Memorial Hospital, Inc. Neillsville, Wisconsin d/b/a Marshfield Medical Center-Neillsville

2026-2028 Community Health Needs Assessment

Marshfield Clinic Health System

Dear Community Member,

We know that health is driven by more than what happens in the doctor's office. Emphasis needs to be on addressing health before medical needs arise through programs, services, public policy or other means whenever possible. 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. MCHS lives up to our mission and serves the community by conducting a Community Health Needs Assessment every 3 years and utilizing the data to inform our practices.

The 2026-2028 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.

Through these collaborative efforts, the top health priorities identified through the 2026-2028 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 Memorial Hospital, Inc. Neillsville, Wisconsin D/B/A Marshfield Medical Center-Neillsville (hereafter referred to as MMC-Neillsville) are:

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

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. The MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment by December 31st, 2025.

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. Brian Hoerneman, Interim CEO
Marshfield Clinic Health System

Bob Chaloner, President
Marshfield Medical Center-Neillsville

Jay Shrader, Vice President
Community Impact and Social Accountability

Marshfield Medical Center-Neillsville,
EIN #39-0806828
N3708 River Avenue
Neillsville, WI 54456

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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-Neillsville partnered with Clark County Health Department, 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-Neillsville. MMC-Neillsville 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. Community Impact and Social Accountability (CISA) is a framework that includes those within the health system who are addressing the health needs of the community. MCHS has a responsibility and obligation to address the priority health needs of the community served, especially those who are marginalized and underserved. CISA provides expertise and executes the initiatives to improve health services and education.

Hospital Overview

MMC-Neillsville, previously Memorial Medical Center, was acquired by Marshfield Clinic Health System in November 2018. In May 2021, MMC-Neillsville opened the doors of a new 100,000 square-foot medical campus. The upgraded facility features a 16-bed hospital, 24/7 emergency department, an operating room, 28 clinical exam rooms, rooms designated for telehealth consults and an infusion suite with six private rooms to provide IV treatments, including chemotherapy. MMC-Neillsville provides residents and visitors of Clark County and the surrounding communities with outstanding health care in a friendly, close-to-home atmosphere.

> MMC-Neillsville offers a wide range of advanced care services including:
> - Urgent care and emergency department
> - Family practice and internal medicine
> - Oncology
> - Infusion and outpatient nursing center
> - Orthopedics
> - Podiatry

[4], [5]

Our Community

Clark County, Wisconsin, has 1,210 square miles of land area and is the 7th largest of Wisconsin's 72 counties by total land area. [6] Clark County is located in central Wisconsin and is bordered by Chippewa, Eau Claire, Jackson, Marathon, Taylor, and Wood counties (see map). [7]
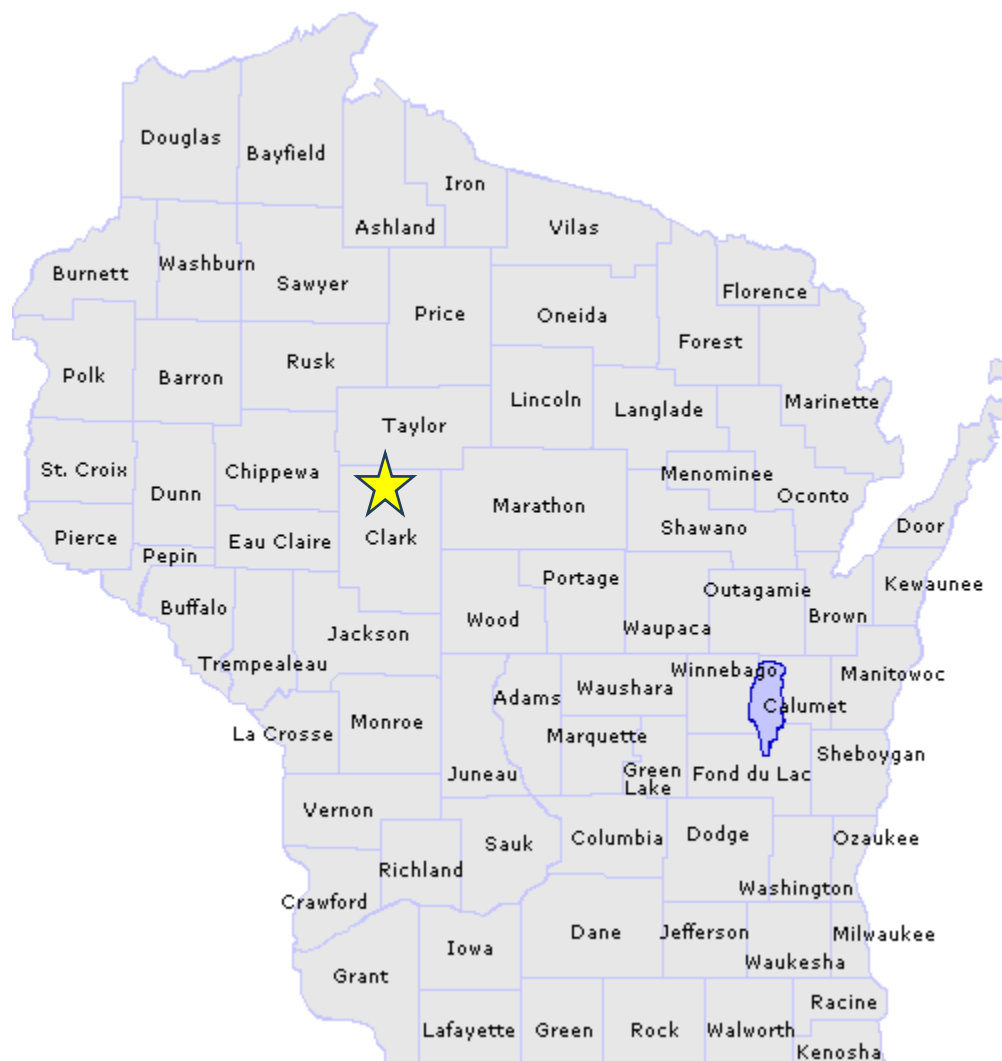
The county seat is located in Neillsville, Wisconsin, one the county's largest cities based on population. The county's other larger cities include Abbotsford, Colby, Greenwood, Loyal, and Thorp. Smaller townships include Fremont, Mayville, Pine Valley, Withee, and York. [8], [9]

Clark County, Wisconsin
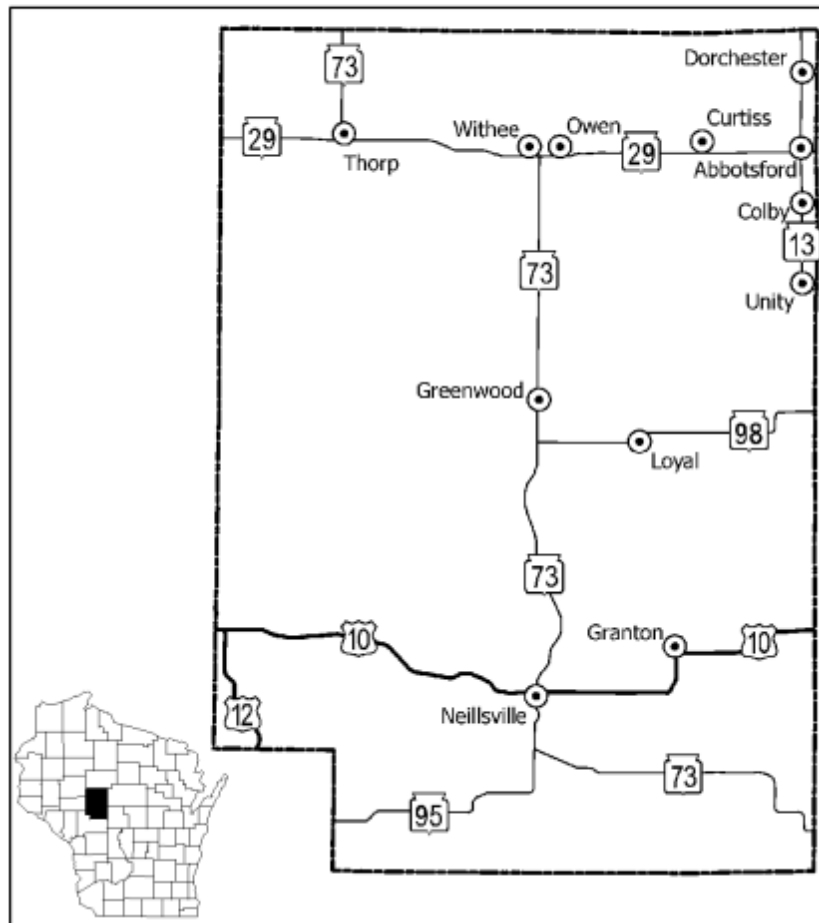
Clark County is the 41st most populous county in Wisconsin with 34,801 residents (based on 2024 estimates). [10] Clark County's population grew slightly from 2020 to 2024 at a cumulative rate of about 0.5%, which is slower than the state's growth rate of 1.1%. [10], [11]

Clark County is more rural than Wisconsin overall, with 100% living in a rural area (33% of Wisconsinites and 20% of U.S. residents live in a rural area). [12]

Industries in Clark County that account for the most employment include Manufacturing (32% of employment) and Trade, Transportation and Utilities (21% of employment). Education and Health Services is also a large employment sector, accounting for 14% of employment. [9] Among the largest employers (listed in alphabetical order) are Abbyland Pork Pack, Aspirus Stanley Hospital, Clark County government, Clark County Rehab and Living, Colby School District, Colonial Health and Rehabilitation, Cummins Filtration, Figi's, Grassland Dairy, Haas Sons, Meyer Manufacturing, Kerry Ingredients &

Flavours, Lynn Dairy, Marshfield Medical Center, Midcountry Homes, OEM Fabricators, and Wisconsin Bench. [13], [14]

Clark County maintains facilities for many types of outdoor recreation. According to Clark County Economic Profile, over 134,250 acres of county forest are available for wildlife viewing, trapping, and hunting. The Clark County forest supplies the habitat for a variety of wildlife species such as white-tailed deer, turkeys, black bear, wolves, grouse, bald eagles, and Karner Blue butterflies. Clark County also has rivers and streams offering access to canoeing opportunities. The County has motorized and silent sport recreational opportunities, including 370+ miles of snowmobile trails, ATV/UTV trails, off-road motorcycling, mountain biking, horseback riding trails, hiking, and downhill and cross-country skiing opportunities. Parks are available for camping, picnicking, and swimming. [14], [15] When asked to identify community strengths, "parks and recreation areas" was the most frequently selected response by participants in Clark County's 2024 Community Health Survey, accounting for 16% of responses. [16]

Cultural opportunities include the Highground Veterans Memorial Park, 1897 Clark County Jail Museum, Branstiter Old Streets of Greenwood Museum, Rural Arts Museum, Thorp Area Historical & Telephone Museum, Stanley Area Historical Society Museum. Additional landmarks include the Tufts' Mansion and the Wisconsin Pavilion of the 1964-1965 New York World's Fair. The Reed School provides an example of a one-room school house typical of rural Wisconsin. The Woodland Hotel, built in 1906, is listed on the Wisconsin and National Registers of Historic Places and located on the historic Yellowstone Trail. The Silver Dome Ballroom is also listed on the National Register of Historic Places. Neillsville Area Players was established in 2005 as a non-profit organization dedicated to supporting the arts in Neillsville, Wisconsin and the surrounding areas. Notable annual events include the Spring Into Arts Tour, Bloomin' Greenhouses Tour, and the Harvest Moon Fall tour. Dairy breakfasts offered at area farms provide the opportunity for residents to connect with the farming and agricultural industry. Clark County also offers several golf courses and bowling. [17]

Clark County is served by several area technical colleges. For example, North Central Technical College has a campus in Spencer, located in the southwestern corner of Marathon County and bordering Clark County to the west. Chippewa Valley Technical College has a campus in the county seat of Neillsville, offering local residents and businesses access to training and technology. [14], [18] Clark County is also a UW-Extension location.

Across Clark County there are a variety of community-based resources, facilities, and organizations that provide recreational opportunities, social services, and/or access to civic, social, and cultural engagement. For example, the Marshfield Clinic Health System YMCA – Neillsville Center offers a 24-Hour Healthy Living Center with a number of fitness options, including state-of-the-art cardio and strength training equipment, and group exercise classes. Chambers of Commerce, such as those in Neillsville and the AbbyColby

Crossings Chamber provide information on organizations, civic engagement opportunities, and community events.

Within the county, public transportation services are limited. When asked in the 2024 Community Health Survey to identify aspects of the physical environment that are hurting Clark County communities the most, "limited access to public or purchased transportation" was the second-most frequently identified response, accounting for 24% of responses. [16] The Neillsville Taxi and Clark County Taxi services were eliminated as of January 1, 2025. Clark County Department of Social Services provides non-emergent medical transportation for persons 60 years of age or older, persons with disabilities and other approved persons who complete a Volunteer Transportation Assessment and are determined eligible. Transportation is provided by area volunteers on a first come, first serve basis. Interfaith Caregivers of Clark County also provides volunteer-based transportation services to those over 60 years of age. The New Freedom Volunteer Driver and Voucher Program is used to help clients get to medical, educational, employment-related and social events. To be eligible for the program, individuals must have a temporary or permanent disability or be frail elderly and have a transportation barrier. Molitor Transportation located in Dorchester, Wisconsin services areas of Clark County with handicapped accessible vans and vans equipped for bariatric wheelchairs/lifts. Medical assistance recipients can receive free transportation services via MTM. MegaBus provides intercity bus service between the Twin cities and Green Bay along the STH 29 corridor. Stops within Clark County are Abbotsford and Stanley. [14], [19]

Health Disparities

Health Disparities are defined as a higher burden of illness, injury, disability, or mortality experienced by one group relative to another and 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." [20]

Demographic data provides information on specific populations that can help us understand the health disparities experienced by those who live in Clark 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 into the 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 [21].

Rural (reference: https://www.dhs.wisconsin.gov/wish/urban-rural.htm)

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 a county's 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. [22]

Based on the WORH designations, Clark County is defined as a rural county with 29 people per square mile. This is in comparison to a statewide population density of 109 people per square mile. [23] To see a map of rural and urban counties in Wisconsin according to WORH please see appendix F.

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 Clark County residents is 37.0, which is younger than the statewide median age of 40.5. [6] Based on U.S. Census and 2025 County Health Rankings data, 8.1% of Clark County's population is under the age of 5 compared to 5.3% statewide and 5.5% nationally. When considering the population of residents under the age of 18, Clark County has a higher percentage in comparison to statewide estimates (29.4% in Clark County vs. 21.1% statewide). The younger population distribution in Clark County suggests a potential need for resources focused on families with children. When considering older adults, 17.9% of Clark County residents are over the age of 65, compared to 19.1% statewide and a national rate of 17.7%. [12], [6] When Clark County residents were asked in the 2024 Community Health Survey to choose the social and economic factors of most concern, "access to affordable, quality child care" and "aging-related concerns" were identified among the top 5 most frequent concerns (15% and 13%, respectively). [16]

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." [24]

Clark County's median household income of $67,000 is about 10% below the statewide median income of $74,700 and 14% below the national median income of $77,700.[f] About 12% of Clark County residents live in poverty, compared to 11% statewide and nationally. About 16% of children live in poverty, compared to 13% statewide and 16% nationally. [12], [6] Based on the 2025 data release, approximately 29% of Clark County households met the United Way's ALICE criteria compared to 24% statewide. ALICE is defined as Asset Limited, Income Constrained, Employed, or households that earn more than the federal poverty level, but less than the basic cost of living in the county. In Clark County, 40% of households are considered to be below the ALICE Threshold (ALICE households plus those in poverty) and cannot afford the essentials of housing, child care, food, transportation, health care, and a basic smartphone plan; the statewide estimate of households below the ALICE Threshold is 35%. [25] "Families not having enough money for basic needs" was the most frequent response to the 2024 Community Health Survey question related to the top social and economic concerns hurting Clark County communities the most, accounting for 25% of responses. [16] About 54% of Clark County children enrolled in public schools are eligible for free or reduced-price lunch. This is higher than the state-wide estimate of 40%, and comparable to the national estimate of 55%. [12]

When Clark County residents were asked in the 2024 Community Health Survey to choose aspects of the physical environment that were hurting Clark County communities the most, "lack of safe and affordable housing" was identified as the most frequent concern (39% of responses). [16] Based on the County Health Rankings, 14% of households in Clark County met the criteria for a "severe housing problem," defined as meeting at least one of the following: over-crowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. About one in 10 Clark County households have a "severe housing cost burden" (9%), defined as spending more than 50% of their household income on housing. This is similar to the statewide estimate of 11%. The national estimate is 14%. [12]

Racial/Ethnic Minority Groups

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.

About 91.2% of Clark County's population is White and 6.3% are Hispanic or Latino. Smaller percentages of the population are American Indian or Alaska Native (0.9%); Black or African American (0.7%); or Asian (0.6%). About 1.0% identify with two or more races. U.S. Census Bureau data estimates that 17.4% of households do not speak English as their primary language; this is almost double the percentage of non-English speaking households statewide (9.3%). [26], [6] Spanish is the most common language spoken in households where English is not the primary language (4.5%). About 12.6% speak another Indo-European language and; about 0.3% speak an Asian language as their primary household language. [6]

Clark County also has a sizable community of Plain People (Amish and Mennonite), although estimates of the size of the population vary. Data published in 2024 on the number of residents in the Clark County Amish settlements of Granton, Greenwood, Loyal, and Spencer indicate a population of approximately 2,620 residents. [27]

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, as well as others whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs. SGM groups experience higher risk for poor health outcomes and unhealthy lifestyle behaviors. They may also receive poor-quality health care due to stigma, their unique needs not being considered, or a lack of provider awareness [28] .

At this time, Sexual and Gender Minority data does not exist for Clark County as a whole.

In Wisconsin, 3.8% of adults (18+) are LGBTQ (2019), and the total LGBTQ population (13+) totals 207,000 (2020). 29% of LGBTQ adults (25+) are raising children. 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 [29], [30].

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 [31]. About 8.4% of the Clark County population under the age of 65 is living with a disability. [26] Based on County

Health Rankings data, 32% of adults in Clark County reported any of six specific functional limitations of difficulty in hearing, vision, cognition, mobility, self-care, or independent living. [12] compared to 28% statewide and 29% nationally.

Other

According to the County Health Rankings, access to reliable, high-speed broadband internet improves access to education, employment, and health care opportunities and is associated with increased economic development. The percentage of households in Clark County with a broadband internet connection is 78%; this is lower than state and national estimates of 89% and 90% respectively. [12]

Assessing the Needs of the Community

Overview of Assessment Process and Timeline

The MMC-Neillsville Community Benefit Workgroup (CBW), a local, internal workgroup, 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-Neillsville 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-Neillsville's CHNA, health equity data was also captured and analyzed.

**Figure 1: Community Health Needs Assessment (CHNA) Timeline**
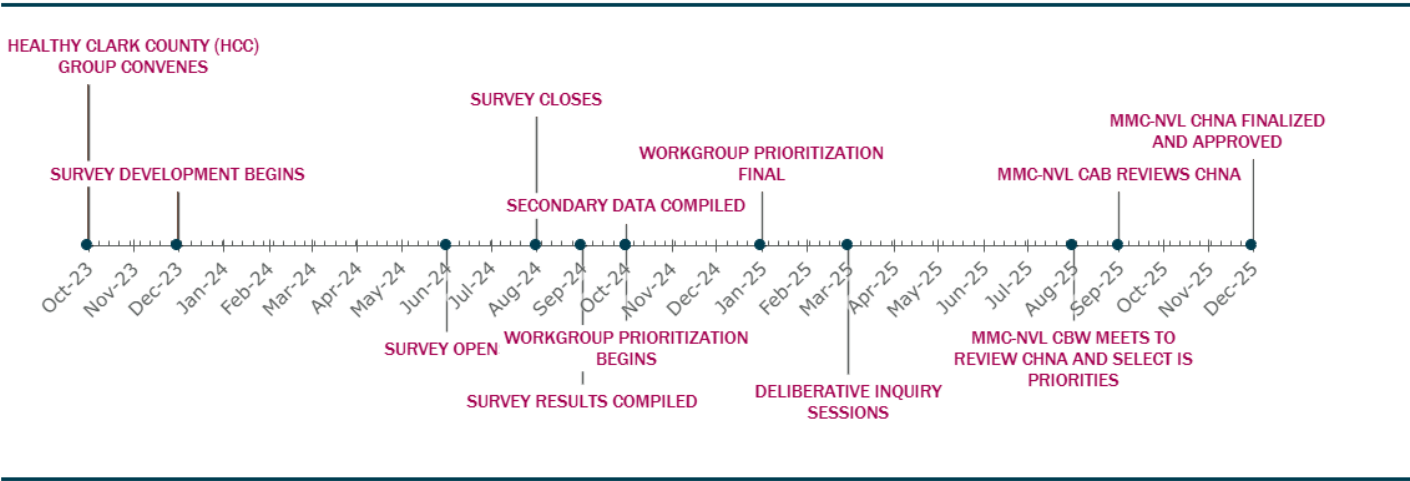
Process and Methods

The Clark County Community Health Assessment process was based on the County Health Rankings and Roadmaps model. 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. [32]

Figure 2: County Health Rankings and Roadmap Model [32]

County Health Rankings model © 2014 UWPHI
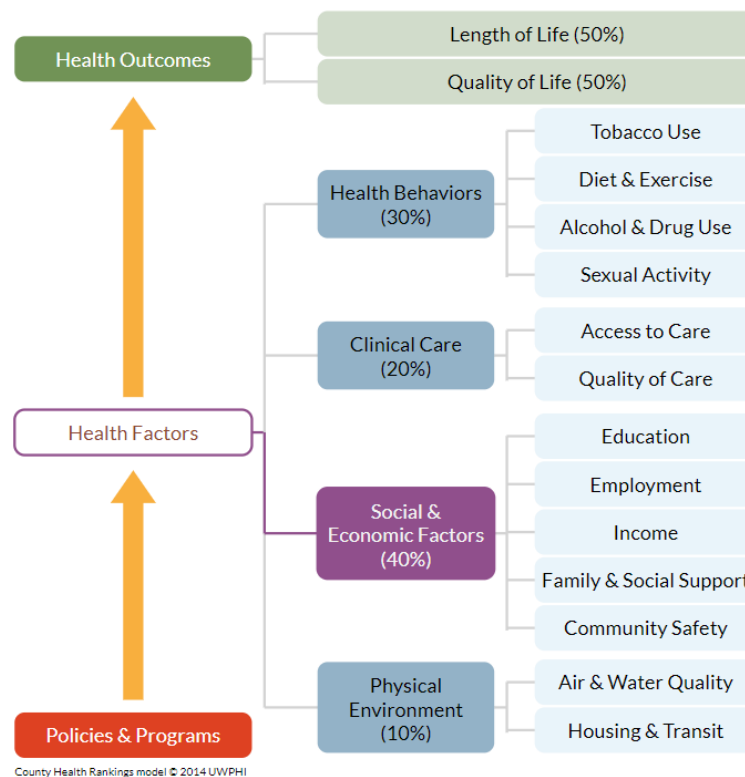
Data Sources

Both primary and secondary data collection methods were utilized to develop a thorough understanding of the health issues facing members of the Clark County Community. Primary data included a community survey and two deliberative inquiry sessions on priority areas. Secondary data was compiled by members of the HCC from a variety of sources and used in conjunction with the primary data to establish comprehensive understanding of community health issues in Clark County.

Primary Data Collection
Community Health Survey

Primary data was collected through a community survey from June 13 through August 16. The survey was developed by Healthy Clark County (HCC) which included representation from the Clark County Health Department, Aspirus, and Marshfield Clinic Health System. Survey development began with a review of the survey used in the last

Table 1.		
	Survey Respondents	US Census [33] [26]
% women	75%	48.9%
Education level of bachelor's degree or higher	38%	13.4%
% Hispanic or Latino	7%	6.3%
White	92%	96.7%
15-24YO	3%	13.3%
25-44YO	34%	20.5%
45-59YO	28%	17.6%
Over 60 YO	33%	23.9%
Income <$25K	8%	14.2%
Income $25K-99K	51%	56%
Income $100K+	28%	29.8%

CHNA. The most-utilized data was retained, and new questions were added based on public health trends and observations in nearby counties, the state, and at the federal level. Questions were written to align with other data sources for ease in comparison.

The survey was open to anyone age 15 and over who lives or works in Clark County. A detailed distribution plan for the survey was developed and carried out by HCC. Efforts were made to distribute the survey to underrepresented populations including older adults, adults under 30, people who only speak Spanish, members of the Plain community, people who are incarcerated, people experiencing homelessness, families with children, and individuals with low income.

The survey was available electronically through the online survey platform Jotform as well as in paper format. Both the electronic and paper versions of the survey were available in English and Spanish. The electronic survey was promoted on social media, in various organizational and community newsletters, at community and group meetings, and via paper fliers placed in high traffic areas throughout Clark County including each library, the Aging and Disability Resource Center (ADRC), hospitals, food pantries, and the dental clinic. Paper surveys were distributed at the libraries and the St. Bernard's food pantry which serves over 300 families each week. Paper surveys were mailed to members of the Plain community and hand-delivered to those receiving Meals on Wheels through the ADRC. Completed paper surveys were entered into the electronic survey platform by health department staff. A total of 415 surveys were completed, which is well above the number of responses needed to report validity at a 95% confidence level.

See Table 1 for a comparison of demographics of the survey respondents compared to U.S. Census data. Women, people with an education level of bachelor's degree or higher, and people over the age of 25 were overrepresented in the survey respondents when compared to U.S. Census bureau data. People with an income level of less than $25,000 per year were underrepresented, as were people aged 15-24 years old.

Additionally, 69% of all respondents age 15+ indicated they are employed. Although it cannot be compared directly, the U.S. Census bureau reports that 64.7% of the population age 16 years and over are "in the civilian labor force," and this information may provide useful context.

Deliberative Inquiries
With support from University of Wisconsin Extension, HCC held two Deliberative Inquiry Community Meetings to discuss select health priorities. Deliberative Inquiry is a structured process by which community residents can learn from one another and make decisions together about what is important to them. The meetings, one in northern Clark County and one in southern Clark County, were held in March 2025.

HCC reviewed the results from the survey, the secondary data, and the health priorities of the health department and both health systems to identify intersecting priorities. HCC determined that 'Child Health and Wellness'–including youth mental health, youth food security, and childcare–is an area that all partners could work on together.

The Deliberative Inquiry process uses an issue guide to facilitate discussion. The issue guide was developed by a team of local professionals with deep knowledge on the issues affecting children in the area. The issue discussed at both meetings was '*How do we improve child health and wellness in our rural communities?'* and included background information, data, and potential strategies for each of the three-child health and wellness topic areas.

The feedback from these discussions provided additional insights into the county's health priorities and can supplement the information provided by the CHA. These discussions provide a narrative and help gain insight into those with lived experience or expertise in the top health needs. They also illustrate the community's strengths or resources that are already available to address certain health issues. Along with the survey data, Deliberative Inquiry conversations can help prioritize the top health needs of the community.

The Deliberative Inquiry Issue Guide is available as Appendix E.

Primary Data Collection Results
Community Health Survey Results
The survey asked respondents to select their top 2 issues that are hurting the community the most in 5 County Health Rankings and Roadmaps categories: health behaviors, social and economic factors, clinical care, health systems and outcomes, and the physical environment.

Based on the results of the survey, the top health issues for Clark County residents are:
- Mental Health
- Lack of health care providers and the affordability of healthcare
- Families not having enough money for basic needs
- Drug Abuse
- Lack of safe and affordable housing

All survey responses (n=415) were further broken down for households with incomes of less than $50,000 (n=108), individuals who are Hispanic (n=27), and members of the Plain community (n=14). For these respondents, overweight/obesity and chronic disease tended to be of greater concern than mental health. For households with incomes of less than $50,000 and members of the Plain community, alcohol use/misuse was of greater concern than drug abuse. For members of the plain community, 'families not having enough for basic needs' was not a concern, but 'families not functioning well' was a concern for half of the Plain community responses for that question.

Deliberative Inquiries Results

Fourteen participants were involved in the deliberative inquiry dialogue to discuss "how do we improve the health and wellness of young people in Clark County". 92% of participants reported that the conversations helped them to think about the pros as well as the cons of potential solutions to the issues discussed. Participants also felt more confident than before that their community could engage in civil conversation about these challenging topics.

The deliberative inquiry helped to identify strategies to improve the health and wellness of young people in Clark County that had the most community energy and support behind them, which will help to guide not only the Clark County Community Health Improvement Plan but also the MMC-Neillsville Implementation Strategy and strengthen partnerships across community groups.

Secondary Data Collection and Review
Members of HCC gathered secondary data from a variety of local, state, and federal resources including County Health Rankings, United Way ALICE report, U.S. Census Bureau, and others. The data was organized into 5 categories that aligned with the community health survey questions (health behaviors, social and economic factors, clinical care, health systems and outcomes, and the physical environment). For each category, the results of the community health survey and the secondary data were compared side-by-side in a document. HCC had a series of meetings between October 2024 and January 20205 to discuss both sets of data identifying areas of alignment and relationships between data sets.

Prioritization Process

Clark County Prioritization Process
To determine Clark County health priorities, members of HCC scheduled weekly meetings between October 2024 and January 2025 to discuss the results of the community health survey and review the secondary data. HCC considered the significance of the issue, whether community infrastructure exists to address the issue, whether the issue could be addressed collectively, and whether vulnerable populations could be reached.

Healthy Clark County Prioritization Process

Community Health Survey, June-Aug. 2024

Secondary Data Compiled, Oct. 2024

Prioritization Discussions,
Oct. 2024-Jan. 2025

Final Priorities Selected,
Jan. 2025

Deliberative Inquiry Planning & Community Events,
Dec. 2024-March 2025

The HCC priority areas and strategies for improvement will be available in the Clark County Community Health Needs Assessment and Community Health Improvement Plan.

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 Areas of Focus are system-wide community health focus areas approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Areas of Focus 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 3: Marshfield Clinic Health System Strategic Areas of Focus
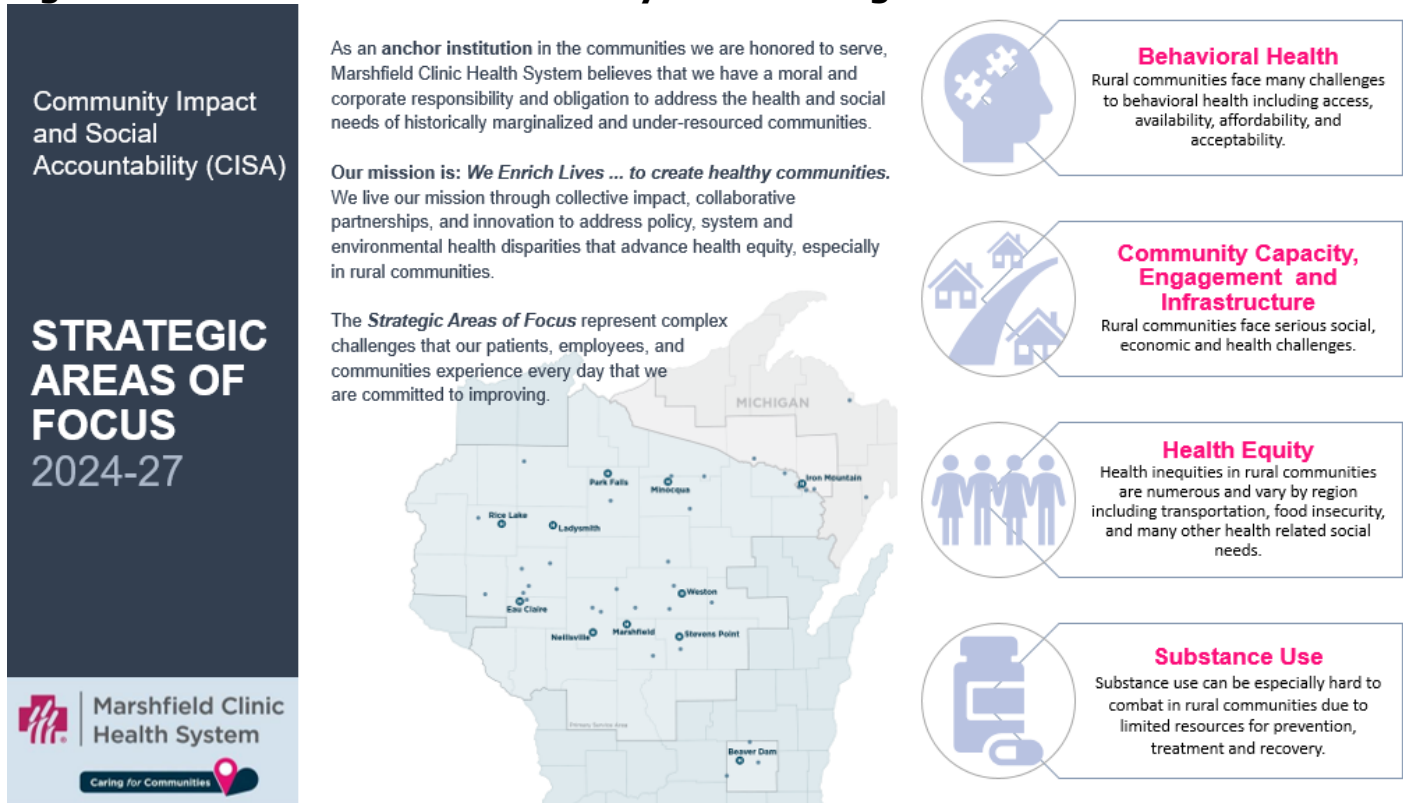
MMC-Neillsville Community Benefits Workgroup (CBW) meeting-August 2025

The MMC-Neillsville CBW met in August 2025 to discuss the results of the CHNA and provide hospital approval. Additional consideration of system-wide strategic areas of focus was considered. 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 [34]

MMC-Neillsville Health Priorities for 2026-2028

After completing extensive review of the Community Health survey and process, United Way ALICE data[1], Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by MMC-Neillsville are:

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

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-Neillsville 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.

---

[1] See definition in Appendix A.

Substance Use

29% of survey respondents identified prescription and illegal drug abuse as health behaviors hurting Clark County, followed by alcohol use and misuse at 21% [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 CLARK COUNTY

Clark County tobacco use is higher than state averages for adults

Percent of Adults Reporting Regular Smoking [2]

20% Clark County

15% Wisconsin

Percent of Clark County middle school students using tobacco products [3]

3% Cigarettes, chew, cigars, cigarillos

4% Vaping products

Clark County adults engage in binge drinking more than the nationwide average.

Percent of adults who engage in binge drinking[2]

23% Clark County

24% Wisconsin

19% United States

Clark County Middle School students who had at least 1 drink of alcohol in the past 30 days[3]

12%

50% of Community Health Assessment Survey respondents reported drugs and alcohol as health behaviors of most concern to Clark County Residents.[1]
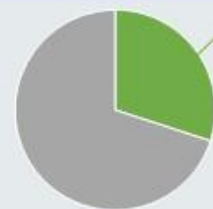
15% of driving deaths from 2018-2022 in Clark County were **alcohol-related.** [2]

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1. Clark County Community Health Assessment 2024
2. County Health Rankings, Clark County 2024
3. Youth Risk Behavioral Survey (YRBS), Middle School, Clark County

Behavioral Health

31% of survey respondents identified poor mental health as the outcome and system issue that is hurting the Clark County Community the most.[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 CLARK COUNTY

A significant number of Clark County adults struggle with mental health.

Adults reporting frequent mental distress[2]

19% Clark County

16% United States

Suicide Deaths per 100,000[2]

Clark Co.	Wisconsin	United States
18	15	14

Clark County has a significant shortage of mental health care providers.[2]

1580: 1 — Clark County

370:1 — Wisconsin

300:1 — United States

Clark County youth report high levels of mental health distress.

61% ... of middle school students

Report anxiety, depression, and/or intentional self-harm.[4]

18% ... of middle school students

Report that they had seriously considered suicide in the last year. .[4]

1. Clark County Community Health Needs Assessment
2. County Health Rankings and Roadmaps, Clark County 2025
3. Youth Risk Behavior Survey 2023

Health Equity

25% of survey respondents indicated families not having enough money for basic needs as the top social and economic concern hurting Clark County families [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 CLARK COUNTY

40% of Clark County households are **below** ALICE households. [2]

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]

Median income of Clark County is **below** the state and national average [3].

Median Income

Clark County	Wisconsin	United States
$67,000	$74,700	$77,700

Many people in Clark County are without health insurance [3]. :
- 20% all person under 65
- 24% of children under 19

54% of Clark County children are eligible for free and reduced lunch. [3]

Among the social determinants of health, Clark County residents [3]...

4,960:1
Have a shortage of primary care providers

16.4%
Of Clark County children live in poverty

14%
Of households meet criteria for a severe housing problem

1. Clark County Community Health Assessment, 2024
2. United Way 2025 ALICE Report County Snapshots-Wisconsin.
3. County Health Rankings, Clark County 2024

Partners and Collaboration

Members of HCC made intentional efforts to identify areas of focus within the health priorities that intersect with ongoing or planned work for all three HCC partners, i.e. the health department and both health systems. While discussing the results of the community health survey and the secondary data, partners also recorded current efforts taking place that could help address issues. When reviewing the results of this record and the discussion, it was determined that all three partners could align efforts on child health and wellness areas including youth mental health, youth food security, and childcare.

Health Needs Not 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 CBW-MMC-Neillsville considered other organizations addressing the specific need, the ability of MMC-Neillsville 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-Neillsville as other community organizations are better equipped and have the resources in place to lead efforts to address them:

- Lack of Safe and Affordable Housing
- Overweight/Obesity
- Chronic Disease
- Families Not Having Enough Money

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:
- Clark County Health Department
- St. Bernard Catholic Church
- Clark County School Districts
- Aspirus
- Fork Farms
- YMCA of Clark County
- H2N
- Eat Right Be Fit Coalition
- Clark County Prevention Partnership

- Clark County Interagency Coordinating Coalition
- Clark County Aging and Disability Resource Center

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.

The MMC-Neillsville Community Benefits Workgroup (CBW) - A local, internal workgroup will contribute to the Health System'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-Neillsville CBW will evaluate implemented programs and activities and track performance 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.

Next Steps

Approval and Community Input
This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. by December 31st, 2025.

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 were:
- Alcohol and Substance Misuse
- Behavioral Health
- Health Equity

Alcohol and Substance Misuse

Strategy	Summary of Actions 2023-2025
Support community-wide environmental strategies, prevention and/or policy to address alcohol use and/or substance misuse.	A variety of recovery supportive workplace resources were developed in partnership with Security Health Plan.
Support community-led recovery efforts.	Provided Recovery Coach services for patients and community members seeking support or already in recovery from an addiction to alcohol and/or other substances.
Support communities in efforts to reduce the negative consequences of substance use through harm reduction strategies.	Supported Clark County Health Dept. in developing a sharps disposal and medication disposal resource guide.
Participate in community-based workgroups.	MMC-NVL leaders and staff participate community coalitions to prevent alcohol and substance misuse including the Nicotine Prevention Alliance and the Clark County Prevention Partnership. Presented to the Clark County Board of Health about Novel THC, the impact on youth and community strategies to prevent selling to individuals under the age 21.

Behavioral Health

Strategy	Summary of Actions 2023-2025
Enhance community capacity to provide resources that increase social emotional skill development and improve mental wellness of youth.	Supported and Promoted Life Tools, a social emotional learning (SEL) program for youth. Supported SchoolPulse mental health program in one Clark County school district.

Provide educational materials (using a variety of platforms) to increase caregiver mental health and wellbeing.	Promoted the Wisconsin Out of School Time Alliance resources and network.
Provide direct technical assistance and training to adults who work with and support youth around behavior guidance and youth mental wellness.	Promoted b.e.s.t., (Behavioral Emotional Social Traits), a universal screening tool to help educators support the emotional health of students.
Enhance community members' skills to support mental wellness promotion and suicide prevention.	Promoted virtual community Question Persuade Refer (QPR) suicide prevention trainings.
Participate in community-based workgroups.	Participated in Clark County Prevention Partnership.

Health Equity

Activity	Summary of Actions 2023-2025
Address social needs of patients and communities by screening and connecting to resources.	Promoted the use of findhelp.org, a free resource directory available for patients and the community.
Increase community capacity to provide nutritious, local grown food and address food insecurity.	Supported the St. Bernard Food pantry in providing food to residents in need. Most of those served by the pantry live in rural areas and a large portion are Hispanic. Provided funding to support meals provided to those in need by United Church of Christ Feeding the Hungry project.
Equitable access to community-based resources, services and supports.	MMC-NVL staff partnered with Indianhead Community Action Agency provides free nurture style parenting classes.
Participate in community-based workgroups.	MMC-NVL leaders and staff participate in the Hmong & Hispanic Communication Network to provide health information to at-risk communities.

Appendix A: Definitions

- **Health Equity**: Achieved when every person has the opportunity to attain one's fullest or highest level of health potential. 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)

- **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 Clark County Core Team
- Brittney Mews, Clark County Health Department
- Rebecca Greisen, Clark County Health Department
- Sarah Beversdorf, Aspirus
- Deenah King, Aspirus
- Laura Zelenak, Marshfield Clinic Health System

Community Advisory Board—Neillsville
- Brian Barth, Secretary-Community Member
- Dr. Timothy Golemgeski, Physician Member
- Dr. Brian Hoerneman, MCHS Corp Member
- Mary Kay Mills, Vice Chair-Community Member
- Russell Ratsch, Chair-Community Member
- Rick Szymanski, Community Member
- Trevor Wuethrich, Community Member

Community Benefits Workgroup-Neillsville
- Laura Zelenak, Former Community Benefit Coordinator
- Jocelyn Schroeder, Community Benefit Coordinator
- Sally Zillman, Vice President of Operations and Patient Care
- Samantha Starck, Administrative Assistance
- Mickey Ganschow, Community Benefit Coordinator
- Seth Kuhn, Operations Manager
- Jake McKelvy, Vice President of Operations
- Timothy Golemgeski, Physician-Family Medicine

CHA Deliberative Inquiry Naming and Framing Team
- Jen Braun- UW-Extension
- Sarah Beversdorf- Aspirus
- Julia Backaus, Neillsville Middle & High School
- Kaila Fitzl, Loyal Elementary School
- Rebecca Greisen, Clark County Health Department
- Selena Freimark, UW-Extension
- Sarah Boulton, UW-Extension
- Deenah King, Aspirus
- Laura Zelenak, Marshfield Clinic Health System
- Mallory McGivern, UW-Extension Marathon County
- Elizabeth Bier (Pastor, Owen-Withee Food Pantry Leader)
- Brittany Mews, Clark County Health Department
- Michelle Van Krey, UW-Extension Marathon County
- Randy Neve, Marshfield Clinic
- Micki Krueger, Childcaring Inc.

Appendix C: Community Health Survey

Community Health Survey 2024
Healthy Clark County

We want to hear from you!

The Clark County Health Department, Marshfield Medical Center-Neillsville, and Aspirus Stanley 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 hurting our community the most.**

Health Behaviors: Choose **the top 2 Health Behaviors** that are hurting our community the most:
- ❑ Alcohol use/misuse
- ❑ Drug abuse (prescribed and illegal)
- ❑ Tobacco, vaping, Delta-8, CBD and other related products
- ❑ Injuries due to accidents (e.g., motor vehicle, farm, bicycle)
- ❑ Injuries due to falls
- ❑ Poor oral or dental health
- ❑ Physical inactivity
- ❑ Poor nutrition
- ❑ Lack of sleep
- ❑ Excessive use of social media
- ❑ Unsafe sexual activity that could result in unintended pregnancies or diseases
- ❑ None of the above are concerns in my community
- ❑ Choose not to answer
- ❑ Other (please specify) _____

Social and Economic Factors: Choose **the top 2 Social and Economic Factors** that are hurting our community the most:
- ❑ Aging-related health concerns
- ❑ Harassment or discrimination of groups of people (e.g., LGBTQ, racial or ethnic minorities)
- ❑ Families not functioning well (ex: abuse, inattentive parenting, trauma)
- ❑ Limited educational opportunities
- ❑ Families not having enough money for basic needs (like safe housing, household expenses and food)
- ❑ Reliable transportation / Ability to get to appointments & run errands with ease
- ❑ Limited social connectedness and belonging
- ❑ Limited religious or spiritual opportunities
- ❑ Violence in the home or community
- ❑ Access to affordable, quality childcare
- ❑ None of the above are concerns in my community
- ❑ Choose not to answer
- ❑ Other (please specify) _____

Clinical Care: Choose **the top 2 Clinical Care issues** that are hurting our community the most:
- ❑ 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
- ❑ Fewer people using preventive services (ex: annual exam, mammogram, colonoscopy)
- ❑ Fewer people getting routine & recommended vaccinations (ex: flu, infant vaccines)
- ❑ None of the above are concerns in my community
- ❑ Choose not to answer
- ❑ Other (please specify) _____

Outcomes & System: Choose **the top 2 Outcome and System issues** that are hurting our community the most:
- ❑ Poor mental health
- ❑ Increased rate of self-harm or suicide
- ❑ Chronic diseases (e.g., diabetes, heart disease, etc.)
- ❑ Infant and child deaths
- ❑ Overweight or obesity levels
- ❑ None of the above are concerns in my community
- ❑ Choose not to answer
- ❑ Other (please specify) _____

Physical Environment: Choose **the top 2 aspects of the Physical Environment** that are hurting our community the most:
- ❑ Air pollution
- ❑ Drinking water quality
- ❑ Lack of safe and affordable housing options
- ❑ Limited access to public or purchased transportation
- ❑ Limited access to public parks and recreation
- ❑ None of the above are concerns in my community
- ❑ Choose not to answer
- ❑ Other (please specify) _____

What else do you want to share about improving the health of your community?
Answer:
_____
_____
_____
_____
_____
_____

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? (Choose only 3.)

- ❏ Access to affordable and healthy foods
- ❏ Access to dental care
- ❏ Access to health care
- ❏ Access to mental health care
- ❏ Access to physical activity opportunities
- ❏ Access to public or purchased transportation
- ❏ Age-related health concern / Abilit to age in place
- ❏ Arts and cultural events
- ❏ Clean air / lack of air pollution
- ❏ Drinking water quality
- ❏ Educational opportunities
- ❏ Families having enough money for basic needs
- ❏ Jobs and the economy
- ❏ Low levels of alcohol use / misuse
- ❏ Low levels of drug abuse (prescribed and illegal)
- ❏ Low levels of harassment or discrimination of groups of people (e.g., LGBTQ, racial or ethnic minorities)
- ❏ Low levels of tobacco, vaping, Delta-8, CBD and other related products
- ❏ Low levels of violence in the home or community
- ❏ Parks and recreation
- ❏ Positive mental health / well-being
- ❏ Religious and spiritual opportunities
- ❏ Safe and affordable housing
- ❏ Social connectedness and belonging
- ❏ Strong families (positive parenting, low levels of child abuse and neglect)
- ❏ None of the above are concerns in my community
- ❏ Choose not to answer
- ❏ Other (please specify) _____

DEMOGRAPHICS: Please tell us more about you.

1. What is your zip code?

[ ][ ][ ][ ][ ]

2. With which gender do you most identify?
- ❏ Male ❏ Female ❏ Transgender ❏ Non-binary
- ❏ Choose not to answer ❏ Prefer to self-describe _____

3. Your age group:
- ❏ 15-17 ❏ 18-24 ❏ 25-34 ❏ 35-44
- ❏ 45-59 ❏ 60-74 ❏ 75+ ❏ Choose not to answer

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

5. Which of the following best describes your ethnicity?
- ❏ Hispanic or Latino
- ❏ Not Hispanic or Latino
- ❏ Choose not to answer

6. Which of the following *best* describes your race?
- ❏ American Indian or Alaskan Native
- ❏ Asian
- ❏ Black or African American
- ❏ Native Hawaiian or Pacific Islander
- ❏ White
- ❏ Two or more races
- ❏ Choose not to answer
- ❏ Other (please specify) _____

7. Are you a member of the Plain Community?
- ❏ No
- ❏ Yes, Amish
- ❏ Yes, Mennonite
- ❏ Yes, Other _____

8. Are there children (under age 20) living in the home?
- ❏ Yes
- ❏ No

9. Are you currently:
- ❏ Employed
- ❏ Not working, by choice
- ❏ Not working, not by choice
- ❏ Student
- ❏ Retired
- ❏ Unable to work
- ❏ Choose not to answer
- ❏ Other (please specify): _____

10. What is your overall household income per year? (Please use your gross income – the amount before taxes are taken out.)
- ❏ Less than $24,999
- ❏ $25,000-$34,999
- ❏ $35,000-$49,999
- ❏ $50,000-$74,999
- ❏ $75,000-$99,000
- ❏ $100,000 or more
- ❏ Choose not to answer

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!

For internal use only: _____

Appendix D: Community Health Survey Results

file:///C:/Users/ganschom/Desktop/CHA%20Clark%20Co%20Survey%20Report%20ALL%20--%20v%202024%20Oct%20(002).pdf

Appendix E: Deliberative Inquiry Issue Guide

How Do We Improve the Health and Wellness of Young People in Clark County?

Clark County Health Department

Health and wellness aren't just for grown-ups. Physical, mental, emotional, and social health are all equally important and contribute to a young person's overall wellbeing. Did you know that by age 5, a child's brain is 90% developed?

Nearly 1 in 5 children in Clark County lack health insurance. The early years through adolescence are a critical window of opportunity, shaping a child's ability to learn and thrive. Early experiences, both positive and negative, lay the foundation for their future and can influence the trajectory of their lives. It's important that parents, caregivers, educators, and communities support the healthy growth and development of young people, so we can all have a better tomorrow.

Every three years, Clark County conducts a Community Health Assessment (CHA) to evaluate the community's health and identify needs. In 2024, child health and wellness emerged as a top priority, focusing on quality childcare, mental health support, and access to healthy food. These are vital for a child's development but expensive to provide. Poverty and food insecurity harm physical and mental health at all ages. Hungry children experience more stress, raising their risk for mental health issues that can continue into adulthood. Food insecurity also affects parents' well-being, making it harder to provide nurturing care.

Many families with children struggle with food insecurity, even if they earn above the minimum income needed to get by. Most parents need to work, but childcare is limited and costly. As a result, parents miss work or leave their jobs, creating financial stress, worker shortages, and fewer opportunities for children to thrive.

In Clark County

- there has been a **13% reduction in childcare slots** at regulated providers since 2015.

- **$833 is the average cost of childcare** for one child, per month.

- almost **half of** 6th-8th graders reported significant **problems with anxiety in the past year** with over a **quarter** of students experiencing **prolonged, disruptive sadness.**

- the ratio of **residents to mental health providers is 2,040:1** (WI: 400:1).

- over **40%** of public school students qualify for **free or reduced-priced meals.**

- **1 in 10 students** (grades 6-12) often or always **experience hunger at home** because of lack of food.

How can we improve the health and wellness of young people in our county?

Communities, like individuals, have limited capacity, time, money, and resources. While every issue impacting young people is important, no community can address everything at once. Tough choices must be made about where to focus efforts. This guide explores strategies to support Child Care, Youth Access to Safe and Healthy Food, and Youth Mental Health in Clark County by considering strategies, benefits, and trade-offs for each approach.

1

IN CLARK COUNTY

FoodShare

60%
of all FoodShare **Families were WORKING** families.

Young People

12%
of **young people** aged 16-19 were **neither working nor in school.**

Child Care

29%
of household's **income** was spent on **child care** for two or more children.

Child Care Workers

$12.88
is the average **hourly wage of child care teachers.**

Wisconsin.Gov/FoodShare
County Health Rankings & Roadmaps
County Health Rankings & Roadmaps
ChildCareAware.org
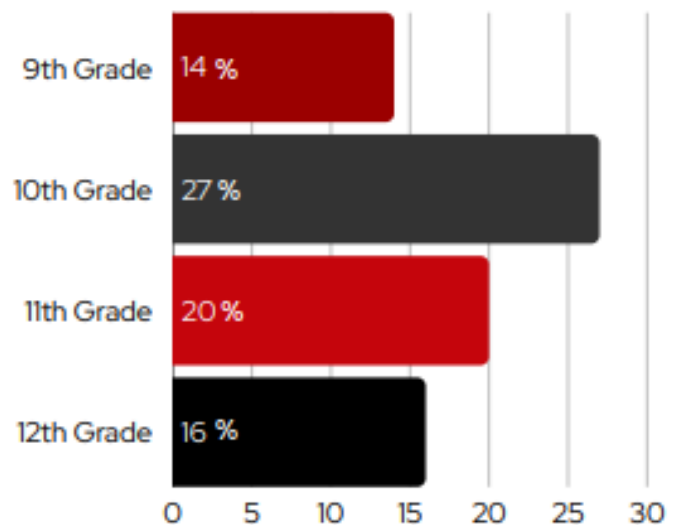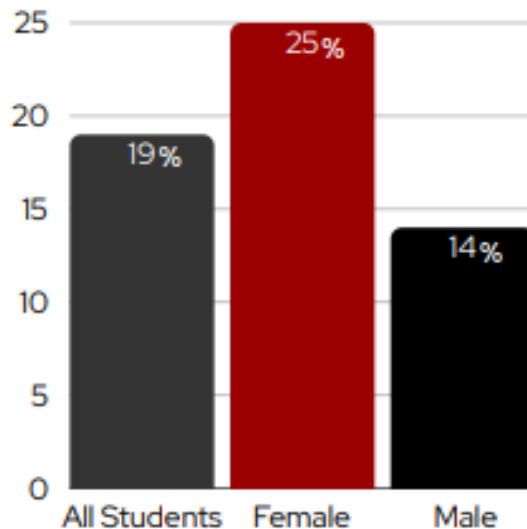
Households Struggling in Clark County

We all know people who are ALICE: Asset Limited, Income Constrained, Employed, **earning more than the Federal Poverty Level, but not enough to afford the basics where they live.**

ALICE households and households **in poverty are forced to make tough choices,** such as deciding between quality child care or paying the rent, choices that have long-term consequences not only for their families, but for all.

ALICE Households
30%

Households in poverty
11%

UnitedforALICE.org

CLARK COUNTY HIGH SCHOOL STUDENTS WHO SELF-HARMED

All Students **19%**
Female **25%**
Male **14%**

9th Grade **14 %**
10th Grade **27 %**
11th Grade **20 %**
12th Grade **16 %**

Over 12 months 19% of students said they had harmed themselves without intending suicide. Of those surveyed, this included 25% of all females and 14% of all males. By grade level, 14% of 9th, 27% of 10th, 20% of 11th, and 16% of 12th graders reported self-harm. (2021 YRBS)

APPROACH ONE: QUALITY CHILD CARE FOR ALL

Quality child care is essential for children's healthy development, but the system is struggling. There is limited public investment and providers can't pay their staff adequately without raising costs beyond what families can afford, creating a cycle of stress for parents and burnout for workers. Collaboration among parents, providers, businesses, and policymakers is essential to ensure children have access to the quality care they need to thrive. Employers can contribute by offering flexible work arrangements or childcare benefits, and employers, parents and providers can use advocacy tools to push for policy changes. Raising public awareness about the value of childcare and its impact on family stability, the local economy, and health can help drive change.

Primary Trade-Off: This approach would require significant time, effort, and coordination among many different groups. While long-term policy changes and increased support can lead to better care, it will take time to see tangible results. In the short term, families and providers may still face stress and challenges due to the current system. This could delay the improvements needed to ensure all families have access to high-quality care.

Strategy

Strategy	Trade-offs
1. Leadership across several counties collaborate to advocate to the State Legislature for resolutions to address the childcare crisis.	Relying on state action would mean local communities have less say in how childcare solutions are implemented.
2. Provide templates to help parents, providers, businesses, county groups, and local governments contact government officials, making it easier for them to explain how the childcare crisis impacts families, the economy, and the community.	It can be intimidating for community members to speak up and contact legislators and repeated setbacks could discourage people from participating.
3. Set up an online forum for Clark County childcare providers to connect, share ideas, and collaborate on strategies to improve the child care crisis.	Someone would need to take responsibility for developing, hosting, and promoting the forum.
4. Employers connect with Childcaring, Inc. for resources (e.g. provider referrals, available financial assistance) for new hires and provide these resources to employees if future childcare issues arise.	Even with resources, there may be a lack of providers that match employees' needs, such as nontraditional hours or proximity to home or work.
5. Assist childcare providers in developing programs and hiring staff that reflect the culture and language needs of the children they care for.	This strategy will require extra time and money for training and for hiring bilingual staff.

Other strategies to consider . . .

Other trade-offs to consider . . .

APPROACH TWO: INCREASE YOUNG PEOPLE'S ACCESS TO SAFE & HEALTHY FOOD

Proper nutrition is essential for growth, development, and overall well-being, helping children focus in school, build strong immune systems, and develop healthy habits. This approach improves the health and well-being of young people by ensuring access to nutritious food through school programs, enhanced food pantry offerings, produce prescriptions, and infant feeding support. While challenges like resource demands and seasonal limitations exist, community collaboration can create sustainable solutions that support lifelong health.

Primary Trade-Off: It is challenging to secure ongoing funding and resources, especially as schools and food pantries often have tight budgets. Providing nutritious food can be costly, and children may resist healthier options, leading to food waste. Sourcing fresh produce, particularly in rural areas, adds logistical challenges; while ensuring culturally and dietary appropriate foods requires careful planning. Community programs also rely on volunteers and coordination, which can be difficult to maintain.

Strategy	Trade-offs
1. Set up a school "snack area" where all students can access free, healthy snacks, helping reduce the stigma of a food pantry and ensuring no young people are excluded due to income restrictions.	Offering free snacks to everyone may not address the specific needs of students who require more targeted food assistance or support.
2. Support healthy food initiatives in food pantries, e.g. offering young people health screenings for some medical conditions, more fresh and nutritious food, on-site food demonstrations, and culturally appropriate meal kits.	More volunteers and resources would be needed to coordinate added programs at food pantries.
3. Promote fruit and vegetable prescription programs for children, where medical providers issue "prescriptions" for fresh produce that patients can redeem at markets.	Fruit and vegetable prescription programs may not be accessible to all community members, particularly those without insurance, access to participating markets, reliable transportation, or those living in rural areas.
4. Local food pantries provide a wider variety of options for infant feeding including more formula options and breastfeeding resources.	Having more formula options will increase the cost for food pantries.
5. Community partners collaborate consistently, communicate regularly on food access issues, and maintain an updated list of resources.	Keeping an updated list will be challenging if agencies have limited capacity or do not regularly share information.

Other strategies to consider . . .   Other trade-offs to consider . . .

APPROACH THREE: SUPPORT YOUTH MENTAL HEALTH

Youth mental health is affected by complex factors, including family, peers, school, and community. Actions across these areas are essential to create awareness of youth mental health, to increase social connection and support for youth, and minimize barriers for families in accessing essential services. This means community partners, including schools, county offices, non-profit organizations, health systems, and local businesses, must work together to prioritize resources and opportunities to improve the overall mental well-being of youth.

Primary Trade-Off: Coordinating community partners requires substantial time, capacity, and resources. Fragmented systems make it difficult for families to find and access services. Stigma around mental health remains a barrier, leaving many parents and adults unsure of how to support youth. Additionally, many strategies are school-focused, limiting their reach to those outside the public school system.

Strategy	Trade-offs
1. Secure cell phones and other electronic devices in pouches during school hours to reduce distractions and improve student engagement.	Parents and students may be resistant, making it difficult for schools to enforce.
2. Establish a youth peer-mentoring program for high school students to mentor elementary and middle school students on health and social topics (ex. staying safe online).	There is a need for oversight and training to ensure mentors are well-prepared and provide accurate, supportive guidance.
3. Increase support for navigating mental health services with families.	Navigation is not a billable service, creating a challenge in funding the number of navigators needed to adequately support the community.
4. School staff in Clark County, including health teachers and counselors, meet quarterly to share best practices in behavioral health.	The coordination of this effort remains uncertain, and schools may be hesitant to share information about their activities.
5. Schools adopt policies that include alternatives to punishment for alcohol and/or other drug violations, versus a strict expulsion policy.	Running these programs may require that staff be trained and willing to use their out of work time to run the programs.

Other strategies to consider . . .   Other trade-offs to consider . . .

7

Using the Issue Guide

This issue guide presents three priority areas to encourage constructive dialogue and avoid the polarizing talk which is so common today. These priority areas were identified in the 2024 Clark County Community Health Assessment (CHA) and we want your input on the strategies to best address these approaches.

Each approach offers different strategies for addressing the problem and potential trade-offs. But, we don't have unlimited resources to implement all strategies, so we need to deliberate and make tough choices about which strategies are realistic for our community.

You do not have to accept any one strategy or approach, you might support parts of each approach while disagreeing with other parts. If you think there is a relevant strategy that could be used to address the problem that isn't in this guide, you are encouraged to share it with the group.

Ground Rules

- Everyone is encouraged to participate.
- Maintain an open and respectful atmosphere.
- Listening is just as important as speaking.
- No one or two individuals should dominate.
- Consider all options and ideas fairly.
- Focus on the actions we can take in our community.
- When you leave here, share insights gained from others, but not their personal stories.

Data Sources

2021 Youth Risk Behavior Survey (YRBS)
2022 United For Alice
2024 Community Health Rankings & Road Maps (CHR&R)
2024 Clark County Community Health Assessment (CHA)
2024 Childcaring, Inc.
2025 Wisconsin Department of Health Services

Dialogue Agenda

1 Introduction (10 minutes)

Review ground rules.
Introduce the issue.
Connect to the issue.

2 Consider Each Option (90 minutes)

Consider each approach and actions.
- What do you like?
- What about the trade-offs?
- What else needs to be considered?

3 Review and Reflect (20 minutes)

Review the conversation as a group:
- What were areas of common ground?
- What tensions and trade-offs were most difficult?
- From whom else do we need to hear?
- What actions or next steps can be taken from this conversation?

Partners in preparing this Issue Guide:

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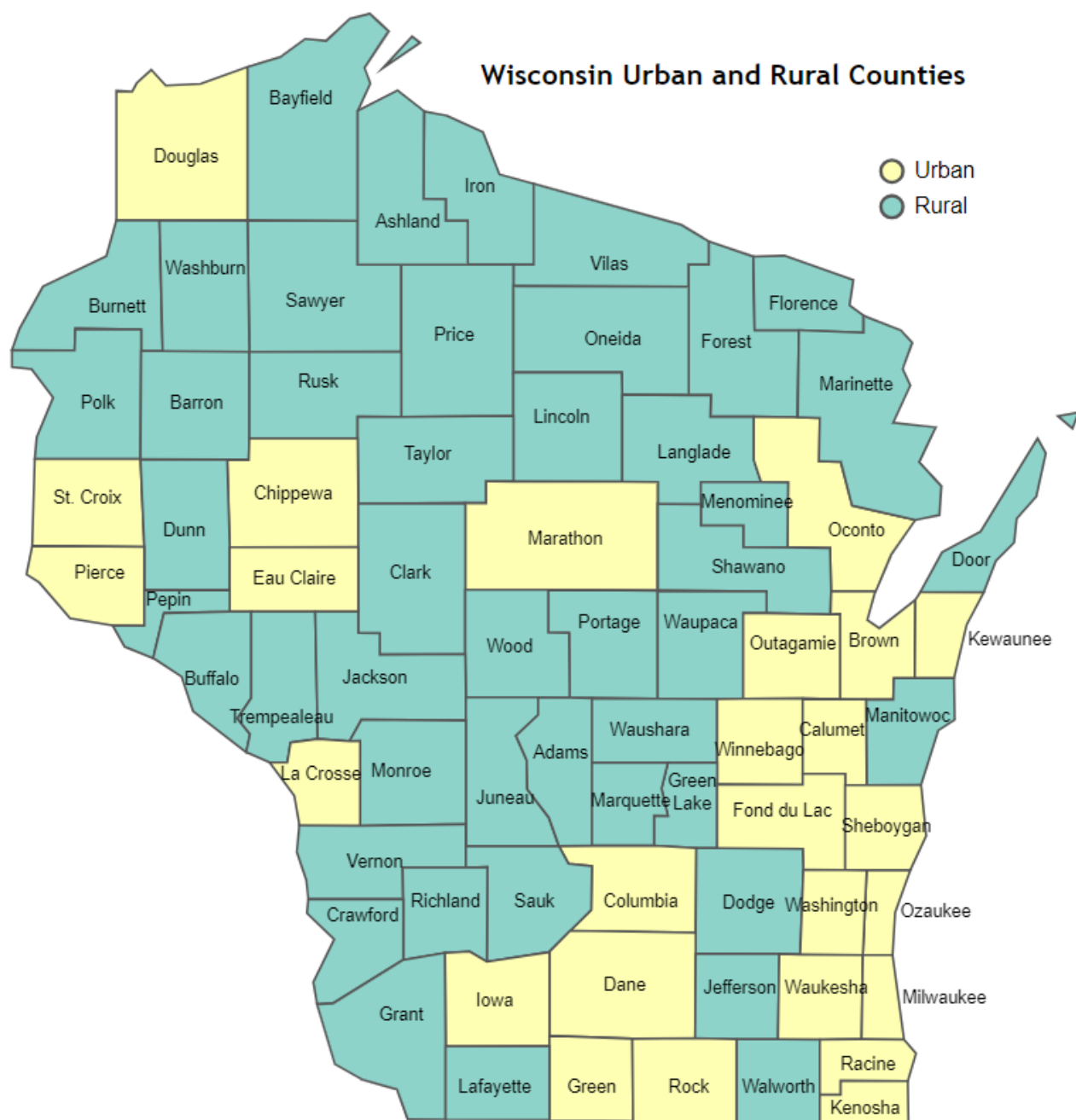
Appendix F: Rural and Urban County Map

Wisconsin Urban and Rural Counties

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

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