



Marshfield Clinic  
Health System



## 2022-2024 Community Health Needs Assessment Marshfield Medical Center

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Dear Community Members,

Marshfield Clinic Health System's (MCHS) 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 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 13, 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 are:

- Alcohol and Substance Use
- 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 Wood County's citizens.

Yours in health,

Dr. Susan Turney, CEO  
Marshfield Clinic Health  
System

Pat Board, CAO  
Marshfield Medical Center

Jay Shrader, Vice President  
Community Health and  
Wellness

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## Definition of Terms

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- **Community Benefits Workgroup-Marshfield (CBW-Marshfield):** local and internal workgroup of Marshfield Medical Center in Marshfield 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, 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 have the option to partner with local health departments to simultaneously conduct a CHA/CHNA (Community Catalyst, 2013).
- **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, 2018).
- **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 (Braveman et al., 2017).
- **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 Department of 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 (U.S. Department of Health and Human Services, n.d.).
- **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 & Roadmaps, n.d.a)

## Health System Overview

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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 comprising 90 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 50 locations in 34 Wisconsin 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 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

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Marshfield Medical Center (MMC) is a 315 bed full service hospital in Marshfield, Wisconsin, which offers primary, secondary, tertiary, and Level II Trauma Center hospital services provided by Marshfield Clinic specialists.

MMC offers a wide range of advance care services including but not limited to:

- Birth Center
- Cardiology
- Children's Hospital
- Endovascular services – coiling for aneurysm
- LifeLink transportation (helicopter, airplane)
- Telestroke consultations with northern Wisconsin hospitals
- 24/7 Emergency Department

# Our Community

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MMC strives toward affordable and accessible health care for all. Many patients and community members reside in rural areas of Wood County and neighboring counties. The Health System focuses on serving those that are underserved and living in rural areas of the service area. MMC service area is not defined by county borders, but serves those in high need areas with limited resources. MMC is focused on serving patients outside clinic and hospital walls by addressing social determinants of health. However, for the purposes of this CHNA, the community served is defined by Wood County borders.

## Geographic Area

Wood County is located in central Wisconsin and covers 809 square miles. The county is comprised of four cities (Marshfield, Nekoosa, Pittsville, and Wisconsin Rapids), eight villages and 22 townships. The county seat is located in Wisconsin Rapids. The county is more rural than Wisconsin overall, with 36.7% of the population in rural areas. From April 1, 2010 to July 1, 2019, Wood County experienced a -2.3% population change while Wisconsin experienced a +6.3% population change.

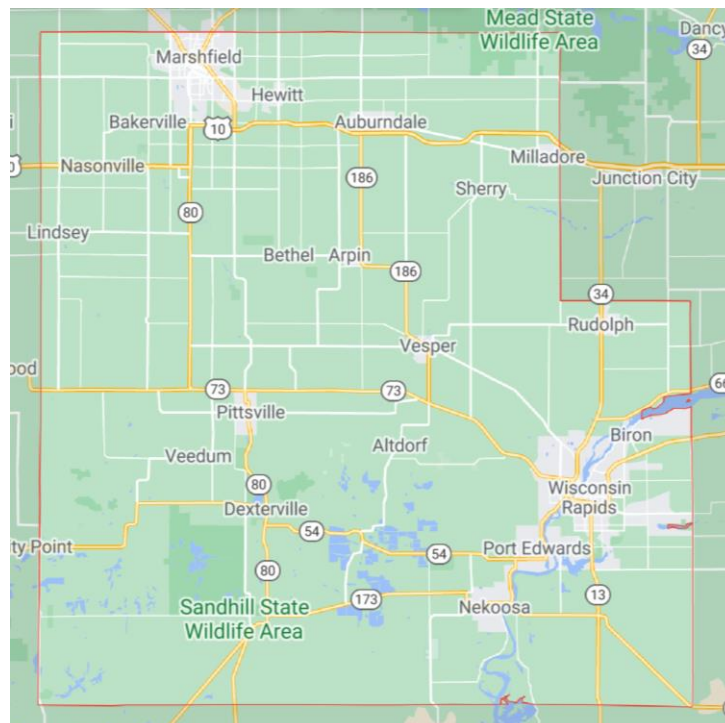


Figure A: Map of Wood County (Google Maps, 2021)

## Demographics

	Wood	Wisconsin	United States
<b>Total Population</b>	72,999	5,822,434	328,239,523
<b>Age</b>			
Persons under 5 years	5.7%	5.7%	6%
Persons under 18 years	21.6%	21.8%	22.3%
Persons 65 years and over	21.1%	17.5%	16.5%
<b>Sex</b>			
Female persons	50.8%	50.2%	50.8%
<b>Race</b>			
White alone, not Hispanic or Latino	92.0%	87%	76.3%
Hispanic or Latino	3.2%	7.1%	18.5%
American Indian and Alaska Native alone	1.0%	1.2%	1.3%
Black or African American alone	1.0%	6.7%	13.4%
Asian alone	2.0%	3%	5.9%
Native Hawaiian and other Pacific Islander alone	n/a	0.1%	0.2%
Two or More Races	1.3%	2.0%	2.8%
<b>Language other than English spoken at home</b>	4.6%	8.7%	21.6%
<b>Education</b>			
High school graduate or higher	92.7%	92.2%	88%
Bachelor's degree or higher	19.7%	31.3%	33.1%
<b>Income</b>			
Median household income, 2015-2019	\$54,913	\$61,747	\$62,843
Persons in poverty	10.7%	10.4%	10.5%

Figure B: Wood County Demographics, U.S. Census, 2019

The other hospital that also serves Wood County is Aspirus Riverview Hospital located in Wisconsin Rapids.

Wood County is also home to the Ho-Chunk community and nation who has its own Ho-Chunk Nation Department of Health. Other racial and ethnic populations include the Latino, Black and HMong communities.

## Assessing the Needs of the Community

### Overview

Community Benefits Workgroup (CBW)-Marshfield identified and prioritized community health priorities through a comprehensive process that included input from multi-sector community partners and organization leadership. Direct community input was gathered and focused on understanding the priorities of the underserved in the community. The CBW-Marshfield is committed to addressing health inequities and conducted the Community



Health Needs Assessment (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” (Center for Disease Control and Prevention, 2013).

The MMC CHNA and community health prioritization process was led by the CBW-Marshfield. The Chief Administrative Officer (CAO) of MMC chaired the CBW-Marshfield, which included hospital leadership. All members are committed to guiding community benefits efforts and improving health in the community of Wood County. The CBW-Marshfield reviewed primary data, secondary data, and conducted key informant interviews and a focus group with local stakeholders to develop this report. The CHNA is used to develop an Implementation Strategy (IS) tailored to meet the identified health priorities.

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

**Community Health Needs Assessment (CHNA) Timeline**

March 2021	Distributed the community health survey throughout the community. Conducted a focus group and key informant interviews collaboratively with partners.
April 2021	Compiled secondary data, and analyzed primary and secondary data.
May 2021	Conducted prioritization process, and determined top health priorities.
August 2021	Hospital leadership and community health advisory board reviewed CHNA report draft and provided feedback.
December 2021	MMC CHNA report is approved, posted on MMC’s webpage and made available widely to the community.

**Process and Methods**

MMC 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. The process followed the County Health Rankings and Roadmaps Take Action Model (Figure C) to guide the CHA 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 (County Health Rankings & Roadmaps, n.d.b).

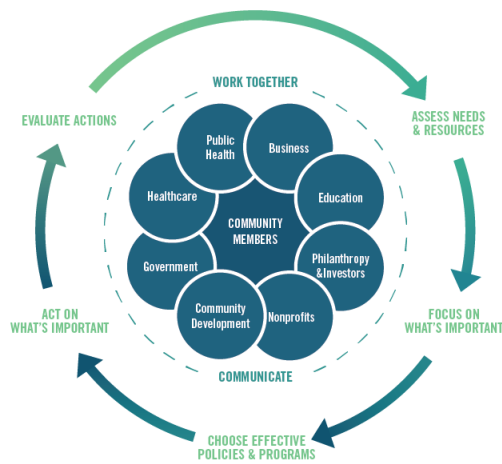


Figure C. County Health Rankings and Roadmaps Take Action Model

While MMC strives to work collaboratively together with diverse sectors of the community due to the Covid-19 pandemic, this prevented the Wood County Health Department from being an active partner this year. The Wood County Health Department was exempt from conducting a community health assessment in order to focus efforts and capacity on addressing Covid-19. Therefore, MMC partnered with Aspirus Inc. to conduct a community health survey, key informant interviews and a focus group engaging diverse stakeholders and individuals across Wood County.

Partners from Aspirus Inc. who participated in the health assessment process are included in Appendix A.

<b>Identified Health Priorities Identified by Various Data Collection Methods</b>	
Survey (Electronic and Paper) <ul style="list-style-type: none"> <li>Electronic and Paper</li> </ul>	Substance Use Mental Health Obesity Alcohol Misuse Vape/Tobacco Physical Activity Chronic Disease Social Determinants of Health
Focus Group <ul style="list-style-type: none"> <li>Focused Outreach to marginalized community</li> </ul>	Alcohol Misuse Substance Use Social Determinants of Health
Key Informant Interviews	Alcohol Misuse Behavioral Health Substance Use Obesity Physical Activity Healthy Nutrition Social Determinants of Health

Secondary Data	Mental Health Substance Use Chronic Disease Social Determinants of Health
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**Data Sources**

The CHNA included primary and secondary data. Primary data included a county-wide survey, a focus group and key informant interviews. Secondary data included data from various sources such as the County Health Rankings, Center for Disease Control and Prevention, U.S. Census and more.

**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 to Wood 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-Marshfield utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties.

The CBW-Marshfield 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.

A total of 922 respondents qualified and completed the health survey. An electronic health survey was distributed to various individuals and organizations, which included United Way, YMCA, Wood County Health Department, Aging and Disability Resource Center, Chambers of Commerce, school districts, community foundations, coalitions and more. Hard copy surveys were distributed to food pantries, community health workers working with communities of color and at mass vaccination clinics. Figures D-F shows some demographic characteristics of survey respondents.

To which gender do you most identify?	
Female	77.96%
Male	17.11%
Transgender Female	0.00%
Transgender Male	0.00%
Gender Variant/Non-Conforming	0.33%
Prefer not to answer	4.11%
Not listed	0.49%

Figure D: Wood County Community Health Survey, 2021

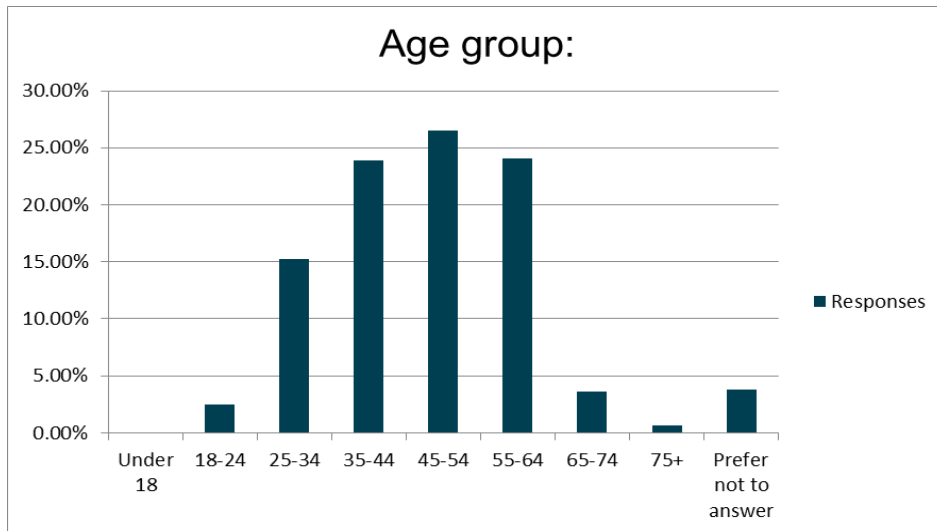


Figure E: Wood County Community Health Survey, 2021

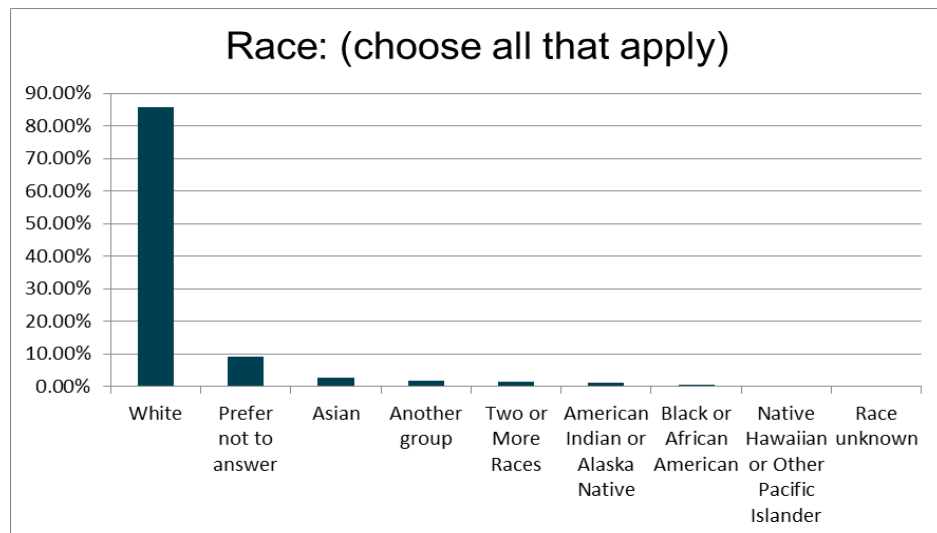


Figure F: Wood County Community Health Survey, 2021

In the Wood County Community Health Survey, participants were asked “For each health area listed, please indicate if you feel it is an issue in the community,” and community members were able to rate health areas as not an issue, slight issue, moderate issue, major issue, and unsure. Figure G shows the top six health areas, with combined percentages of moderate and major issues. Figure H shows the results when community members were asked to “Select the top three health areas that are most in need of improvement in the community.”

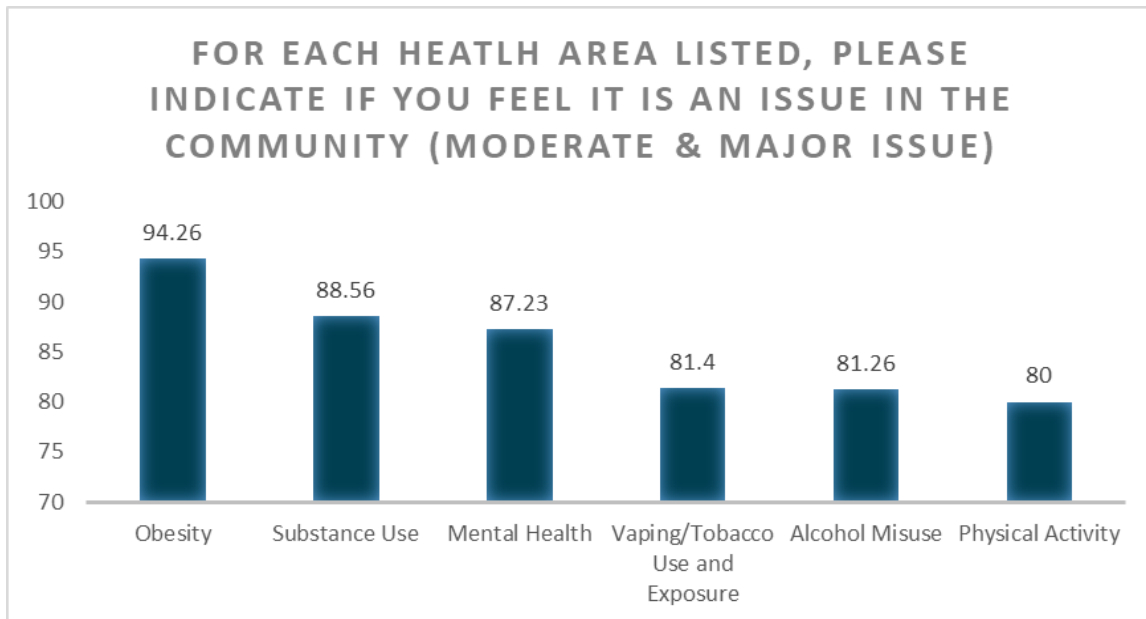


Figure G: Wood County Community Health Survey, 2021

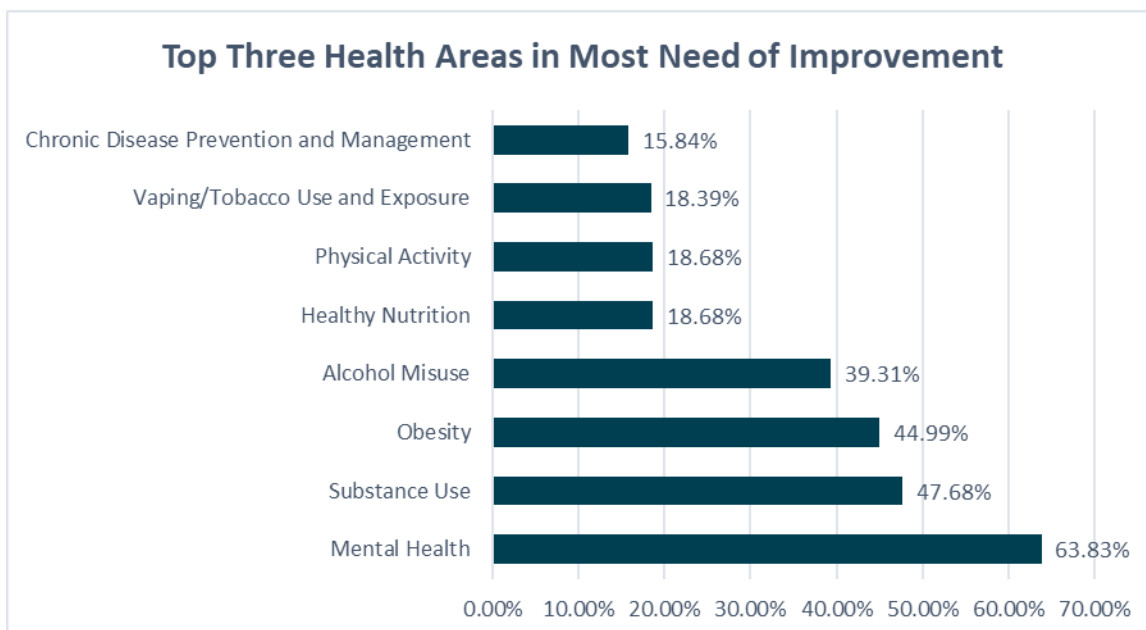


Figure H: Wood County Community Health Survey, 2021

Due to the interconnected nature of these health areas, the CBW-Marshfield chose to combine health areas in the community health survey in order to align with Marshfield Clinic Health System’s ABCS health priorities.

<b>2021 Wood County Community Health Needs Assessment Process</b>	<b>Marshfield Clinic Health System ABCS Health Priorities</b>
Alcohol Misuse	Alcohol and Substance Use
Substance Use	
Mental Health	Behavioral Health
Obesity	Chronic Disease
Physical Activity	
Healthy Nutrition	
Vaping/Tobacco Use and Exposure	
Chronic Disease Prevention and Management	
Social Determinants of Health	Social Determinants of Health
Health Equity	

The community health survey results identified the following health priorities: **alcohol and substance use, behavioral health, chronic disease, and social determinants of health.**

*Focus Groups*

Focus groups and key informant interviews served the purpose of diving deeper into health issues and were methods used to engage marginalized populations who were less represented in the community health survey. One focus group was conducted in April 2019 with individuals from an underrepresented population. The individuals also represented various professional backgrounds such as public health, education, business and injury and violence prevention.

Participants in the focus group identified mental health and alcohol misuse as areas of concerns. Specifically with mental health, participants placed an emphasis on youth mental health and a need for more education and awareness of what mental health is.

Regarding youth mental health, one participated stated, “They’re not too traditional so they’re afraid to let their parents know because they believe we’ll just brush it off.”

In regards to alcohol misuse, one participant described culturally relevant impacts of alcohol, “Wisconsin policies and laws allow parents to provide consent for their children to drink, right of passage for their children. We allow sons to drink early because alcohol is part of our cultural practices. If you want to uphold cultural traditions or be a cultural practitioner, [you] need to be able to drink.”

There was strong recognition of the interconnectedness of mental health and alcohol and substance use. One participant stated, “They are drinking because they are depressed regardless if they are with themselves or others. They drown their sadness with alcohol.” Another participant expressed concerns for youth, “Youth depression is very undereducated in our community. Mental health is significant in our youth, and they may be using this [alcohol and other drugs] to cope.”

The focus group identified the following health priorities:  
**alcohol and substance use, behavioral health, and social determinants of health.**

#### *Key Informant Interviews*

Nine key informant interviews were completed with professionals and residents of diverse backgrounds representative of those from the aging population, populations with disabilities, communities of color, government, public health, education, business, behavioral health and alcohol and substance use recovery.

When asked, “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?” responses were put into themes such as alcohol and substance use, behavioral health, chronic disease, health equity, and social determinants of health. Figure H shows the percentage of participants who identified a health area as the most important health issue. For instance, 100% of key informant interviewees identified social determinant of health as an important health issue that must be addressed in Wood County. Multiple participants identified more than three health issues.

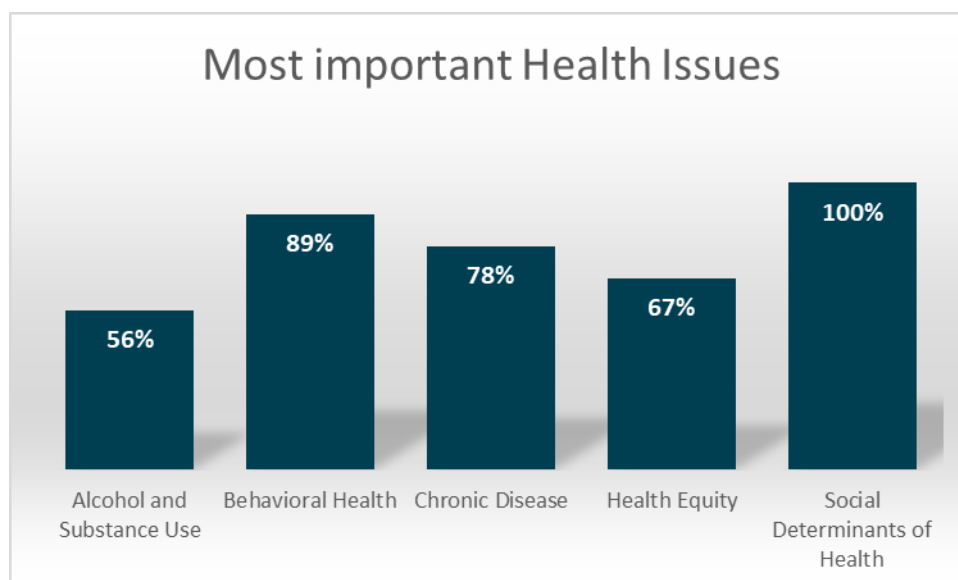


Figure I: Percentage of key informant interviewees who identified a health area as the most important health issue (Wood County Key Informant Interviews, 2021).

Participants stated social determinant of health factors such as poverty, access to health care, affordable housing, transportation, education, and internet access.

In regards to health equity, which will be included with social determinants of health, participants expressed the following:

“Offering resources and information in several languages and having personnel present who speaks or can relate to the underrepresented community.”

“Involving youth in our community is a great idea. They are a unique population and having our youth be involved in our coalition will strengthen issues. For example, for substance use and mental health prevention, getting our youth involved at an early age ensures we will have leaders in the future to help make changes and move forward with change.”

“Behavioral health is an underprivileged area for our minority groups. There aren’t many resources for them, and they [resources] aren’t culturally relevant to them. Due to history and ongoing issues, there are trust issues. There needs to be providers who are reflective of them. Need to support racial and ethnic groups to work in their community by building capacity, helping with workforce development in these groups to support them in these fields. Education should be culturally relevant as well.”

“Create a community that is welcoming and desirable to communities of color, professionals of color, and young working families to help establish them as an economic part of the community. They are a vibrant part of our community. Get them to stay. What does welcoming look like? Recruitment of minorities and helping them be established within the community. Utilizing their talent and building resources through partnership.”

“Focus on older adults and adults with disabilities. Help this population and even younger generations who are care givers.”

Key informant interviews resulted in the following health priorities: **alcohol and substance use, behavioral health, chronic disease, and social determinants of health.**

### **Secondary Data Collection**

Secondary quantitative health data was compiled from a variety of sources. Data sources included US Census, Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, Healthy People, Healthiest Wisconsin 2020 State Health Plan, County Health Rankings and more.

The University of Wisconsin’s Population Health Institute’s County Health Rankings identify multiple health factors that can significantly impact a



county’s health status such as, the environment, education, jobs, individual behaviors, access to services and health care quality.

**Prioritization Process**

The CBW-Marshfield met in August 2021 to discuss the results of the primary and secondary data. Consideration of alignment with the ABCS Community Health Focus Areas of Marshfield Clinic Health System were made. The following criteria were considered:

- 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 D.

**Addressing the Needs of the Community**

**Overview**

The top community health priorities identified by Marshfield Medical Center in Marshfield are:

- Alcohol and Substance Use
- 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-Marshfield chose to combine a number of health priorities as shown in Table C.

**Table C. Health Priority Crosswalk**

<b>Healthy People, Healthiest Wisconsin 2020 Focus Areas</b>	<b>MMC</b>
Alcohol Misuse	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health
Healthy Growth and Development	
Obesity	Chronic Disease
Physical Activity	
Healthy Nutrition	

Tobacco Use & Exposure	Social Determinants of Health
Chronic Disease	
Social Determinants of Health	
Health Equity	

**Health Priority: Alcohol and Substance Use**

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, 2020). 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, n.d).

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**

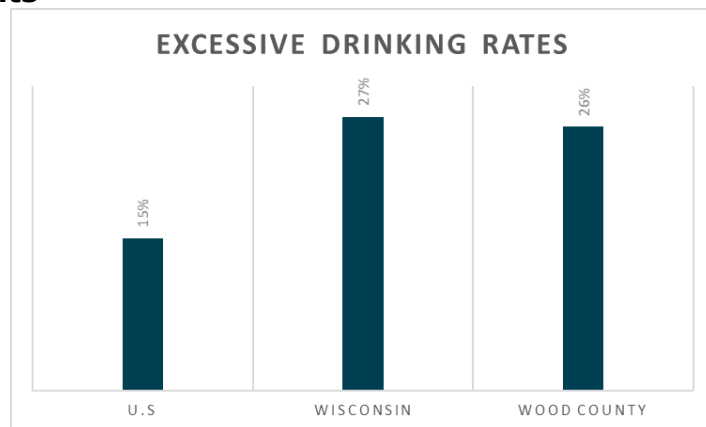


Figure J: Adults, County Health Rankings, 2021

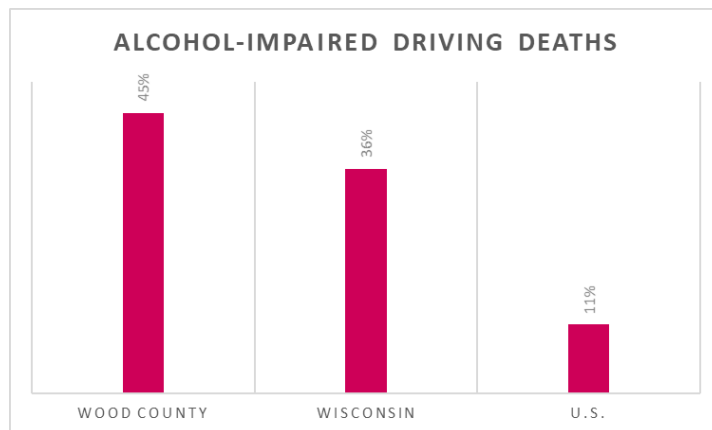


Figure K: County Health Rankings, 2021

According to the 2019 Wood County Youth Risk Behavior Survey (YRBS), 14.0% of high school students binge drank in the past 30 days compared to 12.7% of all Wisconsin high school students. In the Wood County Health Survey, 88.56% of respondents indicated that substance use is a moderate or major issue, and 81.26% of respondents indicated that alcohol misuse is a moderate or major issue. Substance use (47.68%) ranked second as the health area that is in most need of improvement in the community, and alcohol misuse (39.31%) ranked fourth.

**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, 2021a).

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**

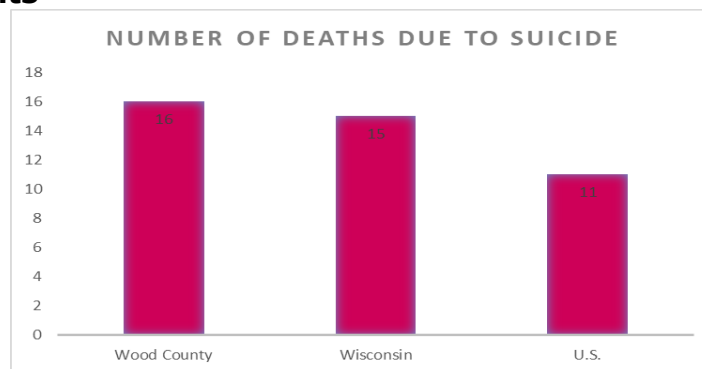


Figure L: County Health Rankings, 2021

Poor Mental Health Days		
Wood County	Wisconsin	U.S.
4.1	4	3.8

Figure M: County Health Rankings, 2021

There are a number of factors that impact access to care, and access to providers is one factor. In Wood County, access to mental health providers is a need because for every 650 Wood County residents, there is one mental health provider.

Mental Health Providers Ratio		
Wood County	Wisconsin	U.S.
650:1	470:1	270:1

Figure N: County Health Rankings, 2021

In the Wood County Health Survey, 87.23% of respondents indicated that mental health is a moderate or major issue. Mental health (63.83%) ranked first for the health area that is in most need of improvement in the community.

### 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 (Center for Disease Control and Prevention, 2021b). 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 (Center for Disease Control and Prevention, 2021b).

### Data highlights

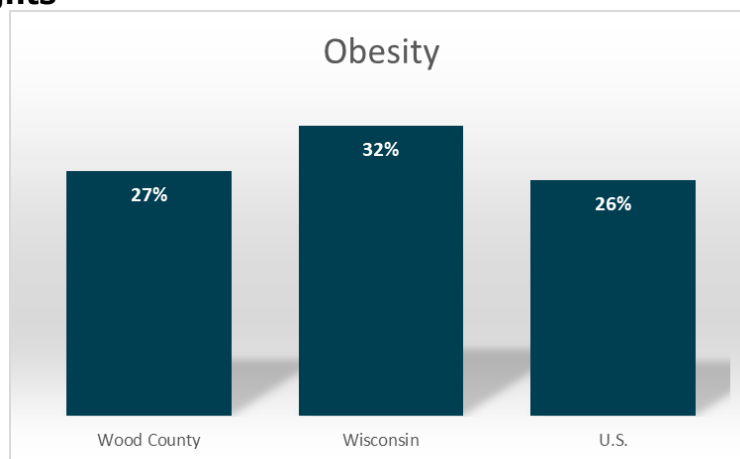


Figure O: Percentage of the adult population (age 20 and older) that reported a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup> (County Health Rankings, 2021).

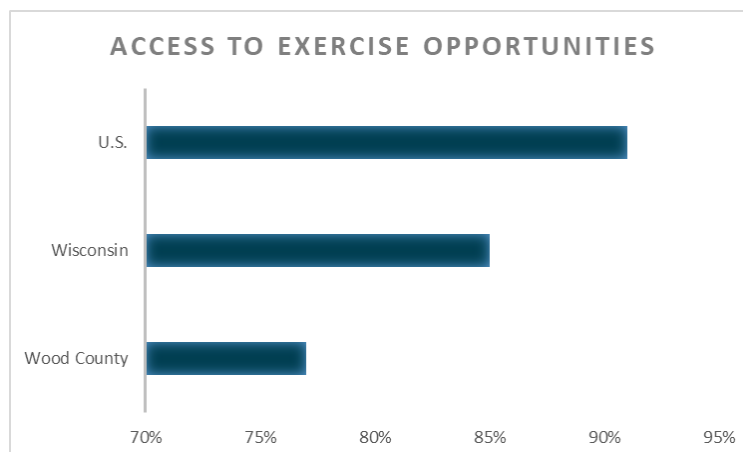


Figure P: Percentage of population with adequate access to locations for physical activity (County Health Rankings, 2021).

Adult Smoking		
Wood County	Wisconsin	U.S.
20%	17%	16%

Figure Q: Percentage of adults who are current smokers (age-adjusted) (County Health Rankings, 2021).

In the Wood County Health Survey, 94.26% of respondents indicated that obesity is a moderate or major issue, 81.40% indicated that vaping/tobacco use and exposure is a moderate or major issue, and 80% indicated that physical activity was a moderate or major issue. Obesity (44.99%) ranked third for the health area that is in most need of improvement in the community. Healthy nutrition (18.68%) and physical activity (18.68%) both tied for fifth. Vaping/tobacco use and exposure (18.39%) ranked sixth, and chronic disease prevention and management (15.84%) ranked seventh.

**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. (U.S. Department of Health and Human Services, n.d.). It is critical to address social determinants of health in order to improve health and reduce health inequities because social determinants of health affects 80% of our health (County Health Rankings & Roadmaps, n.d.b).

**Data highlights**

In Wood County, 15% of children experience poverty compared to 14% of all Wisconsin children. Children of color experience poverty at a higher rate compared to white children in Wood County (County Health Rankings & Roadmaps, 2021).

Percentage of Children in Poverty in Wood County	
American Indian & Alaska Native	29%
Hispanic	22%
Black	15%
White	13%

Figure R: Percentage of people under age 18 in poverty (County Health Rankings & Roadmaps, 2021).



Figure S: County Health Rankings, 2021.

In Wood County, 72% of residents own homes compared to 67% of Wisconsin residents. Nine percent of Wood County residents spend 50% or more of their household income on housing compared to 12% of Wisconsin residents. Opportunities to maintain stable and affordable housing are linked to better health (County Health Rankings, 2021).

According to the 2021 Wood County Community Health Survey, various social determinants of health were ranked as important issues affecting community health. Top factors identified were 1) living in poverty and the stressful conditions that accompany it, 2) Access to educational, economic and job opportunities, 3) Access to health care services, 4) Social support, and 5) Availability of resources to meet daily needs (e.g. safe housing and local food markets).

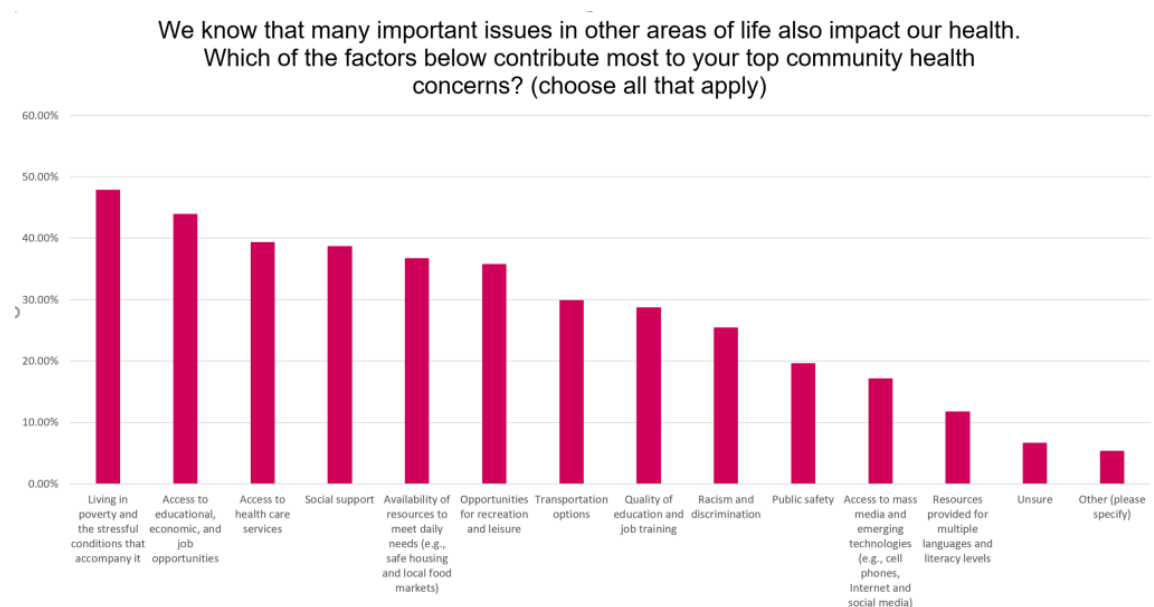


Figure T: Wood County Community Health Survey, 2021

## Health Needs Not Addressed

MMC will address all top health priorities identified through the CHNA process.

## Potential Resources to Address Health Priorities

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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:

- Aging and Resource Disability Center of Central Wisconsin
- Aspirus, INC
- Boys & Girls Club
- Central Wisconsin Partnership for Recovery
- Cultural Coalition of South Wood County
- Feeding Our Communities with United Services (FOCUS)
- Healthy People Wood County
  - AOD Prevention Partnership
  - Mental Health Matters
  - Providers and Teens Communicating for Health
  - Recreate Health
  - Wood County Jail Workgroup
- Marshfield Area Community Foundation
- Marshfield Area United Way
- Marshfield Clinic Health System
- Marshfield Clinic Health System YMCA
- Nicotine Prevention Alliance
- South Wood County YMCA
- United Way of South Wood County and Adams County
- Wood County Health Department

## Next Steps

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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 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-Marshfield, 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-Marshfield 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-Marshfield 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 13, 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](mailto:communityhealth@marshfieldclinic.org) or (715) 221-8400.

## **Evaluation of the Impact of the Preceding Implementation Strategy**

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Health priorities identified in the preceding CHNA completed in 2019 were:

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

### **Alcohol and Substance Use**

Activity	Summary of Actions Since 2019 CHNA
<b>Support implementation of an alcohol and other drugs abuse (AODA) prevention curriculum</b>	MMC was an active partner in Central Wisconsin Partnership for Recovery, which consisted of diverse stakeholders in health care, health organizations, education, health and human services and more. An MMC staff was a member of the Youth Programming Committee, which supported school districts in implementing alcohol and other drugs curriculum. The Youth Programming Committee completed a survey with school districts to help inform identifying an appropriate curriculum for school districts to implement.
<b>Engage in AODA prevention community groups</b>	MMC staff are active members of various AODA community groups and support community efforts such as the Alcohol and Other Drugs Prevention Partnership, Marshfield Area Coalition for Youth, Northwoods Coalition, and Central Wisconsin Partnership for Recovery.



## Behavioral Health

Activity	Summary of Actions Since 2019 CHNA
<b>Provide community training related to mental health and suicide prevention</b>	MMC partnered to conduct 2 QPR sessions with 147 participants.
<b>Implement Zero Suicide</b>	An Implementation Team was established to coordinate implementation of Zero Suicide. A Zero Suicide assessment was completed and data from the survey assisted in identifying training needs of MCHS staff and attitudes towards suicide prevention and care.
<b>Conduct a community health awareness campaign</b>	<p>During Suicide Prevention Month the following activities were performed:</p> <ul style="list-style-type: none"> <li>• 200 green ribbons were placed at schools, businesses, agencies and trees.</li> <li>• It's Time to End the Stigma flyers with crisis line numbers were distributed throughout the community.</li> <li>• 800 Suicide prevention flyers were distributed to customers at two businesses.</li> <li>• Event for World Suicide Prevention Day: You're Not Alone Documentary and Panel Discussion. There were 64 attendees.</li> <li>• Event for National Physician Suicide Prevention Day.</li> </ul>
<b>Engage in mental health community groups</b>	MMC staff participated actively in the Healthy People Wood County – Mental Health Matters and Storytelling Group, and Marshfield Area Coalition for Youth – Mental Health Group.

## Chronic Disease

Activity	Summary of Actions Since 2019 CHNA
<b>Improve access to healthy choices</b>	Education about sugar content of beverages were displayed at the Marshfield Medical Center cafeteria. A hydroponic garden was installed at MMC and harvests were donated to various local community organizations.
<b>Engage in Chronic Disease Community Groups</b>	MMC staff actively participated in Healthy People Wood County – Recreate Health. Staff also engaged in focus groups and community activities supporting a Bicycle and Pedestrian Plan for the City of Marshfield and bike share programs in Wood County.

## Social Determinants of Health

Activity	Summary of Actions Since 2019 CHNA
<p><b>Screen patients, members, and community for social determinants of health needs using a standardized assessment tool</b></p>	<p>MMC participated in an MCHS Social Determinants of Health Workgroup, which selected a screening tool embedded into the NowPow software database, which will be utilized by MMC and the health system to screen patients for health-related social needs such as housing, food, transportation, utilities, personal safety, employment, education, child care and financial strain. NowPow’s platform will generate community-based service organizations that can meet those needs. Organizations were also encouraged to participate in the NowPow referral network.</p>
<p><b>Capacity building and leadership development in marginalized community</b></p>	<p>MMC staff participated in the UniverCity Project led by the City of Wisconsin Rapid’s Mayor’s office. An MMC staff was part of the cultural committee. The committee formed a Cultural Coalition, which has over 30 members who represent 17 community organizations. The Cultural Coalition’s purpose is to better support, honor and celebrate the area’s unique cultural assets. The Coalition has two committees focused on Civic Engagement and Leadership Development as well as Public Education and Youth Engagement. Additionally, in partnership with Aspirus Riverview Hospital and the Wood County Health Department, MMC funded and supported a culturally appropriate leadership training for HMong community members in Wood County led by a bilingual leadership development trainer.</p>

# Appendix A: Individuals Involved in the CHNA

## Community Benefits Workgroup–Marshfield

- Patrick Board, Chief Administrative Officer, MMC
- Victoria Varsho, Regional Chief Nursing Officer, MMC
- Dr. Brian Hoerneman, Vice President of Medical Affairs, MMC
- Dr. Edna DeVries, Vice President of Medical Affairs, Marshfield Children’s Hospital
- Dr. Ruwan Dissanayake, Associate Vice President of Medical Affairs, MMC
- Lauri Kollross, Administrative Director of Ambulatory Services, MMC
- Jay Shrader, Vice President, Community Health and Wellness, MCHS
- Pa Yiar Khang, Community Benefits Coordinator, MMC

## Community Partners

- Tara Draeger, System Director of Community Health Improvement, Aspirus, Inc.
- Amanda Lange, Director – Community Health and Foundation, Aspirus, Inc.

# Appendix B: Community Health Survey

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## Wood County Community Health Survey

### **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 Wood 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**

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#### **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

#### **Contact:**

715-221-8400 | [communityhealth@marshfieldclinic.org](mailto:communityhealth@marshfieldclinic.org)

**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:

- Influenza
- COVID-19
- Salmonella
- Measles
- West Nile Virus
- 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
- Positive, caring relationships
- Early learning opportunities for infants and children
- 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
- Meals with a good balance of protein, carbohydrates, vegetables, and fat
- Fresh foods properly stored, prepared, and refrigerated
- 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
- Car crashes
- Child abuse
- Accidental poisoning
- Gun violence
- Sexual assault.

**Health Area: Mental Health**

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

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



Marshfield Medical Center  
Marshfield

**Health Area: Obesity**

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

- Heart disease
- High blood pressure
- Diabetes.

**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.



Marshfield Medical Center  
Marshfield

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

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

- Yes- I live or work in Wood County
- No

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

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Affordable Housing Options | <input type="checkbox"/> Employment                     | <input type="checkbox"/> Public Transportation          |
| <input type="checkbox"/> Community Connectedness    | <input type="checkbox"/> Healthy Eating Options         | <input type="checkbox"/> Substance Use Treatment Access |
| <input type="checkbox"/> Community Safety           | <input type="checkbox"/> Medical Care                   | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Mental Health Treatment Access |   |
|   | <input type="checkbox"/> Parks                          |   |

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  
Marshfield

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease Prevention & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Disease Prevention & Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental & Occupational Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Growth & Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury & Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive & Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping/Tobacco Use & Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....



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)

- |  |  |
|--|--|
| <input type="checkbox"/> Access to educational, economic, and job opportunities  | <input type="checkbox"/> Racism and discrimination                                     |
| <input type="checkbox"/> Access to health care services  | <input type="checkbox"/> Resources provided for multiple languages and literacy levels |
| <input type="checkbox"/> Access to mass media and emerging technologies (e.g., cell phones, Internet and social media) | <input type="checkbox"/> Social support  |
| <input type="checkbox"/> Availability of resources to meet daily needs (e.g., safe housing and local food markets)     | <input type="checkbox"/> Transportation options  |
| <input type="checkbox"/> Living in poverty and the stressful conditions that accompany it                              | <input type="checkbox"/> Quality of education and job training                         |
| <input type="checkbox"/> Opportunities for recreation and leisure  | <input type="checkbox"/> Unsure  |
| <input type="checkbox"/> Public safety   | <input type="checkbox"/> 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?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Male             | <input type="checkbox"/> Transgender Female            | <input type="checkbox"/> Not listed: _____    |
| <input type="checkbox"/> Female           | <input type="checkbox"/> Gender Variant/Non-Conforming | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Transgender Male |  |   |

11. Age Group:

- |                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74                |
| <input type="checkbox"/> 18-24    | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75+                  |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 55-64 | <input type="checkbox"/> Prefer not to answer |



12. Ethnicity: (Choose all that apply)

- Hispanic or Latino or Spanish Origin
- Not Hispanic or Latino or Spanish Origin
- 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!**



## Appendix C: Community Health Survey Results

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2021 Wood County Community Health Survey.

<https://www.surveymonkey.com/results/SM-L63CN6R89/>

## Appendix D: References

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- Black, P., & Paltzer, J. (2013). *The Burden of Excessive Alcohol Use in Wisconsin*. University of Wisconsin Population Health Institute. Retrieved June 14, 2021, from <https://scaoda.wisconsin.gov/scfiles/docs/burden-of-excessive-alcohol-use-in-wi.pdf>
- Braveman, P., Arkin, E., Orleans T., Proctor, D., & Plough. A. (2017). *What is Health Equity?* Robert Wood Johnson Foundation. Retrieved June 8, 2021, from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
- Center for Disease Control and Prevention. (2013) *Attaining Health Equity*. Retrieved June 2, 2021, from <https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm>
- Center for Disease Control and Prevention. (2018). *Community Health Assessments & Health Improvement Plans*. Retrieved June 2, 2021, from <https://www.cdc.gov/publichealthgateway/cha/plan.html>
- Center for Disease Control and Prevention. (2020). *Alcohol*. Retrieved June 14, 2021, from <https://www.cdc.gov/alcohol/index.htm>
- Center for Disease Control and Prevention. (2021a). *Mental Health*. Retrieved August 5, 2021, from <https://www.cdc.gov/mentalhealth/index.htm>
- Center for Disease Control and Prevention. (2021b). *About Chronic Diseases*. Retrieved June 16, 2021, from <https://www.cdc.gov/chronicdisease/about/index.htm>
- Community Catalyst. (2013). *Community Benefit and Community Engagement: Basic Facts and Terms*. Retrieved June 2, 2021, from County Health Rankings: <http://www.countyhealthrankings.org/sites/default/files/documents/webinars/Community%20Benefit%20and%20Community%20Engagement%207.10.13.pdf>
- County Health Rankings & Roadmaps. (n.d.a). *County Health Rankings Take Action Cycle*. Retrieved June 5, 2021, from <https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/take-action-cycle>

- County Health Rankings & Roadmaps. (n.d.b). *County Health Rankings Model*. Retrieved June 5, 2021, from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>
- County Health Rankings & Raodmaps. (2021). *Wood County Snapshot*. Retrieved August 6, 2021, from <https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/wood/county/outcomes/overall/snapshot>
- Department of Health and Human Services. (2021). *Healthy People 2030*. Retrieved June 1, 2021, from <https://www.dhs.wisconsin.gov/hw2020/index.htm>
- University of Wisconsin. (2021). *County Health Rankings and Roadmaps – Wood County Snapshot*. Retrieved June 7, 2021, from <https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/wood/county/outcomes/overall/snapshot>
- U.S. Census. (2019). *Quick Facts*. Retrieved June 8, 2021, from <https://www.census.gov/quickfacts/fact/table/US/PST045219>
- U.S. Department of Health and Human Services. (n.d.). *Social Determinants of Health*. Retrieved June 2, 2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- Wisconsin Department of Health Services. (2019). *Healthiest Wisconsin 2020: State Health Plan*. Retrieved June 2, 2021, from: <https://www.dhs.wisconsin.gov/hw2020/index.htm>
- Wisconsin Department of Public Instruction. (2019). *Youth Risk Behavior Survey*. Retrieved August 5, 2021, from <https://dpi.wi.gov/sspw/yrbs/online>
- World Health Organization (n.d.). *Substance Abuse*. Retrieved August 10, 2021, from <https://www.afro.who.int/health-topics/substance-abuse>