Marshfield Clinic Health System

2023-2025 Community Health Needs Assessment
Marshfield Medical Center - Neillsville

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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 9, 2022.

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-Neillsville are:

- Alcohol and Substance Misuse
- Behavioral Health
- Health Equity

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

Yours in health,

Dr. Susan Turney, CEO
Marshfield Clinic Health
System

Sally Zillman, President
Marshfield Medical Center
Neillsville

Jay Shrader, Vice President
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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 (MCHS), 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 health system whose mission is to enrich lives through accessible, affordable compassionate health care. The Health System serves Wisconsin and Michigan's Upper Peninsula with more than 12,000 employees and 1,600 providers comprising 170 specialties, health plan, and research and education programs. Its entities provide service and health care to include more than two million residents through over 60 clinic locations, and 11 hospitals.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Park Falls, Ladysmith, Minocqua, Neillsville, Rice Lake, Stevens Point, Weston, Iron Mountain, Michigan 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

Marshfield Medical Center-Neillsville (MMC-Neillsville) is a licensed 25-bed, full service, critical access hospital located in Neillsville, Wisconsin. MMC-Neillsville, offers a wide range of advanced care services including:

- Over 170 specialties
- Full scope of general and orthopedic surgery services
- 24/7 emergency department
- Inpatient and outpatient physical therapy, rehabilitation and occupational therapy

- Community funded infusion suite with 6 private rooms that provide IV treatments, outpatient and wound care services
- Swing bed program
- Cardiac rehab
- Diabetic education
- 29 clinical exam rooms
- Connected to Marshfield Children's Hospital, the region's only dedicated pediatric hospital

Our Community

MMC-Neillsville strives toward affordable and accessible health care for all. Many patients and community members reside in rural areas of Clark County and neighboring counties. The Health System focuses on serving those that are underserved and living in rural areas of the service area. MMC-Neillsville service area is not defined by county borders, but serves those in high need areas with limited resources. MMC-Neillsville 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 Clark County borders.

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

Aspirus Stanley Hospital also serves Clark County.

Clark County is home to a substantial Plain population and Hispanic/Latino population. The Plain population includes Amish and Mennonite communities, who make up about one-third of Clark County's population. Approximately 45% of new births in Clark County are from the Plain population (Clark County Health Department, 2022). A significant population of the Hispanic/Latino community lives in the Abbotsford and Colby areas.
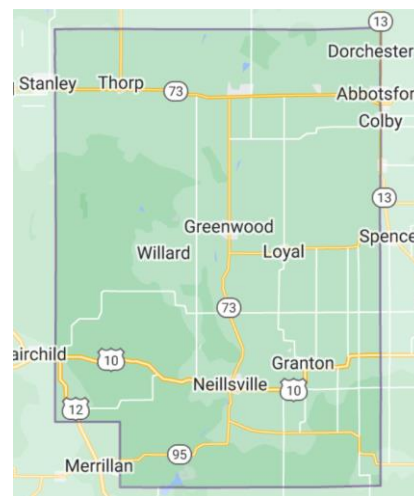
Table A. Demographics

	Clark County	Wisconsin	United States
Total Population	34,659	5,893,718	331,449,281
Age			
Persons under 5 years	8.1%	5.4%	5.7%
Persons under 18 years	29.8%	21.6%	22.2%
Persons 65 years and over	17.1%	17.9%	16.8%
Sex			
Female persons	48.9%	49.9%	50.5%
Race			
White alone, not Hispanic or Latino	96.8%	86.6%	75.8%
Hispanic or Latino	5.9%	7.5%	18.9%
American Indian and Alaska Native alone	0.9%	1.2%	1.3%
Black or African American alone	0.7%	6.8%	13.6%
Asian alone	0.5%	3.2%	6.1%
Native Hawaiian and other Pacific Islander alone	0%	0.1%	0.3%
Two or More Races	0.9%	2.2%	2.9%
Language other than English spoken at home	16.2%	8.7%	21.5%
Education			
High school graduate or higher	83%	92.6%	88.5%
Bachelor's degree or higher	13.4%	30.8%	32.9%
Income			
Median household income, 2016-2020	$54,463	$63,293	$64,994
Persons in poverty	13.1%	10%	11.4%

Source: Clark County Demographics, U.S. Census, 2020

Assessing the Needs of the Community

Overview

Community Benefits Workgroup (CBW)-Neillsville identified and prioritized community health needs 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 underserved populations in the community. The CBW–Neillsville 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, 2018).

The MMC-Neillsville CHNA and community health prioritization process was led by the CBW-Neillsville. The hospital President chaired the CBW-Neillsville,

which included hospital leadership. All members are committed to guiding community benefits efforts and improving health in the community of Clark County. The CBW-Neillsville reviewed primary data, secondary data, and conducted focus groups 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-Neillsville.

Community Health Needs Assessment (CHNA) Timeline

March 2021	Healthy Clark County convened to plan the community health needs assessment process, compile secondary data and develop the community health survey.
July 2021	Distributed the community health survey throughout the community at in-person events and electronically. Surveys were available in English and Spanish.
October 2021	Analyzed primary and secondary data, and planned for the community prioritization session.
January 2022	Conducted a stakeholder feedback meeting, prioritization process, and determined top health priorities.
May and June 2022	Conducted two focus groups with members of the Hispanic/Latino community.
September 2022	Presented the CHNA to the CBW-Neillsville and Community Advisory Board for review and approval.
December 2022	MMC-Neillsville CHNA report adopted by the MCHS Hospitals Board, Inc. and posted to the hospital webpage, making it widely available to the community.

Process and Methods

MMC-Neillsville is committed to using evidence based strategies and best practices to ensure the CHNA process is measurable, inclusive and representative of diverse sectors of the community. The process followed the County Health Rankings and Roadmaps Take Action Model (Figure A) to guide the CHA process, which outlines the steps needed to achieve community health improvement: 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).
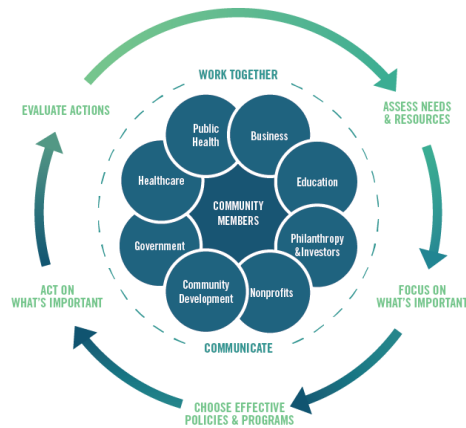
**Figure A. County Health Rankings
and Roadmaps Take Action Model**

MMC-Neillsville worked collaboratively with the Clark County Health Department and Aspirus Stanley Hospital to conduct a community health survey and two focus groups engaging diverse stakeholders and individuals across Clark County.

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

Health Priorities Identified by Various Data Collection Methods	
Survey (Electronic and Paper) • Electronic and Paper	Alcohol & Other Drug Use Chronic Disease Communicable Disease Mental Health Physical Environment & Safety Social & Economic Factors
Focus Groups • Focused outreach to individuals representing members of the Hispanic/Latino community.	Alcohol & Other Drug Use Chronic Disease Mental Health & Suicide Physical Environment & Safety Social & Economic Factors
Stakeholder Meeting	Physical Environment & Safety Mental Health & Suicide Alcohol & Other Drug Use Chronic Disease Social & Economic Factors

Data Sources
The CHNA included primary and secondary data. Primary data included a countywide survey and two focus groups held with members representing the Hispanic/Latino community. 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 July 2021. An electronic survey was widely distributed to Clark County residents. The survey was available in English and Spanish, on paper and electronically. Appendix B provides the shortened English version of the survey.

The survey reflected *Healthiest Wisconsin 2020, Wisconsin Department of Health Services Health Plan* to determine which health needs to evaluate.

Health needs evaluated in the 2021 CHA Process:
- Alcohol Misuse
- Chronic Disease Prevention and Management
- Communicable Disease Prevention and Control
- Drug Use
- Environmental and Occupational Health
- Healthy Growth and Development
- Healthy Nutrition
- Injury and Violence Prevention
- Mental Health
- Obesity
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Vaping/Tobacco Use and Exposure

The CBW-Neillsville 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 464 respondents completed the survey, although response rate varied per question. Deliberate efforts were made to reach members of the Plain Community (Amish, Mennonite), individuals who are in the jail and any/all Clark County residents at the county fair. Surveys were distributed to various individuals and organizations, which included; Marshfield Clinic Health System, Aspirus Inc., Clark County Health Department, Aging and Disability Resource Center, school districts, coalitions and more. Hard copy surveys were distributed at the county fair, and food pantries.
The survey asked several optional demographic questions to identify basic characteristics of respondents. Approximately 68% of respondents chose to answer these questions, 74% of respondents fell between the ages of 25-64, 68.03% identify as "female" and 1.57% as "non-conforming". Figure B highlights the racial distribution of survey respondents. In response to whether respondents identify as members of the Plain community 0.94% responded as "Amish", 2.83% as "Mennonite" and 1.57% as "other".
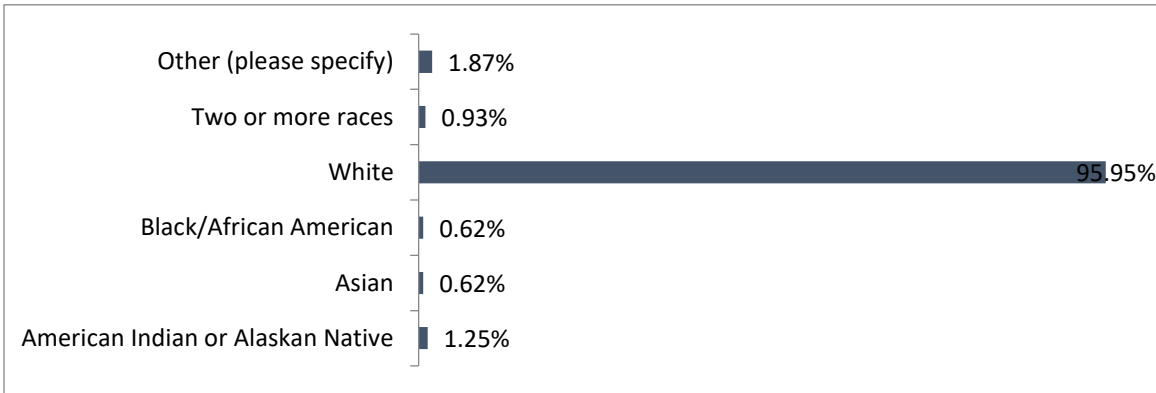
Figure B. Racial Distribution of Survey Respondents

Thirty-six percent of respondents hold a bachelor's degree, 28% hold a graduate/professional degree. Sixty percent of respondents came from one- or two-person households and nearly two-thirds reported no children under 18 in the household. Figure C highlights household income.
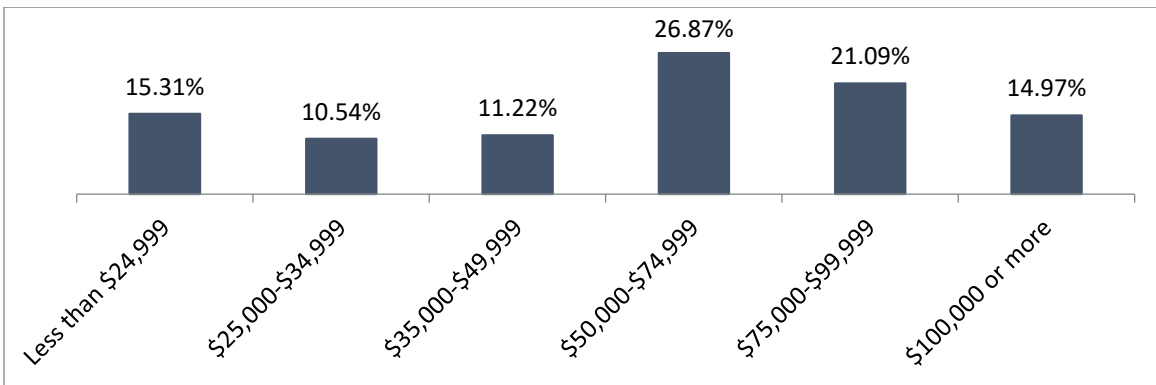

Figure C. Household Income of Survey Respondents

The Clark County Community Health Survey asked participants to choose two health behaviors that were most important. Table A shows the top health priorities selected by different groups of respondents, including individuals in households with income less than $50,000/year, individuals from the Plain Community and individuals who are in jail. These differentiations were made as a way to understand, along with the priorities of the community as a whole, the priorities of individuals who might be more vulnerable.

Table B. Top Health Priorities Identified by Respondents

	All	Household Income <$50K (n=109)	Plain Community (n=17)	Individuals in Jail (n=13)
Outcomes	Overweight / Obesity (33%)	Overweight / Obesity (34%)	Overweight / Obesity (24%)	Overweight / Obesity (31%)
	Mental health, suicide (33%)	Mental health, suicide (18%)	Chronic diseases (24%)	Mental health, suicide (23%)
	Chronic diseases (17%)	Chronic diseases (18%)	Mental health, suicide (12%)	Chronic diseases (8%)
Clinical Care	Availability and affordability of health insurance (43%)	Availability and affordability of health insurance (40%)	Availability and affordability of dental care (35%)	Availability and affordability of health insurance (54%)
	Lack of mental health care providers (36%)	Availability and affordability of dental care (30%)	Lack of doctors and other healthcare providers (24%)	Availability and affordability of dental care (46%)
	Availability and affordability of dental care (23%)	Lack of mental health care providers (28%)	Limited use of preventive services (12%)	Lack of mental health care providers (39%)
Social and Economic Factors	Family issues (e.g., divorce, parenting) (35%)	Aging-related issues (32%)	Family issues (e.g., divorce, parenting) (35%)	Lack of community or social support (31%)
	Aging-related issues (31%)	Family issues (e.g., divorce, parenting) (28%)	Aging-related issues (18%)	Family issues (23%)
	Not enough money for household expenses (26%)	Not enough money for household expenses (25%)	Violence in the home or community (18%)	Not enough money for household expenses (23%)
Health Behaviors	Drug abuse (41%)	Drug abuse (30%)	Alcohol use / misuse (35%)	Alcohol use / misuse (38%)
	Alcohol use/ misuse (33%)	Alcohol use / misuse (25%)	Drug abuse (24%)	Physical inactivity (31%)
	Physical inactivity (22%)	Physical inactivity (17%)	Injuries and accidents (18%)	Drug abuse (23%)
Physical Environment	Lack of safe and affordable housing (30%)	Limited access to public transportation (25%)	Drinking water quality (18%)	Lack of safe and affordable housing (23%)
	Limited access to public transportation (24%)	Lack of safe and affordable housing (21%)	Limited access to public transportation (18%)	Limited access to public transportation (23%)
	Drinking water quality (12%)	Drinking water quality (14%)	Air pollution / Housing (6% each)	Drinking water quality (15%)
COVID-19	Being put on quarantine – financial concerns, work issues (27%)	Being put on quarantine – financial concerns, work issues (20%)	Social isolation (24%)	Social isolation (23%)
	Schooling / Education issues (24%)	Stress or fear related to having the virus and spreading it to someone else (20%)	Stress or fear related to getting sick (24%)	Stress or fear related to getting the vaccine (23%)
	Social isolation (19%)	Unemployment / job loss (18%)	Quarantine / School / Employment (12% each)	Accessing care / Quarantine / Schooling (15% each)

The community health survey identified the following health priorities: **Availability and affordability of health insurance, Lack of mental health care providers, Drug abuse, Alcohol use/misuse, Overweight/Obesity, Mental health, Suicide and Family issues (e.g., divorce, parenting)**

Focus Groups
Two focus groups were also held to engage those that represent members of the Hispanic/Latino community. Individuals present represented the following agencies: Hmong and Hispanic Communication Network (H2N), Family Health Center, Marshfield Clinic Health System, Clark County Health Department, La Clinica, and St. Bernard Catholic Church. Attendees were given a brief overview of the assessment process and timeline, reviewed secondary data and were asked to respond to the following questions:

"What are the main issues/concerns that you see in your community related to this issue?"

"What strategies do you feel would be effective in addressing those issues? Please include any strategies that are already going well."

Due to limited time and robust conversation, a second focus group was scheduled. **The focus group conversations identified the following health priorities: Alcohol & Other Drug Use, Chronic Disease, Mental Health & Suicide, Physical Environment & Safety, and Social & Economic Factors.**

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 Population Health Institute's County Health Rankings identify multiple health factors that can significantly affect a county's health status, such as the environment, education, jobs, individual behaviors, access to services and health care quality.

Prioritization Process
Healthy Clark County conducted a virtual community prioritization meeting with stakeholders in January 2022. Eight community organizations were represented at the meeting.

The CBW-Neillsville met in January 2022 to discuss the results of the primary and secondary data and the community prioritization session. 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?

- Which health priorities have the largest community impact?
- Which 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?

At the end of the data review and discussion, stakeholders were instructed to vote for their top two issues. A total of 15 individuals voted and cast two votes each. See Figure D for the health priorities identified.
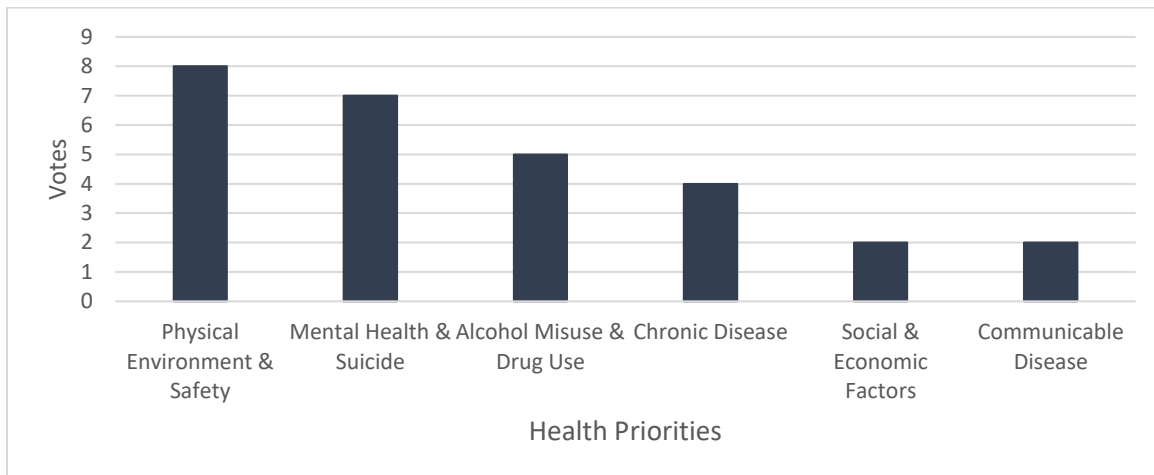

Figure D. Stakeholder Ranking of Top Health Priorities

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

Addressing the Needs of the Community

Overview
After extensive review of the Clark County CHA, Healthiest Wisconsin 2020, County Health Rankings and other quantitative and qualitative data, the top community health priorities identified by Marshfield Medical Center in Neillsville are:

- Alcohol and Substance Misuse
- Behavioral Health
- Health Equity

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-Neillsville chose to combine a number of health priorities as shown in Table C.

Table C. Health Priority Crosswalk

2021 Clark County Community Health Needs Assessment	MMC-Neillsville CHNA Health Priorities:		
	Alcohol and Substance Misuse	Behavioral Health	Health Equity
Alcohol Use/Misuse			
Drug Use			
Physical Environment & Safety			
Mental Health and Suicide			
Chronic Disease			
Communicable Disease			
Social & Economic Factors			

Health Priority: Alcohol and Substance Misuse
Alcohol misuse and drug use was identified as a top health priority in the Neillsville County CHA. "Alcohol misuse is a pattern of drinking that results 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-Neillsville will complement local community efforts by focusing on the reduction of underage alcohol consumption and access, reducing excessive alcohol consumption and reducing drug use, in addition to supporting community driven efforts through a variety of methods.

Data highlights
In 2018, the estimated cost of binge drinking in Wisconsin was $3.9 billion, with approximately $16.6 million in Clark County, of which "the greatest impact is felt by productivity losses. Productivity losses contribute to 66% of the total cost which is an estimated $2.6 billion" (The Burden of Binge Drinking, 2019).

According to The Burden of Binge Drinking in Wisconsin 2019 report, in Clark County excessive alcohol consumption contributes to an annual average of

10 alcohol-related deaths

225 alcohol-related hospitalizations

23 alcohol-related crashes

111 persons in an alcohol-related treatment service

In the Clark County Health Survey, 41.25% of respondents indicated that substance use (prescribed and illegal) is a moderate or major issue.
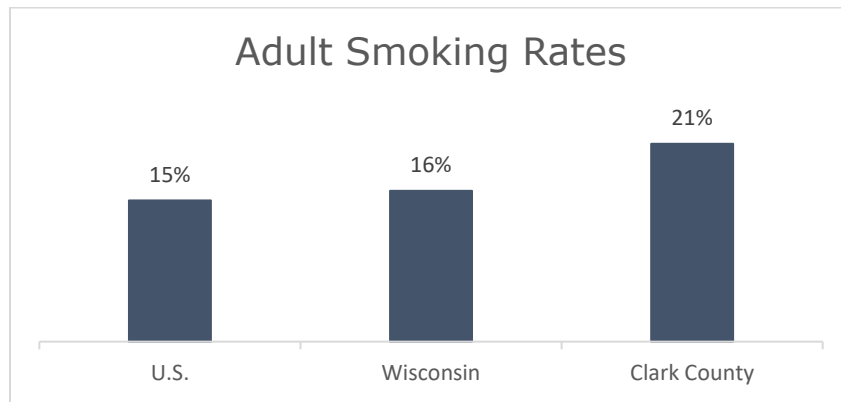

Figure F. County Health Rankings, 2021

Health Priority: Behavioral Health

Mental Health was indicated as a top health priority in the Clark County CHA. Mental health is "an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood" (Centers for Disease Control and Prevention, 2021).

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 such as substance abuse and obesity.

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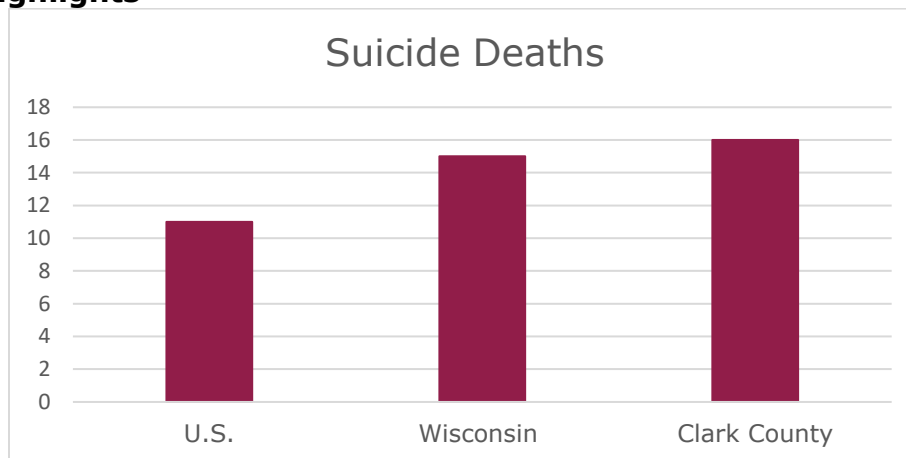
Data highlights

Figure G. County Health Rankings, 2021

Poor Mental Health Days		
U.S.	Wisconsin	Clark County
4.0	4.4	4.9

Table E. County Health Rankings, 2021

The Clark County Health Survey asked respondents to select one outcome of poor health, 32.5% indicated poor mental health, suicide as the top issue, with 37.4% stating that a lack of mental health providers is a major issue related to clinical care. There are a number of factors that impact access to care and access to providers is one factor. In Clark County, access to mental health providers is a significant need. Table F details the number of providers per resident.

Mental Health Providers Ratio		
U.S.	Wisconsin	Clark County
270:1	470:1	2,900:1

Table F. County Health Rankings, 2021

Health Priority: Health Equity
Wisconsinites have long-experienced inequities (differences in health and opportunity that are systematic, avoidable, unnecessary, unfair, and unjust). Health Equity means that "everyone has a fair and just opportunity to be as healthy as possible (Braveman et al., 2017)." Achieving health equity in Wisconsin means that every Wisconsinite has access to the conditions and resources they need in order to achieve their optimal health and wellbeing – regardless of where they are born, the level of resources their birth family had access to, or the color of their skin, or cultural background (Governor's Health Equity Council Recommendations Executive Summary, 2022).

A strong and growing body of research shows that differences in health outcomes are the result of community conditions and policies and systems that shape health and opportunity. The neighborhoods we live in – along with past and present housing, education, and employment policies – create opportunities for some, but roadblocks for others (Wisconsin Population Health and Equity Report Card, 2021).

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-Neillsville will focus on supporting access to basic needs, develop a work plan to address health equity gaps, both internally and within the community, and support partners in their work to address social determinants of health.

In Clark County, 22% of children experience poverty compared to 14% of all Wisconsin children. Lack of insurance is a main factor that contributes to accessing care. Table G reflects the percent of individuals under age 65 without health insurance.

Uninsured Individuals Under Age 65			
	U.S.	Wisconsin	Clark County
Adults	7%	8%	16%
Youth	3%	4%	20%

Table G. Percent of individuals without insurance (County Health Rankings & Roadmaps, 2022 used data from 2019 for this measure)

Survey respondents were asked to select up to two possible barriers that affect them seeking clinical care. Figure H details their response.
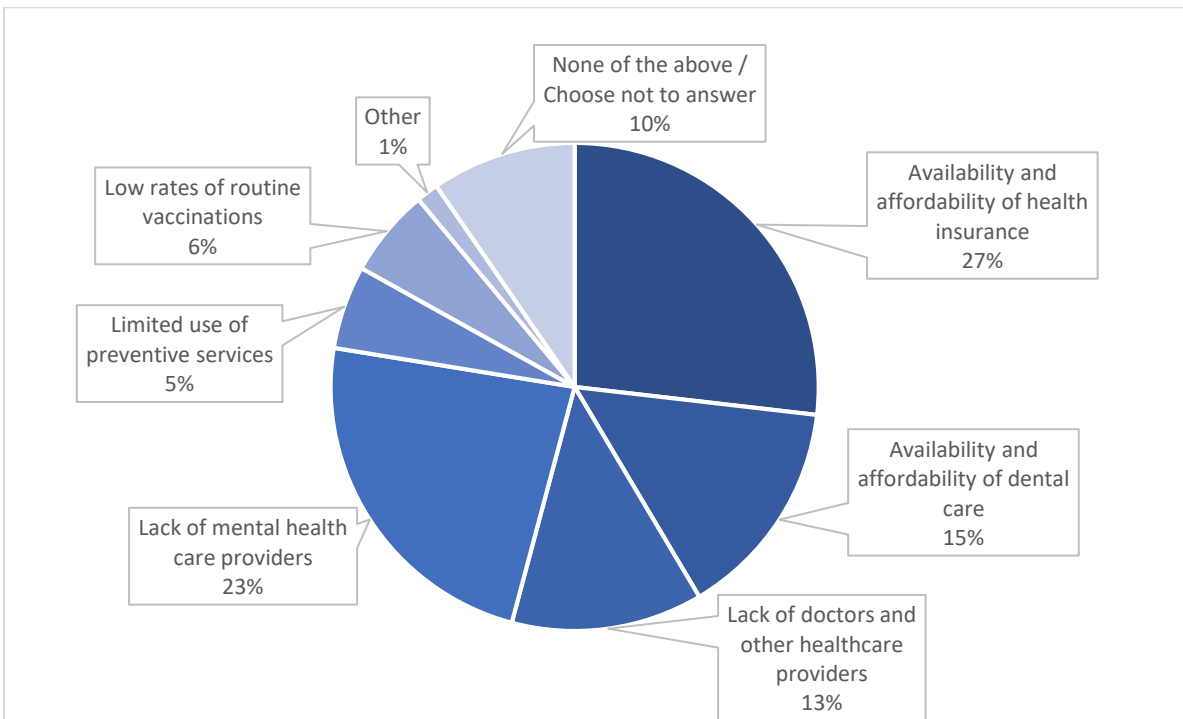

Figure H. Barriers to Accessing Care

In Clark County, 71% of residents have access to broadband compared to 83% of Wisconsin residents. Fifty-three percent of youth are eligible for free or reduced lunch compared the state at 39%. Additionally the median income level in Clark County is $54,300 compared to the state at $64,200. Opportunities to maintain stable and affordable housing are linked to better health (County Health Rankings, 2021).

Healthy nutrition and obesity prevention was an indicated health priority in the Clark County CHA. Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both (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)

MMC-Neillsville will complement local community efforts by focusing on efforts to improve access to healthy foods and improving self-management of chronic conditions, in addition to supporting community driven efforts through a variety of methods.
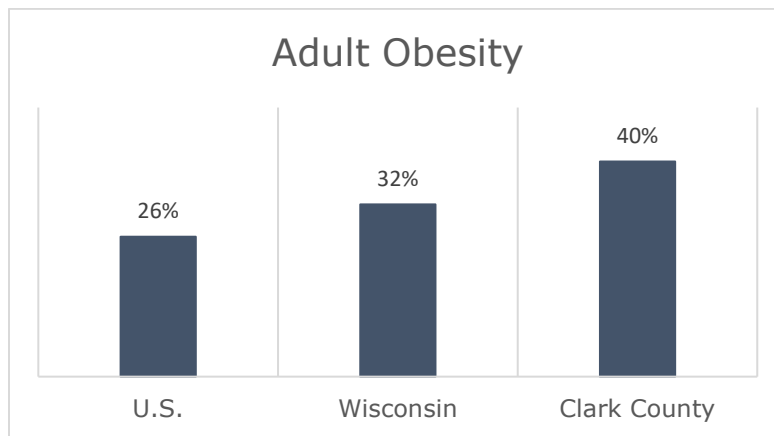
Adult Obesity

	U.S.	Wisconsin	Clark County
	26%	32%	40%

Figure I. Percentage of the adult population (age 20 and older) that reported a body mass index (BMI) greater than or equal to 30 kg/m^2 (County Health Rankings, 2021)
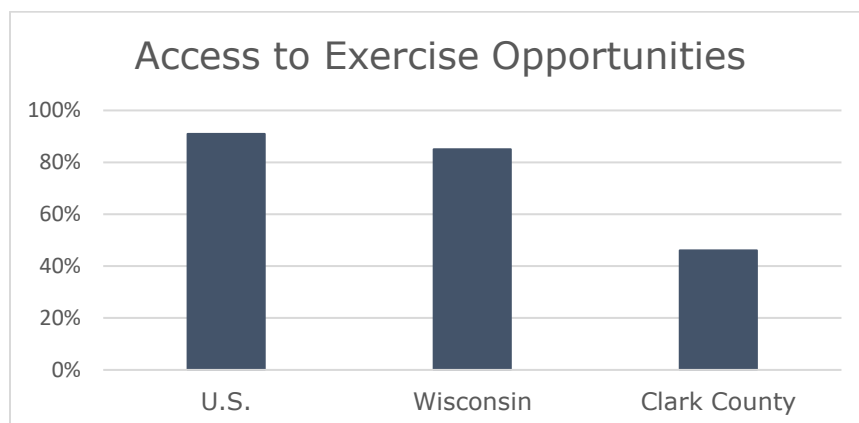
Access to Exercise Opportunities

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

Adult Smoking		
U.S.	**Wisconsin**	**Clark County**
16%	17%	23%

Table H. Percentage of adults who are current smokers (age-adjusted)
(County Health Rankings, 2021)

The Clark County Health Survey, asked respondents to select one outcome of poor health, 33.1% of respondents indicated that overweight or obesity levels are a top issue, with 21.6% stating physical inactivity and poor nutrition (15.6%) as contributing health behaviors.

Health Needs Not Addressed
MMC-Neillsville will not address the following health priority identified through the CHNA process as other community organizations are better equipped and have the resources in place to address.
- Communicable Disease

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:

- Aging and Disability Resource Center
- Aspirus - Our Lady of Victory, Stanley Hospital
- Clark County 24-hour Mental Health and AODA Crisis Line
- Clark County Community Services
- Clark County Health Department
- Clark County Prevention Partnership
- Eat Right Be Fit Coalition
- Family Health Center
- Hmong and Hispanic Communication Network (H2N)
- La Clinica
- Marshfield Clinic Health System
- Mental and Behavioral Health Task Force
- Schools
- University of Wisconsin-Extension
- St. Bernard's Catholic Church

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

Over the next months, the CBW-Neillsville, a local and internal workgroup that contributes to the Health System's community benefits and community

health initiatives, will develop a three-year implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. The CBW-Neillsville will implement strategies that focus on the social determinants of health, to reduce health disparities and have potential to make the most impact on improving selected health priorities.

CBW-Neillsville will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. This analysis will be done in collaboration with respective partners with the intent of identifying 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 9, 2022.

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

Health priorities identified in the preceding CHNA were:
- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Alcohol and Substance Abuse

Activity	Summary of Actions
Support implementation of an alcohol and other drug abuse prevention curriculum	MMC-Neillsville has supported the implementation the AODA prevention curriculum, Botvin LifeSkills, which seeks to reduce underage alcohol consumption and/or prevent substance use.
Support community collaborative approach to create awareness of electronic nicotine delivery systems use	MMC-Neillsville supported an awareness and educational campaign in the community for electronic nicotine delivery systems (ENDS) and their impacts in partnership with the Clark County Health Department. A variety of materials and information were provided within a number of Clark County schools. Additional prevention efforts were also established by installing vape detection devices and holding a parental education presentation at Colby School District.

	Supported Clark County with anti-vaping awareness and educational events within Clark County schools.
Engage in AODA prevention community group	Actively attended and participated in meetings. • Clark County Prevention Partnership • Healthy Clark County Promoted and participated in events and initiatives.

Behavioral Health

Activity	Summary of Actions
Provide community training related to mental health and suicide prevention	MMC-Neillsville has collaborated with the Clark County Health Department and Clark County schools to train schools in evidence-based suicide prevention programming. At least 218 Clark County youth received Question, Persuade, Refer (QPR), and 93 participated in the Signs of Suicide training. Additionally, MMC-Neillsville supported the coordination and implementation of a culturally responsive Question, Persuade, Refer (QPR) Gatekeeper Training of Trainers. In total, 10 community members representing the Spanish and Hmong speaking communities were trained. A number of MMC-Neillsville staff have been trained in using suicide preventative screening tools. Specifically all ambulatory care staff utilize the Columbia Suicide Severity Rating scale with each admission.
Engage in mental health community groups	Actively attended and participated in meetings. • Clark County Prevention Partnership • Mental/Behavioral Health Taskforce Promoted and participated in events and initiatives.

Chronic Disease

Activity	Summary of Actions
Improve access to healthy nutrition	MMC-Neillsville has begun the assessment process of food options provided by the hospital cafeteria with the goal of offering nutritious food options for patients and staff. In conjunction with Eat Right Be Fit Coalition's, school hydroponic initiative, MMC-Neillsville has supported the installation of 5 hydroponic garden units and a year's supplies for 6 hydroponic gardens within Clark County. Schools that were awarded: • Abbotsford School District: 1 hydroponic garden + 1 year of supplies • Colby Elementary School: 1 year of supplies

	• Loyal Elementary School: 1 hydroponic garden + 1 year of supplies • Owen-Withee Middle/High School: 1 hydroponic garden + 1 year of supplies • Thorp Elementary School: 1 hydroponic garden + 1 year of supplies • Zion Lutheran Early Childcare Center in Colby + 1 year of supplies
Promote breastfeeding	MMC-Neillsville assessed its breastfeeding friendliness environment. A dedicated breastfeeding room has been established within MMC-Neillsville. Additionally, MMC-Neillsville supported the Clark County Courthouse with funding to purchase upgrades for the breastfeeding room.
Promote physical activity	MMC-Neillsville supported the review and revisions of the *Road Maps to a Healthier You* booklet, with the goal to increase awareness of physical activity options in Clark County. MMC-Neillsville has collaborated with and established the Neillsville YMCA, a community wellness center. This facility is located within MMC-Neillsville and offers a 24-Hour Healthy Living Center with a number of fitness options, including state-of-the-art cardio and strength training equipment, group exercise classes, SilverSneaker fitness classes, and more.
Engage in chronic disease community groups	Actively attended and participated in meetings. • Eat Right, Be Fit coalition • Healthy Clark County Promoted and participated in events and initiatives.

Appendix A: Individuals Involved in the CHNA

Community Benefits Workgroup–Neillsville
- Sally Zillman, President, MMC-Neillsville
- Lisa Krueger, Administrative Assistant, MMC-Neillsville
- Linda Worden, Chief Nursing Officer, MMC-Neillsville
- Seth Kuhn, Operations Manager, MMC-Neillsville
- Dr. Timothy Golemgeski, MMC-Neillsville
- Adam Gingery, Director of Finance, Market Chief Financial Officer
- Marni Haas, HR Business Partner Manager, Human Resources
- Scott Harrison, Manager, MMC-Neillsville
- Jackie Soward, Manager, MMC-Neillsville
- Mark Reinhardt, Manager, MMC-Neillsville
- Mara Kurz, Assistant Manager-Operations, MMC-Neillsville
- Deanna Cole, Director, Center for Community Health Advancement, MCHS
- JoAnna Bernklau, Community Benefits Coordinator, Center for Community Health Advancement, MMC-Neillsville

Clark County Community Health Assessment Partners
- Rebecca Greisen, Clark County Health Department
- Sarah Beversdorf, Aspirus Inc.
- Deenah King, Aspirus Stanley Hospital

Appendix B: Community Health Survey

Community Health Survey 2021
Healthy Clark County

We want to hear from you!

The Clark County Health Department, Marshfield Medical Center-Neillsville, and Our Lady of Victory Hospital are conducting this **anonymous** survey to understand your opinions about health in your community. If you have questions please contact the Clark County Health Department at 715.743.5110. Thank you for your participation.

I live, work and/or use services in Clark County **(select one)**: _____ Yes _____ No

*If you answered "No," you can STOP taking the survey. If you answered "Yes," please continue with the survey.

COMMUNITY HEALTH CONCERNS: Community refers to where you live, learn, work, and play. This is often the neighborhood, city/town, or county that you live in. For each of the categories below, choose the issues you think are most important.

Health Behaviors (choose up to 2)
- ❑ Alcohol Use/Misuse
- ❑ Drug Abuse (prescribed and illegal)
- ❑ Tobacco
- ❑ Injuries and Accidents (motor vehicle, bicycle, etc.)
- ❑ Poor Oral or Dental Health
- ❑ Physical Inactivity
- ❑ Poor Nutrition
- ❑ Lack of Sleep
- ❑ None of the above / Choose not to answer
- ❑ Other _____

Social and Economic Factors (choose up to 2)
- ❑ Aging-related health concerns
- ❑ Race/ethnic relations (harassment, discrimination)
- ❑ Family issues (ex: divorce, parenting)
- ❑ Limited reading, math and similar skills
- ❑ Not enough money for housing, household expenses and food
- ❑ Lack of social or community support
- ❑ Violence in the home or community
- ❑ None of the above / Choose not to answer
- ❑ Other _____

Clinical Care (choose up to 2)
- ❑ Availability and affordability of health insurance
- ❑ Availability and affordability of dental care
- ❑ Lack of doctors and other healthcare providers
- ❑ Lack of mental health care providers
- ❑ Limited use of preventive services (ex: annual exam, mammogram, colonoscopy)
- ❑ Low rates of routine vaccinations (ex: flu, infant vaccines)
- ❑ None of the above / Choose not to answer
- ❑ Other _____

COVID-19 (choose up to 2)
- ❑ Accessing medical care
- ❑ Being put on quarantine -- child care
- ❑ Being put on quarantine -- financial concerns, work issues
- ❑ Schooling/Education issues
- ❑ Social isolation
- ❑ Stress or fear related to getting sick
- ❑ Stress or fear related to having the virus and spreading it to someone else
- ❑ Stress or fear related to getting the vaccine
- ❑ Unemployment / job loss
- ❑ Violence/abuse in the home when/if quarantined
- ❑ None of the above / Choose not to answer
- ❑ Other _____

Outcomes & System (choose up to 1)
- ❑ Poor mental health, suicide
- ❑ Chronic diseases (e.g., diabetes, heart disease, etc.)
- ❑ Infant and child deaths
- ❑ Overweight or obesity levels
- ❑ None of the above / Choose not to answer
- ❑ Other _____

Physical Environment (choose up to 1)
- ❑ Air pollution
- ❑ Drinking water quality
- ❑ Lack of safe and affordable housing options
- ❑ Limited access to public transportation
- ❑ None of the above / Choose not to answer
- ❑ Other _____

Choose at least one of your answers from the list above. **Name it** and **tell us what you think should be done about it.**

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

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

O	Access to affordable and healthy foods		O	Low levels of crime / safe neighborhoods
O	Access to dental care		O	Low levels of discrimination and harassment (e.g., racism, sexism, ageism)
O	Access to health care		O	Low levels of violence in the home
O	Access to exercise activities		O	Low levels of substance abuse (e.g., drug abuse, alcohol misuse)
O	Access to mental health care		O	Mental health / well-being
O	Access to public transportation		O	Parks and recreation
O	Age-related health concerns / Ability to age in place		O	Race/ethnic relations
O	Arts and cultural events		O	Religious and spiritual values
O	Environment (e.g., air and water quality)		O	Safe and affordable housing
O	Families (few divorces, parenting)		O	Schools
O	Having enough income to live on		O	Social or community support
O	Jobs and the economy		O	None of the above / Choose not to answer
O	Low levels of child abuse/neglect		O	Other _____

⊹ DEMOGRAPHICS: Please tell us more about you.

1. What is your zip code? ☐☐☐☐☐

2. With which gender do you most identify:
O Male O Female O Transgender O Non-Conforming
O Prefer to self-describe _____

3. Your age group:
O 15-24   O 45-64   O 85+
O 25-44   O 65-84

4. Your highest education level completed (choose 1):
O 8th grade or less
O 9th through 12th grades (not completed)
O High school diploma or equivalent (e.g., G.E.D.)
O Some college or technical school
O Bachelor's degree
O More than a Bachelor's (e.g., Masters, Doctorate)

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

6. Which of the following best describes your race?
O American Indian or Alaskan Native
O Asian
O Black/African American
O Native Hawaiian or Pacific Islander
O White
O Two or more races
O Other_____

7. Are you a member of the Plain community?
O Yes, Amish
O Yes, Mennonite
O Yes, Other
O No

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

9. Household income per year:
O Less than $24,999
O $25,000-$34,999
O $35,000-$49,999
O $50,000-$74,999
O $75,000-$99,000
O $100,000 or more

THANK YOU for taking the time to complete this survey!
Results will be used to help identify top health issues and create a corresponding plan.
We appreciate your time and insight!

Appendix C: Community Health Survey Results

Community Survey Results
Clark County – Summer 2021

In Summer 2021, the Clark County Health Department, Aspirus Stanley Hospital and Marshfield Medical Center – Neillsville, launched a short survey to invite community members' input on the top health issues facing the county. The survey was available online and on paper. Surveys collected on paper were entered into the online survey collector (SurveyMonkey).

The results of the survey are below.

- Demographics
- Significant Issues
- Community Strengths

Some limitations on the interpretation of the results are in the Appendix.

DEMOGRAPHICS

Compared to the entire Clark County population, survey respondents were more likely to: be female, be non-Hispanic, have more education, have more income and not be from the Plain Community. The identified race of the respondents is similar to the proportion of different races in the county as a whole and the age distribution of the respondents is somewhat similar to the proportion of different ages in the county as a whole.

	Clark County	Survey Respondents
Male/Female	Male 51.1% Female 48.9%	Male 29.15% Female 68.03% Non-conforming or self-describing 2.82%
Ages	15-24 (12.7%) 25-44 (21.3%) 45-64 (23.8%) 65-84 (15.0%) 85+ (2.7%)	15-24 (6.25%) 25-44 (32.50%) 45-64 (41.88%) 65-84 (15.63%) 85+ (3.75%)
Education	High school graduate or higher: 82.3% Bachelor's degree or higher: 12.6%	8th grade or less 5.64% 9th through 12th grades (not completed) 2.51% High school diploma or equivalent (e.g., G.E.D.) 17.55% Some college or technical school 34.80% Bachelor's degree 24.45% More than a Bachelor's (e.g., Masters, Doctorate) 15.05%
Ethnicity	Hispanic / Latino 5.2% Not Hispanic / Latino 94.8%	Hispanic / Latino 1.59% Not Hispanic / Latino 98.41%
Race	White 97.7% Black 0.9% American Indian 0.8% Asian 0.6%	White 95.95% Black 0.62% American Indian 1.25% Asian 0.62%
Plain Community	Anecdotally estimated at one-third of the Clark County population	No 94.65% Yes 5.34%
Income	Median household income (2019 dollars) $54,012	Less than $24,999 15.31% $25K-$34,999 10.54% $35,000-$49,999 11.22% $50,000-$74,999 26.87% $75,000-$99,999 21.09% $100,000+ 14.97%

Male/Female, Ages, Race, Ethnicity: Clark County – year 2019, WISH Query

Education, Income – 2015-2019 estimates, U.S. Census

With which gender do you most identify?

Answer Choices	Responses	
Male	29.15%	93
Female	68.03%	217
Transgender	0.00%	0
Non-Conforming	1.57%	5
Prefer to self-describe (please specify)	1.25%	4
Answered		**319**
Skipped		**160**

Your age group:

Answer Choices	Responses	
15-24	6.25%	20
25-44	32.50%	104
45-64	41.88%	134
65-84	15.63%	50
85+	3.75%	12
Answered		**320**
Skipped		**159**

Your highest education level completed (choose 1)

Answer Choices	Responses	
8th grade or less	5.64%	18
9th through 12th grades (not completed)	2.51%	8
High school diploma or equivalent (e.g., G.E.D.)	17.55%	56
Some college or technical school	34.80%	111
Bachelor's degree	24.45%	78
More than a Bachelor's (e.g, Masters, Doctorate)	15.05%	48
Answered		**319**
Skipped		**160**

Which of the following best describes your ethnicity?

Answer Choices	Responses	
Hispanic or Latino	1.59%	5
Not Hispanic or Latino	98.41%	309
Answered		**314**
Skipped		**165**

Which of the following best describes your race? (Choose all that apply.)

Answer Choices	Responses	
American Indian or Alaskan Native	1.25%	4
Asian	0.62%	2
Black/African American	0.62%	2
Native Hawaiian or Pacific Islander	0.00%	0
White	95.95%	308
Two or more races	0.93%	3
Other (please specify)	1.87%	6
Answered		**321**
Skipped		**158**

Are you a member of the Plain community?

Answer Choices	Responses	
Yes, Amish	0.94%	3
Yes, Mennonite	2.83%	9
Yes, Other	1.57%	5
No	94.65%	301
Answered		**318**
Skipped		**161**

Are you currently:

Answer Choices	Responses	
Employed	69.69%	223
Under-employed	0.31%	1
Not working, by choice	1.25%	4
Not working, not by choice	4.38%	14
Student	1.88%	6
Retired	16.25%	52
Unable to work	2.50%	8
Other (please specify)	3.75%	12
Answered		**320**
Skipped		**159**

Household income per year:

Answer Choices	Responses	
Less than $24,999	15.31%	45
$25,000-$34,999	10.54%	31
$35,000-$49,999	11.22%	33
$50,000-$74,999	26.87%	79
$75,000-$99,999	21.09%	62
$100,000 or more	14.97%	44
Answered		**294**
Skipped		**185**

SIGNIFICANT ISSUES

The table below shows the top health issues selected by different groups of people, including individuals in households with income less than $50,000/year, individuals from the Plain Community and individuals who are in jail. These differentiations were made as a way to understand, along with the priorities of the community as a whole, the priorities of individuals who might be more vulnerable.

	All	Household Income <$50K (n=109)	Plain Community (n=17)	Individuals in Jail (n=13)
Outcomes	Overweight / Obesity (33%)	Overweight / Obesity (34%)	Overweight / Obesity (24%)	Overweight / Obesity (31%)
	Mental health, suicide (33%)	Mental health, suicide (18%)	Chronic diseases (24%)	Mental health, suicide (23%)
	Chronic diseases (17%)	Chronic diseases (18%)	Mental health, suicide (12%)	Chronic diseases (8%)
Clinical Care	Availability and affordability of health insurance (43%)	Availability and affordability of health insurance (40%)	Availability and affordability of dental care (35%)	Availability and affordability of health insurance (54%)
	Lack of mental health care providers (36%)	Availability and affordability of dental care (30%)	Lack of doctors and other healthcare providers (24%)	Availability and affordability of dental care (46%)
	Availability and affordability of dental care (23%)	Lack of mental health care providers (28%)	Limited use of preventive services (12%)	Lack of mental health care providers (39%)
Social and Economic Factors	Family issues (e.g., divorce, parenting) (35%)	Aging-related issues (32%)	Family issues (e.g., divorce, parenting) (35%)	Lack of community or social support (31%)
	Aging-related issues (31%)	Family issues (e.g., divorce, parenting) (28%)	Aging-related issues (18%)	Family issues (23%)
	Not enough money for household expenses (26%)	Not enough money for household expenses (25%)	Violence in the home or community (18%)	Not enough money for household expenses (23%)
Health Behaviors	Drug abuse (41%)	Drug abuse (30%)	Alcohol use / misuse (35%)	Alcohol use / misuse (38%)
	Alcohol use/ misuse (33%)	Alcohol use / misuse (25%)	Drug abuse (24%)	Physical inactivity (31%)
	Physical inactivity (22%)	Physical inactivity (17%)	Injuries and accidents (18%)	Drug abuse (23%)
Physical Environment	Lack of safe and affordable housing (30%)	Limited access to public transportation (25%)	Drinking water quality (18%)	Lack of safe and affordable housing (23%)
	Limited access to public transportation (24%)	Lack of safe and affordable housing (21%)	Limited access to public transportation (18%)	Limited access to public transportation (23%)
	Drinking water quality (12%)	Drinking water quality (14%)	Air pollution / Housing (6% each)	Drinking water quality (15%)
COVID-19	Being put on quarantine – financial concerns, work issues (27%)	Being put on quarantine – financial concerns, work issues (20%)	Social isolation (24%)	Social isolation (23%)
	Schooling / Education issues (24%)	Stress or fear related to having the virus and spreading it to someone else (20%)	Stress or fear related to getting sick (24%)	Stress or fear related to getting the vaccine (23%)
	Social isolation (19%)	Unemployment / job loss (18%)	Quarantine / School / Employment (12% each)	Accessing care / Quarantine / Schooling (15% each)

COMMUNITY STRENGTHS

What are the THREE greatest strengths of your community?

Answer Choices	Responses	
Parks and recreation	39%	126
Schools	35%	114
Low levels of crime / safe neighborhoods	31%	101
Environment (e.g., air and water quality)	28%	91
Religious and spiritual values	21%	70
Access to health care	19%	63
Jobs and the economy	15%	48
Access to affordable and healthy foods	14%	46
Low levels of discrimination and harassment (e.g., racism, sexism, ageism)	8%	25
Access to exercise activities	8%	25
Social or community support	8%	26
Access to public transportation	6%	21
Age-related health concerns / Ability to age in place	6%	18
Access to dental care	6%	21
Arts and cultural events	5%	15
Having enough income to live on	5%	15
Families (few divorces, parenting)	4%	13
Safe and affordable housing	3%	9
Low levels of child abuse/neglect	2%	6
Access to mental health care	2%	5
Low levels of violence in the home	2%	6
Low levels of substance abuse (e.g., drug abuse, alcohol misuse)	1%	3
Mental health / well-being	1%	2
Race/ethnic relations	1%	4
None of the above / Choose not to answer	4%	12
Other (please specify)	1%	4
Answered		**326**
Skipped		**153**

APPENDIX – Limitations and Technical Notes

A number of limitations should be considered when interpreting the community survey results:

- There were 6 questions that asked about the top health issues *for the community*. Depending on the question, between 14 and 25 percent of respondents chose "None". While it is unclear why so many respondents indicated there are no health issues in the community, it is possible that some respondents interpreted the questions as being about themselves. That is, their answers reflect what health issues *they have*.
- On multiple (21) paper surveys, respondents exceeded the requested number of answers (e.g., chose three when instructions said "choose two"). Those surveys were set aside and a team member did their best to 'randomize' which of the answers were included in the data set.
- Some surveys in the SurveyMonkey platform were started but not completed. It is likely that some respondents completing the electronic survey simply exited the survey of their own accord. For about 10 of those surveys, it is likely that they were a paper-to-electronic survey (being entered by a team member) that was exited without completion when too many answers were checked (as noted above). The team did their best to match those started-electronic surveys with the appropriate paper surveys and then complete the entries.

Team members are able to provide additional details upon request.

Appendix D: Definition of Terms

- **Community Benefits Workgroup-Neillsville (CBW-Neillsville):** local and internal workgroup of Marshfield Medical Center in Neillsville that contributes to the Health System's community benefits and community health initiatives. Essential functions are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.

- **Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA):** 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)

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