☐
Reproductive & Sexual Health	☐	☐	☐	☐	☐
Substance Use	☐	☐	☐	☐	☐
Vaping/Tobacco Use & Exposure	☐	☐	☐	☐	☐

7. Choose 3 health areas from the list above that you think are the biggest issue in the community and explain why.

Health Area 1: _____is an issue in the community because…..

Health Area 2: _____ is an issue in the community because…..

Marshfield Medical Center Minocqua

Health Area 3: _____ is an issue in the community because…..

[ ]

8. We know that many important issues in other areas of life also impact our health. **Which of the factors below contribute most to your top community health concerns?** (Choose all that apply)

☐ Access to educational, economic, and job opportunities

☐ Access to health care services

☐ Access to mass media and emerging technologies (e.g., cell phones, Internet and social media)

☐ Availability of resources to meet daily needs (e.g., safe housing and local food markets)

☐ Living in poverty and the stressful conditions that accompany it

☐ Opportunities for recreation and leisure

☐ Public safety

☐ Racism and discrimination

☐ Resources provided for multiple languages and literacy levels

☐ Social support

☐ Transportation options

☐ Quality of education and job training

☐ Unsure

☐ Other (please specify):

_____

9. What impacts of COVID-19 have you seen in the community?

[ ]

Demographics – Tell us more about you.

10. To which gender do you most identify?

☐ Male

☐ Female

☐ Transgender Male

☐ Transgender Female

☐ Gender Variant/Non-Conforming

☐ Not listed:

_____

☐ Prefer not to answer

11. Age Group:

☐ Under 18

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

☐ Prefer not to answer

12. Ethnicity: (Choose all that apply)

☐ Hispanic or Latino or Spanish Origin

☐ Not Hispanic or Latino or Spanish Origin

Marshfield Medical Center
Minocqua

- ☐ Ethnicity unknown
- ☐ Another group:_____
- ☐ Prefer not to answer

13. Race: (Choose all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Two or More Races
- ☐ Race unknown
- ☐ Another group:_____
- ☐ Prefer not to answer

14. Highest level of education completed:
- ☐ Some education (elementary school/high school)
- ☐ High School/GED
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate/Professional Degree
- ☐ Prefer not to answer

15. Which of the following most accurately describes your current employment status?
- ☐ Employed, Full Time (35+ hours/week)
- ☐ Employed, Part Time
- ☐ Unemployed, Looking for Work
- ☐ Unemployed, Not Looking for Work
- ☐ Unemployed, Disabled
- ☐ Unemployed, Retired
- ☐ Prefer not to answer

16. Yearly household income:
- ☐ $24,999 or below
- ☐ $25,000-$74,999
- ☐ $75,000 and above
- ☐ Prefer not to answer

17. Are there children (under age 18) in your household?
- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

18. How many people are in your household, including you? _____

19. Do you help or provide caregiving assistance to another adult who lives in your home or in your community? (*Examples: cooking meals, grocery shopping, housekeeping, yard care, provide transportation, medication assistance*)
- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

20. What is your current housing situation? (*Indicate your primary living situation during the past 30 days*)
- ☐ Homeowner
- ☐ Homeless
- ☐ Institution (e.g., Jail or Nursing Home)
- ☐ Living with Someone Else
- ☐ Renter (Home, Apartment, or Room)
- ☐ Prefer not to answer

Thank you for completing the survey!

Marshfield Medical Center Minocqua

Appendix C: Community Health Survey Summary

Individuals were surveyed March through April 2021. Respondents self-identified that they either lived or worked in Oneida County. The survey was available on Marshfield Medical Center-Minocqua website, and through social media pages of MMC- Minocqua, Oneida County Health Department, Frederick Place, and other Facebook groups for area events. Further paper copies of the survey were made available to participants at local food pantries during March-April 2021.

When asked what are strengths of Oneida County, respondents said...
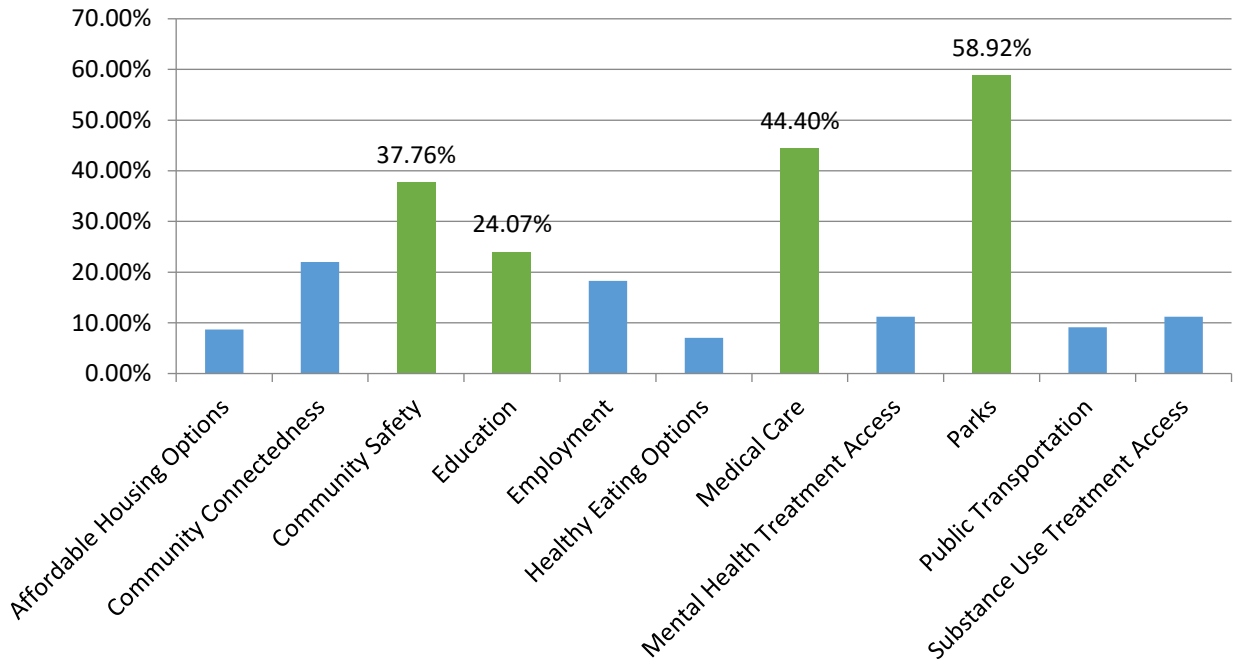
Percentage of respondents that identify these factors contribute to their top community health concerns (selected all that applied)...

Access to educational, economic, and job opportunities	**53.95%**
Access to health care services	**54.88%**
Access to mass media and emerging technologies (e.g., cell phones, Internet and social media)	27.91%
Availability of resources to meet daily needs (e.g., safe housing and local food markets)	**44.19%**
Living in poverty and the stressful conditions that accompany it	**58.60%**
Opportunities for recreation and leisure	20.47%
Public safety	14.88%
Racism and discrimination	27.91%
Resources provided for multiple languages and literacy levels	5.58%
Social support	**46.98%**
Transportation options	**51.63%**
Quality of education and job training	33.02%

Questions in this survey refer to the health topics identified in the Healthiest Wisconsin 2020: State Health Plan.

When asked whether they feel it is an issue in the community, respondents said:

	Not An Issue	Slight Issue	Moderate Issue	Major Issues	Unsure
Alcohol Misuse	0.85%	5.13%	26.05%	64.96%	2.56%
Mental Health	0.83%	7.02%	30.58%	59.09%	2.48%
Obesity	0.41%	2.88%	25.51%	68.31%	2.88%
Physical Activity	3.73%	14.52%	40.25%	36.93%	4.56%
Substance Use	0.82%	3.70%	20.99%	70.37%	4.12
Vaping/Tobacco Use	1.65%	8.64%	30.45%	51.85%	7.41%

When asked to select their top three health areas that are in most need of improvement in their community, respondents selected:

All Respondents

Mental Health	**61.54%**
Alcohol Misuse	**57.26%**
Substance Use	**51.28%**
Obesity	**37.18%**
Vaping/Tobacco Use and Exposure	16.67%
Healthy Nutrition	16.24%
Chronic Disease Prevention and Management	15.38%

Low Income Respondents

Alcohol Misuse	**81.25%**
Mental Health	**50.00%**
Substance Use	**37.50%**
Obesity	**31.25%**
Vaping/Tobacco Use and Exposure	**31.25%**
Injury and Violence	18.75%
Physical Activity	12.50%

Mental Health

Of the respondents that identified mental health as a top issue, respondents said mental health was a top issue in Oneida County because…

50.36%	People are not aware of mental health conditions (information is not available through schools, employers, or within community)
59.12%	People are not aware of services to help those with mental health conditions
87.59%	**People don't feel comfortable seeking mental health services (taboo or stigma attached to mental health)**
74.45%	**Affordable mental health treatment is not available for those who need it**
86.86%	**People cannot easily access services for mental health treatment (lack of transportation or convenient health services, unable to miss work, get "stuck" in the system, or don't know where to go for services)**
71.53%	**Not everyone understands the impact of mental health on overall health**
13.14%	Information on mental health conditions or mental health support groups are not available in the language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address mental health?

Strongly Agree	Agree	Unsure	**Disagree**	**Strongly Disagree**
2.19	15.33%	16.79%	**39.42%**	**26.28%**

Do you believe that the community is ready to address mental health?

Strongly Agree	**Agree**	**Unsure**	Disagree	Strongly Disagree
8.76%	**27.74%**	**33.58%**	24.09%	5.84%

Oneida County residents also shared:
- There are very few mental health resources here, especially for children. The resources that are available have long wait lists.
- People don't want to admit having problems with mental health due to the having problems with housing and employment.
- I believe people are afraid to ask for help due to stigma and I believe providers are not given the amount of time needed to even become aware of patients having problems because they are only given 15-20 min.
- The Service available are understaffed, over worked and overwhelmed by the need. Programs are underfunded and wait list are extremely long for intake. Funding and additional professionals are needed to improve access.
- More collaboration is needed among organizations such as 4-H, YMCA, and public health Dept for example.
- This was an issue before COVID and is only heightened because of the pandemic.
- Stigma is huge. NAMI could take a more active roles in educating the public.
- We lack the medical help for patients that are transgender and helping a patient and family through the process and counseling needed for this patient population. Families have to find their own way through the system.

Providers seem not to know where to send the patient for help. Insurance is lacking or limited to this type of treatment/care.

Alcohol Use

Of the respondents that identified alcohol use as a top issue, respondents said alcohol use was a top issue in Oneida County because…

24.60%	People are not aware of the alcohol misuse treatment options available to them
44.44%	**More alcohol misuse prevention education is needed (drinking underage, during pregnancy, and binge drinking)**
34.92%	Laws are not strict enough (i.e. laws for underage drinking or driving while intoxicated)
53.97%	**There are too few alcohol-free social activities available**
85.71%	**Alcohol misuse is an accepted attitude or belief within families or the community**
36.51%	Free or affordable options for safe rides are unavailable
36.51%	Alcohol misuse treatment options are too expensive
49.21%	**People cannot easily access services for alcohol misuse treatment (lack of transportation or convenient health services, unable to miss work)**
70.63%	**Alcohol is easily available in the community (adults provide alcohol, number of establishments within community)**
64.29%	**Not everyone understands the impact of alcohol misuse on overall health**
6.35%	Alcohol misuse prevention and treatment information is not available in language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address alcohol use?

Strongly Agree	Agree	**Unsure**	**Disagree**	Strongly Disagree
2.38%	19.84%	**39.68%**	**26.98%**	11.11%

Do you believe that the community is ready to address alcohol use?

Strongly Agree	Agree	**Unsure**	**Disagree**	Strongly Disagree
3.17%	19.05%	**36.51%**	**32.54%**	8.73%

Oneida County residents also shared:
- Alcohol misuse is such a part of normal socialization in our community and social activities.
- Perceptions of alcohol use are that it is not an issue or it is the "Wisconsin way," alcohol use is promoted by strong tavern leagues and local and statewide political leaders.
- I don't feel that the community thinks it is an issue.
- It is a problem when people hang out in bars as a social activity and have numerous DUIs.
- There are too many organization and business leaders using alcohol as a way to raise money. For example, when you watched the fair organizers last year talk about the virtual fair, it was really an enormous ad for their alcohol

giveaway prizes. That's all my young kids remembered from viewing their intro.
- Until this community starts to recognize that not every activity and business has to have an alcohol element and the powers that be start allowing those that abuse alcohol to be held accountable for their actions, this will not change.
- Drinking alcohol is part of the communities culture and too many activities, including family activities, involve alcohol.
- I have family members and friends who have issues with being in recovery or still using, the relapse rate it very high because our area does not have the support needed once the recovery has begun and the person leaves an inpatient facility.

Substance Use

Of the respondents that identified substance use as a top issue, respondents said substance use was a top issue in Oneida County because…

35.71%	People are not aware of the substance use treatment options available to them
55.36%	More substance use prevention education is needed
75.89%	**Substance use is an accepted practice within families or the community**
35.71%	There are not enough substance-free areas or events available
51.79%	**Treatment to stop substance use is too expensive**
68.75%	**People cannot easily access services for substance use treatment (lack of transportation or convenient health services, unable to miss work)**
80.36%	**Substances are easily available in the community (schools, neighborhoods, homes, etc.)**
55.36%	**Not everyone understands the impact of substance use on overall health.**
7.14%	Substance use prevention and treatment information is not available in the language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address substance use?

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
0.89%	19.64%	33.04%	25.89%	20.54%

Do you believe that the community is ready to address substance use?

Strongly Agree	**Agree**	**Unsure**	**Disagree**	Strongly Disagree
6.25%	**26.79%**	**30.36%**	**28.57%**	8.04%

Oneida County residents also shared:
- More education is needed & families need to educate their children at home as well, however, may need help figuring out how to start the conversation.
- When it comes to the Northwoods, substance use has become a constant thing, and I feel that no one is doing anything about it.

- I think they're should be programs for the family members because helping the user isn't working. Keeping the family from enabling the user may be a step in the right direction.
- Since the pandemic, the amount of people using substances has increased and the amount of people seeking services has increased. Too many people feel ashamed and neglected by the system and a lot of it has to do with insurance companies being unwilling to cover treatment options especially when inpatient is needed.
- Substance abuse is not addressed using treatment but addressed punitively. More resources are needed, more funding, more professionals in the area are needed to alleviate wait lists for services/programs. We need to address this as a health issue not a legal issue.
- I feel that substance abuse has a lot to do with mental health issues and past experiences that have not been addressed.
- Lack of AODA providers in the area. When individuals are ready to get help and have to wait for treatment, we lose them while they are waiting.
- There needs to be more preventative interventions within the community. There is a massive problem with opiate and methamphetamine abuse which is not being adequately managed. We need to prevent the drugs from reaching the Northwoods and we need to provide more education in the school and health systems to prevent people from initiating use of abusive substances.
- Child protective services deal with an increasing number of children affected by a parent's substance abuse.

Obesity

Of the respondents that identified obesity as a top issue, respondents said obesity was a top issue in Oneida County because…

52.38%	People are not aware of the resources or services available for healthy weight management (grocery store tours, nutrition/healthy cooking classes)
76.19%	**Health care or personal practices for healthy weight management are not the easy or desirable option (healthy food, physical activity, counseling)**
50.00%	Healthy weight support groups or treatment services are not affordable
48.81%	People cannot easily access services for healthy weight management (lack of transportation or convenient health services, unable to miss work)
89.29%	**Not everyone understands or takes seriously the risks of obesity to overall health**
8.33%	Information about healthy weight management is not available in the language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address obesity?

Strongly Agree	Agree	**Unsure**	**Disagree**	Strongly Disagree
1.19%	15.48%	**40.48%**	**29.75%**	13.10%

Do you believe that the community is ready to address obesity?

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1.19%	23.81%	45.24%	25%	4.76%

Oneida County residents also shared:
- Most free or affordable obesity classes or groups are during the day. The ones that cost too much money are after work hours but people can't afford them or the "food" that is recommended i.e. shakes etc.
- It is expensive to eat healthy and it requires more work to do so. We have a large number of residents that live below the poverty line.
- Unhealthy food options are more easily available due to cost.
- Friday fish fries and beers and other abundant local heavy foods are the stable in most communities. People are not willing to get out and mobile or give up their super clubs. At a certain point some may feel what's the use now attitude. This tends to spill over to the younger generations.
- Healthy lifestyle choices don't seem to be followed very well. Healthy food is not very affordable...it's quicker and easier to run to McDonalds
- The community needs to back healthy choices more in their celebrations, restaurants menus, and school lunch choices.

Demographic Profile of Survey Respondents

Gender	Female	84.31%	Prefer not to answer	2.45%
	Male	11.76%	Not listed	0.98%
	Non-Conforming	0.49%		

Age	Under 18	1.96%	55-64	27.94%
	18-24	1.47%	65-74	9.80%
	25-34	12.75%	75+	4.41%
	35-44	18.14%	Prefer not to answer	1.96%
	45-54	21.57%		

Ethnicity	Hispanic or Latino or Spanish Origin	0.98%
	Not Hispanic or Latino or Spanish Origin	86.76%
	Ethnicity unknown	0.98%
	Prefer not to answer	12.25%

Race	American Indian or Alaska Native	0.99%
	Asian	0.49%
	Native Hawaiian or Other Pacific Islander	0.49%
	White	90.15%
	Prefer not to answer	8.87%

Education Level	Some education (elementary school/high school)	2.94%
	High School/GED	10.78%
	Some College	7.16%
	Associate's Degree	24.02%
	Bachelor's Degree	26.47%
	Graduate/Professional Degree	15.20%
	Prefer not to answer	3.43%

Employment Status	Employed, Full Time (35+ hours/week)	64.71%
	Employed, Part Time	18.14%
	Unemployed, Looking for Work	0.49%
	Unemployed, Not Looking for Work	0.49%
	Unemployed, Disabled	1.96%
	Unemployed, Retried	12.75%
	Prefer not to answer	1.47%

Yearly Household Income	$24,9999 or below	6.90%
	$25,000-$74,999	35.7%
	$75,000 and above	37.44%
	prefer not to answer	20.20%

Household Situation	Homeowner	84.2%
	Renter	10.34%

This survey utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties 2021.

Appendix D: Key Informant Interviews

Key Informant Interview Summary Report: Oneida County

Interviews were conducted with various sectors of the communities in Oneida County between May 1st – June 4th, 2021. A list of community sectors participating is located at the end of this report. Interviewees were provided three questions prior to speaking with Community Benefit Coordinator, Kate Stough, over the phone or via WebEx. The summary below includes repeating themes and key insights provided over the course of the interviews.

1. **What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community? Why?** (in no particular order)
   a. Mental Health
       i. COVID restrictions and uncertainty only exacerbated increasing mental health needs/concerns in the region.
       ii. Access to providers was temporarily more difficult and telehealth options were not widely implemented prior to March 2020. Access to providers has not changed much with long wait lists.
       iii. Providers specializing in youth are in dire demand in Northwoods.
   b. Substance Use
       i. Ripple effects throughout the entire family unit, neighborhood, community.
       ii. Awareness of community substance use is mixed. Some see due to the intersection with their work, while others don't know levels of use. This too varies by sub populations within the region (vacationers, part time residents, business owners, healthcare, education, etc.).
   c. Social Determinates of Health
       i. Transportation- continue to improve current public transit to increase robust options. Little evening or weekend options for working individuals.
       ii. Housing- high quality low-income options are needed to support influx of seasonal workers and low income populations within county.
       iii. Childcare- very few licensed childcare options in portions of the county and many resort to placing their children in unlicensed in-home care or in the care of family.
       iv. Access to Care – physician retention and diversity in types of care providers are needed. Working across healthcare facilities/systems is needed to improve access for everyone.
       v. Broadband Access for All- many groups are working on this topic and need from various angles

(safety/EMS/communications/Education/Economic Development).

    d. Lack of Community Volunteerism: many existing programs for youth, adults and seniors in the region are volunteer run and some of these organizations are experiencing volunteer shortages. The change in volunteers can also impact programs or services offered.

    e. Aging Population- as the county's population continues to age, more volume of specific services will be needed and current infrastructure (physical, human, fiscal, etc.) are not well prepare to meet the predicted service demands.

2. **Which areas of your community are ready to change?**

    a. Respondents were more spilt on readiness for change. Some cited lack of knowledge or leadership expertise to lead change, while others noted a disagreement in what level of change is needed/desired. i.e. Improve what's already in existence; healthier fish fry options vs more balanced nutrition approach. Many noted that very few leaders are seeking large scale change in any formalized/organized way. Some pointed to small human infrastructure in many towns or cities in the county (few professional staff with expertise to spread work across).

    b. Readiness for change was most easily seen in special interest areas such as families with young children looking for more developmental opportunities and socialization that does not include alcohol or substance use. Other groups noted as seeking change- new transplants to the region, individuals supporting educational & vocational opportunities for everyone.

3. **What are some ideas you have to help your community get or stay healthy?**

    a. Broadband Access- continue existing efforts and offer technology classes or specialized training for telehealth applications in all populations.

    b. Support programs that reduce screen time for some populations (early childhood, youth, teens).

    c. Remember the county is larger than just Rhinelander and expand programs to all areas of the county (Minocqua, Three Lakes, Cassian, etc.)

    d. Continue Chronic Disease Prevention activities through YMCA and expand to satellite site across the county (Diabetes Prevention Program, Livestrong, BP self monitoring program, etc.)

    e. Increase Alcohol free events for communities. Change the work hard, play hard mindset.

    f. Support a senior center in Minocqua.

    g. Create Communication channels between different community groups organizing events (civic, special interest, schools, chambers, elected officials).

    h. Support a beautification campaign for Minocqua. Update some signage and give facelift to community areas. (murals, parks, etc.)

i. Encourage youth participation in Government programs.
j. Continue support for silent sports opportunities as a strategy to increase PA across the lifespan.
k. Support housing development for low-income or mixed use (commercial/residential) buildings.
l. Support community based mental health support programs (NAMI, peer support options, etc.)
m. Support the development of a Parks & Recreation Department to support or communicate numerous recreation opportunities for families with young children in Minocqua. Chamber picks up some of this, but they can't do it all.
n. Support Physician and Provider Retention programs and think innovatively to recruit to rural settings.
o. Think innovatively to support unhoused youth population in area schools.
p. Consider Dome options (Rhinelander Dome) for winter recreation options that aren't snow focused.
q. Increase quality licensed day care providers in the region.

Sectors interviewed:
1. Public Libraries
2. Public Schools & Public Education
3. Oneida County Employees
4. Elected Officials
5. Disability Services
6. Healthcare
7. Tourism Organizations
8. Faith Leaders
9. General Community Members
10. Social Service Agencies
11. Law Enforcement

Appendix E: References & Data Sources

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