MCHS Hospitals Inc. d/b/a/ Marshfield Medical Center-Marshfield
2025-2027 Community Health Needs Assessment

Ⅲ | Marshfield Clinic Health System

20124-002-T

Dear Community Member,

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 more than what happens in the doctor's office. Emphasis needs to be on addressing health choices before medical needs arise through programs, services, public policy or other means wherever and whenever possible. That's why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on December 12, 2024.

The 2025-2027 Community Health Needs Assessment (CHNA) process would not have been possible without several community partners and members who provided their time, knowledge, skills, and expertise. The process included key stakeholder meetings, surveys, community conversations, and a variety of primary and secondary data sources.

This document summarizes key findings and reflects a point in time. 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 have been identified through the 2025-2027 Community Health Needs Assessment process. MCHS will continue to support additional community health needs as they arise. The top health priorities for MCHS Hospitals, Inc. d/b/a Marshfield Medical Center-Marshfield (hereafter referred to as MMC-Marshfield) are:

- Substance Use
- Behavioral Health
- Community Capacity, Engagement, and Infrastructure
- Health Equity

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. Brian Hoerneman, Interim CEO
Marshfield Clinic Health System

Robert S. Chaloner, President
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Introduction

Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA) refer to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. These assessments are conducted to identify the community's health needs, prioritize top health concerns, and encourage community members to improve their community's health. Health Departments are required to conduct a CHA at least every five years [1].

Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals can choose to partner with local health departments and other local non-profit hospitals or agencies to conduct a CHA/CHNA [2].

MMC-Marshfield partnered with the Wood County Health Department, Healthy People Wood County, Aspirus Riverview Hospital and Clinics, and other community agencies and individuals to carry out the CHNA process. A full list of those involved in the process can be found at Appendix B. This publication describes the process used to assess the health of the community, the results of that process, and prioritization of the health needs that will be addressed by MMC-Marshfield. MMC-Marshfield looks forward to collaborating with community partners to improve the health of the community.

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.

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a central city in rural Wisconsin. 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 believes individuals have the right to their highest potential level of health and well-being. We will achieve this by advancing health equity with our patients, health plan members, employees and communities.

The Health System serves Wisconsin and Michigan's Upper Peninsula with more than 1,600 providers comprising 170 specialties, health plan, and research and education programs. Primary operations include more than 60 Marshfield Clinic locations, 11 hospitals, Marshfield Children's Hospital, Marshfield Clinic Research Institute, Security Health Plan and Marshfield Clinic Health System Foundation [3].

Unique to Marshfield Clinic Health System is its investment in the Center for Community Health Advancement (CCHA). CCHA is a department within MCHS that builds bridges between the Health System and the communities it serves. CCHA coordinates collaborative efforts between MCHS hospitals and local coalitions, businesses, educational systems, law enforcement agencies, Tribal Nations, local governments, and other entities to improve community health. This collaboration helps align the health improvement efforts of the community and hospital with community health priorities identified in the CHNA with Health System priorities.

Hospital Overview

MCHS Hospitals, Inc. d/b/a Marshfield Medical Center- Marshfield (hereafter referred to as MMC-Marshfield) is a 298-bed hospital in Marshfield, Wisconsin that includes a 24-hour emergency department, Level II adult and pediatric trauma center, urgent care, a 34-bed intensive care unit, surgical services, a hospital unit, and a full complement of hospital-based services like pharmacy, lab, and imaging. MMC-Marshfield is the only hospital within a 29-mile radius and serves Wood County residents and the surrounding communities.

MMC-Marshfield offers a wide range of advance care services including but not limited to:
- Birth Center
- Cardiology
- Certified Advanced Primary Stroke Center
- Children's Hospital
- Endovascular services
- Inpatient rehabilitation
- LifeLink transportation (helicopter, airplane)
- Metabolic and bariatric surgery
- Neonatal Intensive Care Unit
- Pediatrics (Marshfield Children's)
- Telestroke consultations with northern Wisconsin hospitals

MMC-Marshfield is part of the flagship medical campus that provides the latest medical technology, research, and education to serve patients from all across the U.S., Canada and around the world. The Marshfield location offers more than 170 medical specialties, including primary care services and specialty care services including, but not limited to comprehensive cancer care, cardiology, gastroenterology, pediatrics, neuroscience, pain management, and endocrinology. A Patient Assistance Center provides information, support, and advocacy to patients for insurance and payment concerns. Cattails Cottage offers a place where patients older than 18 and their caregivers can find supportive accommodations when traveling for cancer care [4], [5], [6].

MMC-Marshfield formed the Community Advisory Board-Marshfield (hereafter referred to as "CAB-Marshfield") a local committee of MMC-Marshfield that contributes to the hospital's community benefits and community health initiatives. The CAB-Marshfield reviews and approves the Community Health Needs Assessment and Implementation

Strategy and stays updated on the implementation of Community Benefit programs. See Appendix B for a complete list of CAB-Marshfield members.

Our Community

MMC-Marshfield is a full access hospital located in Marshfield, Wisconsin. Marshfield is one of 34 municipalities located in Wood County. MMC-Marshfield serves patients and residents of Wood County as well as patients and community members in neighboring counties. However, for this report's purpose, the community served by MMC-Marshfield is defined as Wood County residents.

Geographic Area

Wood County is located in the geographic center of Wisconsin. The total area of the county is approximately 793 square miles of land area [7] featuring 7 recreational parks, 3 rivers, many lakes, 38,000 acres of county forest land, and 18,500 acres of Wood County State Wildlife Area [8]. The county consists of 22 towns, 8 villages and 4 cities, the largest of which, Wisconsin Rapids, is the county seat [9].

Wood County is the 22nd most populous county in Wisconsin with 73,939 residents [10]. It is the 12th slowest growing county in the state, experiencing a slight population loss (<1.0%) over the last two decades [11]. More than one-third (37%) of Wood County residents live in a rural area [12].

Local Industry, Resources, and Attractions

Industries in Wood County providing the most employment include Education and Health, Trade, Transportation & Utilities, and Manufacturing. Major employers are Marshfield Clinic Health System, Schneider National, Roehl Transport, Inc., and Ho-Chunk Gaming [13].

Wood County is home to an array of industry, beautiful settings, friendly communities, and a variety of recreational opportunities. In the Community Health Assessment survey, respondents said the best parts about Wood County include being near family and friends (64%), the size of the community (48%), and access to community parks, trails, and green spaces (47%). [12]
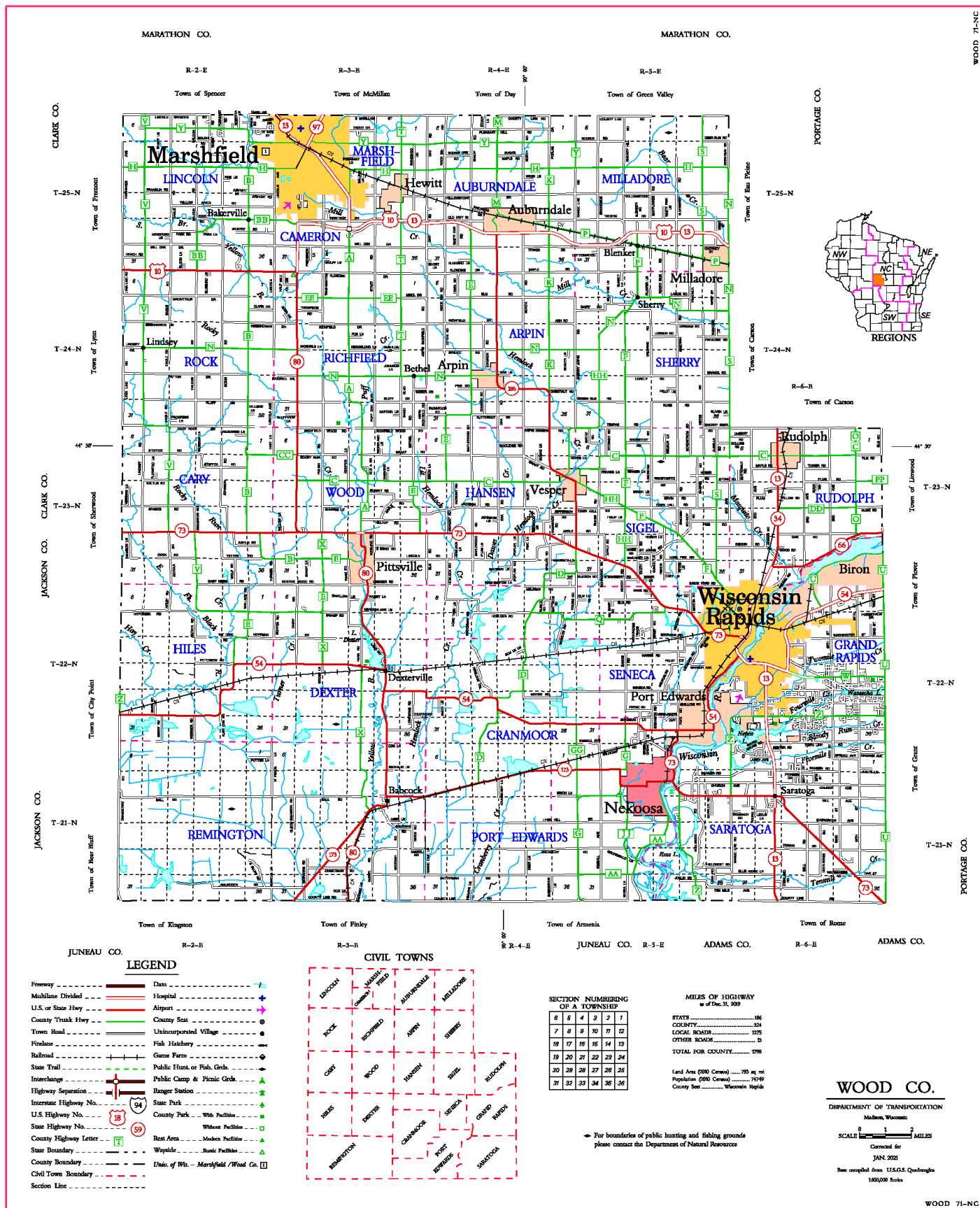
Figure 1: Map of Wood County [14]

Health Disparities

Health Disparities are defined as a higher burden of illness, injury, disability, or mortality experienced by one group relative to another that is closely linked with economic, social, or environmental disadvantage.

"Health disparities adversely affect groups of people who have systematically experienced great social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." [15]

Demographic data provides information on specific populations that can help us understand the health disparities experienced by those who live in Wood County.

Demographics

Demographic data, such as age, race, sex, gender and socio-economic status, can provide more information beyond the size or growth of a population. This type of data gives insight on unique qualities and differences in communities. Demographic data provides a basis for understanding a community and allows for tracking changes over time to understand what strategies or policies are affecting a community, positively or negatively [16].

Rural

There are many unique needs and challenges of those living in rural areas. Living in a rural area can result in disadvantages to accessing healthcare, employment and economic opportunities, education opportunities and quality, and many other factors that affect health. There are multiple ways to define 'rural'. We use the Wisconsin Office of Rural Health's (WORH) designations to determine whether a county is considered rural or not. The WORH considers:

- "Index of Relative Rurality" which accounts for counties' population size and density, the extent of their urbanized areas, and the distance to the nearest metro area.
- Rural-Urban continuum codes
- Rural population by census tract
- Rural-Urban Commuting Areas [17]

Based on the WORH designations, Wood County is defined as a rural county, albeit less rural than other counties in Wisconsin [18]. Wood County has 93.3 people per square mile, is ranked 31st largest county by geographic size [19], and ranked the 22nd most populous county of the 72 counties in Wisconsin [10]. Approximately half of Wood County residents live in the two most populated municipalities of Wisconsin Rapids and Marshfield [12]. To see a map of rural and urban counties in Wisconsin according to WORH please see Appendix D.

Age

Age is an important demographic to consider when looking at a community's health priorities because health needs differ over a lifespan. Strategies and interventions to address the health of the community will look different depending on the age of the intended population. The median age of Wood County residents is 43.7. Thirty-one-point one percent (31.1%) of residents are over the age of 60, which is higher than the national rate of 22.9% [20]. "Societal aging can affect economic growth, patterns of work and retirement, the way that family's function, the ability of governments and communities to provide adequate resources for older adults, and the prevalence of chronic disease and disability." [21]

Socioeconomic Status (SES)

Socioeconomic status is a concept used to describe people based on factors such as their education, income, living conditions, resources, and access to opportunities. "People with lower socioeconomic status usually have less access to financial, educational, social, and health resources than those who have a higher socioeconomic status. As a result, they are more likely to be in poor health and have chronic health conditions and disabilities." [22]

Wood County had a significant increase in ALICE households between 2019 and 2021, increasing 29%, compared to an increase of 8% in Wisconsin overall [12]. ALICE is an acronym for Asset Limited, Income Constrained, Employed: households that earn more than the Federal Poverty Level, but still less than what it costs to pay for basic needs like healthcare, food, rent, child care, etc. Although some Wood County Social & Economic Health Factors are similar to state data, Wood County's median household income is lower, and the childcare cost burden is higher than state averages. Economic challenges are greater for single-parent-headed households with children, people age 65+, and people <25 years old [12]. Forty-seven percent (47%) of CHA Survey respondents said they are not able to save money at the end of each month [12].

Health Factor [23]	Wood County	Wisconsin
Median household income	$64,400	$71,100
Population 16+ unemployed	3.3%	2.9%
Adults 25+ with high school degree or GED	93%	93%
Children in poverty	13%	13%

Child Care Cost Burden	36%	31%

Racial/ethnic minorities[1]

Race is a concept of classifying people into groups based on physical characteristics such as skin color. Ethnicity classifies people into distinct groups on the basis of categories such as national origin, language, or cultural practices. Racial and ethnic differences are important demographics to consider because health outcomes often affect racial and ethnic minorities differently.

From 2010 to 2020, Wood County's total population decreased overall, but grew in diversity. For the same period, American Indian & Alaska Native, Asian, Black, Hispanic, Native Hawaiian & other Pacific Islander populations grew. Currently, 3.6% of the Wood County population identifies as Hispanic/Latinx and 1.3% of households speak Spanish [12].

Sexual and Gender Minority groups (SGM)

Sexual and Gender Minority (SGM) populations include but are not limited to individuals who identify as gay, lesbian, bisexual, or transgender and others whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary[2] constructs. SGM groups experience higher risk for poor health outcomes and unhealthy lifestyle behaviors. They may also receive poor quality of health care due to stigma, their unique needs not being considered, or lack of provider awareness [24].

The CHA survey provided 'Other' and 'Non-binary' as a response to the question 'Select which option best describes your gender.' 'Other' was selected by 0.1% of respondents, and 'Non-binary' was selected by 0.4% of respondents [12]. In Wisconsin, 3.8% of adults (18+) are LGBTQ (2019) [25]. A similar distribution of LGBTQ individuals would be expected within Wood County's residents. Wisconsin's LGBT community experiences disparities in income (25% with incomes less than $24K vs. 16% non-LGBT), food security (18% vs. 11% for non-LGBT) and has lower rates of attending and graduating from college than the non-LGBT population [25] [26]. Twenty-four percent (24%) of CHA survey respondents reported being treated unfairly based on gender, and 10% reported being treated unfairly based on sexual orientation.

People with Disabilities

People with disabilities often experience health conditions that lead to poorer health and shorter lifespan. In addition, they often face discrimination, inequality and unjust structural practices which can further result in poorer health outcomes. Programs and policies often limit access to timely and comprehensive health care, which can also lead to poorer health outcomes for those with a disability [27]. An estimated 14.8% of Wood County residents have a disability [28]. 18% of CHA survey respondents reported being treated unfairly based on a disability.

[1] See definition in Appendix A.
[2] See definition in Appendix A.

Assessing the Needs of the Community

Overview of Assessment Process and Timeline

The MMC-Marshfield Community Benefit Workgroup (CBW) identified and prioritized community health needs through a comprehensive process that included primary and secondary quantitative data, qualitative data, and a collaborative review and assessment process. The MMC-Marshfield CBW recognizes that health is determined by more than health care, therefore the Community Health Needs Assessment process is designed to assess the overall state and well-being of the community. The broad nature of the primary data questions and topics assured that, for the purposes of MMC-Marshfield's CHNA, health equity data was also captured and analyzed.

Figure 2: Community Health Needs Assessment (CHNA) Timeline
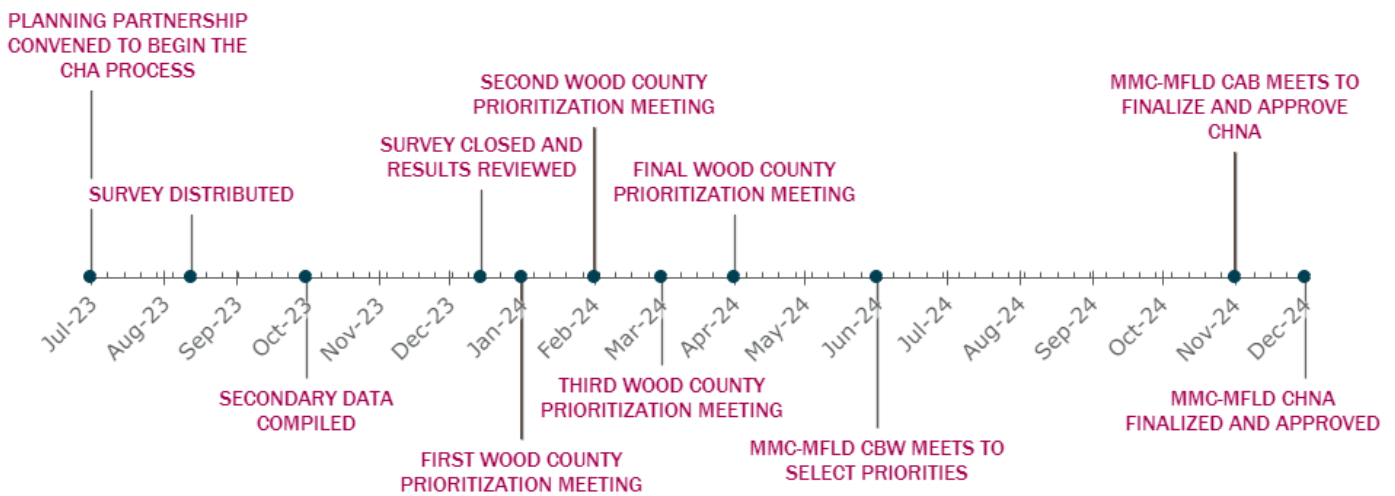
Process and Methods

The Wood County Community Health Assessment process was based on the Healthy People 2030 Social Determinants of Health (SDOH) model and the County Health Rankings and Roadmaps model. The Healthy People 2030 SDOH model emphasizes that the 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" [29]
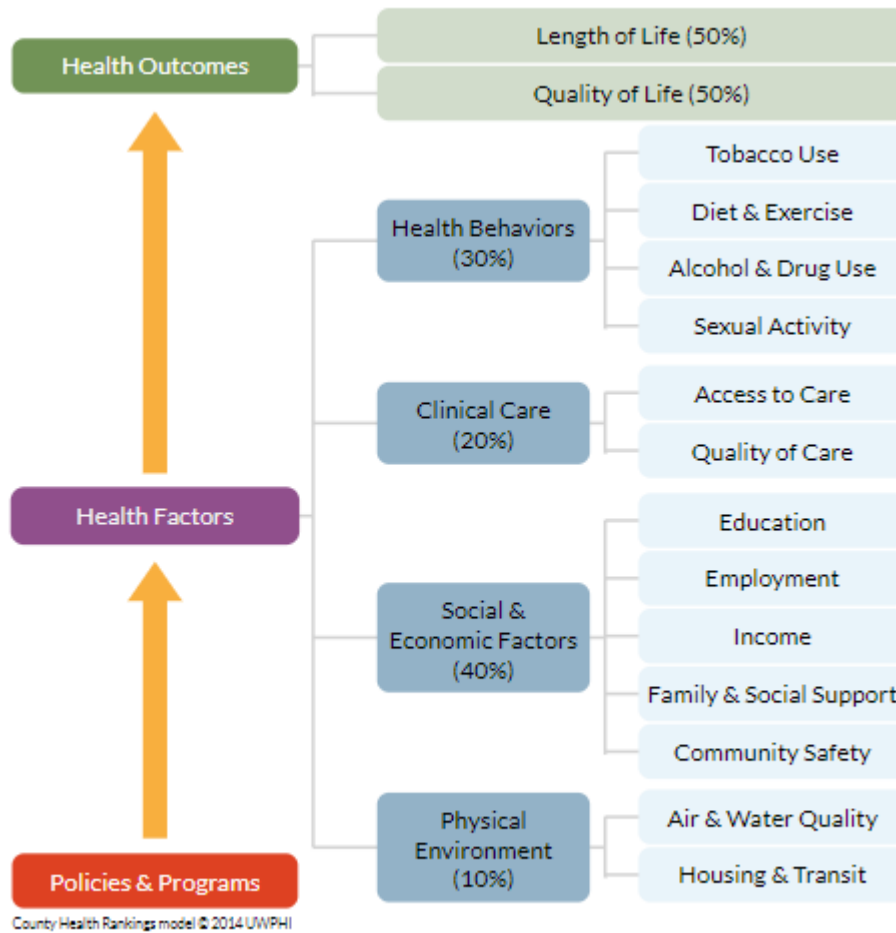
Figure 3: Healthy People 2030 SDOH Model [29]

Social Determinants of Health

The County Health Rankings and Roadmaps (CHRR) model highlights how different elements, such as policies and programs, clinical care, or physical environment can influence health outcomes for a population. [30]

Figure 4: County Health Rankings and Roadmap Model [30]

Data Sources

Both primary and secondary data collection methods were utilized to develop a thorough understanding of the health issues facing members of the Wood County Community. Primary data included a community health assessment survey and community stakeholder input. Secondary data was compiled by Wood County Health Department from a variety of sources including Wisconsin Department of Health Services, National Cancer Institute, U.S Department of Health and Human Services, County Health Rankings and more. Secondary data measurements were organized by following the County Health Rankings and Roadmaps model, measurements were grouped in the following categories:

- Health Outcomes
- Health Behaviors
- Clinical Care
- Social & Economic Facts
- Physical Environment

Primary Data Collection
Community Health Assessment Survey
Primary data was collected through a community survey from August 21st, 2023, through December 15th, 2023. The survey was developed by Wood County Health Department, Aspirus, and Marshfield Clinic Health System. The survey was created after reviewing surveys utilized by other health departments, identifying the data points from previous surveys that were most utilized, and discussing what information would be most useful to have for the next steps of the process.

The survey was open to anyone who lives or works in Wood County. The survey was available electronically through the online survey platform SurveyMonkey as well as in paper format. The survey was available in English and Spanish, and Hmong community Health workers (CHWs) were available to assist in Hmong translation. The survey was distributed widely and additional efforts were made to distribute the survey to historically underrepresented populations who are disproportionately impacted such as older adults; Native/Indigenous; Hispanic/Latinx; Hmong/Asian; incarcerated; experiencing homelessness, individuals with low income; and families with children. [31]

A detailed dissemination plan of the CHA was developed to organize distribution of the survey to Wood County residence. Social media was used to promote the survey, as well as local newspapers, TV, and radio ads. Community partners such as schools, WIC, ADRC, and food pantries helped disseminate the CHA by distributing paper flyers, mailing paper copies of the survey, advertising it in their newsletters, and texting the survey link. Direct emails were sent to community organization contact lists, the survey was sent out to MMC-Marshfield employees via employee newsletter, and it was available on the Wood County Health Departments website. A total of 3,215 surveys were completed, which is more than the responses than needed to report validity at a 95% confidence level.

The demographics of survey respondents compared to the demographics of Wood County according to U.S. Census bureau data showed 72% of CHA survey respondents were women, while 50.4% of Wood County residence are women. 23% of survey respondents have a bachelor's degree as their highest level of education compared to 17.2% of Wood County residence. 43% of survey respondents were between the ages of 30-49 compared to 23% of the Wood County population being in that age range. A direct comparison cannot be made between race/ethnicity between survey respondents and the Wood County population as the U.S. Census separates race and ethnicity into separate questions whereas the survey combined race and ethnicity into the same question and respondents could check all that apply. [31]

Primary Data Collection Results

Community Health Assessment Survey

The top five community health needs based on the results of the community health assessment survey are:

Drug Use	Mental Health/Suicide	Not Enough Jobs with Liveable Wages
Availability of Mental Health Providers	Availability & Affordability of Dental Care	

Secondary Data Collection and Review

The Wood County Health Department gathered secondary data and organized it into categories following the Healthy People 2030 Social Determinants of Health Model and the County Health Rankings and Roadmaps Model. The categories included: Economic Stability, Education, Health Behaviors, Health Care Access and Quality, Health Outcomes, Neighborhood and Built Environment, and Social and Community Context. Fact sheets were then created for subcategories within those categories that included a narrative describing the health indicator and potential impacts, community perceptions of the health indicator (survey data), and secondary data from a variety of sources. Secondary data sources included US Census Data, Youth Risk Behavior Survey, WI Department of Health Services Data, the Behavioral Risk Factor Surveillance System, Center for Disease Control and Prevention PLACES data, and others.

For a full list of secondary data sources please review pages 80-93 of the Healthy People Wood County Community Health Assessment 2024 accessible at https://www.healthypeoplewoodcounty.org/woodcounty.

Prioritization Process

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

Community Health Assessment Survey: August-December 2023
Wood County Health Department, MCHS, and Aspirus reviewed and analyzed Community Health Survey results. The top 11 health issues were identified for the general population, and then compared to the top 11 health issues by survey respondents from disproportionately affected populations including: Household income of under $50K a year, Asian/Hmong, Hispanic/Latinx, Native/Indigenous, and age 65+.

Secondary Data:
Secondary data was compiled by Wood County Health Department and reviewed by MCHS and Aspirus. Secondary data was used to create data board visuals that were presented to Healthy People Wood County before they selected their top 5 priorities in the January 2024 meeting.

Steering Committee Meeting: December 2023
An internal steering committee met in December to prioritize the top health issues in Wood County. A prioritization matrix was used that included CHA survey data, secondary data, health inequities, and community momentum/readiness to change. The steering committee discussed the results and categorization of each health priority.

Healthy People Wood County Prioritization Meetings: January-April 2024
January 2024
A series of prioritization meetings was held with the Healthy People Wood County Coalition. This coalition is comprised of many different community partners and stakeholders in Wood County and was open to others as well. The purpose of the January 2024 meeting was to walk through primary and secondary data on the health issues that followed the 2030 SDOH model and CHRR Model with the larger group. After an extensive review of the data, participants were given an opportunity to discuss the data and ask questions. After the meeting, a prioritization survey was distributed electronically to those who attended the meeting. The prioritization survey asked participants to select 5 health priorities and answer two questions about each priority area:
- Is there community energy to address this issue?
  - No energy
  - Some energy
  - A lot of energy
  - I don't know
- Are there effective strategies to address this issue?
  - No effective strategies
  - Somewhat effective strategies
  - Highly effective strategies
  - I don't know

February 2024
Healthy People Wood County met again to discuss the results of the prioritization survey from January. Participants were then asked to do a root cause analysis to examine why these issues are occurring in Wood County. The top 10 Health issues from the January Prioritization survey were:

- Mental Health
- Substance Use
- Poverty & Financial Instability
- Housing
- Transportation
- Early Childhood Development and Education
- Oral and Dental Health
- Access to Health Services
- Access to Primary Care

Due to meeting time constraints, a root cause analysis was only completed for mental health and substance use.

March 2024
Healthy People Wood County finished the root cause analysis in March for the other top priorities. Some priority areas were grouped together due to common nature such as access to primary care, access to health services and oral and dental health. However, some priority areas were divided due to the complex nature of the priority such as substance use which was divided into the subcategories of alcohol use, tobacco and vaping, and drug use.

April 2024
In April, Healthy People Wood County was presented with the findings of the root cause analysis and major themes across all priority areas. Participants were then asked to help with the creation of an environmental scan by including any resources, programs, or groups who were currently addressing the issue in Wood County.

Healthy People Wood County Final Priorities: June 2024
Healthy People Wood County was presented with the final list of health priorities from the CHA that would then be the focus of the Wood County Community Health Improvement Plan. The priorities are:

| Substance Use |

| Mental Health |

| Equitable Access to Care |

- Oral Health
- Access to Health Services

| Built Environment |

- Housing
- Transportation

| Economic Stability |

- Affordable Childcare
- Jobs with Livable Wages & Benefits
- Enough Money for Basic Needs

MCHS Prioritization Process

The Marshfield Clinic Center for Community Health Advancement Strategic Areas of Focus (2024-27) are the result of an assessment process which included review of community health needs; discussion with community stakeholders, key subject matter experts, and the MCHS Community Health and Benefits Steering Committee; review of CCHA's Previous 2023 Strategic Priorities; assessment of interventions for value and impact, resources, and various industry factors (such as new regulations and requirements) and alignment of system imperatives.

The 2024-2027 CCHA Strategic Focus Areas are system-wide community health focus areas approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Focus Areas are integrated into MMC Implementation Strategy (IS) plans and other MCHS and Security Health Plan (SHP) plans to align system and regional efforts. The strategic focus areas are:

- Substance Use
- Behavioral Health
- Health Equity
- Community Capacity, Engagement and Infrastructure

Figure 5: Marshfield Clinic Health System Strategic Areas of Focus
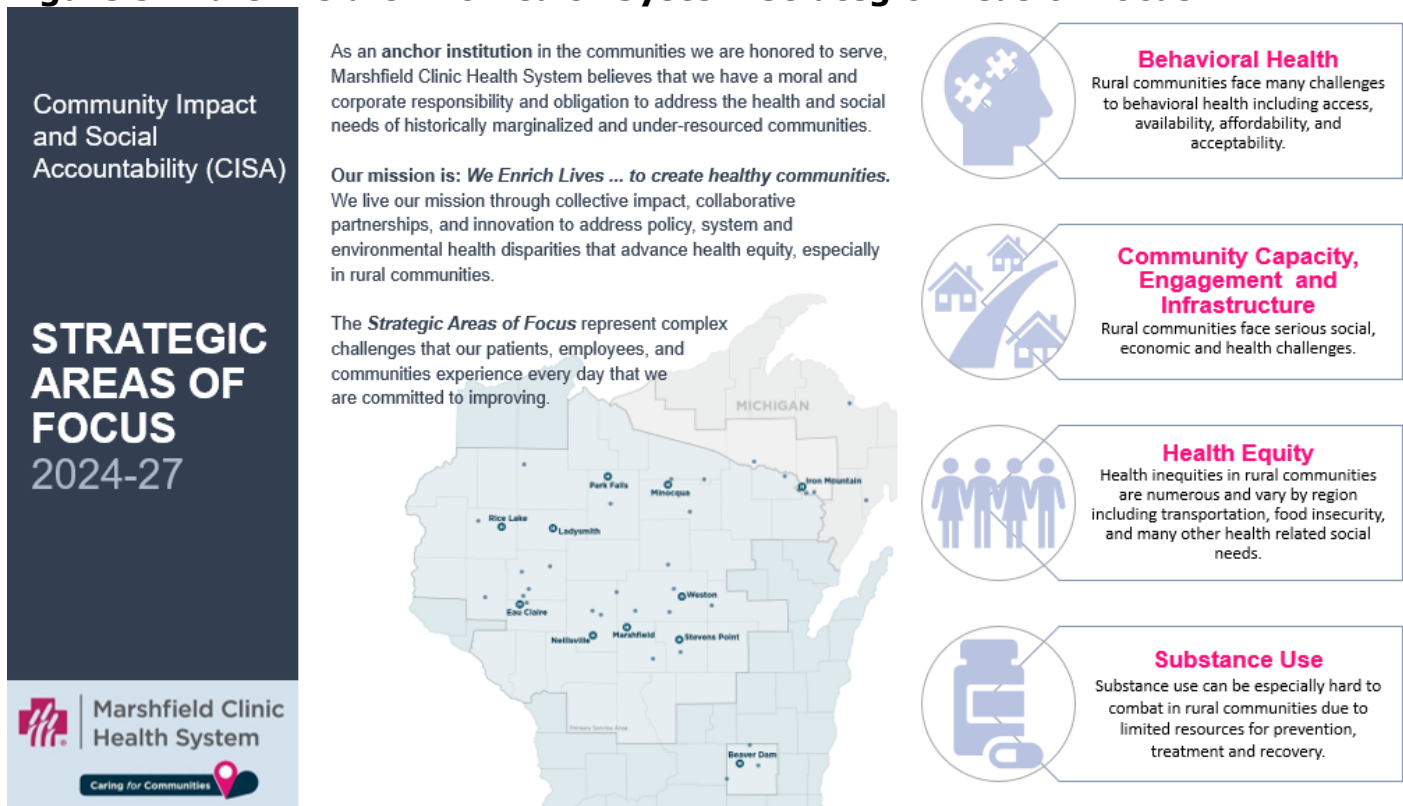
CAB-Marshfield met in November 2024 to review the results of the CHNA and provide input. MMC-Marshfield CBW met subsequently to review the results of the CHNA and provide hospital approval. Additional consideration of alignment with the system Strategic Areas of Focus was made. Further criteria were used to determine health priorities including:
- The burden, scope, severity, or urgency of the health need
- The estimated feasibility and effectiveness of possible interventions
- The health disparities associated with the need
- The importance the community places on addressing the need [32]

MMC-Marshfield Health Priorities for 2025-2027

After completing extensive review of the Community Health survey and process, United Way ALICE data[3], Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by MMC-Marshfield are:

- **Substance Use**
- **Behavioral Health**
- **Health Equity**
- **Community Capacity, Engagement, and Infrastructure**

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[3] See definition in Appendix A.

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.

Description and Supporting Data of Prioritized Community Health Needs

The community health needs of Alcohol and Substance Use, Behavioral Health, Health Equity and Community Capacity, Engagement and Infrastructure strongly impact individual and community health. These priorities are cross-cutting, therefore efforts made to address these health needs will also positively impact other health priorities and benefit community and individual health outcomes. These priorities affect health in the short and long term and MMC-Marshfield will implement a variety of strategies to address not only the short- and long-term outcomes of these health needs, but also the root causes of these health issues and a focus on prevention. MCHS has system-wide initiatives that all hospitals support to address these health needs broadly in addition to spearheading local initiatives.

The following pages highlight primary and secondary data for the prioritized needs.

Substance Use

45% of survey respondents said excessive alcohol use is an important area for improvement, and **3 in 4** respondents were concerned about underage drinking in the community.[1]

What is alcohol & substance misuse?

Alcohol misuse describes a pattern of excess daily alcohol consumption that poses adverse health and social consequences. This includes >1 drink per day for women and >2 drinks per day for men. Substance misuse refers to the use of illegal substances or the use of legal medications in a manner that deviates from medical prescriptions (Centers for Disease Control and Prevention, 2018).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS[2]

The effects of alcohol and substance use can be far-reaching, heavily influencing both individual and community health in the following ways...

Individual Impact

- heart disease
- liver disease
- overdose
- death

Community Impact

- unintentional injuries
- violence (e.g. homicide & suicide)
- family disruption
- infectious disease transmission (specific to substance misuse)

THE SCOPE ACROSS WOOD COUNTY

Percent of Adults Reporting Regular Smoking[3]

16% Wood County

14% Wisconsin
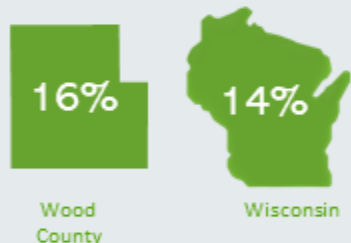
14% of Wood County high school students used a vaping product in the past 30 days.[4]

Wood County high school students who[1]…
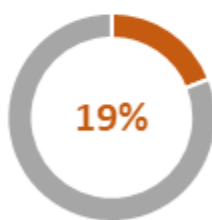
19% …ever used marijuana

48% …ever drank alcohol

20% or ⅕ of Wood County adults engage in binge drinking in the past 30 days.[1]

Between 2017-2021, 29% of Wood County driving deaths involved alcohol[1]

1. Healthy People Wood County Community Health Assessment, 2024
2. Adapted from Centers for Disease Control and Prevention, 2023
3. County Health Rankings, 2024
4. Wood County 2023 Youth Risk Behavior Survey Results

Behavioral Health

20% of adults in Wood County reported having depression in 2021, and **5 in 9** Wood County students answered affirmatively to at least one question about anxiety, depression, or self-harm.[1]

What is behavioral health?
Behavioral health describes the behaviors and emotions that impact one's overall wellbeing. It encompasses the prevention, intervention, personalized treatment plans, and recovery of mental health conditions, like depression and anxiety. Behavioral health professionals include psychologists, psychiatrists, counselors, and social workers (Centers for Medicare & Medicaid Services, 2023).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS[2]

The impacts of a high prevalence of untreated behavioral health issues can be far-reaching, heavily impacting both individual and community health in the following ways...

Individual Impact
- isolation from loved ones
- unemployment and financial struggles
- poor quality of life

Community Impact
- increased healthcare costs
- high rates of incarceration
- community-level economic strain

THE SCOPE ACROSS WOOD COUNTY

A significant number of Wood County residents struggle with mental health.

Adults reporting poor mental health for 14 or more of the last 30 days[3]

Wood County	Wisconsin	United States
15%	14%	15%
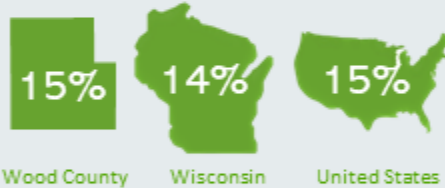
Number of suicide deaths per 1000,000 residents[3]

Wood County	Wisconsin	United States
17	15	14
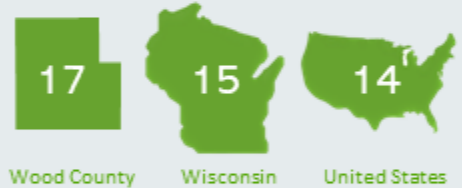
Wood County has fewer mental health providers compared to Wisconsin and the United States.

WOOD COUNTY: Ratio of Residents to Mental Health Providers[3]
540 : 1

WISCONSIN: Ratio of Residents to Mental Health Providers[3]
400 : 1

UNITED STATES: Ratio of Residents to Mental Health Providers[3]
320 : 1

The percentages of Wood County high school students who self-reported anxiety, seriously considered suicide, and/or attempted suicide in the past 12 months all increased over the past 5 years[1].

High school students who...

49% ...self-reported anxiety[4]

19% ...seriously considered suicide[4]

1. Healthy People Wood County Community Health Assessment, 2024
2. Adapted from Centers for Disease Control and Prevention, 2023
3. County Health Rankings, 2024
4. Wood County 2023 Youth Risk Behavior Survey Results
5. DPI Wisconsin 2023 High School Youth Risk Behavior Survey Comparison Tables

Health Equity

The number of ALICE (Asset Limited, Income Constrained, Employed) households in Wood County increased 29%, compared to an increase of 8% in Wisconsin overall[1].

What is health equity?

Health equity is the state in which all people – regardless of race, ethnicity, socioeconomic status, gender identity, disability, education level, or geography - have a fair and just opportunity to maintain optimal health. Health equity includes addressing historical injustices and reducing preventable health disparities (Centers for Disease Control and Prevention, 2022).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS[2]

The impacts of health inequities can be far-reaching, heavily impacting both individual and community health in the following ways...

Individual Impact

- higher chance of developing chronic conditions
- increased mental health struggles
- lower life expectancy

Community Impact

- economic strain on healthcare system
- reduced workforce productivity
- higher risk of infectious disease spread

THE SCOPE ACROSS WOOD COUNTY

40% of Wood County households are ALICE households.[1]
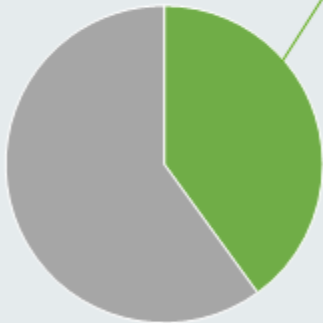
Asset Limited, Income Constrained, Employed (ALICE) households earn just above the Federal Poverty Level but less than what it costs to make ends meet. They often earn too much for assistance.[5]

The median income of Wood County is lower than state and national averages, making it harder for residents to **afford basic needs**[3].

Median Income

Wood County	Wisconsin	United States
$64,400	$71,100	$74,800
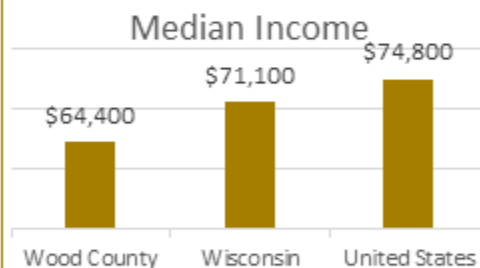
1 in 4 people in Wood County lack access to a large grocery store[1]

Among the social determinants of health, Wood County residents indicated the following concerns[1]…

53% Jobs with livable wages and benefits

51% Affordable housing

42% Access to public transportation

1. Healthy People Wood County Community Health Assessment, 2024
2. Adapted from Centers for Disease Control and Prevention, 2023
3. County Health Rankings, 2024

Partners and Collaboration

MMC-Marshfield will collaborate with community partners to address community health needs. MMC-Marshfield staff participate in Healthy People Wood County, a partnership of residents, hospitals, nonprofits, businesses, public health officials, and schools working together to address complex health problems. Healthy People Wood County, in collaboration with Wood County Health Department, convenes community organizations and develops partnerships to sustain community improvement efforts that lead to positive, lasting change in Wood County.

Identified Health Needs Not Being Addressed

Through the assessment process, other community health needs were identified that have not been addressed in this plan. In prioritizing community health needs, the MMC-Marshfield CBW considered other organizations addressing the specific need, the ability of MMC-Marshfield to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health needs will not be addressed by MMC-Marshfield as other community organizations are better equipped and have the resources in place to lead efforts to address them. Cross-cutting efforts in MCHS's Strategic Areas of Focus may indirectly address some of these health needs:

- Oral Health
- Housing
- Transportation
- Affordable childcare
- Jobs with livable wages and benefits
- Enough money for basic needs

Potential Resources to Address Health Needs

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:
- ADRC of Central Wisconsin
- Family Health Center of Marshfield
- Ho-Chunk Health Care Center
- Local school districts
- Wood County Sheriff's Department
- Wisconsin Rapids Police Department
- Three Bridges Recovery
- United Way of South Wood & Adams
- Marshfield Area United Way
- Women, Infants, & Children (WIC)
- South Wood County YMCA
- Marshfield YMCA
- Opportunity Development Center

- Hmong American Center
- North Central Community Action Program
- Department of Public Instruction Migrant Education Program
- HOLA (Healthy Opportunities for Latin Americans)

Next Steps

Having identified the health priorities that will be addressed, MMC-Marshfield will collaborate with Healthy People Wood County and other community organizations and programs to address identified community health needs. Health improvement activities will be monitored, and their effectiveness evaluated to maximize impact.

The MMC-Marshfield Community Benefits Workgroup (CBW), an internal workgroup, will contribute to the hospital's community benefits and community health initiatives and will oversee the three-year implementation strategy plan. This group will develop a strategic plan that demonstrates the potential to have the most impact on improving selected health priorities, and that will focus on the social determinants of health to subsequently reduce health disparities.

MMC-Marshfield CBW will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. With the help of respective partners, an analysis will be completed 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 12, 2024.

If you would like to serve on a coalition that helps meet the needs of the community, 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 completed in 2021 were:
- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

Health Priority: Alcohol and Substance use

Strategy	Summary of Actions 2022-2024
Support Alcohol and Other Drug (AOD) Prevention Curriculums in school and/or afterschool settings	Participated in Marshfield Area Coalition for Youth (MACY) and IMPACT, which successfully advocated for the first county ordinance in Wisconsin to restrict sales of THC/Delta-8. Promoted Botvin LifeSkills curriculum to Wood County schools and afterschool programs.
Support workplace drug prevention and recovery efforts	A variety of recovery supportive workplace resources were developed in partnership with Security Health Plan.
Participate in community-based workgroups	Participated in multiple community coalitions and collaborations with the purpose of improving the health of the community such as Healthy People Wood County, Marshfield Area Coalition for Youth, IMPACT, Opioid Abatement workgroup, Marshfield Area United Way Coalitions, City of Marshfield Partners Meeting and South Wood County Population Health Steering Committee, and Central Wisconsin Partnership for Recovery. Provided funding to Marshfield Police Department to install one NaloxBox and host one Sharps Disposal Event.

Health Priority: Behavioral Health

Strategy	Summary of Actions 2022-2024
Enhance community member's skills to support mental health promotion and suicide prevention	Promoted 4 virtual community Question Persuade Refer (QPR) suicide prevention trainings. Provided QPR Train the Trainer for 2 Wood County individuals, including bilingual individuals that will serve multiple counties.
Support suicide prevention community awareness events	Held Mental Health Matters Events in collaboration with the Marshfield Area Coalition for Youth (MACY) Mental Health Task Force (MHTF). The event uses signs to bring awareness to mental health throughout the community.
Enhance school capacity to provide high quality social, emotional assessment, support, and learning	Promoted b.e.s.t., (Behavioral Emotional Social Traits), a universal screening tool to help educators support the emotional health of students. Promoted Life Tools, a social emotional learning (SEL) program for youth and supported 4 Wood County Schools to participate in the program.
Participate in community-based workgroups	Participated in multiple community coalitions and collaborations with the purpose of improving the health of the community such as Healthy People Wood County, Marshfield Area Coalition for Youth, IMPACT, Opioid Abatement workgroup, Marshfield Area United Way Coalitions, City of Marshfield Partners Meeting and South Wood County Population Health Steering Committee, and Central Wisconsin Partnership for Recovery.

Health Priority: Chronic Disease

Strategy	Summary of Actions 2022-2024
Increase community capacity to provide nutritious, locally grown food and address food insecurity	Supported Rotary Winter Wonderland, a community event that raises funding and collects food items to support local food pantries.
Enhance programming to impact chronic disease self-management and prevention with a focus on obesity and diabetes	Provided funding to support members of minority groups to become leaders in a variety of evidence-based health improvement programs including Living Well with Diabetes. Members of both the Hmong and Hispanic communities have been trained and have started offering culturally appropriate classes to their community. Provided a free, virtual diabetes prevention program led by CDC-certified lifestyle coaches to empower participants to prevent or delay the onset of Type 2 Diabetes.
Participate in community-based workgroups	Participated in multiple community coalitions and collaborations with the purpose of improving the health of the community such as Healthy People Wood County Advisory Board and action teams, United Ways of South Wood and Adams Counties, the Hmong & Hispanic Communication Network, and Food Equity in Farmers Markets Coalition.

Health Priority: Social Determinants of Health

Strategy	Summary of Actions 2022-2024
Conduct an organizational (internal) and community (external) assessment of health disparities and health equity and develop a workplan to address those gaps	Established internal office of Health Equity, Diversity, and Inclusion and identified key strategies. Arranged MCHS LGBTQIA+ Artist Spotlight Artwork Display and Exhibit to improve inclusion culture at MCHS. Participated in Marshfield, WI pride event.
Support and connect patients and community members to resources to address socially determined needs	Integrated an SDOH screening tool. Promoted the use of findhelp.org, a free resource directory available for patients and the community.
Participate in community-based workgroups	Provided funds to the South Wood Cultural Coalition to conduct cultural conversations with community members representing diverse populations. Results of these conversations are being used to develop leadership roundtables and broad community efforts to build belonging and cultural awareness throughout the community. Provided funding to support members of minority groups to become leaders in a variety of evidence-based health improvement programs including QPR for suicide prevention and Living Well with Diabetes. Members of both the Hmong and Hispanic communities have been trained and have started offering culturally appropriate classes to their community.

Appendix A: Definitions

- **Health Equity**: Achieved when every person has the opportunity to attain one's fullest or highest level of health potential. consider: Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. (Centers for Disease Control and Prevention, 2022)

- **Health Priority(ies):** Selected health issues to be addressed by hospitals based on a prioritization process and community input collected via survey, community conversations, focus groups, and/or coalition meetings; and secondary data review.

- **Implementation Strategy (IS):** a written plan that describes the actions and activities the hospital facility plans to implement or support to address each health need identified by the CHNA. The plan includes a written explanation if the hospital facility does not intend to address an identified health need. An authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finished conducting the CHNA. (IRS, 2023)

- **Minority**: a part of a population thought of as differing from the rest of the population in some characteristics and often subjected to differential treatment (Merriam-Webster online dictionary, 2024)

- **Non-binary:** relating to or being a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female (Merriam-Webster online dictionary, 2024)

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

- **United Way ALICE report:** ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. United Way's ALICE Report provides current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. (United for ALICE, 2023)

- **University of Wisconsin's Population Health Institute's County Health Rankings:** a program of the University of Wisconsin Population Health Institute that provides data, evidence, guidance, and examples of the multiple factors that influence health. The rankings have the ability to measure the health data of almost every county in the United States and are complemented by guidance, tools, and resources to accelerate community learning and action. (County Health Rankings, 2023)

Appendix B: Individuals Involved in the CHNA

Healthy People Wood County (HPWC) Leadership
- Wood County Health Department
- Aspirus Hospital & Clinics
- Marshfield Clinic Health System

Healthy People Wood County
- HPWC Advisory Council Members
- HPWC members representing resident and community organizational voices
- Wood County Community Health Workers
- Pa Yiar Khang, Chia Lor Khang, and Bee Lor for providing the HMong Community write-up
- Kandyce Dunlap for assisting with the Ho-Chunk Community write-up
- Zoe Walts for compiling secondary data during their internship with the Wood County Health Department
- Aidan Stotz for analyzing the qualitative data results from the CHA Survey
- Wisconsin Public Health Association (WPHA) for providing a technical assistance grant to help develop the CHA Survey
- Growing Violets for providing technical assistance in the development of the CHA Survey
- Wisconsin Department of Health Services for providing grant funding to conduct qualitative community engagement
- Other local health departments including: Walworth County, Brown County, Eau Claire City-County, Winnebago County

MMC-Marshfield Community Benefits Workgroup (CBW)
- Bob Chaloner
- Victoria Varsho
- Laura Kibbel
- Susan McDonald
- Lauri Kollross
- Sumithra Tirunagaram, MD
- Sushma Thappeta, MD
- Timothy Golemgeski
- Heather Schmidt

Community Advisory Board-Marshfield
- Ashley Fredrick
- Kendra Haessly
- Bill Sennholz
- Brad Doine
- Bob Chaloner
- Vicky Varsho

- Lauri Kollross
- Laura Kibbel, RN
- Susan McDonald
- Susan Boyle, NP
- Brian Hoerneman, MD
- Sushma Thappeta, MD
- Timothy Golemgeski, MD
- Dermot O'Neill, MD
- Jennifer Roberts, MD
- Sumithra Tirunagaram, MD

Appendix C: Community Health Survey

How Healthy is Wood County?

Thank you for taking the time to fill out this survey. This survey was created by Wood County Health Department, Aspirus Riverview Hospital and Clinics, and Marshfield Clinic Health System as a way to get the community's opinion about factors that impact community health in Wood County.

This survey is for people who live or work in Wood County and takes about 5-10 minutes to complete. All answers are completely anonymous.

At the end of the survey, you will have the option to follow a link to a separate form that is not in any way connected to this survey to be entered into a drawing for a **$50 VISA gift card**.

If you have any questions or concerns about this survey, contact Niki at niki.lucht@woodcountywi.gov or 715-421-8929. HMong & Spanish versions available upon request.

What are the best parts about Wood County? *Select all that apply.*

- ☐ Near family/friends
- ☐ Access to affordable healthcare
- ☐ Affordable housing
- ☐ Racial and ethnic diversity
- ☐ Good jobs and strong economy
- ☐ Community events
- ☐ Access to affordable childcare
- ☐ Rural lifestyle
- ☐ Size of community
- ☐ Job opportunities

- ☐ Safe community
- ☐ Good place to raise kids
- ☐ Cost of living
- ☐ Good schools
- ☐ Recreation opportunities
- ☐ Welcoming community
- ☐ Entertainment opportunities
- ☐ Access to community parks, trails, and green space
- ☐ Other: _____

TRANSPORTATION

During the past year, if you or someone in your household missed work, a medical appointment or other important event because you had no transportation, which of the following caused this problem? *Select all that apply.*

- ☐ Unreliable vehicle
- ☐ No public transportation available
- ☐ Couldn't afford gas or transportation cost
- ☐ No vehicle

- ☐ No one available to drive me
- ☐ Unable to drive
- ☐ Other: _____
- ☐ Not applicable

Continue →

SOCIAL CONNECTEDNESS

How do you connect or socialize with others in your community?

Choose whether you agree or disagree with the following statements.		
Agree	Disagree	
		I feel safe in my community.
		There are opportunities for people to gather in my community.
		I have at least one person I can talk to if I have a personal problem.
		I would use an assistance program or other support program to get help if needed. *(e.g. Medicaid/BadgerCare, Medicare, Women, Infants, & Children (WIC), community support group, employee assistance program, etc.)*
		Decisions in my community are made with resident participation. *(For example, I am given an opportunity to express my concerns to people who make decisions in the community)*

Choose whether you agree or disagree with the following statement.		
Agree	Disagree	
		I and/or someone in my household has been treated unfairly based on characteristics such as gender, age, race, ethnicity, income, etc. in Wood County.

If you agreed with the previous statement, please answer the following questions. If you disagreed with the previous statement, continue to the next page.

I was treated unfairly based on these factors. *Select all that apply.*

- ☐ Race or ethnicity
- ☐ Place of birth
- ☐ Gender
- ☐ Sexual orientation
- ☐ Criminal history
- ☐ Disability
- ☐ Income or socioeconomic status
- ☐ Citizenship status
- ☐ Age
- ☐ Primary language spoken
- ☐ Not applicable
- ☐ Other: _____

In what situations have you and/or your household member(s) experienced being treated unfairly in your community? *Select all that apply.*

- ☐ Applying for a job
- ☐ Looking for housing to rent or buy
- ☐ In public places
- ☐ Healthcare
- ☐ At school
- ☐ At work
- ☐ Interacting with government services
- ☐ Interacting with law enforcement
- ☐ At a place of worship
- ☐ With my neighbors
- ☐ Other: _____

Continue →

BASIC NEEDS

In the last 12 months how often have you worried that you would run out of food before you had money to buy more? *Choose one.* ☐ Often (more than 10 times) ☐ Sometimes (3-10 times) ☐ Rarely (1-2 times) ☐ Never	**Where do you get *most* of your food?** *Choose one.* ☐ Grocery store ☐ Convenience store or gas station ☐ Farmers markets ☐ Food pantry ☐ Personal garden/farm ☐ Other: _____
What is your living situation today? *Choose one.* ☐ I have housing and I <u>AM NOT</u> worried about losing it. ☐ I have housing, but I <u>AM</u> worried about losing it. ☐ I do NOT have housing and I am temporarily staying with friends/family. ☐ I do NOT have housing and I am temporarily staying in a shelter. ☐ I do NOT have housing and I am temporarily staying in my vehicle. ☐ I do NOT have housing and I am living on the street, in a park, etc.	**Do any of the following impact your ability to keep your job or move up in your job?** *Select all that apply.* ☐ My ability to get job skills training ☐ My education level ☐ Availability of child care ☐ Availability of adult respite care ☐ Availability of reliable transportation ☐ Job accommodations for a disability ☐ Language barrier ☐ Not applicable ☐ Other: _____
Does your housing meet your needs? (affordable, safe, enough room for everyone, etc.) ☐ Yes ☐ No	**Does your household have enough money to pay for basic needs like food, clothing, housing, etc.?** ☐ Yes ☐ No ☐ Sometimes

Choose whether you agree or disagree with the following statements.		
Agree	Disagree	
		If I was suddenly without income for 3 months I would be able to cover all of my household expenses.
		At the end of every month I am able to save money.

Continue →

8

AREAS FOR IMPROVEMENT

What do you think are the most important areas for improvement in Wood County?
In each category, select all that apply.

Health Behaviors & Outcomes
- ☐ Excessive alcohol use
- ☐ Drug use
- ☐ Tobacco/vaping use
- ☐ Physical inactivity
- ☐ Injuries and accidents (motor vehicle, bicycle, etc.)
- ☐ Oral or dental health
- ☐ Nutrition
- ☐ Overweight and obesity levels
- ☐ Mental health, suicide
- ☐ Chronic diseases (e.g., diabetes, heart disease, etc.)
- ☐ Other: _____

Social & Economic Factors
- ☐ Education
- ☐ Discrimination or unfair treatment
- ☐ Not enough money for basic needs
- ☐ Not enough social and/or community support
- ☐ Violence in the home or community
- ☐ Not enough jobs with livable wages and benefits
- ☐ Unemployment
- ☐ Affordability and availability of child care
- ☐ Affordability and availability of aging and/or disability resources
- ☐ Other: _____

Clinical Care
- ☐ Availability and affordability of health insurance
- ☐ Availability and affordability of dental care
- ☐ Availability of primary healthcare providers
- ☐ Availability of mental health providers
- ☐ Availability of specialty care providers *(e.g. oncology, surgery, etc.)*
- ☐ Limited use of preventive services *(ex. Annual wellness exam, mammogram, colonoscopy, etc.)*
- ☐ Low rates of routine vaccinations *(ex. Flu, childhood vaccines)*
- ☐ Other: _____

Physical Environment
- ☐ Air pollution
- ☐ Drinking water quality
- ☐ Safe housing
- ☐ Affordable housing
- ☐ Access to public transportation
- ☐ High speed internet
- ☐ Safe streets and paths for biking and walking
- ☐ Safe places to exercise or play outside like parks, beaches, pools, etc.
- ☐ Climate change
- ☐ Other: _____

Choose at least one of your answers from the lists above. Name the area(s) and tell us more about what you've experienced including what you think should be done about it.

Continue →

DEMOGRAPHICS

Please take the last few moments to complete some demographic questions. As a reminder, all of your responses are confidential and will **NOT** be linked back to you.

What is your zip code?	What is your age?	Select which option best describes your gender.
☐ 54404		☐ Woman
☐ 54410	_____	☐ Man
☐ 54412		☐ Non-binary
☐ 54413		☐ Other
☐ 54415		☐ Prefer not to answer
☐ 54441		
☐ 54449		
☐ 54454		
☐ 54457	**What language(s) do you speak at home?**	**Select which option best describes your sexual orientation.**
☐ 54466	☐ English	☐ Straight or heterosexual
☐ 54469	☐ Spanish	☐ Gay or Lesbian
☐ 54472	☐ HMong	☐ Bisexual
☐ 54475	☐ Other: _____	☐ Other
☐ 54489		☐ Prefer not to answer
☐ 54494		
☐ 54495		
☐ Other: _____		

What is your annual household income?	What is the highest level of education you completed?
☐ Less than $10,000	☐ Some high school
☐ $10,000-$14,999	☐ High school/GED
☐ $15,000-$24,999	☐ Some college
☐ $25,000-$34,999	☐ Trade/technical/ vocational training
☐ $35,000-$49,999	☐ Associates degree
☐ $50,000-$74,999	☐ Bachelor's degree
☐ $75,000-$99,999	☐ Graduate or professional degree
☐ $100,000-$149,999	
☐ $150,000-$199,999	
☐ $200,000 or more	

Choose the option that __best__ describes your current employment status. *Choose one.*

☐ Full-time employment	☐ Student
☐ Part-time employment	☐ Retired
☐ Seasonal employment	☐ Unable to work
☐ Stay at home parent	☐ Unemployed
☐ Full-time caregiver for an adult family member	☐ Other: _____

How many people live in your household including yourself?	How many children under 18 live in your household?
_____	_____

Continue ➔

Do other individuals besides your partner and/or children live in your household?
If yes, select all that apply.

- ☐ Grandparent
- ☐ Parent
- ☐ Adult relative
- ☐ Youth relative

- ☐ Friend
- ☐ Other: _____
- ☐ Not applicable

Which category(ies) best describe you? *Select all that apply.*

- ☐ Asian
- ☐ Black or African American
- ☐ Chippewa or Ojibwe
- ☐ Colombian
- ☐ Filipino
- ☐ Hispanic/Latinx
- ☐ HMong
- ☐ Ho-Chunk
- ☐ Indian *(from India)*
- ☐ Jamaican
- ☐ Menominee
- ☐ Mexican

- ☐ Middle Eastern/North African
- ☐ Multiracial
- ☐ Native/Indigenous
- ☐ Nigerian
- ☐ Oneida
- ☐ Potawatomi
- ☐ Puerto Rican
- ☐ Somali
- ☐ South African
- ☐ White
- ☐ Other: _____

Thank you so much for your participation!

GIFT CARD ENTRY

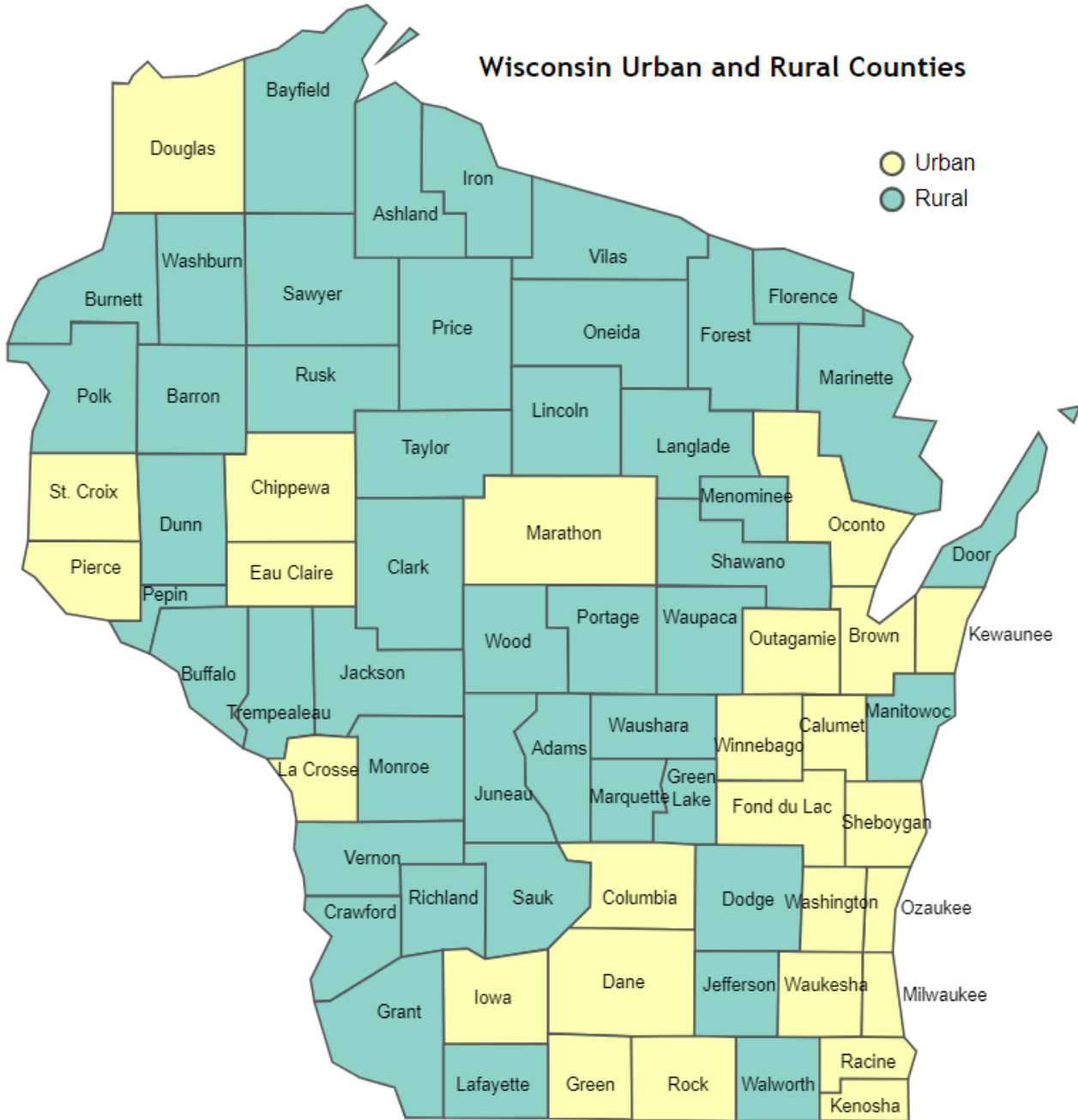Go to bit.ly/CHA_GiftCard or scan the QR code to be entered into a drawing for a **$50 VISA gift card**. This is a completely separate form that is not in any way connected to your survey answers. Paper entry forms are available upon request. *One entry per person. 3 winners will be selected and contacted in December.*

If you have any questions contact Niki at niki.lucht@woodcountywi.gov or 715-421-8929.

Appendix D: Rural and Urban County Map

Wisconsin Urban and Rural Counties

○ Urban
○ Rural

https://www.dhs.wisconsin.gov/wish/urban-rural.htm

Appendix E: References

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